



The Administrative Burden Issue

Members of the MMS Task Force on Physician Burnout met with CMS about prior authorization requirements.

Effort to Reduce Administrative Burdens and Reprioritize Patient Care Gains Momentum

BY Yael Miller, MBA, MMS Director of Practice Solutions and Medical Economics, and Lucy Berrington, MS

Physicians' concerns about the extraordinary administrative burden are finally being heard. Federal and state agencies have recognized that administrative complexity is failing patients and physicians — an acknowledgment that comes after years of advocacy by the MMS and other stakeholders.

According to a small 2018 study of Massachusetts physicians, commissioned by the MMS, the most meaningful advocacy targets relate to reducing administrative burdens and promoting physician well-being and work-life balance. The same survey also found that preventing expanded regulation and licensing requirements and reducing quality measurement requirements ranked very high among physicians' concerns, above or almost equal to promoting access to care.

Consequently, the Society's advocacy on physician burnout and improving ease of practice addresses three key issues. These are prior authorization; documentation relating to quality measures, billing, and coding; and credentialing. In addition, we continue to work toward improving the usability of electronic health records.

These efforts are being led by the MMS officers, our Task Force on Physician Burnout, and three key committees (see page 4), whose advocacy centers physician concerns in the work of the Health Policy Commission and other agencies. Here's how the MMS is working to re-prioritize patients in health care and alleviate extraneous burdens on physicians.



PRIOR AUTHORIZATION

Problem

Prior authorizations (PA) add immense administrative complexity in a manner not consistent with high-quality, high-value care delivery. Although the process ostensibly enhances safety and care quality, physicians and patients experience PA as costly and time consuming, as well as a barrier to care.

MMS goals

The Society's recommendations fall into three categories:

• Change some PA requirements, such as:

- Eliminate PA approvals related to chronic illness.
- Establish a program of "Gold Card" providers, not requiring PA, by certain criteria.
- Eliminate PAs when there is a high likelihood of authorization.
- Eliminate or limit PAs for ACOs, which are already managing costs.
- Eliminate PA approvals when patients change health plans.
- Eliminate PA for generic drugs.

• Improve PA efficiency, such as:

- Mandate more timely PA turnarounds.
- Create an electronic PA program.
- Standardize the process across payers.

• Address other relevant issues:

- Educate patients around expectations and limitations associated with plans.
- Improve formulary transparency for Medicare, Medicaid, and commercial plans.

State action

• In response to stakeholders' advocacy, the Health Policy Commission (HPC) in July identified PA among its top three concerns. The HPC aims to gather additional input and make recommendations.

• The Mass Collaborative, comprising more than 35 payers, provider organizations, and trade associations, has released a series of forms unifying the PA process across payers, consistent with state law. Lois Dehls Cornell, executive vice president of the MMS, serves on the Executive Steering Committee; Yael Miller (co-author of this report) serves on the Strategy and Operations Committee.

Federal action

• CMS's extensive Patients Over Paperwork initiative has sought the input of the MMS and other stakeholders nationally; its effort to streamline PA processes would likely apply to Fee-for-Service Medicare, Medicare Advantage, Medicaid Advantage, and Health Insurance Marketplace Plans.

• The MMS and other medical societies pushed CMS in February to limit PA processes in Medicare Advantage plans. The Society supports a federal bill (H.R. 3107) that aims to streamline and standardize PA for Medicare Advantage.

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Health Care as a Human Right: The Society's New "North Star" and Where It Might Lead

BY TOM FLANAGAN, MMS MEDIA RELATIONS MANAGER

In policy adopted in April, the Massachusetts Medical Society asserts that the "enjoyment of the highest attainable standard of health, in all its dimensions, including health care, is a basic human right. The provision of health care services, as well as optimizing the social determinants of health, is an ethical obligation of a civilized society."

The new MMS policy "will be our organization's 'north star' as we continue and start new work in patient and physician advocacy, education, and practice support," said MMS President Maryanne C. Bombaugh, MD. While the policy is timely and necessary, as well as a point of organizational pride, the Society understands that there will be questions about its impact and how it will inform the organization's strategic

priorities. To that end, the MMS has created a dedicated and evolving online resource around this very important policy: massmed.org/healthcarehumanright.

There is little doubt that this policy can be labeled historic. The MMS is the first state medical society in the country to affirm that health care is a basic human right. Following the House of Delegates'

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President's Message



Progress on Ease of Practice

Dear fellow members of the MMS,

In recent months, as president of our organization, I have had the opportunity to speak with many of you. I truly appreciate your candor in sharing some of the challenges and opportunities you encounter when doing your best to provide optimal patient care. Please know that your Medical Society hears all of your concerns, including those around ease of practice, on which this issue of *Vital Signs* focuses.

Your Society leaders and staff are always working to bring the patient and physician perspective to legislative and regulatory approaches that can detract from facetime with our patients. In recent years, administrative demands have accumulated to the point that they have measurable, detrimental effects on patients' and physicians' well-being.

In this issue, we will update you on some of the most urgent issues — prior authorization, interoperability, credentialing, quality measures, and burnout — and how we are addressing them. We introduce you to Christopher Garofalo, MD, a family medicine physician who graciously talked with *Vital Signs* about how these obligations affect everyday patient care (see page 3).

I hope you'll take a moment to check out pages 4–5, which include an infographic detailing some of the important advocacy work the Medical Society has undertaken so far this year, including our critical work on electronic prescribing and out-of-network billing.

Finally, this issue (page 1) introduces an online resource that provides information on health care as a human right, our new policy.

I hope that you have a great October and I look forward to working with you soon.

Sincerely,

— Maryanne C. Bombaugh, MD,
MSc, MBA, FACOG

Administrative Burdens

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QUALITY REPORTING AND DOCUMENTATION

Problem

- Quality assessment is necessary, but redundant measures and formats have proliferated.
- The complexity of medical billing and coding is compounded by the varying rules of programs and payers.
- Broad policies (e.g., regulatory requirements) may conflict with evidence-based treatment plans for individual patients.

MMS goals

- Standardize metrics across all commercial, state, and federal health plans, limited to 10 outcomes-based measures.
- Streamline and standardize billing and coding requirements across payers.

State action

- The Quality Measure Alignment Taskforce, which includes a member of the MMS, released its recommendations in September. The Taskforce is encouraging payers and providers to adopt its Aligned Measure Set, endorsed by the MMS, into global payment contracts for 2020.

Federal action

- The National Committee for Quality Assurance (NCQA) favors a national standard. MMS President Maryanne C. Bombaugh, MD, and other Society officers and staff met with the NCQA in July to emphasize the impact of extraneous quality metrics.

- The CMS Patients Over Paperwork initiative aims to eliminate extraneous measures across the agency's five quality and value-based purchasing programs. These changes will save hospitals more than two million hours and \$75 million a year, according to CMS.

- CMS is aiming to streamline quality metrics for the merit-based incentive payment system and alternative payment models.



LICENSURE, CREDENTIALING, AND PROVIDER DIRECTORIES

Problem

Physicians are subject to licensure and multiple credentialing processes that can take several months and may delay their ability to deliver, or be paid for, care.

MMS goals

- Streamline and expedite the licensure and credentialing processes.

State action

- An analysis of the end-to-end credentialing process by Mass Collaborative identified significant opportunities:
 - BORIM is aiming to shorten its licensing process from three months to one month.
 - Massachusetts Controlled Substances Registration has introduced online registration.
 - Health plans are shortening their credentialing process to under 30 days.
 - Over two years, commercial health plans along with HCAS and CAQH will move toward a single portal entry for provider demographic information, allowing for up-to-date directories.

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MMS President Maryanne C. Bombaugh, MD, Immediate Past President Alain A. Chaoui, MD, and Director of Practice Solutions and Medical Economics Yael Miller met with the National Committee for Quality Assurance in July about simplifying quality measurement as a means of alleviating physician burnout. Photo by Eric Musser/NCQA.

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Medicine in 2019: A Primary Care Physician Treats Patients ~~and~~ Fills Out Forms

BY BETH GARBITELLI, MD CANDIDATE, TUSM; MMS LEGISLATIVE FELLOW

When physicians can hardly see past the online boxes, forms, and popups to their patients, care delivery is worse for it. “The nature of doctoring has not changed much in a thousand years: it still involves a doctor and patient sitting down together and coming up with a plan to get better. We’re losing that,” says Dr. Christopher Garofalo, MD, who practices family medicine in Attleboro. “I would like the see the control of the medical encounter go back to the patient and physician.”

Like most physicians in the US, much of Dr. Garofalo’s practice time is taken up by prior authorization (PA) requirements, sifting through electronic medical records, managing credentialing, and tracking quality measures. The administrative requirements laid on doctors have become so time-consuming that they threaten patient care and physicians’ relationships with patients, research shows.

“When the physician is on the phone or online filling out forms, that is time not spent with the patient,” says Dr. Garofalo, who chairs the MMS Committee on the Sustainability of Private Practice and also serves on the MMS Committee on Administration and Management. “Those patients that can’t get in to see you either delay care or they go elsewhere, which is typically a higher-cost location.”

Prior Authorizations Delay Care

Expanded prior authorization programs weigh heavily. In 2018, 92 percent of 1,000 doctors the AMA surveyed reported that prior authorization programs have a negative impact on patient outcomes.

When a patient recently required treatment for ADHD, Dr. Garofalo suggested safe, commonly prescribed atomoxetine. However, the insurer would not authorize coverage until the patient tried a stimulant first. “They are insisting that you take the addictive medicine because it’s cheaper,” says Dr. Garofalo. This patient was at risk for job loss due to underperformance from their condition, and the delay in coverage jeopardized their livelihood and insurance status. “That’s not how we should be doing medical care.”

Complications like this arise frequently, he says, slowing down the pace of care and in some instances forcing patients to pay out-of-pocket for required medicines or forgoing the appropriate treatment. Additionally, the prior authorization process undermines physicians’ autonomy. “The whole premise is that physicians are wasteful and don’t practice good medicine. For the vast majority of us, that’s not true,” says Dr. Garofalo.

Every week, an average of almost 15 hours per physician — two business days — are required to handle prior authorizations, according to AMA data. Dr. Garofalo’s practice was recently forced to hire a new staff member to take on this effort.

EHR Systems Don’t Necessarily Help

Technological advances have the potential to increase efficacy and efficiency. But click-heavy electronic health record (EHR) programs are often configured as stand-alone systems, and may not facilitate communication with other health systems and pharmacies. Many features in EHR function to increase billing revenue, not better patient care or care management.

For physicians facile at typing while conversing with patients, EHR can be manageable. It may facilitate chart organization and quality measurement tracking. But EHR can also distract from building connections with patients and erode physicians’ time for observation, which is critical to diagnosis and assessment. “If you’re not observing them, you’re not getting data,” says Dr. Garofalo.

Physicians, on average, spend two hours on EHRs and administrative work for every hour of direct patient care, research suggests (*Annals of Internal Medicine*, 2016). Additionally, the specifics of individual patients can be lost in the clutter and clicks. “When there’s so much information, you miss stuff,” says Dr. Garofalo, citing a fax he received about a patient’s hospital treatment that exceeded 100 pages. Data transfer that lacks context, relevancy, and meaningful information can hurt, not help, patient care.

Burdens without Sufficient Benefit

Another area of expanding burden relates to documentation of quality control measures. Physicians



Christopher Garofalo, MD, working with medical assistant, Kayla Pike, on prior authorization. Photo by Angela Paige.

in four common specialties spend 785 hours per physician and \$15.4 billion a year managing quality measure reporting (*Health Affairs*, 2016) — an obligation that may not have meaningful benefits for patients. Reporting metrics become more complicated when patients change insurance or when an annual requirement occurs around the change of the year, says Dr. Garofalo.

Lag times related to credentialing new physicians also hinder medical practice. A physician may see patients for months without collecting revenue. For smaller, independent offices, that’s tough on the bottom line and can impede recruitment.

The combined administrative burden erodes post-work hours, lunch breaks, dinner breaks, and family time. “Forget about talking about revenue — that’s burnout,” Dr. Garofalo says.

But Dr. Garofalo, who chairs the MMS Southeast Caucus, remains hopeful that addressing current administrative issues can restore and strengthen the bedrock of medical care: the patient-physician relationship. “Somehow, we as physicians have lost the ability to communicate to our patients that we have their best interests at heart,” Garofalo says.

Health Care as a Human Right

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vote, the Massachusetts delegation brought a similar resolution to the American Medical Association, which adopted it in June. But although groundbreaking, the new policy is a continuum, of sorts, of the Society’s policy-backed support for equal access to care and our strategic priority of addressing the social determinants of health that too often impede patients’ access to care.

The Path to Policy

The Massachusetts Medical Society has historically been a leadership voice in health care, bringing a dual perspective — of patients and physicians — to conversations and advocacy efforts that can have a lasting and positive effect on patients and the practice of medicine.

In November 2018, the MMS officers and the organization’s Committee on Ethics, Grievances, and Professional Standards presented an Ethics Forum, “Health Care as a Basic Human Right.” This forum compelled the then-officers — Dr. Bombaugh (president-elect), Alain A. Chaoui, MD (president), and David A. Rosman, MD (vice president) — in consultation with the Committee on Ethics, Grievances and Professional Standards, and with the support of the Board of Trustees, to draft a resolution that would codify the organizational belief that health is not a privilege but a right for all individuals living in a just society.

“I take every opportunity I can to thank the members of the Medical Society who participated in the discussion around the notion that health care is a basic human right and supported this policy,” Dr. Bombaugh said. “This policy is not something

we will celebrate briefly and move on. This will be a principal pillar on which much of the work within our strategic plan will be accomplished.”

“I would invite each of you to take some time to visit the online resource and become familiar with the process by which health care is a basic human right, and what it means to the future work and impact of our organization and, most importantly, our patients.”

— Maryanne C. Bombaugh, MD

massmed.org/healthcarehumanright

MMS Working to Reduce the Burden on Physicians



MMS President

Marianne C. Bombaugh, MD, and other Society officers and staff met with the National Committee for Quality Assurance (NCQA) in July to emphasize the impact of extraneous quality metrics on physicians and practices. The NCQA agreed to share its progress and work together to further this cause. Dr. Bombaugh is vice chair of the Task Force on Physician Burnout.

MMS Immediate Past President

Burnout was the signature issue of Alain A. Chaoui, MD. During his presidency, the Society formed the Task Force on Physician Burnout, which Dr. Chaoui co-chairs, and explored ways to revitalize the fellowship and camaraderie of Massachusetts physicians. The task force and Society leadership have met with health plan medical directors as well as federal and state agencies, including CMS, the State Quality Alignment Task Force, and the Health Policy Commission, calling for administrative simplification.



MMS Task Force on Physician Burnout

The task force identifies and prioritizes effective strategies to combat physician burnout and advocates for their statewide adoption. It is the first-of-its-kind joint task force of the MMS and Massachusetts Health and Hospital Association (MHA). It includes 13 physicians, two medical students, and



Steve Defossez, MD, EMHL, vice president of clinical integration for the MHA, co-chairs the task force.

Yael Miller, MBA, MMS director of Practice Solutions and Medical Economics. Its subcommittees advocate for key changes to the health system that reduce the burden on physicians. In January 2019, the task force published a paper in collaboration with the Harvard T.H. Chan School of Public Health and the Harvard Global Health Institute that drew international attention. It outlined recommendations for addressing burnout, including improvements to EHR efficiency.

MMS Committee on the Sustainability of Private Practice

This committee's recent resolutions for the MMS and AMA are driving policy changes on physicians dispensing prescription medications, supporting patients and physicians in direct primary care models, and lowering barriers for acute care and chronic diseases management.



Christopher Garofalo, MD, chair of the Committee on the Sustainability of Private Practice (see page 3).



Barbara S. Spivak, MD, (right) chair of the Committee on the Quality of Medical Practice, with Yael Miller, MMS.

MMS Committee on the Quality of Medical Practice (CQMP)

The CQMP monitors quality initiatives and develops MMS policy recommendations on environmental practice issues, including access, quality, cost, affordability, provider reimbursement, mergers, consolidation, and social determinants. It most recently developed policy on SDOH screenings and

MassHealth ACOs, and is providing lead guidance on MMS strategic priorities related to easing administrative burdens and care integration.

MMS Committee on Legislation

This committee spent countless hours reviewing opioid legislation that aimed to reduce barriers to treatment — for example, by limiting prior authorizations and supporting innovative peer-to-peer consultation programs. The committee advised the MMS on the early implementation of the MassHealth ACO program, facilitating efforts that addressed concerns about its initial roll-out.



Sarah F. Taylor, MD, chair of the Committee on Legislation

MMS Executive Vice President

Lois Dehls Cornell serves on the steering committee of the Mass Collaborative, a coalition working to simplify practice administration.



The Collaborative has focused on streamlining the licensure and credentialing processes as well as the health plan provider directory process, creating uniform PA forms, and moving the PA process online in real time. Cornell also serves on the board of Massachusetts Health Quality Partners.



MMS Government Relations Team

This team supports and steers Society policy and legislative and regulatory advocacy. Left to right: Brendan Abel, JD, legislative and regulatory affairs counsel; Alex Calcagno, director, advocacy, government and community relations; Lori DiChiara, government relations specialist; Charles Alagero, JD, general counsel; Leda Anderson, JD, legislative counsel; Casey Rojas, JD, government relations advisor.

How the MMS Shapes

Advocacy is a central component of the Massachusetts Medical Society's mission. The MMS advocates at the state and federal levels on behalf of patients for a better health care system and on behalf of physicians to help them provide the best care possible. The Society's advocacy addresses crucial policy and public health issues, including alleviating the administrative burden that impedes patient care.

Standards for Electronic Prescribing in Massachusetts

- The Medical Society successfully advocated for expanded exemptions and processes to ease the administrative burden associated with the e-prescribing mandate; the Department of Public Health significantly amended its regulations.
- The MMS advocated for physicians and patients throughout the legislative and regulatory processes, informed by input from physicians and other stakeholders, seeking to balance Rx security and efficiency with the realities of clinical practice.
- The effort included a line-by-line review of 30 pages of proposed regulations, extensive written comments, and oral testimony.



Coalitions

The MMS participates in multiple coalitions — e.g.:

- Massachusetts Prescription Drug Affordability Coalition includes patient groups, physicians, academics, and the business community.
- Massachusetts Collaborative, a partnership of payers, providers, and trade associations that addresses the administrative burden on physicians and practices.

The MMS strategizes nationally with other medical societies.



Laws Addressing Out-of-Network Billing

- The MMS is advocating at the state and federal levels for a comprehensive solution to unexpected bills for treatment at in-network facilities by out-of-network providers.
- Stakeholders have a shared goal: to hold patients harmless.
- The MMS is centering physician protection; insurers should not have undue leverage to set in-network benchmarks for out-of-network providers, as in California.
- The MMS wrote state legislation, H.932, modeled on a successful law in New York, that would protect patients and establish a reimbursement formula and dispute resolution process. This solution incentivizes good faith negotiation. The MMS is advocating federally for a similar model.



Issues and stages in MMS advocacy

January–July 2019

2019–20 Legislative Session



MMS advises on regulation and implementation of laws

7

Submits comments and testimony on regulations and other proposed agency actions
Regularly serves on state advisory councils and special commissions

MMS calls physicians and medical students to action

5

Preceding critical hearings or votes, the MMS empowers members with information and tools to advocate on key issues

MMS and other key stakeholders gather for bill signing

6



MMS testifies orally on key issues

4



8 hearings

Testified orally on key issues, including out-of-network billing and Rx drug costs

3+ hearings

Further oral testimony expected

MMS meets with legislators and facilitates physicians' and medical students' advocacy

3



28+

legislators and staff meetings so far

5

legislative breakfasts connecting 80+ MMS physicians and medical students with 30+ legislators and staff

65

physicians and medical students trained in advocacy skills at Legislative Leadership Conference



30+

legislators and staff meetings so far

MMS writes bills and submits written testimony on bills

2



23 bills

written & filed

60 bills

submitted written testimony

Dozens of bills

further written testimony expected



15 letters

input on bills and laws

MMS monitors relevant bills and agencies

1



680+ bills

Agencies

Board of Registration in Medicine
Health Policy Commission
Department of Public Health
Division of Insurance

FEDERAL



40+ bills

Agencies

US Dept of Health & Human Services
Centers for Medicare & Medicaid Services



Illustration by Chris Twichell

Administrative Burdens

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Federal action

- CMS is driving health plans to streamline their provider directory processes and information, as a result of Medicare Advantage requirements.



ELECTRONIC HEALTH RECORDS (EHR) AND INTEROPERABILITY

Problem

While the Society strongly supports developments in health information technology, the MMS Task Force on Physician Burnout has highlighted EHR-related issues as a leading cause of physician burnout, even across different age groups and specialties.

MMS goals

Improve EHR standards with a strong focus on interoperability and usability, including:

- Allow software developers to develop apps — such as SMART on Fast Healthcare Interoperability Resources — that can operate with EHR systems, improving workflow and interfaces.
- Develop and implement artificial intelligence technology to support clinical documentation, decision support, and quality measurement.
- Include physicians in EHR development and improving usability.
- Reduce the number of clicks, in-basket demands, excessive popup notices, and other extraneous measures.

State action

- The Physician Burnout report, by the MMS, MHA, Harvard T.H. Chan School of Public Health, and Harvard Global Health Institute on Burnout, identifies key goals (outlined above).
- The MMS worked with state regulators to refine the electronic prescribing mandate (see page 4).

Federal action

- The CMS Patients Over Paperwork initiative aims to improve interoperability and EHR usability.
- The Office of the National Coordinator for Health Information Technology (ONC), a federal agency, is consolidating reporting requirements relating to health information technology. An ONC representative is meeting with the Task Force on Physician Burnout in December.
- The Healthcare and Information Management Systems Society (HIMMS), a trade organization, is working with the federal government, vendors, and physicians on EHR. Alain A. Chaoui, MD, presented to the New England HIMMS in 2018 on burnout and EHR; Maryanne C. Bombaugh, MD, and Tonya Hongsermeier, MD, MBA, vice president and CMIO of Lahey Health, will present this year.

Join our Boston Marathon Team and Run for Physician Wellness

Physician Health Services is applying to the John Hancock 2020 Boston Marathon Non-Profit Program and hopes to be granted 10 bibs. The Hancock Non-Profit Program spots are awarded to nonprofits that serve a health-related need, and each bib comes with a commitment to raise a certain amount of money.

The bibs provide an opportunity for aspiring runners to experience the Boston Marathon while obtaining sponsorships to support PHS's work promoting the health of physicians and medical students. PHS is looking for volunteers who are interested in running, donating, assisting with training, assisting with helping runners find donations, and helping along the marathon route.

Physician Health Services, Inc. (PHS), a 501(c)(3) nonprofit subsidiary of the Massachusetts Medical Society, is dedicated to improving the health, well-being, and effectiveness of physicians and medical students while promoting patient safety.



Illustration by Chris Twichell

If you are interested in the Marathon opportunity, please contact Bara Litman-Pike, PsyD, PHS executive director, at (781) 434-7404 or blitmanpike@mms.org. PHS is early in the application process, so this may not happen for the 2020 race. We will let you know about our progress and appreciate your interest and support.

ONLINE CME COURSE

Solving for Physician Burnout: System Redesign and Organizational Transformation



This online CME activity is brought to you by the MMS-MHA Joint Task Force on Physician Burnout. The Joint Task Force's mission is to identify causes and solutions to physician burnout and to disseminate them widely. This CME activity begins to answer this mission and tackles the questions of instituting a chief wellness officer or equivalent role at an organization/institution, a leading solution of the Task Force.

SIGN UP » massmed.org/solvingforburnout

Continuing Medical Education

LIVE CME ACTIVITIES

CME Essentials Workshop
October 3, 2019

16th Annual Public Health Leadership Forum — Maximizing the Political Determinants of Health
October 24, 2019

ONLINE CME ACTIVITIES

Evolving Models for Sustainable Medical Practice

Solving for Physician Burnout: System Redesign and Organizational Transformation

For additional information, including CME credits and registration details, go to massmed.org/cmecenter, or call (800) 843-6356.



In Memoriam

We also note member deaths on the MMS website at massmed.org/memoriam.

Carol R. Amick, MD, 85; Brookline, MA; Yale School of Medicine, New Haven; died January 18, 2019.

Joseph C. Parker Jr., MD, 82; Louisville, KY; Medical College of Virginia, Richmond; died May 3, 2019.

Robert L. Shirley, MD, 82; Goffstown, NH; Harvard Medical School, Boston; died November 27, 2017.

Jose L. Silva, MD, 95; Carlisle, PA; George Washington University School of Medicine, Washington, DC; died November 29, 2018.

PPRC

PHYSICIAN PRACTICE
Resource Center

Adding value. Creating change.

MMS Member News and Notes

Grayson W. Armstrong, MD, MPH (Warren Alpert Medical School of Brown University, 2015; residency: Massachusetts Eye & Ear Infirmary/MGH), was elected to the AMA Board of Trustees' Resident and Fellow seat. In this position, Dr. Armstrong will be among the elected officials responsible for implementing AMA policy. He has been involved with the AMA since his first year of medical school, holding leadership positions in the Medical Student Section and the Resident and Fellow Section. Dr. Armstrong is currently chief resident in ophthalmology and director of the Ocular Trauma Service at Mass. Eye and Ear.

Rachel J. Buchsbaum, MD (Cornell University Medical College, 1985; residency: BIDMC), was named director of the Cancer Center at Tufts Medical Center. Dr. Buchsbaum will lead the development and integration of clinical, academic, and research-based cancer programs at TMC. Dr. Buchsbaum is professor of medicine and the Jane F. Desforbes, MD, Chair of Hematology and Oncology at TUSM.

Diane R. Gold, MD, MPH (University of Connecticut School of Medicine, 1979), of the Channing Division of Network Medicine, Department of Medicine, BWH, received the American Thoracic Society's Environmental, Occupational and Population Health John M. Peters Award for outstanding contributions to environmental or occupational health through leadership in research, education, or public health.



Left to right: Grayson W. Armstrong, MD, MPH; Rachel J. Buchsbaum, MD; Diane R. Gold, MD, MPH; Taylor S. Koerner, MD; Keith Reisinger-Kindle, DO, MPH, MS; Leonardo V. Riella, MD, PhD; Fatima Cody Stanford, MD, MPH, MPA, FAAP, FACP, FTOS

Dr. Gold's research investigates the role of physical environmental exposures and environmental and social inequities in respiratory diseases in children. Dr. Gold is Professor of Medicine at HMS, associate physician at BWH, and professor of environmental health at the Harvard T.H. Chan School of Public Health.

Taylor S. Koerner, MD (Wake Forest University School of Medicine, 2015), and **Keith Reisinger-Kindle, DO, MPH, MS** (Touro University Nevada College of Osteopathic Medicine, 2016), both chief residents at Baystate Medical Center, served as Health Policy Fellows in Washington, DC, with their specialty organizations. Dr. Koerner worked alongside the American Academy of Pediatrics, and Dr. Reisinger-Kindle the American College of Obstetricians and Gynecologists.

Leonardo V. Riella, MD, PhD (Universidade Federal do Paraná, 2003; residency: BWH/HMS; fellowship: BWH/MGH), received an R01 grant from the National Institutes of Health (NIH) and a Congressionally Directed Medical Research Programs (CDMRP) Department of Defense award. The NIH recognized Dr. Riella for his project "The Role of Siglec-E in Regulating

Alloimmunity," which explores the Siglec-E inhibitory receptor and its therapeutic targeting in organ transplantation. Dr. Riella's CDMRP-winning project aims to develop a noninvasive test to recognize face or upper-limb transplantation rejection early using non-HLA antibodies. Dr. Riella is medical director of Vascularized Composite Tissue Transplantation and associate director of the Kidney/Pancreas Transplant Program in the Division of Renal Medicine at BWH.

Fatima Cody Stanford, MD, MPH, MPA, FAAP, FACP, FTOS (Medical College of Georgia at Augusta University, 2007; residency: Palmetto Health Richland Hospital; fellowship: MGH), was elected vice president of the Minority Affairs Section of the AMA for 2019–2020. The Minority Affairs Section is a member interest group within the AMA responsible for addressing the concerns of minority physicians and students and advocating for the health of minority populations. Dr. Stanford is an obesity medicine physician scientist at MGH and an assistant professor in medicine and pediatrics at HMS.

Please send your news to vitalsigns@mms.org. Learn about MMS membership at massmed.org/benefits.

Across the Commonwealth

District News and Events

NORTHEAST REGION

CHARLES RIVER — Scientific Meeting. Thurs., Oct. 24, 6:00 p.m. Wellesley Country Club, Wellesley. Speaker: Aaron Bernstein, MD, MPH. Topic: Climate Change: What Every Physician Needs to Know.

ESSEX SOUTH — Delegates Meeting. Thurs., Oct. 3, 6:00 p.m. Beverly Depot.

MIDDLESEX CENTRAL — Annual Breakfast. Fri., Oct. 4, 7:30 a.m. Emerson Hospital, Concord. Speaker: Maryanne Bombaugh, MD, MMS president. Topic: Spotlight on Social Determinants of Health. **Executive/Delegates Meeting.** Thurs., Oct. 17, 7:45 a.m. Emerson Hospital, Concord.

NORFOLK — Fall Meeting. Wed., Oct. 16, 6:00 p.m. Wellesley Country Club. Speaker: Alex Calcagno, MMS director, Advocacy, Government and Community Relations. Topic: Health Care in the 116th Congress: A Physician-Patient Perspective.

SUFFOLK — Fall Meeting. Thurs., Oct. 10, 6:00 p.m. The Downtown Harvard Club. Speaker: Cigall Kadoch, PhD. Topic: Molecular Machines on the Human Genome: New Insights and Therapeutic Opportunities. **Students, Young Physicians, and Residents Reception.** Thurs., Oct. 17, 7:00–9:00 p.m. Ctery's, 113 Dartmouth Street, Boston.

Contact Michele Jussaume or Linda Howard at (800) 944-5562 or mjussaume@mms.org or lhoward@mms.org.

SOUTHEAST REGION

BARNSTABLE — Fall Event. Wed., Oct. 23, 6:00 p.m. Flying Bridge, Falmouth. Guests welcome. Speaker: Marianne Long, education director, Atlantic Shark Conservatory. Topic: Awareness Inspires Conservation.

PLYMOUTH — Family Event. Sun., Oct. 6, 11:30 a.m. registration; 12:00–2:00 p.m. scenic luncheon cruise of Boston Harbor. Young family members welcome. Pre-registration required.

NORFOLK SOUTH — Fall District Meeting. Mon., Oct. 28, 6:00 p.m. Granite Links, Quincy. Speaker: Ian Cooke, director, Neponset River Watershed Association. Topic: Watersheds, Water Quality and Public Health in a Warming World.

Contact Sheila Kozlowski at (800) 322-3301 or skozlowski@mms.org.

WEST CENTRAL REGION

BERKSHIRE — Legislative Breakfast. Fri., Oct. 11, 7:30–9:00 a.m. Berkshire Medical Center, Pittsfield.

HAMPDEN — Fall Meeting. Tues., Oct. 22, 6:00 p.m. Storrowton Tavern & Carriage House, West Springfield. Topic: Jewett Lecture. More information: Coni Fedora at (413) 736-0661.

WORCESTER — 14th Annual Louis A. Cottle Medical Education Conference. Thurs., Oct. 24, 5:30 p.m. Beechwood Hotel, Worcester. Speaker: Larry Garber, MD, medical director for informatics, Reliant Medical Group. Title: Using the Power of Your Electronic Health Record to Energize your Practice, Instead of Causing Burnout.

Fall District Meeting. Thurs., Nov. 21, 5:30 p.m. Beechwood Hotel, Worcester. Dinner meeting and awards ceremony. More information: WDMS at (508) 753-1579.

WORCESTER NORTH — Executive Committee Meeting. Wed., Oct. 9, 6:00 p.m. Location: TBD.

Contact Cathy Salas at (800) 522-3112 or csalas@mms.org.

STATEWIDE NEWS AND EVENTS

Connect with Physician Colleagues. Wed., Oct. 23, 6:30–8:30 p.m. Leo's Ristorante, Worcester. The MMS invites members/nonmembers to join colleagues and friends for networking and cheer; guests welcome. Complimentary hors d'oeuvres, drinks, and fun.

ARTS, HISTORY, HUMANISM, AND CULTURE MEMBER INTEREST NETWORK — Bird Banding. Sat., Oct. 5, 9:00 a.m.–12:00 p.m. Joppa Flats, Newburyport. Observe how birds are captured and released, and see their adaptations, migration, and plumage.

Contact Cathy Salas at (800) 522-3112 or csalas@mms.org.



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The Administrative Burden Issue

1 Effort to Reprioritize Patient Care Gains Momentum

As legislators and agencies recognize the downside of administrative complexity, the MMS steers stakeholders toward patient-centered practice.

1 Health Care as a Human Right

The Society's new "north star," its early impact, and where it may lead.

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- 3 Medicine in 2019: A Case Study in Filling Out Forms
- 4 MMS People and Teams Working to Reduce the Burden on Physicians

Plus

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- 7 Across the Commonwealth

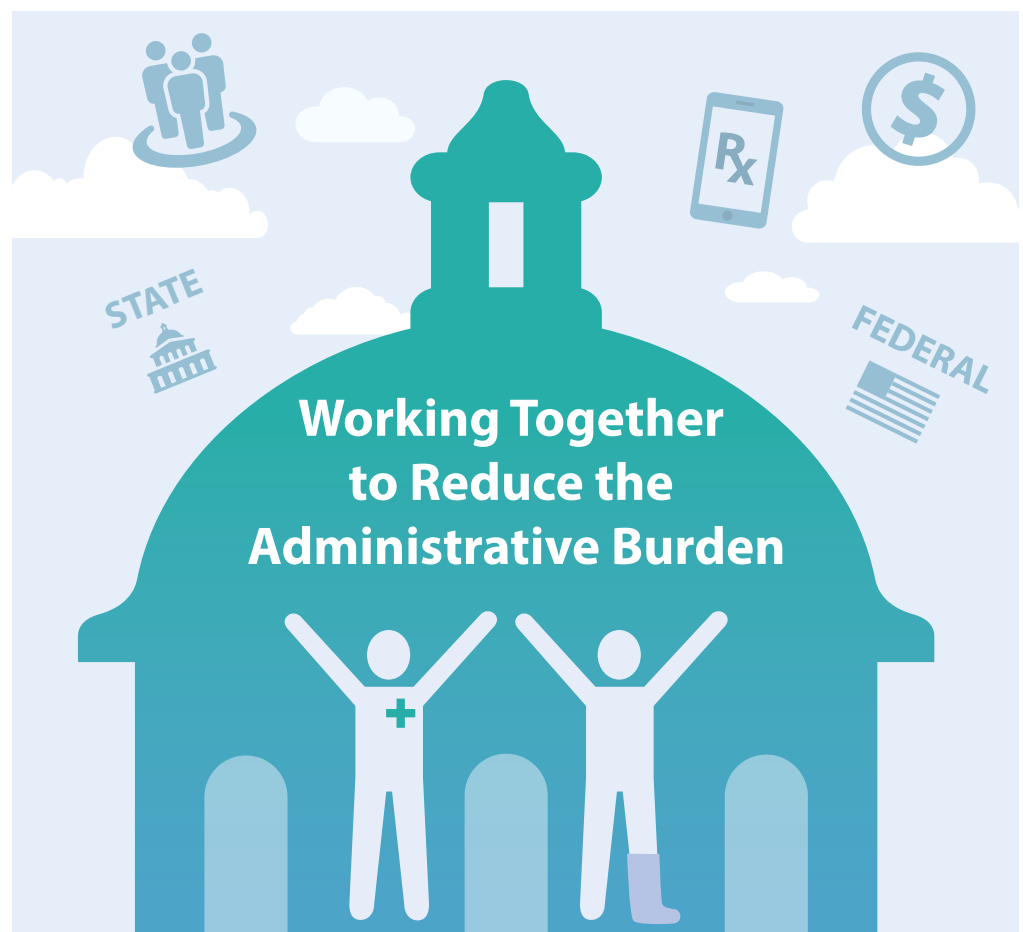


Illustration by Chris Twichell