

VITAL SIGNS

VOLUME 14, ISSUE 6, SUMMER 2009



MASSACHUSETTS
MEDICAL SOCIETY

Every physician matters,
each patient counts.



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Liability Reform Highlights Beacon Hill Hearings

BY TOM WALSH

As spring turned to summer, the MMS was hard at work on Beacon Hill urging lawmakers to support the Society's legislative program. On a single day late in May, the MMS provided written and oral testimony on seven health care-related bills. That included measures to improve the state's professional liability environment and to ensure that independent, nonemployee physicians can negotiate meaningfully with insurers. That same day, a hearing on another bill that would set standards for measuring physician performance was postponed.

One of the liability measures would encourage early physician disclosure of medical errors and appropriate apology. The bill, referred to by some as "apology" legislation, would protect doctors who do this by making physician statements of apology or sympathy inadmissible in court as evidence of negligence.

"This bill would eliminate unnecessary litigation, reduce the cost of professional liability insurance, and promote improvements in patient safety," Mario E. Motta, M.D., MMS president, told the Joint Committee on Health Care Financing at a State House hearing. "It would also decrease incentives to practice defensive medicine and thus significantly reduce health care costs."

The legislation is also designed to provide a "window of time" for patients and physicians to review the circumstances of a medical error and arrive at a fair settlement, if appropriate, prior to legal action.

"The liability bills are vitally important to our members," Dr. Motta said. "Tort reform has been one of the MMS legislative priorities for years now, and most of our

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State's Response to Swine Flu Effective, But Preparedness Gaps Remain

BY ROBYN ALIE

As this issue of *Vital Signs* went to press, 53 Massachusetts residents had been hospitalized with confirmed cases of the swine-origin H1N1 influenza. Early uncertainty about this novel virus spurred responses at community, state, national, and international levels.

On April 21, the Centers for Disease Control and Prevention (CDC) reported two cases of novel swine-origin influenza in the U.S. The Massachusetts Department of Public Health (DPH) then began communicating with health care providers about swine flu and its symptoms.

On April 25, the DPH employed the Health and Homeland Alert Network (HHAN), calling for increased surveillance for possible cases in Massachusetts. By the end of April, the DPH was sending daily situation updates on swine flu. The MMS was communicating relevant information to health care providers through flu advisories via e-mail and on the Society's website, blogs, Twitter feed, and Facebook pages.

During the same time, the state confirmed swine-origin influenza in two children who had recently returned from Mexico, and the World

Health Organization increased its pandemic alert level, indicating widespread human infection. The DPH began releasing guidelines for clinicians on testing, treatment, and precautions; guidelines for schools on closures and attendance; and information for patients, including a statewide hotline to answer questions about the disease.

During the first week of May, the DPH began confirmatory testing for H1N1 at the state lab. By mid-May, 90 percent of cases of influenza A tested in Massachusetts and nationally were determined to be of swine origin. Although the majority of cases were mild, the virus spread rapidly throughout the state, resulting in the closing of schools with high absenteeism related to flu-like illness. As this edition of *Vital Signs* goes to press, the DPH continues to provide guidance and work with communities, schools, and health care providers to stem the rate of transmission.

Lessons Learned and Relearned

The swine-flu experience has been instructive in evaluating health care and state preparedness and response plans. "We relearned lessons we knew and saw the rollout of plans we hadn't tested before," said Paul Biddinger, M.D., chair of the MMS Committee on Preparedness and associate director of the Harvard School of Public Health's Center for Public Health Preparedness. Dr. Biddinger is also the director of prehospital care and disaster medicine at Massachusetts General Hospital (MGH), where the state's first confirmed cases were treated. Dr. Biddinger felt the system responded well, and he credits preparedness efforts that have been under way for years.

Pandemic planning is partly formulaic, but it also has to be supple enough to meet a variety of novel circumstances. "Influenza is predictably unpredictable," said Alfred DeMaria Jr., M.D., the state's chief epidemiologist and director of communicable disease control at the DPH. "We don't know how flu is going to behave." Consequently, as more became known about the disease, guidance was modified. "People appreciated the fact that things change as we learn more," said Dr. DeMaria.

Dr. Biddinger felt communication from the state worked well and that the media reported on the outbreak responsibly. "Most patients who came in contact with the health care system had legitimate

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Photo courtesy of the CDC

The Massachusetts state laboratory received H1N1 test kits from the CDC during the first week of May.



Successful Reform through Unity

Excerpted from the Inaugural Address, May 9, 2009. Read more of Dr. Motta's remarks at www.massmed.org/motta.

First, I'd like to thank you for the privilege of serving as your president. I look forward to your ideas, your wisdom, and your partnership.

It's no secret that physicians are very independent thinkers. Diversity of ideas is one of our strengths, but it also leads to stark differences of opinion in our Medical Society on how to achieve health care reform.

I urge everyone to come together on what we can agree on:

- That we cannot afford to continue with the broken health care delivery system we now have
- That we all want the best for our patients
- That the best patient care is delivered though a strong physician-patient bond — and that no politician, lawyer, or insurer should interfere with that
- That our country cannot afford to avoid universal coverage any longer

We now have in Washington a new will to establish a better system that is patient-centric, cost-effective, and uncompromising on quality. Many people will resist change because it's difficult and leads to dislocation. But as President Obama said in March, "All options are on the table, *except* the status quo."

To achieve an effective health care system that treats patients and physicians with the respect both deserve, physicians need to be a united and vigorous part of the reform process. Let's stay focused on our common ground rather than our disagreements.

Mario Motta, MD

— Mario E. Motta, M.D.

Society Takes Policy Stands on Future of Health Care at 2009 Annual Meeting

At its Annual Meeting in May, the MMS House of Delegates (HOD) approved a strategic plan for the Society that prioritizes improving the quality of patient care, access, equity, and cost effectiveness across the state.

Specifically, the plan embraces the following:

- Ensuring that performance measurements and public reporting of those measurements be evidence-based to improve outcomes
- Ensuring physician leadership in current payment reform efforts
- Sharing clinical and practice data and knowledge through actionable tools, educational outreach, and collaborative efforts

Payment reform was still being considered by the state Payment Reform Commission when the delegates gathered in early May. The HOD-approved resolution states that reform be achieved, "in a manner that is consistent with the goals of access, quality, and cost, and that payment reform include a model of fee-for-service medicine..."

With an eye toward improving recruitment and retention of primary care physicians, delegates voted to empower the Society to explore a fundraising program to help reduce medical education debt for young physicians. Delegates also addressed numerous public health issues, passing resolutions that:

- Support legislation to limit secondary smoke exposure

- Endorse the AMA's policy on modern and industrial chemicals as they pertain to human and environmental health. The resolution encourages training of health professionals in the effects of toxic chemical exposure.
- Encourage improvement of air quality in primary and secondary schools
- Advocate to have automated external defibrillators available at school and college athletic events
- Provide lawmakers with scientific information regarding foods of low nutritional value

In addition to these policy matters, delegates ratified the following slate of officers for 2009–2010:

Mario Motta, M.D., President

Alice Coombs, M.D., President-Elect

Lynda Young, M.D., Vice President

Richard Aghababian, M.D., Secretary-Treasurer

Deanna Ricker, M.D., Assistant Secretary-Treasurer

Richard Pieters, M.D., Speaker of the House of Delegates

Jesse Ehrenfeld, M.D., Vice Speaker of the House of Delegates *VS*

— Tom Walsh

For a summary of final HOD votes on all resolutions (members-only content), go to www.massmed.org/annual09.

Hearing Highlights

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members consider that issue to be one of their highest priorities."

MMS-Backed Legislation Reflects Society's Policies

At the MMS, the process of transforming Society policy into legislation begins with the Committee on Legislation.

"Most committee activity is driven by the policies adopted by the House of Delegates," said James F. X. Kenealy, M.D., chair of the Committee on Legislation. "Sometimes we have directives [from the HOD] specifically requesting certain

legislation. We also support bills submitted by other organizations that are in concert with MMS policies."

This collegiality on legislative matters often works both ways. For example, orthopedic and emergency medicine specialty societies joined with the MMS in offering testimony on behalf of the apology bill.

Dr. Kenealy said the MMS would like to assume an even larger role in such cooperation among the Society and the specialty societies. For example, he said the MMS might offer its headquarters as a meeting place to hammer out consensus language on bills in which several organizations have an interest.

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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.

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New Formulary Guide Available

Physicians and pharmacies in Massachusetts received the 12th edition of the *Massachusetts Outpatient Formulary Guide* in May. The guide is the collaborative effort of the MMS and some of the leading Massachusetts health plans, including Aetna Health, Blue Cross Blue Shield of Massachusetts, Boston Medical Center's HealthNet Plan, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Medicaid/MassHealth, Neighborhood Health Plan, Network Health, and Tufts Health Plan.

The guide is an index of the most commonly prescribed

formulary drugs in a pocket-size format, with health plan coverage information on 20 drug categories. Included are each plan's preferred formulary drugs, medications requiring prior authorization/notification or step therapy, and medications that have dispensing limitations or covered alternatives.

The updated guide will also be available soon on the MMS website in PDF format with searchable text. To purchase additional hard copies of the *Formulary Guide*, contact the MMS Customer Service Department at (800) 843-6356. **VS**

— Tracy Ledin



LAW AND ETHICS

New Gift Regulations Go into Effect July 1

On March 11, the Massachusetts Public Health Council promulgated final regulations governing the relationships between the pharmaceutical and medical device industries and physicians.

Massachusetts physicians should pay careful attention to the regulations' disclosure requirements, because disclosed information will be posted on a searchable, publicly available website. Consumers will therefore have access to information about their physicians' relationships with pharmaceutical and device companies.

Beginning July 1, each pharmaceutical or medical device company must disclose "the value, nature, purpose, and particular recipient of any fee, payment, subsidy, or other economic benefit with a value of at least \$50 to any covered recipient" in connection with "sales and marketing activities." The phrase "covered recipient" means any person authorized to prescribe, dispense, or purchase prescription drugs, biologics, or medical devices. "Sales and marketing activities" are defined as those intended to be used as follows:

- To influence the sale or the market share of a prescription drug, biologic, or medical device or the prescribing behavior of a covered recipient
- To market a drug or device
- To evaluate the effectiveness of a pharmaceutical or medical device detailing sales force and any product education, training, or research project that is designed or sponsored by the marketing division of a pharmaceutical or medical device company or has marketing, product promotion, or advertising as its purpose

Activities that are exempt from disclosure include genuine research and clinical trials, the provision of prescription drugs for use by patients, the provision of demonstration or evaluation units, in-kind items used for the provision of charity care, and confidential price concessions such as rebates and discounts.

The complete regulations are available at www.massmed.org/giftregs.

— William Frank, 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.

Clear Up Your Claims Problems

MMS Regional Offices to Host Individual Claims Consultations

Throughout July, August, and September, MMS regional offices will once again co-host problem-solving work sessions to help Massachusetts physicians adjudicate troublesome claims.

Representatives from the health plans listed in the accompanying table will be available to review claims with physicians and their office staff and answer questions regarding claims processing.

Thirty-minute appointments with each plan can be scheduled between 9 a.m. and 4 p.m. for the dates and locations listed.

Insurer	Holyoke July 28	Waltham August 19	Lakeville August 27	Worcester September 24
BCBSMA	X	X	X	X
Fallon Community	X	X	X	X
Harvard Pilgrim	X	X	X	X
Health New England	X			X
MassHealth	X	X	X	X
Medicare/NHIC	X	X	X	X
Tufts Health Plan	X	X	X	X

Physician offices are eligible for one appointment per plan. More than one person from an office is welcome to attend.

— Tracy Ledin

For further information, please contact one of the regional offices listed in "Across the Commonwealth" on page 7. **VS**

Physician Offices Not Immune to Phishing

In addition to phishing scams or other deceptive schemes lurking on the Web, there are attempts to defraud by manipulating people nonelectronically. In these circumstances, seemingly plausible requests for information, services, or payment come by phone or letter.

Recently, two such efforts have targeted physician practices.

The first is an effort by Health Research Insights (HRI). This company claims to help organizations with self-funded health plans identify and collect purported overpayments made to providers. HRI is active primarily

in the Southeast, and the medical societies in that region have challenged the company's authority, rights, and methodology with relative success.

One concern is that practices could confuse companies like HRI with the activities of CMS Recovery Audit Contractor (RAC) teams (see *Vital Signs*, April 2009, page 3). RACs are performing a government-sanctioned service, while HRI is a private contractor with questionable business practices. If a company called HRI contacts your practice, please inform the MMS Physician Practice Resource

Center (PPRC) at (781) 434-7702 before taking any action.

A second possible scam, also concentrated primarily in the South, involves a company called the Three Rivers Provider Network. Targeted providers receive faxes requesting tax ID numbers, NPIs, and other sensitive information. The goal of this effort seems to be to sign providers onto this network. If you or your practice is contacted by Three Rivers, please do not respond. Immediately contact the PPRC. **VS**

— Adam Shlager

Swine Flu

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reasons to be evaluated," he said. And communications were effective in getting out the basic public health messages regarding cough etiquette, handwashing, and staying home from school and work when sick.

Resolving Ambiguity

Rapidly changing knowledge can be frustrating for physicians, however, who want to know what to tell patients. Where ambiguity or room for interpretation in CDC and DPH guidance existed, MGH provided clearer direction for its providers, Dr. Biddinger said.

He encouraged physician offices to identify a "single source of truth" and become agile at accessing the latest updates. Physician offices that may not have access to resources like MGH's might consider pooling resources, such as using one common screening and testing facility.

Are We Ready for a Bigger Event?

Despite the system's effective response to swine flu so far, Dr. Biddinger said, "We saw how few patients with significant care needs it takes to perturb the system. We don't have enough surge capacity to respond to a more serious threat." Dr. Biddinger noted the system could improve in terms of identifying resources — knowing how many respirators there are in the state, for example.

Stocks of personal protective equipment and the availability of negative pressure rooms were adequate for this outbreak, but those resources would be woefully lacking if the disease were spread via airborne transmission.

Dr. Biddinger also stressed the need for liability protections for volunteer providers. Legislation to ensure such protection, which has been before the Legislature for years, recently passed the state Senate and is now before the House Ways and Means Committee.

Dr. Biddinger recommended that patients be encouraged to develop a basic family emergency plan that includes having three to seven days of food, water, power, and medications on hand. Biothreats are emerging with increasing frequency, Drs. Biddinger and DeMaria agreed. When asked about the potential for a pandemic, they said, "We're due." **VS**

Public Health Leadership Forum Calls on Physicians to Help Stem Tide of Violence

The fifth annual Public Health Leadership Forum, cosponsored by the MMS and Harvard's School of Public Health, addressed the many factors that relate to violence, from social norms to an individual's neurochemistry.

State Health and Human Services Secretary JudyAnn Bigby, M.D., reported that Massachusetts saw a threefold increase in homicides related to domestic violence from 2005 to 2007, and the statewide domestic violence hotline has handled many more calls this fiscal year than last.

Drexel University's John Rich, M.D., reminded the audience that, at young ages, sustained adversity like extreme poverty, chronic neglect, or repeated exposure to violence can overwhelm a child's ability to cope. It can also alter brain development and function in ways that dramatically affect future health.

Studies show that physician intervention works, said Dr. Bigby, who recommended staff training to facilitate regular screening to identify and provide care and referrals to victims of domestic violence.

Faculty emphasized the critical role health care providers must play in addressing domestic violence. "Far fewer [victims] end up in services than at the doctor, nurse, or clinic," said Jay Silverman, Ph.D., of Harvard's School of Public Health. "We have to take advantage of the incredibly vital place we have in people's lives." **VS**

— Robyn Alie

For more information and resources to help physicians recognize and treat partner violence, visit www.massmed.org/violence.



Photo by Robyn Alie

Mark Rosenberg, M.D., executive director of the Task Force for Child Survival and Development, illustrated the connections between violence, alcohol, firearms, and societal norms at the fifth annual Public Health Leadership Forum, held at MMS headquarters on April 29.

Comorbidities Common in People with Mental Illness

Sixty percent of people with serious mental illness live with a secondary serious medical condition, and people with serious mental illness die 25 years earlier on average than people without mental illness, according to a recent report by the National Association of State Mental Health Program Directors. Most of those premature deaths result from diabetes and infectious, pulmonary, and cardiovascular diseases.

In Massachusetts, a statewide Department of Mental Health (DMH) study found that, from 1998 to 2000, cardiovascular mortality was 6.6 times higher among DMH clients 25 to 44 years of age than in the general population.

"This staggering lack of wellness represents the largest health disparity in the U.S.," said Dori Hutchinson, director of services at Boston University's Center for Psychiatric Rehabilitation. The national report cited the following causes of these glaring health disparities:

- Side effects of medications
- High rates of smoking, poor nutrition, and physical inactivity
- Lack of access to or utilization of preventive health care

- Poverty and social isolation
- Fragmented health services

Maintaining effective communication between primary care and psychiatric practices presents obstacles. "People with severe psychiatric disabilities can be tough to engage, require more time, and be off-putting to the physician and office staff," said Charles Gordon, M.D., director of Advocates, Inc., a Framingham-based agency that offers services for people with mental health issues.

"People with serious mental illness have a right to optimal health, and our health care systems have a responsibility to champion this right," said Hutchinson. BU's center provides skills instruction and support for people with serious mental illness and helps providers design effective treatment services. "When people with mental illness have a foundation of physical and mental health, they are able to recover more valued roles in their communities," Hutchinson concluded. **VS**

— Robyn Alie

FEDERAL UPDATE

Health Reform Bill to Obama by October?

All key players in Washington have reiterated their goal of passing health care reform legislation by the end of this summer and getting a bill to the President's desk by October. As this edition of *Vital Signs* goes to press, committees are releasing policy papers and/or outlines of their proposals, with committee markups of legislation currently planned for June.

The MMS, working with the AMA and other state and medical specialty groups, continues to share our comments, concerns, and recommendations with the Massachusetts congressional delegation. The following are among our key recommendations:

- **Congress must address the SGR-based Medicare physician payment formula this year.** Given the central role

physicians play in health care delivery, failure to do so would impede comprehensive reform and prove debilitating to physician practices.

- **Appropriate quality measurements must be included.** Only when measures are accurate and fair can performance programs provide useful information for physicians and patients.
- **Physician workforce shortages must be addressed.** This must include primary care specialties, but not at the expense of other specialists.
- **Unnecessary care must be reduced by helping physicians practice evidence-based medicine.** Congress should create incentives or rewards for states that enact legislation to improve patient safety and

reduce the pressure to practice defensive medicine.

On a related note, this year's Medicare Trustees Report supports the urgent need for reform. While Medicare already faces an enormous gap between forecast revenues from payroll taxes and expected costs, the report shows that the current economic crisis and high unemployment rates have exacerbated the shortfall. The trustees continue to forecast steep cuts in Medicare physician payment rates due to the SGR-based formula, starting with a 21.5 percent cut in 2010 and growing to 38 percent by 2014. **VS**

— Alex. Calcagno

For updates on congressional activities and MMS responses, visit www.massmed.org/healthcarereform and read *Vital Signs This Week* online.

LEGISLATOR OF THE MONTH

Representative
Joseph R. Driscoll (D)

District: Braintree, Holbrook (part), Randolph (part)

Committees: Financial Services, Revenue, House Ways and Means

QUOTE: The MMS has served our state and the medical profession since 1781, persevering through numerous economic cycles. Through it all, the MMS has facilitated the healthy development of the world-renowned health care industry in the Commonwealth today.

During the current economic slump, it is imperative that the Legislature rely on the experience of the MMS and its members to ensure that health care — a key economic driver of our economy — emerges from this recession in a position that ensures Massachusetts will continue to lead.

As a four-term member of the House, I have come to value the professional expertise and advice of the MMS in critical policy decisions. I hope the physicians in my district will continue to reach out to me so I can make sound decisions regarding health care for the people of our state.

Hearing Highlights

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Fair Judgment Interest Sought

Besides the apology measure, another MMS bill seeks a “fair judgment interest rate” for professional liability actions.

The bill would index the judgment interest rate to the 52-week Federal Treasury Bill rate. The current interest rate is set by law at four points above the constant maturity treasury

(CMT) rate. That law was established in 2005 after the MMS lobbied successfully to reduce what was then a 10 percent rate. However, as this issue of *Vital Signs* went to press, the one-year CMT stood at 0.55 percent, yet the judgment rate was 4.55 percent — more than eight times higher. The MMS maintains that this needs to change because high judgment interest artificially drives up liability costs and establishes an incentive for plaintiffs and their attorneys to delay court proceedings.

“According to an actuarial study conducted for the MMS, adoption of this legislation would be a major step forward in reining in the cost of professional liability insurance for Massachusetts physicians,” Dr. Motta said.

The final MMS-sponsored measure would allow physicians and other health care professionals to collectively negotiate contracts with health insurers. Currently, federal antitrust law severely limits the bargaining power that nonemployee physicians have with large insurers. The MMS bill would grant an

antitrust exception to enable such doctors to bargain more equally with large insurers. Texas and New Jersey already have such laws.

MMS Supports Childhood Immunization Measure

Though they did not originate with the MMS, two other measures gained the Society's support at the State House.

During the marathon hearing day in May, Lynda M. Young, M.D., MMS vice president, expressed the Society's support for a bill sought by the Massachusetts Chapter of the American Academy of Pediatrics. It seeks to counter state budget cuts that eliminated a century-old policy whereby the state Department of Public Health distributed all routinely recommended childhood vaccines free of charge. The measure would set up a “vaccine purchase trust fund” financed by state and federal sources, along with an assessment on health insurers proportionate to the number of children they cover who are ineligible for federally purchased vaccines. Vaccines would be

acquired through federal procurement, reducing the cost by about 40 percent.

“Under this approach, all routine childhood immunizations and recommended adult immunizations would be covered without copayment, coinsurance, deductible, or other limits, assuring the public health of our Commonwealth,” Dr. Young told the Joint Committee on Health Care Financing.

Finally, the MMS is also backing a bill to require private insurers to reimburse providers for necessary mental health “collateral services” for children, such as working with a child's parents, teachers, and primary care physicians. MassHealth currently covers such services, but private insurers do not. **VS**

To track the progress of these bills as they move through the state Legislature, go to www.massmed.org/status.



Photo by Steve Shestakofsky

MMS President Mario E. Motta, M.D., delivered testimony in support of professional liability reform at the State House.

Legal Advisory Plan Fills Gap in Coverage

At one time, professional liability insurance policies covered legal expenses related to Board of Registration in Medicine (BRM) actions. Many policies today, though, only cover complaints that involve bodily injury. If you are brought before the BRM about a complaint not involving bodily injury, you may not be covered by your professional liability insurance.

That's why the \$70 you spend for Legal Advisory Plan (LAP) coverage, a prepaid service exclusive to MMS members, could be one of the best values of your professional career.

Frequently, when physicians are brought before the BRM, one of their first calls is to ask if they can enroll in LAP for assistance. But LAP coverage must be in place *before* any BRM action occurs.

Plan Benefits

For only \$70 a year (discounts available for group practices), the plan offers the following services to MMS members:

- A free, 30-minute consultation with an experienced health care attorney
- Legal representation when responding to inquiries and patient complaints before the BRM
- Help with understanding your legal obligations and rights
- A free subscription to *The Legal Advisor*, a quarterly newsletter that explores current issues in law and medicine and provides guidance that may help you avoid costly pitfalls

All MMS members should have received an LAP application/renewal brochure. The current semiannual enrollment period ends July 31, so act now. Get the peace of mind of knowing that expert legal advice — if ever needed — is just a phone call away. **VS**

— George Dudley

For enrollment information, call (800) 322-2303, ext. 7311, or e-mail lap@massmed.org.

PHYSICIAN HEALTH MATTERS

Mindful Intervention Can Help Colleagues Who Show Signs of Cognitive Change

In the U.S., it is predicted that one in six women and one in ten men who reach age 55 will eventually be diagnosed with Alzheimer's disease. In the next decade, a threefold increase in Alzheimer's incidence is expected due to aging "boomers," greater public awareness, and better diagnostic tools and physician education. From 2000 to 2006, deaths from many serious illnesses like cardiovascular disease dropped, while deaths related to Alzheimer's disease rose by 47 percent.

Physicians are not immune to this trend. The Alzheimer's Association is noting a growing number of practicing physicians who are being diagnosed with Alzheimer's disease or other related neurodegenerative diseases. As reported in the MMS 2008 Physician Practice Environment Index, doctors who are 55 years of age and older comprise one-third of all practicing physicians in Massachusetts.

With more physicians delaying retirement and practicing well into their seventies and beyond, one in eight doctors may be experiencing problems with memory, learning, judgment, language, executive functioning, spatial orientation, and mood.

As a physician, through careful observations and thoughtful intervention, you can help a medical colleague face a cognitive impairment and honestly evaluate the risks associated with continued practice.

What to Look For

It is easy to rationalize the observed changes in an esteemed colleague's behavior as normal aging or overwork. But to not attend to changes in a colleague's cognitive status puts patients at risk. Pay attention to the following:

- Problems with remembering names, appointments, assignments, medications, or codes

- Changes in mood, motivation, or social engagement
- Difficulty learning new systems, protocols, or clinical procedures
- Changes in reasoning or mathematical and language skills
- Changes in executive functioning (planning and carrying out tasks)
- Problems with driving or locating things

Thoughtful Intervention

The natural tendency for people with memory impairment is to ignore the situation for as long as possible. But you can open a conversation by noting the changes you have observed and asking the person if he or she has noticed these changes as well. Keep the dialogue focused on the problem, not the person. You can remind your colleague that diagnosing these changes requires careful, unbiased, and coordinated evaluation.

Unless you feel that the physician is putting his or her patients in imminent danger, do not take a heavy-handed approach. Instead, refer your colleague to Physician Health Services (PHS). PHS maintains a dialogue with the Massachusetts/New Hampshire chapter of the Alzheimer's Association and its considerable resources.

Your timely and supportive intervention may help your colleague take appropriate action with dignity and before the workplace is impacted. A future edition of *Vital Signs* will include a case study on this subject.

— Paul Raia, Ph.D.

Peter W. Ham, M.A., L.M.H.C.

For more information about PHS, call (781) 434-7404 or visit www.physicianhealth.org.

Next Young Physicians Committee Meeting: Sept. 17

Young physicians entering medical practice after years of training face unique challenges, including managing student debt and acquiring and maintaining board certification. They also face practice issues that affect all physicians, such as the changing landscape of medicine, the widening scope of practice of non-physicians, and countless other issues.

The Society's Committee on Young Physicians actively represents at state and national levels the voice and perspective of Massachusetts' 7,000-plus young physicians. With your help in making our voice heard in organized medicine, our influence will be louder and stronger as a cohesive group.

Recent events sponsored by the Committee on Young Physicians include the 17th Annual Career

Day/Job Fair and the first Young Physicians Career Development and Financial Planning Workshop. We also had a very successful family event at a local orchard last fall.

We need your ideas and involvement in our committee to help expand our offerings. Please bring your ideas, perspectives, and experience to our next meeting on Thursday, September 17, at 7:00 p.m. (dinner at 6:30). Voice conferencing will also be available.

— Spiro G. Spanakis, D.O.

Chair, Committee on Young Physicians

Please contact Lindsay Pollard at (781) 434-7315 or lpollard@mms.org for more information.

Free Group Membership for Resident Programs

Just a reminder that the MMS offers free membership to residents and fellows in accredited training programs when their entire program joins the MMS.

Make sure your residency/fellow program is enrolled by asking your program director or coordinator to contact Catherine G. Cronin at groups@mms.org or (781) 434-7323. It's simple:

Your program director or coordinator will supply the MMS with all contact information for each resident and/or fellow in the program, and we'll do the rest.

That gives all group members free online subscriptions to the *New England Journal of Medicine* and Journal Watch online, along with numerous other valuable MMS member benefits. **VS**

Call for AMA Delegates and Alternates

The Committee on Nominations is accepting nominations for delegates and alternates to the Massachusetts AMA delegation. Nominees should submit a resume and complete a nomination questionnaire, available online at www.massmed.org/AMAnom.

Materials also may be e-mailed to berskine@mms.org or faxed to (781) 434-7589. Submission deadline is Friday, August 21, 2009.

For further details on eligibility requirements and time commitments, call Bonney Erskine at (781) 434-7208. **VS**



Remember to Redeem Your Volunteer Vouchers

The MMS awards vouchers to thank members for their involvement with the MMS House of Delegates, Board of Trustees, district leadership, sections, task forces, and various committees. Vouchers allow members to waive program fees for MMS-sponsored events, including live and online CME programs and annual and interim meetings.

All vouchers are valid for two years. Therefore, any vouchers received last summer can be redeemed until May 31, 2010. If you are unsure about the value of your vouchers, contact Member Information Coordinator Carolyn Maher at (800) 322-2303, ext. 7311, or cmaher@mms.org. **VS**

ACROSS THE COMMONWEALTH

District News and Events

Berkshire – Executive Committee Meeting. Mon., Aug. 10, 6:00 p.m. Location: Dakota Restaurant, Pittsfield. For more information, contact the West Central Regional Office.

Franklin – Executive Committee Meeting. Fri., Aug. 14, 7:30 a.m. Location: Baystate Franklin Medical Center, Greenfield. For more information, contact the West Central Regional Office.

Hampden – Medico-Legal Forum. "Professional Liability: New Court Decisions Influencing Medical Practice." Tues., Sept. 15, 5:30 p.m. registration. Location: The Carriage House at Barney Estate/Forest Park, Springfield. **25th Annual Medical Ethics Seminar.** "Ethics of Food: Dietary Related Diseases." Thurs., Oct. 22, 5:30 p.m. registration. Location: Baystate Learning Center, Holyoke. For more information, contact Suzanne Skibinski at (413) 736-0661 or hdms@massmed.org.

Hampshire – Executive Committee Meeting. Wed., Aug. 19, 6:00 p.m. Location: Apollo Grille, Easthampton. For more information, contact the West Central Regional Office.

Middlesex Central – 5th Tuesday Meeting. Tues., June 30, 11:45 a.m. Location: Emerson Hospital, Concord. For more information, contact Carol Marshall at (978) 287-3017.

Plymouth – Executive Committee Meeting. Wed., Aug. 5, 6:00 p.m. Location: Southeast Regional Office, Lakeville. For more information, contact the Southeast Regional Office.

Worcester North – Executive Committee Meeting. Thurs., Aug. 6, 6:00 p.m. Location: Blue Marlin, Leominster. For more information, contact the West Central Regional Office.

Statewide News and Events

Arts, History, Humanism & Culture Member Interest Network – Bonsai Workshop. Sat., July 25, 10 a.m. to 12 p.m. Members are invited to participate in a Bonsai Workshop that will provide hands-on techniques. 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 April and May 2009. We also note member deaths on the MMS website at www.massmed.org/memoriam.

Harry Bauer, M.D., 86; Needham, MA; Case Western Reserve University School of Medicine, 1950; died May 6, 2009.

Edward B. Bromfield, M.D., 58; Newton, MA; Harvard Medical School, 1983; died May 10, 2009.

Mary B. Cassidy, M.D., 91; Peabody, MA; New York University School of Medicine, 1950; died January 10, 2009.

Raymond J. Fanelli, M.D., 99; Holyoke, MA; Georgetown University School of Medicine, 1935; died May 12, 2009.

Vincent J. Frascatore, M.D., 85; Needham, MA; Boston University School of Medicine, 1952; died October 31, 2007.

Gregory P. Gauvin, M.D., 62; Lincoln, MA; Jefferson Medical College, 1972; died April 12, 2009.

Donald G. Keamy, M.D., 78; Andover, MA; Tufts University School of Medicine, 1957; died April 21, 2009.

Maurice N. Levy Jr., M.D., 82; Amarillo, TX; Harvard Medical School, 1949; died May 1, 2009.

Lawrence A. Norton, M.D., 78; Dedham, MA; New York Medical College, 1956; died May 13, 2009.

William S. Rachlin, M.D., 79; Chestnut Hill, MA; Harvard Medical School, 1952; died April 8, 2009.

Richard E. Stiles, M.D., 88; Stow, MA; Tufts University School of Medicine, 1945; died May 14, 2009.

C. Clark Streeter, M.D., 90; Hingham, MA; Tufts University School of Medicine, 1943; died May 12, 2009.

Stephen J. Zwirek, M.D., 76; Wilbraham, MA; University of Toronto Faculty of Medicine, 1956; died April 10, 2009.

SAVE THE DATE

A Lady Alone: Elizabeth Blackwell — First American Woman Doctor

**Friday, September 25
6:00 to 8:30 p.m.**

MMS Headquarters, Waltham

Dinner and a theatrical presentation about the first woman doctor to graduate from a U.S. medical school

For more information, contact Lindsay Pollard at lpollard@mms.org or (781) 434-7315.

2009 Annual Meeting Presidential Ceremony



Photo by Doug Bradshaw

Incoming MMS President Mario E. Motta, M.D., (right) receives the traditional presidential medallion from immediate past President Bruce S. Auerbach, M.D. For more on the Annual Meeting, see page 2. For an online slideshow of Annual Meeting photos, go to www.massmed.org/vitalsigns.

To Our Readers

The rising cost of raw materials and new postal regulations necessitate several changes in *Vital Signs*. We've combined the June/July and August issues into a single summer edition and reduced the page size slightly. We're also now required to print the address panel on page 8. All regular features of *Vital Signs* will remain.

This fall, you will have the opportunity to receive *Vital Signs* electronically only. This will allow you to get *Vital Signs* a week earlier and help us control costs and preserve the environment.



MASSACHUSETTS
MEDICAL SOCIETY

VITALSIGNS

VOLUME 14, ISSUE 6, SUMMER 2009

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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.

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.
6.75 Credits (RM)

Urologists Dealing with 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.

Improving Clinical and Patient Experience in the Physician Office

1.5 Credits (RM) per module
Module 1: *Introduction*
Module 2: *Patient Self-Management*
Module 3: *Practice Culture/Teamwork*
Module 4: *Workflow Redesign*

Massachusetts Medical Law Report
Quarterly Risk Management CME Series

Office Compliance 101

1.0 Credit (RM)

MinuteClinics Raise 'Round-the-Clock Risks

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How to E-mail Patients without Worrying about Liability

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Reducing Errors and Liability in Patient Handoffs

1.0 Credit (RM)

Dealing with Difficult Patients

1.0 Credit (RM)

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

1.0 Credit (RM)

E-Prescribing Regulations Applauded by Doctors, Lawyers

1.0 Credit (RM)

Public Health Courses

Recognizing and Preventing Youth Violence: A Guide for Physicians and Other Health Care Professionals

2.0 Credits (RM)

Pandemic Flu: Practical Information and Strategies for Preparedness

2.0 Credits (RM)

Save the Dates

October 8
CME Accreditation Orientation

November 5
2009 DME Conference

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.