Medical Marijuana: Certifying Physicians Must Study Regulations, Science of Treatment

BY DEBRA BEAULIEU

Twelve years ago, Taunton pediatrician Eric Ruby, M.D., received devastating news. His son, Ethan, had been hit by a car while on a crosswalk and sustained a spinal cord injury that left him paralyzed from his chest down.

“Putting him back together after all of this was a nine-month ordeal in which he spent six weeks in intensive care, six weeks at rehab and another six months really learning how to cope with it,” Dr. Ruby said.

For paraplegics like Ethan Ruby, learning to function using a wheelchair was the easy part, he said. More difficult challenges included coping with bladder and bowel problems, skin breakdown, pneumonia risk, and severe central neuropathic pain.

The pain was excruciating, said Dr. Ruby, often reaching a six or seven on a pain scale of ten. Narcotics resulted in unacceptable side effects and alternative therapies were ineffective.

Eventually, with a friend, Ethan discovered that smoking marijuana brought his pain level down to a two or three, and told his father about his experience.

“As a father and part of the establishment, it was very difficult to see him suffer and not be able to help him within traditional means,” Dr. Ruby said. Because of the profound impact marijuana had on his quality of life, Ethan ultimately moved to Colorado, which established a medical marijuana registry in 2000.

“So when this [regulation] came to Massachusetts, I said, ‘Wow, I can get my son and my grandchildren back,’” Ruby said.

“So I’m very much a proponent of it. When people ask why I’m so passionate about it, I say, ‘My son is 2,000 miles away; I’m passionate about it.’ It’s very personal.”

Regulatory Uncertainty Ahead

The Massachusetts Public Health Council approved final medical marijuana regulations in May; however, it’s unclear how the program will unfold in the Commonwealth.

Political controversy aside, Bill Ryder, legislative and regulatory counsel for the MMS, outlined several potential areas of concern.

For starters, he said, physicians need to recognize that certifying a patient to use medical marijuana is an entirely different process than writing a traditional prescription.

“What they are doing is they are certifying that patients have the particular condition or disease that might benefit [from marijuana] within the particular framework of the rules,” Ryder said. “In that context, the physician has very little control over what the patient actually does after that point.”

The DPH then registers the patient, who next goes to a dispensary to purchase the medication. It’s the dispensary staff — not the physician — who determines what strength and form of the drug to sell to the patient.

“Regardless of what the physician says to the patient, the only control that the physician has is the timeframe in which they certify a patient,” he said. “It’s not at all like a prescription where you’re saying, ‘here’s a seven-day supply of antibiotic, take it twice a day and call me back.’ There’s none of that. That’s a very different experience and that’s a little bit hard to reconcile,” Ryder said.

Family and addiction physician, James Broadhurst, M.D., said.

Annual Meeting 2013: Gun Violence, M.D. Employment Policies Adopted

BY ERICA NOONAN

Policies on gun violence and principles of physician employment led the list of resolutions adopted as policies at last month’s annual meeting of the House of Delegates.

Stating that the MMS “be guided by the principles of reducing the number of deaths, disabilities, and injuries attributable to guns, making gun ownership safer, and encouraging research to understand the risk factors related to gun violence and deaths,” MMS delegates adopted a policy on gun violence that reaffirmed the right of physicians to discuss with patients gun safety and the ownership and storage of guns within the duty and privacy of obtaining a medical history.

The policy also provides for the MMS to promote and support state legislative efforts to make licensing and background checks mandatory for all firearm sales and for the MMS to advocate that the American Medical Association support federal efforts to do the same on a national level.

Voting on a proposal stating that a physician’s paramount responsibility is to his or her patients’ and that “patient advocacy is a fundamental element of the patient-physician relationship that should not be altered by the health care system or setting in which physicians practice,” MMS delegates adopted a comprehensive policy on Principles for Physician Employment, covering seven areas: conflicts of interest, advocacy for patients and the profession, contracting, hospital staff medical relations, peer review and performance evaluations, payment agreements, and physician independence self-governance.

HOD members also voted to adopt initiatives to prevent abuses and neglect of children, improve availability of hospice benefits and the establishment of a committee on oral health. The Society also reaffirmed long-standing policies on a number of subjects, including obesity, end-of-life care and advance directives, and improving care for patients with language and cultural barriers.

Norwell resident and South Shore physician Ronald W. Dunlap, M.D., who recently began his term as MMS president, said one of his chief goals is to seek new ways for Massachusetts physicians to thrive in a quickly changing, fiscally challenging health care environment.

“We live [in] a fascinating moment in the history of medicine,” said Dr. Dunlap, during his first presidential address to MMS members. “Never has medicine been more frustrating, and yet more promising. Never have we been able to do so much yet felt that we should do so much more.”

Read more details about the 2013 MMS Annual Meeting, policies adopted by the HOD, and view a slideshow at www.massmed.org/annual2013.
NEJM Journal Watch Unveils New Name, New Look

Journal Watch, which for 25 years has spearheaded medical literature surveillance and delivered independent coverage of the most critical advances in clinical medicine, has been renamed NEJM Journal Watch.

NEJM Journal Watch is part of NEJM Group, which was introduced in 2012. This new organization brings together the people and resources behind the New England Journal of Medicine and NEJM Journal Watch.

As a premier product within NEJM Group, NEJM Journal Watch remains committed to covering over 250 journals and delivering insights on 13 medical specialties and numerous topics. The editorial board of physician thought leaders continues to prepare expert summaries, commentary, and news trusted by health care professionals to stay current with the fast pace of change in practice and patient care.

Readers will experience a new look for print issues and a soon-to-be launched redesigned website, NEJM Journal Watch Online, with enhanced content, a mobile-friendly format, and more substantial editor profiles. When the site launches, JWatch.org will provide convenient access to continually updated content and is optimized for any device. An easy-to-navigate design guarantees subscribers can easily move between articles and manage account information, whether working on a desktop, scanning a smartphone between patient visits, or using a tablet at the end of the day. 

MMS members are always entitled to an initial 50 percent discount on all NEJM Journal Watch publications and Print CME programs. For exclusive member rates, email jwatch@mms.org or call (800) 843-6356.
The latest Physician Practice Environment Index, released June 5, indicates that the physician practice environment remains challenging despite modest increases in both physician income and applications to medical schools.

The number of applicants to medical school is a proxy for the supply of physicians over the next 10 to 15 years. Given the number of physician workforce shortages and the aging population leading to an increase in demand for health care, this is positive news.

The index is a composite of nine factors that impact the delivery of patient care in Massachusetts and in the United States, which include applications to medical schools, percentage of physicians 55 years of age and over, median physician income levels, ratio of median housing prices to median physician income, cost of maintaining a physician’s practice, mean number of hours spent on patient care activities, number of visits per emergency department, change in average professional liability insurance premium rates, and the annual number of advertisements for physician vacancies in the New England Journal of Medicine.

Continued positive growth in both indices is suggestive of a subtly improving physician practice environment overall. In each of the past six years, the U.S. Index has increased — a trend that reflects a stronger practice environment. The Mass. Index has also shown modest improvement over the past two years.

The rate at which the cost of maintaining a physician’s practice continued to increase in 2012, which had a negative effect on the index. For more detailed information on the changes of these factors, please review the 2013 Physician Practice Index that is available on the Massachusetts Medical Society website at www.massmed.org/mmsindex.

Looking ahead, physician income and the number of applicants to medical school can be expected to affect the indices. The increase in demand for physician services as a result of the aging population and advancing technology has driven these upward. At the same time, the cost of maintaining a practice may begin to change, as rental rates for office space and wage rates increase, reflecting broader growth momentum in the national economy. VS

— Melissa Higdon

MMS Regional Offices to Host Individual Claims Consultation Days

The MMS Regional Offices are happy to announce that the annual Individual Claims Consultation Days will be taking place during July and August. These troubleshooting sessions are designed to allow MMS member physicians and their practices to schedule 30-minute appointments with health plans in order to focus on adjudication of troublesome claims.

Representatives from the health plans (listed in the table below) will be on hand to review claims with physicians and their office staff in order to facilitate claims processing. To schedule an appointment for one of the upcoming sessions, please contact the regional office at the number listed below. VS

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Note: √ denotes plans that will be in attendance.

LAW AND ETHICS

Medical Marijuana and Workplace Law

The Massachusetts Act for the Humane Medical Use of Marijuana (Medical Marijuana Law), became effective on January 1, 2013. Regulations issued by the Massachusetts DPH, effective on May 24, 2013, have helped to clarify procedures with respect to the registration of certifying physicians and of qualifying patients and marijuana dispensaries.

However, the regulations do not provide much guidance with regard to the effect that the law has on related state and federal law and policy, including employment law and workplace drug use policies.

The law and its associated regulations state that, “[n]othing in this law requires any accommodation of any on-site medical use of marijuana in any place of employment [...]”. Accordingly, employers may still lawfully prohibit employees from using marijuana at work and may discipline employees who violate such prohibition, in spite of the fact that the drug use may be sanctioned under state law.

There is also nothing in the Medical Marijuana Law that prevents employers from prohibiting employees from working while under the influence of marijuana. The Americans with Disabilities Act (ADA) does not require an accommodation for the use of drugs that are illegal under federal law.

While it’s possible Massachusetts’ anti-discrimination laws could require employers to tolerate medical marijuana use by employees in the future, neither the courts nor the Massachusetts Commission Against Discrimination have offered guidance on the matter.

The Massachusetts Medical Marijuana Law and regulations are silent on an employer’s rights and obligations toward medical marijuana users with regard to drug-testing policies. While such policies have yet to be tested in Massachusetts courts, courts in other states with legalized medical marijuana have consistently found that employers may continue to enforce pre-employment drug-testing policies that screen for the use of drugs, including marijuana. Such courts
MMS Honors Worcester Pediatrician

In April, the MMS awarded the Henry Ingersoll Bowditch Award for Excellence in Public Health to Linda D. Sagor, M.D., M.P.H., a Worcester pediatrician who founded the Foster Children Evaluation Services Clinic (FaCES), a clinic that provides health assessments to facilitate excellent medical care for vulnerable children. The annual award is presented to a Massachusetts physician who demonstrates creativity, commendable citizenship, initiative, innovation, and leadership within the realm of public health and advocacy.

An audit done by the Massachusetts Department of Social Services (now called the Department of Children and Families) in 1999 showed that many foster families were not able to access care for their children quickly. Care for these children was fragmented, discontinuous, and incomplete. Medical records with immunization history and medication and allergy documentation were often difficult to obtain, as well.

Founded in 2003, FaCES provides an initial screening visit, a comprehensive visit within 30 days, immunization updates, medication refills, laboratory evaluations, and subspecialty and mental health/developmental referrals. Consequently, all children in central Massachusetts, as well as the foster care system, have a central site where the medical, dental, and psychological needs of the children may be coordinated and delivered.

The Massachusetts Department of Children and Families has asked Dr. Sagor to develop new programs to coordinate and improve health care for children in foster care across the state. Dr. Sagor received her award at the MMS Public Health Leadership Forum in April.

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MMS and Alliance Foundation Awards $160,000

The MMS and Alliance Charitable Foundation recently awarded a total of $160,000 to 12 organizations throughout Massachusetts.

- The Amherst Survival Center Free Medical Clinic was awarded $15,000 to hire a part-time clinic manager to oversee the clinic’s expansion.
- Change, an organization located in Shrewsbury, was awarded $10,000 to support the expansion of the tuberculosis screening and education program.
- The Greater Westfield Free Health Services Program was awarded $5,000 to help this physician-led volunteer medical team to provide health services to the uninsured and under insured around western Massachusetts.
- The MetroWest Free Medical Program in Sudbury has been awarded $10,000 to expand their services beyond their regular clinic sessions, such as health screening, education, and patient referrals through three food pantries.
- The Family Van was awarded $10,000 to support providing mobile health care screenings and education to at risk youth.
- The Sharewood Project was awarded $5,000 to support the provision of free health services to Greater Boston’s most vulnerable residents.
- Heywood Hospital, located in Gardner, was awarded $20,000 to support a part-time pharmacist who will provide bedside counseling on medication use, in-home consultation and monitoring, while also serving as a liaison with patients’ primary care physicians, caregivers, and pharmacies.
- The Community Health Programs was awarded $35,000 to help outfit a medical van with ophthalmic equipment to provide all ages with comprehensive screening, diagnosis, and treatment for eye disease.
- Girls Inc., of Worcester was awarded $10,000 to support its programs that aim to improve the health of vulnerable low-income girls and address unhealthy behaviors such as tobacco/substance use, poor nutrition, and lack of exercise.
- The West Roxbury project, Restoring Sight International, was awarded $15,000 to support the program, Vision Screenings for At-Risk Seniors, which provides free vision screenings to seniors in their local communities.
- A $15,000 grant was awarded to UMASS Memorial Medical Center to support a home-based asthma reduction program for children with asthma and their families living in Worcester’s low-income Bell Hill neighborhood.
- Upham’s Corner Health Center was awarded $10,000 to support a multilingual patient navigator for the Comprehensive Colonoscopy Engagement project, aimed at decreasing missed or cancelled appointments to promote early detection of colon and rectal cancers.

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Law and Ethics continued from page 3

have also upheld the employer’s right to terminate a current employee who tests positive for use of medical marijuana, whether or not the employee was working while under the influence. Although the Massachusetts Medical Marijuana Law, like other medical marijuana laws, prevents criminal or civil prosecution under state law, it does not prevent employers from disciplining or taking other action against an employee using marijuana for medical purposes.

As it appears that the Marijuana Law had little effect on the laws governing employer drug-testing and drug use policies, physicians and patients should carefully consider the implications of medical marijuana use in the employment setting. As employers and employees, physicians should review drug-related employment policies and procedures with their attorneys to ensure compliance, as the Commonwealth’s legal landscape continues to evolve in the wake of the Medical Marijuana Law.

— William Frank, Esq
STATE UPDATE

Medical Marijuana
continued from page 1

has spoken publicly about marijuana’s risks, and urged physicians who want to participate in certifying patients to be thorough in their understanding of the regulations as well as their patients’ needs.

“The regulations speak to the fact that the basis for a recommendation or certification of marijuana is not purely and simply the making of a diagnosis, but also of documenting the debilitating nature of the condition right now as the indication for marijuana treatment,” he said.

“And that would also require, in my opinion, the review of previous treatments to assure that conventional medical therapies, legal alternatives and complementary therapies have all been investigated and tried from a therapeutic perspective before a decision is made to add marijuana to the therapeutic mixture.”

Steep Learning Curve

Another issue raised by both proponents and skeptics of medical marijuana is that physicians currently receive no clinical training in the effects of marijuana on individuals with certain conditions. While the regulations will require physicians to take two hours of CME about marijuana treatment beginning in July 2014, some physicians have criticized the DPH’s educational requirement as being too cumbersome. Dr. Broadhurst said those hours of training should be viewed as a minimum.

“The education for physicians to understand the risks and benefits of recommending a crude plant mixture as a therapeutic agent — particularly one where the risks of both side effects and addiction are so well documented — is important,” said Dr. Broadhurst. “I believe that physicians who are interested in this area will spend many, many more hours of study in order to provide recommendations and certifications that are appropriate and professionally handled.”

One physician who has taken it upon himself to study the science of cannabis in depth is anesthesiologist Harold Altvater, M.D., owner and operator of Methuen-based Delta 9 Medical Consulting, a company that evaluates patients for medical-marijuana certification.

“There’s a significant amount of catching up to do to even consider recommending it for your patients,” he said. “I think physicians need to separate the political and legal arguments from the scientific and the therapeutic stances. If you’re able to look at it from a scientific point of view, it’s easier to see how it could potentially benefit your patients.”

Liability Concerns

Before certifying patients, physicians should have a very clear understanding of what constitutes a bona fide physician-patient relationship under the regulations, Ryder said.

The definition, as it appears in the state’s regulations, is as follows:

“A relationship between a certifying physician, acting in the usual course of his or her professional practice, and a patient in which the physician has conducted a clinical visit, completed and documented a full assessment of the patient’s medical history and current medical condition, has explained the potential benefits and risks of marijuana use, and has a role in the ongoing care and treatment of the patient.”

FEDERAL UPDATE

SGR Reform — Hoping 2013 is the Year

Buoyed by a new and discounted Congressional Budget Office (CBO) calculation of the repeal cost of the Medicare physician payment formula, committees in both the House and Senate are working on proposals to repeal the Sustainable Growth Rate.

First the good news: CBO estimates that full repeal of the SGR would now cost $139.1 billion, a $100 billion decrease from earlier estimates. Although the CBO is not sure why the cost has come down, it is clear that the rate of Medicare spending is decreasing. For nearly three years the MMS has been working on a national task force convened by the AMA. The task force consists of seven national medical specialty groups and state medical societies. The group developed a framework of principles for SGR repeal, which were supported by more than 110 national and state medical organizations.

During the last six months, the American College of Physicians, American College of Surgeons, and the American Medical Association have begun to develop the framework for a transitional Medicare physician payment formula.

The House Ways and Means Committee and House Energy and Commerce Committee majority staff have released several outlines of reform for public comment. Both the House Committee and the Senate Finance Committee (which has jurisdiction over the issue in the Senate), held hearings on SGR reform and have sought input and comment from the physician community.

While these proposals are all evolving, it is important to underscore that several of the principles supported by the physician organizations are embodied in the proposals reviewed to date. Common themes included the importance of physician leadership, the need for multiple models to accommodate a broad spectrum of specialties and practice types, support for measuring and rewarding physician accountability, and the need to immediately eliminate the SGR and create a stable financial environment to facilitate practice infrastructure development and investment.

For example, the House Committee proposal promotes a diversity of new payment and delivery reform models, modifies (but preserves) fee-for-service, and maintains the medical profession’s leadership role in developing quality measures and data reporting systems. It would immediately repeal the SGR, provide for several years of payment stability with statutorily set fee schedule updates, and provide options for physicians remaining in fee-for-service.

The difficult part of any resolution to the Medicare payment formula is not only the funding question, but also developing a mechanism to ensure that physician practices are appropriately reimbursed while finding those requisite savings demanded by this health care economy. We will keep you posted as congressional work on the issue proceeds.

— Alex Calcagno
Reducing Physician Stress and Burnout

Please join us for the 9th Annual Caring for the Caregivers Conference, “How Do We Reduce Physician Stress and Burnout?”, on Thursday, October 3, 2013, at MMS headquarters.

The conference opens with an overview of physician health by new PHS Director Dr. Steven Adelman and with an overview of the Massachusetts health care environment by MMS President Dr. Ronald Dunlap. The morning session features a set of dynamic speakers, each of whom explains below how he or she will focus on important ways to help caregivers and improve the health care work environment. After lunch, breakout groups hosted by the same faculty will dive deeper into each topic, focusing on identifying and overcoming obstacles that interfere with more widespread adoption and implementation of these approaches.

Following the small groups, the conference will reconvene to hold a robust discussion of our findings and recommendations with a panel of invited health care leaders that includes Jeannette Clough (Mount Auburn Hospital), Howard R. Grant, J.D., M.D. (Lahey Clinic), Gene Lindsey, M.D. (Atrius Health), Gerda Maisel, M.D. (Bay State Medical Center), and Kate Walsh (Boston Medical Center).

– PHS Director Steve Adelman, M.D.

Promoting Peer Support
Jo Shapiro, M.D., Center for Professionalism and Peer Support (CPPS) at Brigham and Women's Hospital

Physicians encounter various stressors in their careers. One of the most demoralizing is personal involvement in an adverse event that harmed a patient. In most peer support programs, non-physicians support physicians and other clinicians. In our experience, physicians rarely access the support available from non-physicians. Reasons for this include the need for confidentiality, concern about reputation, and access issues. We have found that physicians involved in adverse incidents often prefer to get support from their peers.

The CPPS at Brigham and Women’s Hospital has trained over 60 physicians and nurses as peer supporters. Connecting with a peer supporter helps normalize the emotional distress the physician may be experiencing, and also allows the physician to feel supported, to talk openly about his or her feelings, and to move on to next steps.

My discussion will focus on the emotional impact and potential adverse consequences of adverse incidents, particularly where there has been an error. In addition, the negative impact of these emotions on disclosure and apologetic behavior, as well as safety reporting, will be explored. Peer support is one mechanism that mitigates these negative consequences, while also helping to change the culture of how we respond to and prevent medical incidents. The fundamentals of our Peer Support Program will be outlined.

Building Caregiver Resiliency
Greg Frickhione, M.D., Benson-Henry Institute for Mind Body Medicine

Stress is pervasive. The prevention and treatment of the harmful effects of stress on health and well being is vital. We have innate qualities that confer on us a modicum of resiliency in the face of stress. The linkage of psychosocial stress to biological system stress will be explored, along with the interplay of heredity, environment, and physiological disease vulnerabilities. This is equally relevant in patient care, and in the self-care of the caregivers.

We hypothesize that the propensity to health is determined by a mind-body medicine equation. In this model, resiliency is characterized by the ability to reduce stress via the relaxation response. This may be achieved in a variety of ways: meditation; social support; prosocial altruistic, loving behavior; various cognitive restructuring strategies; enhancement of meaning and purpose; and, by true spiritual practice and belief.

Our programs are directed at enhancing resiliency through the integration of the relaxation response elicitation with cognitive restructuring, with positive decision-making, along with our ability to form empathic connections with others.

Mindfulness will be discussed in the context of personal practice, organizational culture change, behavioral therapy development, and neuroimaging of MRI brain changes. The Mindfulness-Based Stress Reduction model, developed at UMass, will be reviewed, to the ends of promoting personal mindfulness practice and creating a more mindful health care workplace for physicians, staff, and patients.

What is Compassion?
Rediscovering the Human Connection in Health Care
Beth Lown, M.D., Schwartz Center for Compassionate Healthcare

 Compassion is a universal response to the concerns, distress, and suffering of others. As such, compassionate care underlies the very purpose of medicine. Few would deny its importance, yet in our national survey of 800 recently hospitalized patients and 510 providers, only about half of the patients agreed that the U.S. health care system provided compassionate care.

This raises several questions: How can we best understand the nature of compassion? How do changes in the health care system influence our capacity to provide compassionate care? How can we foster and sustain our ability to experience compassion and to support our own and others’ capacity to provide compassionate care?

We’ll explore these questions and discuss a framework for understanding compassion and the Schwartz Center Rounds, a program that brings together interdisciplinary caregivers from more than 320 health care organizations across the United States to discuss the social and emotional issues they face in caring for patients and families.

Learn more about the upcoming Caring for the Caregivers conference by visiting www.massmed.org/caringforcaregivers_2013.
Added Benefits for Legal Advisory Plan Members

We are pleased to offer a new benefit to members of the Legal Advisory Plan (LAP) — a 25 percent discount on all Legal Advisor online CME activities. Content from past newsletters has been developed into online CME courses and LAP members can take those courses at a new discounted cost.

Exclusive benefits to members of the LAP include:
- Legal services for Massachusetts Board of Registration in Medicine (BRM/Board) matters
- FREE 30-minute consultation with Plan attorneys, available to you when you need some legal advice — even before a Board complaint has been issued
- FREE quarterly newsletter, The Legal Advisor, packed with critical information for physicians
- NEW: 25 percent discount on Legal Advisor online CME courses — an exclusive benefit for LAP members
- A group enrollment discount, available for five or more enrolled physicians

Information and enrollment materials were mailed to all members in May. You may renew or sign up by using the application contained in the packet, or via our new online application at www.massmed.org/lap. For questions, contact Carolyn Maher at (800) 322-2303, ext. 7311 or lap@massmed.org.

MMS Member Benefit: DocbookMD Provides Secure Messaging

The MMS provides products and services that assist in the delivery of care, and we are pleased to announce a new free member benefit, DocbookMD.

The Society has partnered with DocbookMD to give access to a HIPAA-secure messaging application for mobile devices (i.e., Android, iPhone, iPad, and iPod touch). Designed by and for physicians, DocbookMD provides a secure network to share patient information and collaborate with physician colleagues.

This free application uses advanced technology to send HIPAA-secure text messages, images such as X-rays and EKGs, or other patient images to your physician colleagues or members of your patient care team. Use the built-in directories to search all MMS physicians and local pharmacies.

It’s no longer necessary to wait for a voice page response, now you can instantaneously communicate with other physicians via a secure text message. All messages are sent and stored using high-grade encryption, and data is saved on DocbookMD’s secure servers — not on the user’s device — for 10 years.

There is no charge to members because DocbookMD is a free benefit, available only to MMS members. You can safely share sensitive patient information with any MMS colleague by using DocbookMD.

For more information and to sign up for this free benefit, visit www.massmed.org/docbookmd. For questions, please email info@massmed.org or call (800) 322-2303, ext. 7311. You can also visit docbookmd.com or contact Meg Valentine of DocbookMD at (888) 930-2048 or via email meg@docbookmd.com.

INSIDE MMS

ACROSS THE COMMONWEALTH

Statewide News and Events

Art, History, Humanism, and Culture Member Interest Network — Herb Workshop. Sat., June 29, 10 a.m. to noon. Location: MMS headquarters, Waltham. Bonsai Workshop. Sat., July 27, 10:00 a.m. to 1:00 p.m. Location: Holyoke Community College, Holyoke. For more information, contact West Central Regional Office.

If you have news for Across the Commonwealth, contact Michele Jussaume, Northeast Regional Office, at (800) 944-5562 or mjussaume@mms.org; Sheila Kozlowski, Southeast Regional Office, at (800) 322-3301 or skozlowski@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 recently reported to the Society. We also note member deaths on the MMS website at www.massmed.org/memoriam.

Richard H. Angoff, M.D., 64; Worcester, MA; Georgetown University School of Medicine, 1977; died April 21, 2013.

William Beachman, M.D., 90; Delray Beach, FL; Tufts University School of Medicine, 1952; died April 16, 2013.

Kathleen M. Bennet, M.D., 56; Boston, MA; Boston University School of Medicine, 1984; died November 23, 2012.

Sam L. Clark, M.D., 86; Kennebunk, ME; Harvard Medical School, 1949; died November 9, 2012.

Merrill I. Feldman, M.D., 88; Swampscott, MA; Harvard Medical School, 1952; died April 27, 2013.

Edward L. Ferguson, M.D., 88; Holyoke, MA; Harvard Medical School, 1953; died April 7, 2013.

Edward W. Friedman, M.D., 92; Newtonville, MA; Harvard Medical School, 1949; died January 5, 2013.

Paul H. Gates, M.D., 88; Dedham, MA; Tufts University School of Medicine, 1951; died January 11, 2013.

Frank C. Gazzaniga, M.D., 82; Upton, MA; Boston University School of Medicine, 1959; died March 21, 2012.

Stuart R. Jaffee, M.D., 83; Worcester, MA; Tufts University School of Medicine, 1955; died November 5, 2012.

Lewis P. James Jr., M.D., 79; Canton, MA; Harvard Medical School, 1958; died December 25, 2012.

Walter S. Kerr Jr., M.D., 96; Boothby Harbor, ME; University of Pennsylvania School of Medicine, 1943; died March 31, 2013.


Burton J. Polansky, M.D., 84; Brockton, MA; Columbia University, 1955; died June 30, 2012.

George I. Solish, M.D., 93; Templeton, CA; Tufts University School of Medicine, 1950; died April 10, 2013.

Alexander G. Stetkevych, M.D., 84; Taunton, MA; University of Massachusetts Medical School, 1982; died March 28, 2013.

Edward W. Friedman, M.D., 92; Newtonville, MA; Harvard Medical School, 1949; died April 7, 2013.

Edward L. Ferguson, M.D., 88; Holyoke, MA; Harvard Medical School, 1953; died April 7, 2013.

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George I. Solish, M.D., 93; Templeton, CA; Tufts University School of Medicine, 1950; died April 10, 2013.

Alexander G. Stetkevych, M.D., 84; Taunton, MA; University of Massachusetts Medical School, 1982; died March 28, 2013.
NEWLY ELECTED MMS PRESIDENT RONALD W. DUNLAP, M.D. (RIGHT) ACCEPTED CONGRATULATIONS FROM OUTGOING MMS PRESIDENT RICHARD V. AGHABABIAN, M.D., (LEFT) AT THE PRESIDENTIAL INAUGURATION ON MAY 10 DURING THE 2013 MMS ANNUAL MEETING AT THE SEAPORT HOTEL AND WORLD TRADE CENTER IN BOSTON.

PASSING THE TORCH

PHOTO BY DOUG BRADSHAW

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MMS SPONSORED AND JOINTLY SPONSORED CME ACTIVITIES

LIVE CME ACTIVITIES
Go to www.massmed.org/calendar. Unless otherwise noted, event location is MMS headquarters, Waltham.

Caring for the Caregivers IX: How Do We Reduce Physician Stress and Burnout?
Thurs., October 3, 2013, 8:00 a.m. to 4:00 p.m.

CME Accreditation Orientation
Tues., October 15, 2013, 8:30 to 11:45 a.m.

Managing Workplace Conflict
Thurs., October 17, 2013, 8:00 a.m. to 4:00 p.m. and Fri., October 18, 2013, 8:00 a.m. to 3:00 p.m.

SAVE THE DATE
Principles of Palliative Care and Persistent Pain Management: Tools to Integrate into Your Practice
Fri., September 27, 2013

ONLINE CME ACTIVITIES
Go to www.massmed.org/cme.

End-of-Life Care
• End-of-Life Care: Ethics, Communication and Conflict Resolution, and Advance Care Planning
• The Importance of Discussing End-of-Life Care with Patients
• Legal Advisor: Advance Directives

Pain Management
• Legal Advisor: Identifying Potential Drug Dependence and Preventing Abuse
• Managing Risk when Prescribing Narcotic Painkillers for Patients
• Opioid Prescribing, Risk Management of Opioid Therapy and the Opioid Abuse Epidemic (6 Modules)

Legal Risk Management CME
• Active Listening as a Tool for Improved Doctor-Patient Relationship
• Legal Duties and Options when a Patient Raises Suicide
• Legal Advisor: Boundary Violations

Other Risk Management CME
• Effective Chart Review for Quality Improvement
• Avoiding Failure to Diagnose
• Getting It on Record and Getting It Right
• Medical Mistakes: Learn to Steer Clear of the Common Ones
• The Changing Nature of Informed Consent
• Dealing with the Changing Dynamic of Medical Staff
• Data Analytics Module 1: Population Health Management
• Data Analytics Module 2: How the ACO and You Can Succeed
• Data Analytics Module 3: Improving the Health of Your Patients
• Social Networking 101 for Physicians

*Also Available in print. Call (800) 322-2303, ext. 7306.

MMS SPONSORED AND JOINTLY SPONSORED CME ACTIVITIES

TO REGISTER FOR ANY OF THESE ACTIVITIES, CALL (800) 843-6356.

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

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

RISK MANAGEMENT
 masse.org/cme

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PHOTO BY DOUG BRADSHAW

NEWLY ELECTED MMS PRESIDENT RONALD W. DUNLAP, M.D. (RIGHT) ACCEPTED CONGRATULATIONS FROM OUTGOING MMS PRESIDENT RICHARD V. AGHABABIAN, M.D., (LEFT) AT THE PRESIDENTIAL INAUGURATION ON MAY 10 DURING THE 2013 MMS ANNUAL MEETING AT THE SEAPORT HOTEL AND WORLD TRADE CENTER IN BOSTON.

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