

VITAL SIGNS



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each patient counts.

VOLUME 22, ISSUE 3, MARCH 2017



View from Capitol Hill: Health Care and the 115th Congress

BY ALEX CALCAGNO
MMS DIRECTOR OF ADVOCACY, GOVERNMENT AND COMMUNITY RELATIONS

While no one can predict the impact of the Trump presidency on the federal agenda, one thing is certain: the health care issues facing the new president and the 115th Congress are formidable. The dynamic that evolves between President Trump, Congress, and the cabinet will be an early litmus test for his administration, and potentially the status of health care in the nation.

An Emerging Dynamic

Donald Trump is not a traditional Republican. He ran on a number of positions that are in direct opposition to those that have been espoused by Republican Party leaders for years. A most notable example is his promise to preserve and protect Medicare and Social Security. He also wants to allow Medicare to negotiate the price of prescription drugs, a proposal historically and staunchly opposed by the Republican

party. With Republicans in the majority in both chambers, any legislative success will require their support.

Also to be determined is President Trump's leadership style. Congressional Republicans have long anticipated the day when they controlled all three domains — House, Senate, and White House. Whether President Trump — emboldened by his unorthodox campaign and equally unexpected victory — will believe he knows what is best or whether he will defer to the seasoned party leaders remains uncertain.

Adding to the overall power play during the 115th Congress will be the role of the governors and the Democrats. The governors will serve as a reality check on the impact of the various proposals on their constituents (think: repeal of the Affordable Care Act, or ACA, without a replacement plan). The Democrats hold just enough votes in the Senate to be a reckoning force. Republicans hold 241 seats in

the House and 52 in the U.S. Senate — 8 votes shy of being able to stop a filibuster under current Senate rules. The Democrats could prove to be a surprising ally to the president on such issues as infrastructure reform, where Republicans are opposed to anything that could substantially increase the deficit.

Use of Executive Power

The most direct impact of Trump's presidency may be evidenced through his use of executive power and regulatory authority, and his appointments to the Supreme Court. His staff has compiled a list of hundreds of executive orders, which President Trump will attempt to rescind early in his term. It is anticipated that the Trump Administration will seek to minimize regulations and administrative burdens on physicians and businesses.

Generally, there are two overarching health care issues that will define this administration's and Congress' position on health

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MMS Joins Coalition for Coverage and Care

The MMS has extensive policy supporting access to quality health care and affordable health insurance for all. This commitment has served as the basis for support for the ACA and Massachusetts Chapter 58, on which the federal law was based. On January 4, in an effort to strengthen that support, the MMS joined the Massachusetts Coalition for Coverage and Care. The coalition's mission is to educate policymakers in Massachusetts and Washington, DC, as to the impact that could be felt if the ACA is repealed.

Massachusetts has achieved the highest insurance rate in the country and has been a beacon for the nation.

"We learned from Massachusetts that individual responsibility, alongside financial assistance, is the only proven way to provide affordable, private, individual insurance to every American," President Obama declared.

The coalition seeks to increase knowledge about the progress Massachusetts has made and to broaden understanding of how to protect coverage and care for all residents of the Commonwealth.

Voices in Support of ACA: turn to page 5

Physicians Fight Opioid Abuse Across the Commonwealth

BY ROBERT ISRAEL
VITAL SIGNS EDITOR

For nearly two years, the MMS has been a leading force in the battle against opioid abuse. Prescribing guidelines, public awareness, and prescriber education have been hallmarks of the effort.

From Boston to Worcester to Greenfield and beyond, physician efforts continue the fight.

"We encourage physicians to use safer ways to prescribe opioids for patients suffering from



Ruth Potee, M.D.

chronic pain," said Dennis M. Dimitri, M.D., chair of the MMS Task Force on Opioid Therapy and Physician

Communication and immediate past president, "and to protect patients through the enforcement of safe prescribing. We educate physicians and medical students to understand opioid

substance use disorder as a chronic brain disease to be treated through therapy and support systems."

Current task force efforts follow a well-attended MMS leadership summit last fall, *Medication Assisted Treatment: Improving Access to Evidence-Based Care*, where strategies for increasing the availability and access to evidence-based treatments were explored as weapons against the influx of

heroin, fentanyl, and illicit prescription drugs.

Another effective weapon is physician and patient education. Since May 2015, when the MMS began offering free pain management and safe opioid instruction, more than 8,000 individuals have completed over 23,000 course modules through the end of 2016. Physicians/prescribers enroll to learn best practices and then share their knowledge with

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PRESIDENT'S MESSAGE



A New Priority

Our profession is consistently rated among the most prestigious, with high marks for honesty and ethics in poll after poll. Yet, when listening to our colleagues speak about being a physician, quite another perspective comes into view. What we're saying is far from encouraging.

Multiple surveys have reported high percentages of physician burnout, defined as a loss of enthusiasm for work, cynicism, and a low sense of personal accomplishment. Low morale and negative feelings about the future of our profession are other recurring themes emerging from these studies.

Increasing regulatory and administrative requirements, lack of autonomy and control, and rapid change are among many of the factors contributing to the discontent.

Indeed, it would be hard to name another profession that has undergone so much change in so many areas in so short a time as health care. Within the span of just 10 years, we have seen remarkable changes in our profession of health care, with much of it beginning right here in the Commonwealth.

In my message last October, I wrote that physician burnout has become a crisis. The message bears repeating. We must recognize burnout as a double-edged sword, neither side of which offers anything good.

The condition can damage both the physician and patient: the physician, with higher rates of depression, anxiety, and substance abuse, and the patient, with substandard care, poorer outcomes, and even medical errors.

The MMS has now created a dedicated website for physician wellness. I invite you to visit www.massmed.org/physicianwellness and explore the resources available to you. It is time for each of us to make physician wellness a priority — for ourselves, our profession, and our patients.

— James S. Gessner, M.D.

Physicians Fight Opioid Abuse

continued from page 1

patients. Their efforts, as seen in this report, can be felt in Massachusetts communities state-wide.

Activism in Franklin County

Ruth Potee, M.D., is a family physician in Western Massachusetts. She was honored in 2015 as Community Clinician of the Year by her MMS peers of the Franklin District Medical Society and has been a voice for change in erasing the stigma associated with substance use disorder, advocating for treating it as a disease.

To that end, Dr. Potee urges all physicians to join the fight against the opioid epidemic. "Physicians need to get the training they need and to dig deep and to talk to patients about opioid use, to ask the tough questions, to work in their communities, and to view this epidemic as a major public health crisis," she said.

Franklin County's opioid task force, which unites medical, law enforcement, civic and educational groups, and Baystate Franklin Medical Center, is doing just that.

"All our prescribers are in full compliance with the Massachusetts Prescription Awareness Tool (MassPAT)," said Thomas Higgins, M.D., chief medical officer at Baystate Franklin, referring to the state's prescription monitoring program.

"This has resulted in huge changes in prescribing behavior. Our nurses and emergency room personnel are trained in screening and intervention. Six newly-hired mental health counselors provide around-the-clock coverage to those patients presenting with

opioid or other substance abuse. We monitor our efforts, and there has been a slight decrease to the substance abuse problem here."

Educating Physicians/Prescribers in Worcester

At UMass Medical School in Worcester, Michele Pugnaire, M.D., senior associate dean, and Jennifer A. Reidy, M.D., co-chief of palliative care, train medical



Michele
Pugnaire, M.D.

students who will take their place at the front lines in the opioid battle. This training program emphasizes a collaborative approach toward understanding, treating,

and preventing addiction.

"At UMass, graduate-level nursing students study alongside pharmacy and general medicine students," Dr. Pugnaire said. "This mixed-professional approach is a model for our communities: a united force of medical professionals battling the epidemic."

UMass Medical's "holistic teaching" model, Dr. Reidy noted, includes panels of patients who are invited to classrooms to share personal testimonies of their struggles with addiction and chronic pain.

"Patient panels are the heart and soul of medical training," Dr. Reidy said. "Learning about health is knowing your community. Students learn how patients struggle with addiction and how



Jennifer
Reidy, M.D.

these patients have become stigmatized. Unless we crack the stigma, we can't advance against this epidemic."

Treatment and Recovery in Boston

An example of how to "crack the stigma" of addiction, said Barbara Herbert, M.D., a task force member, can be found at Boston Medical Center. She cited the work of Alexander Y. Walley, M.D., who presented at the MMS leadership summit last fall, as indicative of helping patients who are "suffering from addiction to gain access to treatment that can lead to recovery," she said.

"As this crisis we're facing continues, there is a silver lining," Dr. Walley said, "and that is that



Alexander Y.
Walley, M.D.

evidence-based treatments work. Fortunately, in Massachusetts, treatment is accessible. What is rewarding to me is that every

day I see my patients get better. This is extremely hopeful."

MMS President James Gessner, M.D., who was the first chair of the Opioid Task Force that developed MMS prescribing guidelines, sees the physician's role as critical in the fight against addiction.

"Prescriber education is working, as opioid prescriptions are declining," Dr. Gessner said. "We have advocated for partial-fill prescriptions and stressed proper storage and disposal to reduce the amount of drugs available for diversion. We are focusing on eliminating the stigma of addiction, recognizing it as a chronic medical disease, and are now moving to expand treatment options. State officials, legislators, policymakers and patients have now recognized that physicians are part of the solution to this epidemic."

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

EDITOR: Robert Israel

EDITORIAL STAFF: Charles Alagero, Office of General Counsel; Robyn Alie, Public Health; Lori DiChiara, Government Relations; Kerry Ann Hayon, Managed Care; Stephen Phelan, Membership; Cathy Salas, West Central Regional Office; Debbie Brennan, Physician Health Services

PRODUCTION AND DESIGN: Department of Publishing Operations; Department of Printing Services

PRESIDENT: James S. Gessner, M.D.

EXECUTIVE VICE PRESIDENT: Lois Dehls Cornell

DIRECTOR OF COMMUNICATIONS AND MEDIA RELATIONS: Kate Connors

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; email: vitalsigns@mms.org.

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Operational Process Improvements at Practice Level: Reducing Burnout

BY KERRY ANN HAYON
PPRC DIRECTOR

Occupational stress has arguably always existed among health care professionals. Unfortunately, this epidemic of burnout has become more pervasive in recent years. Regardless of the role — physicians, nurses, front office staff, practice managers, billers, and other physician practice and hospital staff — all can be negatively impacted by the demands related to caring for patients and working within complex health care delivery systems.

There are many causes that factor into why burnout occurs. In our work, we commonly hear about the redundant, ineffective and frustrating processes found within the practice environment.

The good news is that processes and systems can be improved. Consider these steps:

1 Talk to Your Practice Team. Focus on understanding what process and environmental barriers might exist for your team. It's important to note that the barriers may differ depending on roles within the practice and at what point staff engages in the process.

2 Conduct an Assessment. Assess the process. What is working? What is not working? Why does the team struggle with the process? Is the process driving the work or vice versa? Watch the workflow to determine what is happening compared to what should occur during the process. Sometimes workflow inadvertently shifts and tasks that should take place at certain process

junctures occur elsewhere. Be sure to right size any out of place tasks.

3 Implement Process Changes. Collaboratively determine what the right fixes are for your practice. Develop an implementation, communication, and training plan. Communication and training are important to consider as lack of knowledge about process changes can be a stressor.

4 Create a Culture of Open Discussion. Hardwire the conversation about environmental, process, and other stressors into your practice. Don't make your team wait for a defined period of time to discuss barriers to progress. Create touchpoints throughout the day in order to better understand how the staff is performing, whether they may be encountering stressors, and to identify what can be done to regain momentum.

Following these steps in your practice will not resolve all contributing factors of burnout; however, they will assist you in improving the environment and hopefully help to eliminate some of the daily stressors. Taking the time to understand which specific processes are negatively impacting physicians and office staff is important to improving not only the day-to-day operations but also the experience for those that work within the practice environment.

For more information visit massmed.org/physicianwellness, or call PPRC at (781) 434-7702.

Steps Toward a Transition to Value-Based Care

BY LEXI KLYM
PPRC INTERN

The American health system is transitioning from a fee-for-service reimbursement model to a fee-for-value model, otherwise known as value-based care. Value-based care is a model of care that either improves outcomes without escalating costs or delivers equally good outcomes more efficiently.

The Medicare Access and CHIP Reauthorization Act (MACRA) represents the biggest step taken in the United States toward value-based care as the standard delivery model. In order to better prepare for the transition, practices may want to consider the following:

- **Effectively measuring outcomes:** Measuring value boils down to measuring outcomes, and if outcomes cannot be measured, they cannot be improved. Outcomes should change the human condition, matter to the patient, reflect the full cycle of care, and address risk factors.
- **Leveraging predictive analytics:** Utilizing predictive analytics will help providers proactively

identify, engage, and measure risks to generate clinical and payment optimization by identifying low-cost interventions for high-cost, preventable events.

- **Choosing the best vehicle to align a physician network:** Practices may consider joining or starting an accountable care organization, patient-centered medical home, or a clinically integrated network to make the transition into value-based care smoother.
- **Learning how to perform well under payment incentives:** If practices can understand how to perform well under MACRA, they will be better prepared for future reimbursement models.

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ANNUAL PPRC TALKS



Q&A from Kristin McGurn, Esq.

Health Care Employment Expert and Program Presenter

Q: What are some ways I can protect myself from an employment lawsuit?

A: Do these four things to bolster your defense:

- Be consistent
- Remember: Work is work
- Document
- Email/text only what you would say

Visit www.massmed.org/pprctalks16 for more information on mitigating your practice's risk.

Watch Vital Signs for info on the 2017 PPRC Talks!

Physician Practice Resource Center (PPRC) is a resource of the Massachusetts Medical Society.

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MMS and Alliance Charitable Foundation Confronts Homelessness

BY ALANA COLE
MMS FOUNDATION INTERN

In 2016, the MMS and Alliance Charitable Foundation, in recognition of a need to address the growing problem of homelessness in the Commonwealth, awarded grants to three Bay State agencies that provide high quality health care to homeless individuals and families.

The National Coalition for the Homeless (NCH) defines lack of affordable health care as a leading contributor to homelessness in the United States. The NCH views poor health as both a cause and an effect of homelessness, since homelessness depletes human and financial resources and leaves those it affects destitute.

Services for Expecting and New Moms

Health Care Without Walls (HCWW) is a Wellesley-based agency that provides free medical care to women and children who rely on shelters for safety and survival. HCWW piloted Bridges to Moms, a program that provides services to homeless pregnant women and new mothers. The program uses a comprehensive, team-based approach to assist 46 pregnant women. Once these women are referred to the program from the obstetrics department at Brigham and Women's Hospital, a HCWW team visits and assesses each patient in their current living situation and provides



Roseanna Means, M.D., with neonatal ICU baby.

Photo by Health Care Without Walls

them with food and support. HCWW provides transport vouchers to help the mothers-to-be travel to and from the hospital for scheduled health check-ups. Nurses, working together with HCWW's physician, routinely check in, both on and off campus, with the women to record their overall health status and to monitor their pregnancies. Additionally, a social worker connected to the program assists the women by aligning them with community resources toward a goal of securing more permanent housing. This approach combines both social and medical considerations and provides homeless

mothers a sense of support and hope throughout their pregnancies and into their first year of motherhood.

Health Care and Housing

Father Bill's & MainSpring (FBMS) is an organization that helps individuals and their families who are struggling with homelessness or who may be at risk of becoming homeless. Through intensive outreach to those living on the streets and by providing a warm and welcoming clinic, FBMS's Outreach Project has assisted more than 30 people a month in their on-site clinic. The program reaches out to more

than 50 new people in need to help them achieve self-sufficiency. Once people are in the door, the staff members at MainSpring Clinic carefully match them to services in the community-at-large. This effort has resulted in 15 people securing housing in 2016. By making health care services more accessible for homeless individuals living outside, the MainSpring Outreach Project has made a measurable difference in the lives of homeless Brockton residents.

Rosie's Place, an organization that has provided a safe and nurturing environment for poor and homeless women for more than 40 years, helps homeless men and women to take more control over their health through their Community Health Outreach Worker (CHOW) program. This program has informed patients about their health care, assessed their current health needs, and connected more than 20 individuals in need of more assistance to medical case management services. Additionally, by overseeing the on-site Wellness Center, the CHOW program has, since July, connected homeless individuals to more than 2,600 appointments for medical support and health education at the center.

For more information on the Foundation and its grant programs, visit www.mmsfoundation.org.

CDC Immunization Expert to Speak at Immunization Conference

The Massachusetts Adult Immunization Coalition will hold a conference on April 25 to provide education and resources for health care providers — including physicians, pharmacists, nurses, infection control practitioners, administrators, and community health workers — who are on the front lines of the vaccination efforts in Massachusetts.

David Kim, M.D., the deputy associate director for Adult Immunization at the CDC, will provide a federal update. Dr. Kim will

also join Susan Lett, M.D., medical director of the MDPH immunization program, in a question-and-answer session on national and state immunization topics. Morning and afternoon workshops will address such topics as physician-community provider collaboration and communication; surveillance, reporting, and control of vaccine-preventable diseases; vaccine storage and handling; the Massachusetts Immunization Information System; and more. The conference,



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which will offer CME including some risk management credit, and continuing education units,

will take place in Marlborough on Tuesday, April 25, from 8:00 a.m. to 4:00 p.m. For more information and to register, visit maic.jsi.com.

The Massachusetts Adult Immunization Coalition invites physicians to join in order to connect and share strategies with health care and public health partners to ensure access to vaccines and to increase adult vaccination rates in Massachusetts.

For more information, contact Robyn Alie at ralie@mms.org or (781) 434-7371.

View from Capitol Hill*continued from page 1*

care issues, the repeal of the ACA and the elimination of entitlement reform.

Repeal of Patient Protection and ACA

The first most politically charged test for President Trump and his administration will be their ability to deliver on the promise of repealing the ACA on day one without causing harm in the process and finding a better way to ensure that everyone — sick, old, poor, and infirm — has access to health insurance and health care.

Opposing Repeal

A “full repeal” of the ACA would require a law to be passed, which will be difficult given the Democrats’ ability to stage a filibuster in the Senate. The ACA is a comprehensive law dealing with much more than health insurance, although most repeal advocates are only focused on these sections. Should the 115th Congress repeal the revenue-related provisions in the ACA through the budget reconciliation bill — which only requires a simple majority to be passed — the challenge of developing and passing a true replacement plan will be formidable. The ramifications on

patients for repeal without a true replacement plan are staggering. Even if the implementation of the repeal legislation is delayed several years, insurers who are already losing money in the market may pull out given the uncertainty of the future subsidies to help pay for the chronically ill, the low income, and persons with preexisting conditions.

Democrats and diverse groups of national advocacy organizations strongly oppose repeal of the ACA, particularly without a replacement bill in place. A growing number of Republicans are concerned about a quick repeal strategy without a replacement bill. There are currently more than 20 million Americans who receive health insurance through the ACA — the numbers have been steadily increasing as the threat of repeal looms — who will be at risk during the transition process. Adding to the dynamic are the 32 states that have expanded access to the exchanges through Medicaid and are worried about their constituents losing health insurance. There is also the issue of what repeal of the ACA will mean to the budget. Current estimates are that repeal of the ACA would increase the federal deficit by \$137 billion over a 10-year period — a significant

problem for the very conservative Freedom Caucus.

End of Entitlements?

President Trump’s top chief for health care reform — Dr. Tom Price, Secretary of HHS — steadfastly believes that entitlement reform is the Holy Grail to “making this country great again.”

Current Expectations

They have developed plans to eliminate entitlement programs, turning Medicare into a premium support program, and to block grant Medicaid. President Trump, on the other hand, having focused his campaign on working class Americans, is promising to preserve and protect Medicare and Social Security. While President Trump and candidate Trump don’t always agree, he is unlikely to support proposals that could directly antagonize those voters who were the key to his success and his base.

Philosophically, proposals to end entitlement programs — no matter how they are structured — represent a dramatic and fundamental shift in this nation’s commitment and responsibility to health care for its citizens. The aptly named entitlement programs were designed to fulfill the government’s promises to help those people in need who, by

definition of their status, were entitled to the benefits from the program. Any proposals that restructure these programs away from entitlement status will basically allow the federal government to decide how much money it chooses to appropriate for these people to purchase health insurance or other services. Fundamentally, these programs are designed to save the federal government money; funding streams, by definition, will be decreased. In keeping with Republican philosophy, states will be given more flexibility (albeit not total) to do as they choose, but with fewer dollars.

Current expectations are that the House could move early in the session on a proposal to block grant Medicaid and wait until later in the term to pursue changes to make Medicare a premium support program. Seniors historically have been unequivocally opposed to this change. Picking a fight with this powerful constituency before the midterm elections would not be politically astute. Other options to change Medicaid include modifying the federal state matching formula and basing payment on per capita allotments.

Voices in Support of the Affordable Care Act

Actions taken by President Trump and the 115th Congress to repeal the Affordable Care Act have raised concern among many health care professionals and elected officials. Here is a selection of their voices in support of the ACA:

James S. Gessner, M.D., MMS president, to members of the Massachusetts Congressional delegation:

“Too many of our patients and neighbors continue to struggle to pay for health insurance and to pay for needed medical care. Changes in the insurance market have resulted in escalating deductibles and copayments that are too onerous or unaffordable. But repeal of the ACA would be a disaster. In Massachusetts and elsewhere, this course would deprive many of the subsidies that make

health insurance affordable, would end the Medicaid expansion that has helped so many, and would destabilize the insurance market... The solution is to improve this law, which has extended health coverage to over 20 million Americans, not destroy the foundation on which this progress is built.”

[www.massmed.org/Advocacy/Federal-Advocacy/Appreciation-Letter-to-Sen-Elizabeth-Warren-for-Support-of-Affordable-Care-Act-\(ACA\)/#WjFvWczWUk](http://www.massmed.org/Advocacy/Federal-Advocacy/Appreciation-Letter-to-Sen-Elizabeth-Warren-for-Support-of-Affordable-Care-Act-(ACA)/#WjFvWczWUk)

James L. Madara, M.D., CEO of the American Medical Association (AMA), to Congress:

“In considering opportunities to make coverage more affordable and accessible to all Americans, it is essential that gains in the number of Americans with health insurance coverage be maintained. Consistent

with this core principle, we believe that before any action is taken through reconciliation or other means that would potentially alter coverage, policymakers should lay out for the American people, in reasonable detail, what will replace current policies. Patients and other stakeholders should be able to clearly compare current policy to new proposals so they can make informed decisions about whether it represents a step forward in the ongoing process of health reform.”

www.ama-assn.org/ama-letter-congressional-leaders-reform-health-care-system

Charles D. Baker, Governor of Massachusetts, to Congress:

“We believe the path forward is to build upon a strong federal and state partnership in agreeing to the goals we all share while allowing

states sufficient flexibility to tailor their health care system to meet the needs and demands of their unique state.”

<http://commonwealthmagazine.org/health-care/baker-letter-to-house-on-aca>

Share Your Stories

Do you have a patient who is worried about losing needed health coverage in case of repeal of the Affordable Care Act? Do they have a preexisting condition, or worry about unexpected bills? Did they gain coverage through Medicaid expansion? We'd like to share such stories (respecting privacy, of course) with our Massachusetts Congressional delegation to help them in their efforts to defend ACA coverage for the state's patients.

Email: vitalsigns@mms.org

PHYSICIAN HEALTH MATTERS

Marijuana and Medical Professionals: Issues to Consider

BY EMILY SORG, M.D., AND KEVIN P. HILL, M.D., M.H.S., GUEST COLUMNISTS

Massachusetts voters have approved Question 4: the recreational use of marijuana by adults over the age of 21 became legal as of December 15, along with personal possession and growth of marijuana plants on private property. We as physicians must ask ourselves not only what impact the new legislation will have on our patients, but also on the policies and culture surrounding personal use in our own profession and the risks presented by its use.

How safe is recreational use?

We don't have a definitive answer yet. Marijuana is a psychoactive substance and, while we continue to learn more about its effects, significant research barriers have limited our knowledge base. As with any other psychoactive substance, our recommendations surrounding its use must change depending on the circumstances. Among physicians, there may be more nuanced considerations to make about the impact of marijuana use: young physicians-in-training might be more curious to know about the evidence between marijuana use in youth and the associated increased risk for psychosis, white matter changes, and a lower overall IQ. Older physicians may not share the same concerns and will want to consider impacts to their executive functioning and memory.

What are the legal considerations?

Physicians also need to contemplate the legal factors unique to

our profession when considering the use of marijuana. Legalization of marijuana use is a shift that applies to Massachusetts and its residents only. Under federal law, marijuana remains illegal. As such, physicians would have to disclose use of an illegal substance as a part of the process involved with medical licensing and Drug Enforcement Administration (DEA) numbers issued at the federal level — a disclosure likely not without its consequences and implications. The current legislation also stipulates that public



Emily Sorg, M.D.

marijuana use and driving while intoxicated remain illegal and intoxication in the workplace will remain prohibited.

Physicians must also consider the consequences of its use in patient care. What about being on call for surgery, making a diagnosis, or writing a prescription while under the influence of marijuana?

One of the biggest challenges faced by law enforcement, employers, and medical providers alike is the limited ability to quantifiably confirm acute marijuana intoxication. There currently exists no FDA-approved method for portable, rapid detection of recent marijuana use aside from clinical manifestations or a field sobriety test. While serum delta-9-tetrahydrocannabinol (THC) levels are available, they often require send-out lab

testing and take a day or longer to process. Our most common test for marijuana use is a urine



Kevin P. Hill, M.D.

drug screen; it is well-known that THC can be found in urine anywhere from days to weeks following marijuana use. Interpretation of urine THC testing can vary, leaving a gray area as to the role of marijuana in medical errors or performance. Workplace marijuana policy remains at the discretion of individual employers, despite the recent changes in its legal status.

Moreover, the Massachusetts Board of Registration in Medicine currently has regulations that forbid practicing physicians from being "habitual users of drugs and/or alcohol." How we use urine THC testing to make similar assessments about habitual marijuana use remains an unanswered question.

We do not intend to imply that the legalization of marijuana in Massachusetts is a crisis for its patients and providers. It may represent a positive step forward if we take it as an opportunity to move from a legal system-based to a health-focused approach to substance use. We emphasize that, as we move into a new legal environment for marijuana use, there are special considerations we must make, given the unique regulations and demands within our profession.

As with any other substance with a potential for intoxication and misuse, the use of marijuana must be approached carefully and with specific risk-stratification in mind. If research on the effects of marijuana on work performance increases in concert as more states implement recreational marijuana laws, the risks of marijuana use for physicians may become better described. We must work to develop rational and transparent marijuana policies to guide physicians given the challenges in assessing acute intoxication. With recreational marijuana legal now in the Commonwealth, we cannot afford to hide behind the veil of illegality and ignore gaps in our policies. While many look upon recreational marijuana legalization with trepidation, hopefully this development will push the medical field's understanding of this complicated substance.

Emily Sorg, M.D., is a second-year resident at MGH/McLean Hospital.

Kevin P. Hill, M.D., M.H.S., is an assistant professor of psychiatry at McLean Hospital/Harvard Medical School.

The above represents the opinions of the authors and does not reflect the position or policies of the Massachusetts Medical Society.

If you are interested in attending a PHS support group, please contact Physician Health Services at (781) 434-7404, or visit our website at www.physicianhealth.org.

List Your News In Vital Signs

We know you've been busy. We'd love to hear about it and share it with your colleagues in two new columns we'll be running in *Vital Signs*.

Members on the Move will be a column listing your professional news, such as: joining a new hospital, opening a new practice, or a recent promotion.

Honors and Accolades is where we'll share your achievements: speaking engagements, community outreach, or published works.

Submissions Format:

- Full name and Title
- Medical School with graduation year
- Residency Institution
- Hospital Affiliation
- Recent Update

Please send submissions to vitalsigns@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.

Anthony G. Capobianco, M.D., 88; Framingham, MA; Georgetown University Medical School, Washington, D.C.; died January 21, 2017.

Ronald E. Egan, M.D., 75; Athol, MA; Boston University Medical School, Boston; died January 21, 2017.

Thurston L. Gaines Jr., M.D., 94; Murrieta, CA; Meharry Medical College, Nashville, TN; died December 31, 2016.

Edwin A. Meserve, M.D., 95; Southborough, MA; Boston University Medical School, Boston; died January 9, 2017.

Jeremiah G. Tilles, M.D., 84; Irvine, CA; Harvard University Medical School, Boston; died December 28, 2016.

Educational Materials Available on PrEP Use

BY CARL STREED JR. AND
DAVID BALYOZIAN
MMS COMMITTEE ON LGBT MATTERS

In 2012, the Food and Drug Administration approved Truvada (emtricitabine/tenofovir) to be used for HIV pre-exposure prophylaxis (PrEP) as an effective way to prevent transmission of the virus that causes AIDS. PrEP can stop HIV from taking hold and spreading throughout the body. It is highly effective for preventing HIV if used as prescribed.

The U.S. Centers for Disease Control and Prevention (CDC) estimates that 1.2 million people in the United States are at substantial risk for contracting HIV and thus are currently eligible for PrEP. These groups include men who have sex with men (MSM),

and persons who inject drugs, and high-risk heterosexual adults. PrEP has been shown to decrease the risk of acquiring HIV by more than 90 percent in MSM and high risk heterosexual adults and more than 70 percent in people who inject drugs. The AMA supports use of HIV prevention and physician education on the subject. Despite these facts, there has been a national and local underutilization of this effective method of HIV prevention.

The MMS Committee on LGBT Matters encourages PrEP use and urges members to promote its availability.

More information is available by visiting www.massmed.org/lgbt.

Drs. Manson and Smith Keynote Speakers at Women's Health Forum April 21



JoAnn
Manson, M.D.

JoAnn Manson, M.D., will deliver the morning keynote address at the MMS *Women's Health Forum*, "Hormones: Do They Define Us?" on

Medicine in collaboration with the Brigham and Women's Hospital Mary Horrigan Connors Center for Women's Health and Gender Biology, features a lecture and panel on transgender health, a session on the effect of hormones on metabolism and weight regulation, and a discussion on the evolution of breast surgery by faculty from MGH.



Barbara
Smith, M.D.

April 21. Dr. Manson, a physician at Brigham and Women's Hospital, is the Michael and Lee Bell Professor of Women's Health at Harvard Medical School. Barbara L. Smith, M.D., will deliver the afternoon keynote speech. Dr. Smith is director of the breast program at Massachusetts General Hospital (MGH). She will also be presented with the Women's Health Award.

Also planned are networking opportunities and an awards luncheon. The Women's Health Research Award will be

presented to Robert H. Young, M.D., from MGH.

The *Women's Health Forum*, provided by the Massachusetts Medical Society and its Committee on Women in

For registration, visit www.massmed.org/whf2017, or contact Erin Tally at etally@mmms.org.

ACROSS THE COMMONWEALTH

District News and Events

NORTHEAST REGION

Essex South and Middlesex North — Membership Meeting. Wed., March 15, 6:00 p.m. Location: Danversport Yacht Club, Danvers. Guest Speaker: David Cutler, Economist.

Essex South — Delegates Meeting. Thurs., Mar. 9, 6:00 p.m. Location: Beverly Depot, Beverly.

Middlesex West — Annual District Meeting. Wed., Mar. 29, 6:00 p.m. Location: LaCantina, Framingham. Members and Guests will enjoy a performance by Odaiko New England.

Suffolk — Annual District Meeting. Thurs., Mar. 30, 6:00 p.m. Location: Downtown Harvard Club, Boston. Guest Speakers: Senator Jason Lewis and John "Jack" Hudson is the executive director of Ermont Inc., a licensed medical marijuana dispensary in Quincy, MA.

For more information on these events, or if you have Northeast District news to contribute, please contact Michele Jussaume or Linda Howard, Northeast Regional Office at (800) 944-5562 or mjussaume@mms.org or lhoward@mms.org.

SOUTHEAST REGION

Barnstable — Annual District Meeting. Fri., Apr. 7, 6:00 p.m. Location: New Seabury Country Club, Mashpee. Guest Speakers: Dr. James Gessner, MMS president and Alex Calcagno, MMS director, advocacy, government, and community relations. Topic: MMS Update. **Executive Committee Meeting.** Tues., Mar. 21, 6:00 p.m. Location: Coonamesett Inn, Falmouth.

Bristol North and South — Joint Annual Meeting. Tues., Mar. 28, 6:00 p.m. Location: Venus de Milo, Swansea. Speaker: Paul A. Skudder, M.D.

For more information, or if you have Southeast District news to contribute, please contact Sheila Kozlowski, Southeast Regional Office at (800) 322-3301 or skozlowski@mms.org.

WEST CENTRAL REGION

Berkshire — Legislative Breakfast. Fri., Mar. 3, 7:30 – 9:00 a.m. Location: Berkshire Medical Center, Pittsfield. **Annual District Meeting.** Thurs., Mar. 16, 6:00 p.m. Location: Crowne Plaza, Pittsfield. Guest Speakers: Dr. James Gessner, MMS president and Alex Calcagno, MMS director, advocacy, government, and community relations. Topic: MMS Update and MACRA: What Physicians Need To Know.

Hampden — Executive Board Meeting. Tues., Mar. 14, 6:00 p.m. Location: HDMS Office, West Springfield. **Legislative Breakfast.** Fri., Mar. 31, 7:30 – 9:00 a.m. Location: Monte Carlo, West Springfield.

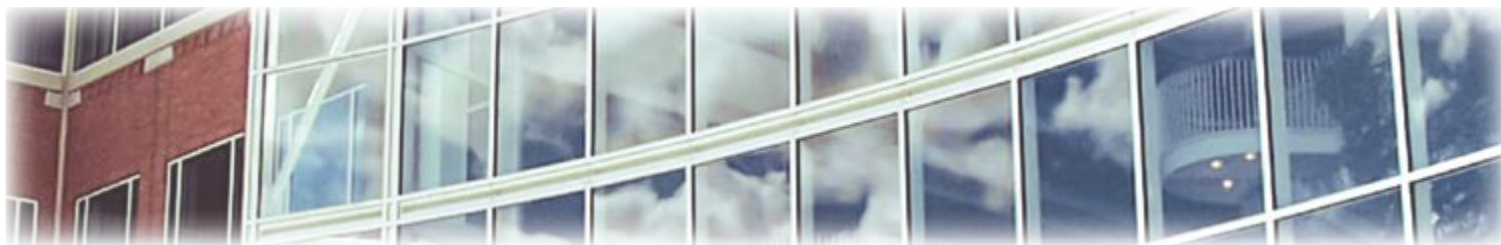
Hampshire/Franklin — Annual District Meeting. Thurs., Mar. 23, 6:00 p.m. Location: Blue Heron, Sunderland. Guest Speaker: Joel Popkin, M.D. Topic: Symphony of the Brain.

Worcester North — Annual District Meeting. Wed., Mar. 15, 6:00 p.m. Location: Fay Club, Fitchburg. Guest Speakers: Dr. James Gessner, MMS president and Alex Calcagno, MMS director, advocacy, government, and community relations. Topic: MMS Update and MACRA: What Physicians Need To Know.

For more information, or if you have West Central news to contribute, please contact Cathy Salas, West Central Regional Office at (800) 522-3112 or csalas@mms.org.

STATEWIDE NEWS AND EVENTS

Arts, Humanism, History, and Culture Member Interest Network — Music and Medicine Program. Performances by our MMS Members. Sat., Mar. 4, 1:30 p.m. Location: Wellesley Library, Wellesley. **Herb Workshop — Engage the Senses Herbal Adventure.** Sat., Mar. 25, 10:00 a.m. Location: MMS Headquarters, Waltham. Each person will have the opportunity to make herb butter, massage/body oil, and rose wreath.



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VITALSIGNS

VOLUME 22, ISSUE 3, MARCH 2017

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MMS AND JOINTLY PROVIDED CME ACTIVITIES

LIVE CME ACTIVITIES

Unless otherwise noted, event location is MMS Headquarters, Waltham. Visit www.massmed.org/cme/events

2017 Women's Health Forum — Hormones: Do They Define Us?
Friday, April 21, 2017

2017 Ethics Forum
Thursday, April 27, 2017 (Seaport Hotel, Boston, MA)

2017 Annual Education Program — The Winding Road of Addiction: Hope on the Horizon
Friday, April 28, 2017 (Seaport Hotel, Boston, MA)

2017 Shattuck Lecture — Personalized Medicine or Precision Medicine
Friday, April 28, 2017 (Seaport Hotel, Boston, MA)

ONLINE CME ACTIVITIES

Go to www.massmed.org/cme
Risk Management CME

Electronic Health Records Education (3 modules)

- Module 1 — EHR Best Practices, Checklists and Pitfalls
- Module 2 — Making Meaningful Use Meaningful: Stage 1
- Module 3 — Making Meaningful Use Meaningful: Stage 2

End-of-Life Care

- Legal Advisor: An Introduction to Advance Directives

- End-of-Life Care and Non-Disclosure: Case Study
- Starting the Conversation about End-of-Life Care with Patients
- End-of-Life Care (3 modules)
- Principles of Palliative Care and Persistent Pain Management (3 modules)

Pain Management and Opioid Prescribing

- MassPAT: Incorporating the New PMP into Your Practice
- Managing Pain Without Overusing Opioids
- The Opioid Epidemic: Policy and Public Health (6 modules)
- Principles of Palliative Care and Persistent Pain Management (2 modules)
- Opioid Prescribing Guidelines in Practice
- Opioid Prescribing Series (6 modules)
- Identifying Potential Drug Dependence and Preventing Abuse (*Legal Advisor*)
- Managing Risk when Prescribing Narcotic Painkillers for Patients (*Legal Advisor*)

Medical Marijuana (4 modules)

- Module 1 — Medical Marijuana: An Evidence-Based Assessment of Efficacy and Harms

- Module 2 — Medical Marijuana in the Commonwealth: What a Physician Needs to Know
- Module 3 — Medical Marijuana in Oncology
- Module 4 — Dazed and Confused: Medical Marijuana and the Developing Adolescent Brain

Additional Risk Management CME Courses

- **NEW!** Talking to Patients About Gun Safety
- Initiating a Conversation with Patients on Gun Safety
- Intimate Partner Violence: The Clinician's Guide to Identification, Assessment, Intervention, and Prevention
- **NEW!** Efficacy of FIT-FOBT for Colorectal Cancer Screening
- Prostate Cancer and Primary Care
- Cancer Screening Guidelines (3 modules)
- **NEW!** Transitioning to Alternative Payment Models
- **NEW!** Payer Audits and Payment Recoupments
- Understanding Clinical Documentation Requirements for ICD-10
- ICD-10: Beyond Implementation
- Impact of Effective Communication on Patients, Colleagues, and Metrics (2 modules)
- Effective Chart Review for Quality Improvement



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

FOR ADDITIONAL INFORMATION AND REGISTRATION DETAILS, GO TO
WWW.MASSMED.ORG/CMECENTER, OR CALL (800) 843-6356.