


2016 ANNUAL REPORT

Every Physician Matters, Each Patient Counts



MASSACHUSETTS
MEDICAL SOCIETY



A note to the reader: This edition of the Massachusetts Medical Society's 2016 annual report is an interactive version. Clicking on selected images in the report will take you to additional information on the chosen topic.

Information in this report reflects activities of the Massachusetts Medical Society between May 1, 2015, and August 1, 2016. The MMS annual report is produced by MMS Publishing Operations and the Department of Communications.

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Physicians and Patients

There is really no other career that for most of us could have brought so much personal reward while doing so much professional good.... Yet, over and over lately we hear about physician burnout and the loss of the joy in practice.

Often, the health care delivery system seems to add more roadblocks rather than make it easier for us. Yet we must not lose sight of the privilege we are afforded in return for our willingness and our professional mandate to put our patients' interests before ours.

Many of us often decry the loss of some types of physician autonomy, as well as the sense of a loss of respect for the profession. Yet polls of the public indicate that they most often want a physician to be the provider of their health care, and that medicine remains at the top of the list of respected professions.

So, yes we now practice more and more often as part of a team, or in an integrated system, but the unique role of physician leadership of that team, and physician impact on those systems remains fundamental to our patients' well-being.

And as to that lost joy in practice: Well, recent studies of physicians indicate, not surprisingly, that what gives us the greatest satisfaction is providing good care to our patients.

When we feel burned out by dealing with our EMRs, the prior authorization forms, and the delays in payment from insurers ... when we have to stop to check the prescription monitoring program ... or search for a course to fulfill our risk management and end-of-life CMEs, we should try to remember: We helped some patients today.

We should think for a moment about the impact we have on our patients' lives ... how much we become a part of their family, often without even realizing it.

My point is that physicians really are different. Every day we have the potential to be involved in awesome life-and-death decision making.

We do our best to make those decisions based not just on the whimsy of the day but on scientific evidence, and then we take the feedback of the outcome of those decisions and use it to improve the quality of our next decision, be it for the current patient, or the one we might see the next time.

It's what our patients expect, it's what we like to be able to do, and it is what we should remember on those days when the frustration mounts.



Dennis M. Dimitri, MD, 2015–2016 President

From his inaugural address as the 133rd President of the Massachusetts Medical Society, May 1, 2015

Transition

We've seen the words many times: *Every physician matters, each patient counts*. They are a constant reminder of the purpose of the Massachusetts Medical Society and reflect the very heart of the mission of the organization: to develop and maintain the highest professional and ethical standards of medical practice and to act on behalf of the health, benefit, and welfare of the citizens of the Commonwealth.

These six words, for years a maxim of the Massachusetts Medical Society and elevated to be the theme of this year's annual report, speak directly to the many actions our society has taken in critical areas of health care during the past year on behalf of both physicians and patients.

Our Society has played a key role in responding to the state's opioid epidemic, working with state officials and reaching out to both physicians and patients with multiple efforts to curb a public health crisis affecting thousands of families. Our physicians have spoken clearly and forcefully about gun violence, declaring it to be the public health crisis that it truly is.

By creating new principles for health information technology, our Society has called attention to how this all-important area of health care can be improved for both physicians and patients. And the *New England Journal of Medicine* continues its unequalled excellence, every week bringing physicians the best research and information to improve physician practices and patient care — here and around the world.

Those are just a few examples of how the Massachusetts Medical Society is making a difference.

While the last year has certainly been one of accomplishment, it has also been one of transition. After 32 years with the Society and 14 as executive vice president, I leave with a sense of pride and accomplishment. I have been privileged to work with so many dedicated physicians and staff, and I am grateful to all those who have contributed to our success and helped to make the Massachusetts Medical Society one of the most respected medical societies in the world.

I welcome new Executive Vice President Lois Cornell and wish her and the Society much success in the years ahead. I have no doubt such success will continue, because our members believe so strongly that every physician does matter and each patient does count.

Sincerely,
Corinne Broderick



I am honored to have been selected as executive vice president of the Massachusetts Medical Society, succeeding Corinne Broderick. Corinne's leadership has been extraordinary, building on the Society's two-century-old reputation as a leader in health care, not only in Massachusetts but across the nation. Following such a record of achievement is indeed a challenge.

It is clear to everyone that health care is undergoing rapid and widespread change. Consolidation, increasing oversight and regulation, new models of care, advancements in treatments, rising concerns about public health, and even how physicians are educated are transforming the landscape of medicine. These elements of our health care system will continue to shift and, ultimately, we hope, improve patient care. Productive and prudent change in this environment requires active and strong participation by physicians.

My experience in health care has led me to believe that one concept stands out above all others: while we talk about health care "systems" or the health care "industry," a strong physician-patient relationship is at the heart of effective health care. It is in this relationship where prevention and healing begin, where diseases are diagnosed and cured.

As we look ahead, our main strategic priorities reflect the theme of this annual report: enhancing membership value to make certain that our Society meets the changing needs of its members; physician advocacy, to ensure our Society credibly articulates the needs of physicians in any practice setting; and minimizing barriers to delivering the highest quality, most cost-effective care possible.

I look forward to meeting the challenges ahead, to working with our officers and trustees and all our members to achieve our priorities and demonstrate that the Massachusetts Medical Society remains a forceful leader in health care.

Sincerely,

Lois Dehls Cornell



Introduction

Physicians practice today in ever-changing and challenging times. When a major threat of infectious disease occurring halfway around the world can surface locally without warning, when concern arises over pain medications, when a patient's diagnosis reveals a life-threatening condition, when new regulations require more time and effort to provide the care a patient needs, the profession is compelled to learn and react quickly and chart a course of action. The health of patients — and indeed their lives — depends on such responses.

Every day, physicians are called upon to evaluate, understand, and quantify health risks and offer informed and appropriate responses to their patients. Each day, patients seek and expect their doctor's insight and advice.

As healers and educators, physicians must consider many issues. A shifting health care delivery system, the challenges of consolidation, new technologies, rising health care and pharmaceutical costs, and national and state legislation and regulation all affect the work of physicians and the lives of their patients.

To accomplish these critical tasks, the Massachusetts Medical Society, through advocacy, education, and communication, guides its members on effective ways to navigate this daunting landscape.

The following pages provide merely a snapshot of some of major efforts the Society has undertaken during the past year — all with a focus on what matters most: to help physicians provide excellent care for their patients.

MMS efforts in public health advocacy and education span a range of topics, including opioid use and misuse, immunization, infectious disease, tobacco, disaster preparedness, obesity, and violence intervention and prevention, among many others.

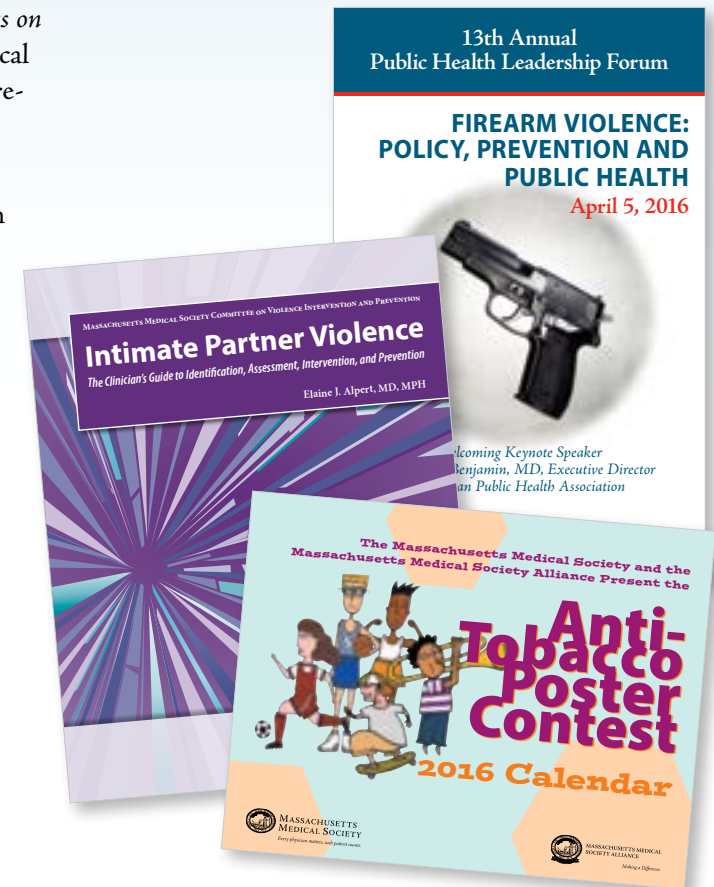
An expanded sixth edition of *Intimate Partner Violence, The Clinician's Guide to Identification, Assessment, Intervention, and Prevention* was published in late 2015 and represented a major revision of a guidebook that has become an authoritative resource widely used by health care providers and advocates nationally and internationally.

Firearm violence and gun safety have now taken their place as public health priorities as well. The Public Health Leadership Forum in the spring, *Firearm Violence: Policy, Prevention, and Public Health*, featured Massachusetts Attorney General Maura Healey and American Public Health Association President Georges Benjamin, MD, as keynote speakers. The forum raised the physician's voice on a major public health issue and provided content for continuing medical education courses on gun violence.

A webinar, *Initiating a Conversation with Patients on Gun Safety*, provided helpful resources for medical professionals enabling an open discussion on firearm safety issues.

In another major effort, the MMS restated its opposition to recreational marijuana, a question to appear on the ballot for Massachusetts voters in the fall of 2016. The MMS became a member of the Campaign for a Safe and Healthy Massachusetts, a coalition united in opposition to the ballot measure that includes political, business, and health leaders from across the Commonwealth.

The MMS also celebrated the 20th anniversary of its annual Anti-Tobacco Poster Contest, held for school children in grades 1–6 to make them aware of the dangers of tobacco and smoking. Approximately 4,000 children have participated in the event each year.



State Advocacy

The opioid epidemic has become one of the major public health issues of our time. As a leading health organization in the Commonwealth, the Society devoted enormous time and effort working with state and public health officials, legislators, and other health care leaders in responding to this crisis.

The MMS believes that the education of physicians and prescribers is an imperative to reducing opioid use and misuse. Offering CME courses on opioids and pain management free to all prescribers was a critical step, and the reaction was positive. In a span of 14 months, from May 26, 2015, through August 1, 2016, a total of 17,063 of the Society's

continuing medical education courses in pain management and safe opioid prescribing were completed by 5,905 individuals.

Massachusetts Attorney General Maura Healey was a featured speaker at the April 2016 Public Health Forum on Firearm Violence, raising awareness about gun violence as a public health issue.



Medical education on pain management and prescription drug use and misuse took priority in the following initiatives:

- ♦ Prescribing guidelines for acute and chronic pain management created and issued in early 2015
- ♦ Partnering with the Department of Public Health (DPH) and deans of the medical schools to establish an innovative set of core competencies to be taught in all four medical schools in the Commonwealth and expanding the core competencies into medical residencies
- ♦ Assisting DPH in developing an improved prescription monitoring program, MassPAT, to promote best prescribing practices and prevent “doctor shopping” for medications
- ♦ Public information print and video campaigns directed to patients to encourage discussions with physicians about the risks, benefits, and proper storage and disposal of prescription medications
- ♦ An Opioid Misuse and Addiction Summit in October 2015, cosponsored with the U.S. Attorney's Office, featured U.S. Attorney General Loretta Lynch and National Institute on Drug Abuse Deputy Director Wilson Compton, MD. Attended by hundreds of health care leaders, physicians, law enforcement officials, substance



MMS President Dennis M. Dimitri, MD, and Massachusetts Commissioner of Public Health Monica Bharel, MD (right), raised awareness of opioid and prescription drug abuse in a *Physician Focus* video hosted by MMS Past President Lynda Young, MD.

abuse experts, pharmacists, and patients, the event raised the level of awareness about the opioid epidemic in the Commonwealth.

The MMS also advocated on a number of other important issues, including scope of practice issues, structural supervisory changes to the Board of Registration in Medicine, medical decision making for incapacitated patients, vaccinations by medical assistants, and the possession and self-administration of diabetes drugs by students.

Federal Advocacy

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was one of the most important developments in health care on the federal level, intended to change the structure of Medicare payments to physicians, and MMS efforts proved to be significant.

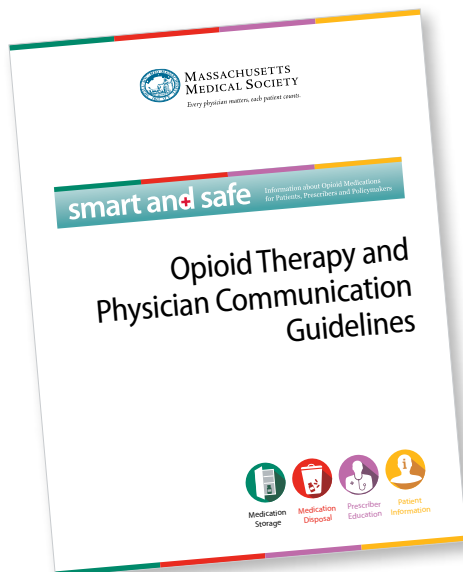
MMS representatives served on two American Medical Association committees offering input into the overall strategy and implementation of the law. As such, the MMS was a key contributor to the AMA's strategic plan for dealing with MACRA.

Further MMS efforts included an invitation to Centers for Medicare and Medicaid Acting Administrator Andrew Slavitt to visit the region and talk with local physicians about their experiences with electronic medical records and Meaningful Use. The visit was fruitful, leading to Mr. Slavitt's reconsideration of Meaningful Use and the requirements physicians must meet. Mr. Slavitt later sat for an extensive interview with the MMS on MACRA and the rationale behind the act and how it will affect physicians. The exclusive interview was shared with medical and specialty societies across the nation.

As on the state level, federal advocacy also include efforts directed at opioid use and addiction. MMS officials worked closely with the state's Congressional delegation to gain support for several initiatives, including legislation allowing partial-fill prescriptions — a step that can help curtail drug diversion, one of the main drivers of opioid misuse. That legislation was subsequently incorporated into the Comprehensive Addiction and Recovery Act (CARA), overwhelmingly passed by Congress and signed into law by President Obama.



United States Attorney General Loretta Lynch was the keynote speaker at the MMS Opioid Misuse and Addiction Summit in November 2015.



NEJM Group

NEJM Group expanded its communications efforts with physicians at home and abroad by transforming its business within the challenging digital publishing environment.

The *New England Journal of Medicine* remains the leading medical journal in the world by publishing the top “practice changing” medical research articles delivering the highest impact factor ever for a medical journal (59.5), a measure reflecting the yearly average number of citations to recent articles published in that journal.

The combination of the weekly NEJM content (*Perspective* essays, reviews, and original articles) and the addition of popular new features such as NEJM Quick Take Videos makes NEJM.org the leading medical journal website, as evidenced by these numbers: 2.4 million site visitors each month, 940,000 table-of-contents emails sent each week, 1.5 million specialty emails sent each month, 1.4 million Facebook likes, and 340,000 followers on Twitter.

NEJM Group continues to make strides toward its transformational goal of integrated and interactive services, whether it is helping residents pass their boards or providing best practices for health care system leaders.

NEJM KNOWLEDGE+

NEJM Knowledge+, an adaptive learning platform, continues to expand. Launched in 2014, it was designed to meet the current needs of busy practicing clinicians to prepare for board exams, while cultivating lifelong learning. Currently in use by nearly 80 prestigious residency programs, this unique online learning tool allows residents to build the habit of lifelong learning in a way that best fits their schedules. It also provides residency program administrators reports of individual and group performance.

NEJM CATALYST

NEJM Catalyst, launched in December 2015, brings together health care executives, clinician leaders, and clinicians to share innovative ideas and practical applications for enhancing the value of health care delivery. NEJM Catalyst expects to improve the management and strategy of health care — offering a trusted source of needed information just as NEJM offers a trusted source of information on the art and science of medicine.

NEJM RESIDENT 360

Launched in June, NEJM Resident 360 is a website and discussion platform giving residents the information, resources, and support they need to approach each rotation with confidence. Access to the “Rotation Prep” portion of the site is available free to MMS members who have activated a subscription to an NEJM Group product. Features of NEJM Resident 360 include Rotation Prep materials for 14 common internal medicine rotations; Learning Lab interactive content; Resident Lounge and Career sections; and discussions of clinical, career, and resident life topics. The site has proven popular: through July 31, more than 19,000 residents worldwide had enrolled in NEJM Resident 360.



COMMUNITY



INNOVATION



PROGRESS



INSPIRATION



TRUST

GLOBAL REACH: EXTENDING NEJM GROUP IN CHINA

The quality of clinical research in China is improving and the frequency of submission of papers to NEJM from Chinese authors is increasing. A year and a half ago, NEJM expanded its editorial team to include two new associate editors, one in mainland China and one in Hong Kong. Near-term goals in China are to extend NEJM's presence; increase engagement with researchers, authors, and clinicians; attract the best papers; and build a productive relationship with a trusted partner or set of partners.

Under a unique licensing agreement, Trustbridge Partners, a Shanghai-based venture capital firm with an office in Boston, is creating an NEJM Group-branded mobile app and website that will deliver select NEJM and NEJM Journal Watch content that is relevant to the Chinese audience and is translated into Chinese. Oncology, cardiovascular/stroke, and diabetes will be the first areas of content

in the platform. These therapeutic areas were chosen by NEJM editors and Trustbridge for their depth and potential impact on Chinese health care.

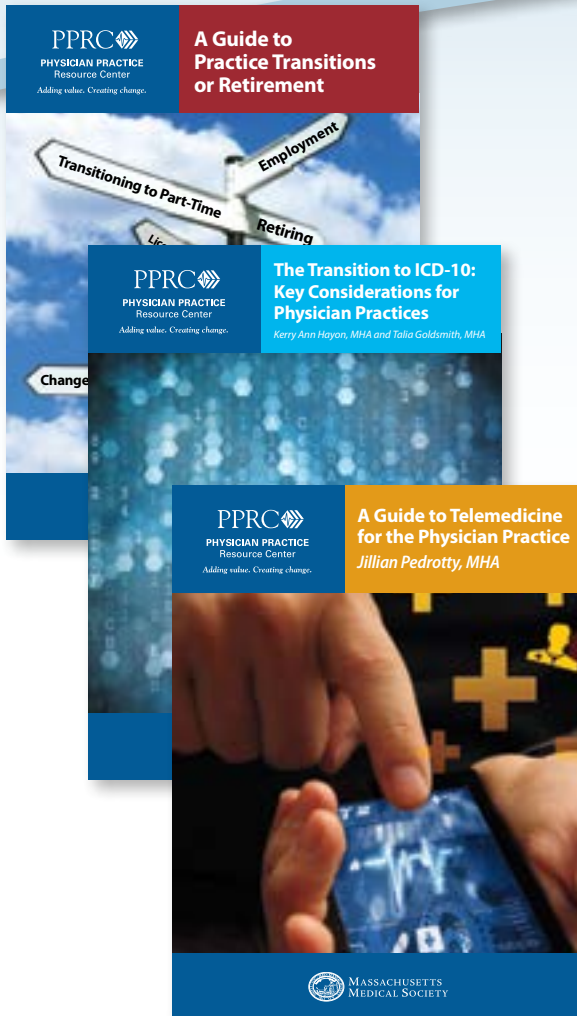
An iOS mobile app will go to market in the fall of 2016, with the website and Android app following several months later. The app and website will include commentary from Chinese experts with context for the Chinese audience, user comments, social sharing, and links to the English language version of the articles on our sites.

NEJM GROUP BRANDING

In January, NEJM conducted a Brand Measures Study aimed at measuring brand value over time. The study shows that not only do perceptions of NEJM Group products benefit from the outstanding reputation NEJM has built over the years, but NEJM Journal Watch, NEJM Knowledge+, and NEJM CareerCenter all contribute to increasing positive perceptions of NEJM.

Branding images for NEJM Group convey important messages: *Making connections around the globe* (Community); *Improving lives through innovation* (Innovation); *Advancing research, practice, and care* (Progress); *Building connections to advance research and medicine* (Inspiration); and a *Trusted relationship between NEJM and its readers and participants* (Trust).

Practice Support



The MMS Physician Practice Resource Center (PPRC) provides practical solutions to MMS members by delivering knowledge, resources, and services that help physicians navigate the rapidly changing health care delivery landscape. The goal is to assure that physicians have the practice management support to thrive now and in the future.

Examples of activities impacting practices that were addressed by the PPRC include the following:

- ♦ **Administrative Burdens:** The PPRC actively responded to physician inquiries regarding the growing administrative complexities of delivering care. Increased prior authorization requirements, delays in physician credentialing and enrollment with health plans, Board of Registration in Medicine requirements for licensure, and HIPAA security requirements were key themes.
- ♦ **Assistance with Telemedicine:** One of the fastest growing areas of health care today is telemedicine, enabled by advances in technology. However, many questions remain and physicians seek guidance on effectiveness, licensing, and payment issues. To assist physicians who may be considering implementing telemedicine, the PPRC team created *A Guide to Telemedicine for the Physician Practice*.
- ♦ **Implementation of ICD-10:** The implementation of ICD-10 in October 2015, dramatically increasing the number of payment codes physicians use, represented another seismic shift in health care. The PPRC provided educational materials and offered a variety of webinars, resources, and personalized assistance before, during, and after the transition.
- ♦ **Practice Sustainability:** Sustaining a practice in light of so many environmental changes has become a major concern of physicians. Redesigning current practice models, accountable care organizations, and growing existing practices were key issues conveyed to the PPRC in the last year. Transitioning, from one mode of practice to another or to retirement, was another topic of great interest, resulting in the publication of *A Guide to Practice Transitions or Retirement*.

One of the primary activities for members, continuing medical education provides physicians and other health care providers professional learning opportunities in a variety of formats, including in-person, online, webinars, and journal-based. The majority of these are developed to address gaps in practice or performance and to help physicians meet licensure and risk management educational requirements, including pain management, end-of-life care, and electronic medical records. Prescriber education in opioids and pain management has become a continuing focus of educational efforts as part of the Society's activities to combat the opioid epidemic. The Society's offerings of 18 courses, free to all prescribers beginning in May 2015, include such titles as *New Opioid Prescribing Guidelines in Practice*, *Managing Pain Without Overusing Opioids*, *Safe Opioid Prescribing for Chronic Pain*, and *Alternatives to Opioids*.

Overall, during calendar year 2015, the Society jointly and directly provided a total of 1,177 educational activities on a variety of topics, including patient experience, practice management, public health, risk management, health care quality, and communications. Nearly 154,000 physicians participated. These totals include modules on opioids and pain management taken by thousands of prescribers as part of the Society's efforts to address the opioid epidemic.

The changing practice and public health environment resulted in new programs being developed on subjects such as documentation for ICD-10, intimate partner violence, payer audits, and payment recoupments. The Society's educational efforts were enhanced through partnerships with Cleveland Clinic, Atrius Health, and the Heller School for Social Policy and Management at Brandeis University. Additionally, through the MMS Recognized Accreditor Program, more than 50 community hospitals, state specialty societies, and other health organizations offer accredited CME for their medical staffs and/or members.



Membership

The MMS, the largest physician advocacy organization in the Commonwealth, continued to exhibit strength in numbers, surpassing 25,000 members for the second consecutive year. As of May 31, 2016, the Society reached a membership of 25,157, the Society's highest total ever.

Key demographic areas that showed growth were women, physicians under 40 years of age, resident physicians, and medical students. Physician groups experienced a 7.6 percent increase, while residency program groups rose 7.6 percent.

MMS Membership: 25,157

Key demographics are up:

- Women: +1.4%
- Under 40: +2.2%
- Medical Students: +5.6%

Physician Groups: +7.6%

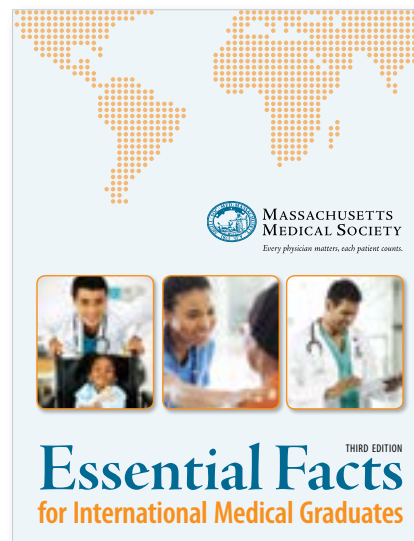
Residency Groups: +7.6%

As of May 31, 2016

Membership activities took center stage for many groups. Residents enjoyed events including the 10th Annual Research Symposium, and the Resident Fellow Section Annual Meeting, with the

theme "Physician Use of Social Media: Leveraging Your Online Presence." Medical students participated in numerous physician roundtables and networking events, as well as Boston-area opportunities such as a community health fair.

Working with the Physician Practice Resource Center and the MMS Public Health Department, MMS Membership distributed a series of publications on key topics, among them *Massachusetts Earned Sick Time Law: The Basics*, *Intimate Partner Violence*, *Essential Facts for International Medical Graduates*, and *A Physician Practice Checklist for Compliance*.



MMS Membership also hosted the Women's Leadership Forum and the New England Global Health Conference, and held legislative training workshops for early career physicians.

While the strength of MMS membership is reflected in its overall numbers, that strength is also derived from its diversity. Entities such as the Committee on LGBT Matters, International Medical Graduates Section, Committee on Women in Medicine, Committee on Young Physicians, and the Committee on Senior Physicians all provide a voice for the thoughts and perspectives of individual segments of our physician community. The efforts of these committees have led to the adoption of policies that not only reflect the composition of today's profession, but also enrich the entire organization.

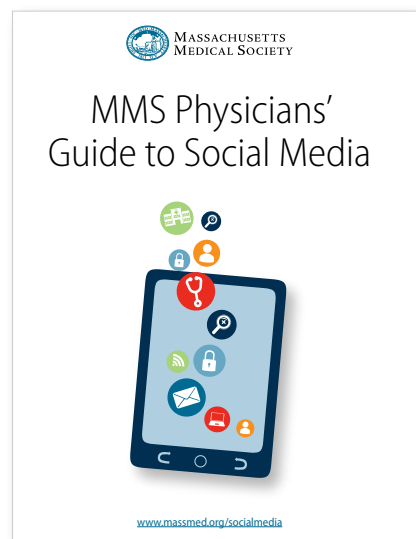
Keeping up to date on the trends, events, and news that can affect physicians and the practice of medicine and informing patients about key areas in health care are primary activities of the medical society throughout the year. Among the efforts are the following:

FOR PHYSICIANS

- ***Vital Signs This Week***, a weekly e-newsletter, and ***Vital Signs***, published 10 times a year, keeps members apprised of legislative and regulatory actions, educational courses, and information about public health, law and ethics, physician health, government relations, and district medical societies.
- ***MMS Connect*** is the new face of an online portal that offers discussions within specific MMS committees, task forces, and interest groups. The redesigned website, with improved visuals and communication functions, debuts in 2016.



- ***E-Newsletters*** cover nearly a dozen areas, such as practice issues, continuing medical education, health information technology, health policy, and news in health and medicine.
- ***The President's Podium*** is the Society's own "op-ed" page, appearing on the MMS blog affording a platform for expressing MMS opinions, positions, and policies on current topics in health and medicine.
- ***MMS Physicians' Guide to Social Media*** was created by the MMS Committee on Communications to help physicians engage in and manage social media tools in ways that will provide optimal benefit to their patients and practices.



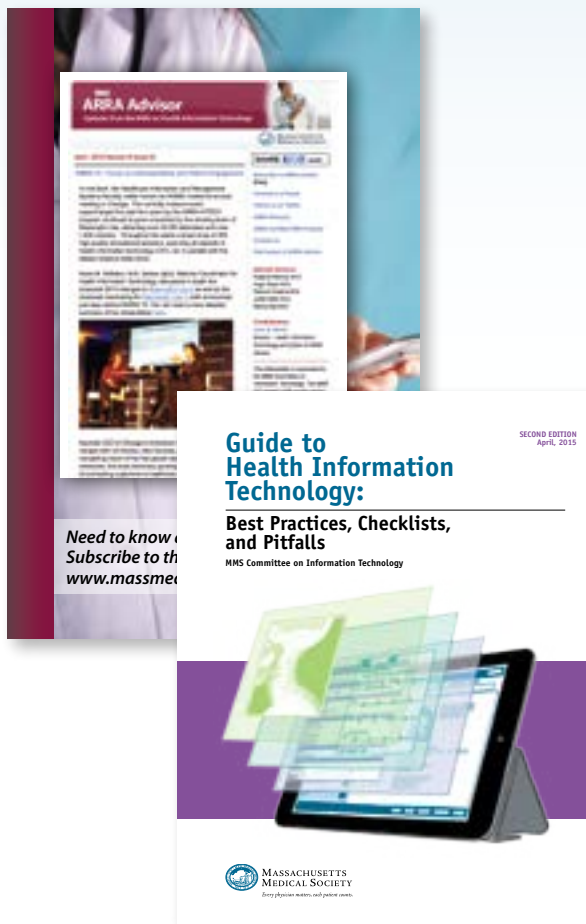
FOR PATIENTS

- ***Patient Care on the MMS Website***: From antibiotics to concussions to end-of-life care to violence prevention and intervention, to finding a physician, the MMS website contains more than 250 separate entries on a variety of health care subjects for patients. The past year focused heavily on reaching out to patients about opioids — their risks, safe storage and disposal, and talking to physicians about pain management — through print, audio, video, and web-based communications.
- ***Physician Focus***: A major patient educational program of the Society for more than 10 years, this monthly educational video series has informed patients of all ages on a variety of health and medical topics. Produced in cooperation with HCAM-TV in Hopkinton, the program reaches more than 275 communities throughout the Commonwealth through public access television. The video effort also provides impetus for a companion print article distributed to media throughout the state.

MEDIA RELATIONS

Responding to media inquiries and offering commentary to broadcast, print, and web media allows the MMS to amplify the physicians' voice on critical issues affecting physicians, patients, and the practice of medicine. More than 200 inquiries are handled each year on issues ranging from legislation and regulation to public health to the practice of medicine.

Technology



Health Information Technology (HIT) represents one of the greatest changes in medical care today, for both physicians and patients. From diagnosing to treatment to record keeping, the impact of HIT has been enormous.

Despite great promise and quick adoption — more than 90 percent of physicians in Massachusetts currently use some form of electronic medical records — electronic medical records remains a major concern of physicians. Among the most contentious issues are interoperability, clinical workflow efficiency, and the myriad demands of reporting.

HIT has been a major focus of the MMS since the establishment of the Committee on Information Technology (CIT) more than 20 years ago. Its *Guide to Health Information Technology* and the *ARRA Advisor* e-newsletter have kept members up to date on the latest developments in HIT.

Recent efforts directed at improving HIT have been significant. In September, the MMS hosted the AMA's *Break the Red Tape* town hall meeting to voice concerns about electronic medical records and Meaningful Use requirements. More than 100 physicians attended, and the collective message was clear: electronic medical records are cumbersome, time-consuming, and hurting productivity.

The signature effort of the year was the development of a new policy on HIT, incorporating new HIT principles proposed by the CIT and adopted by the House of Delegates. Among seven declarations, the new policy states that HIT should put the interests of the patient first, support the integrity and autonomy of physicians, and give physicians control over the choice and management of the HIT used in their practices.

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