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MEDICAL SOCIETY

VITAL SIGNS

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Future Health: Best Practices for Advancing Care Conference — A Transformative Look at the Future of Medicine

BY ERIKA MCCARTHY, MMS SENIOR EDITOR AND WRITER

On Wednesday, March 19, the Massachusetts Medical Society hosted the *Future Health: Best Practices for Advancing Care* conference, a hybrid event centered around the theme *Innovation and Transformation: Harnessing AI and Technology to Build the Future*. The conference brought together a diverse group of experts, health care professionals, innovators, and industry leaders to explore cutting-edge advancements in medicine and provide a forward-thinking lens into the future of health care delivery.

Keynote Address: AI and the Future of Health Care

The conference opened with a keynote address by **John Halamka, MD, MS**, president of Mayo Clinic Platform and a pioneer in digital health. Dr. Halamka shared his visionary outlook on how **AI, platform-based collaboration, and data-driven decision-making** are reshaping the medical landscape.

He emphasized how adopting a **platform approach** allows institutions to improve clinical practice, capture knowledge, and contribute to a global transformation in care delivery. He also highlighted the accelerating impact of AI in medicine, particularly in predictive, generative, and agentic AI, stating, “Five years from now, clinicians who don’t use AI will be committing malpractice.”

Dr. Halamka underscored the responsibility of academic institutions in driving this transformation, noting that in 2025, **Mayo Clinic will begin deploying AI solutions for free to countries in need**. He also discussed how policy shifts, international collaboration, and evolving technology will play critical roles in shaping the future of health care.

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“Dr. Halamka’s keynote speech was truly eye-opening, as he talked about predictive models and generative AI...to know what the Mayo Clinic is doing on that front is just really inspiring. It’s looking towards the future of health care and the best that we can do for our patients.”

— Elizabeth Dunton, NP, Vice President of Medical Affiliates of Cape Cod



Keynote speaker John D. Halamka, MD, MS, Dwight and Dian Diercks president, Mayo Clinic Platform.



From left to right: Olivia C. Liao, MD, FACS, then MMS president-elect; Hugh M. Taylor, MD, then MMS president; and keynote speaker John D. Halamka, MD, MS, Dwight and Dian Diercks president, Mayo Clinic Platform.



From left to right: Olivia C. Liao, MD, FACS, then MMS president-elect; Lois Dehls Cornell, executive vice president, MMS; Nichola Davis, MD, MS, associate editor, NEJM Catalyst; Hugh M. Taylor, MD, then MMS president; and Rushika Fernandopulle, MD, MPP, FACP, co-founder and CEO, Iora Health.

PRESIDENT'S MESSAGE



Dear Colleagues,

I'll begin by offering my sincere thanks to the incredible group who organized and executed the MMS 2025 Annual Meeting. I'm also deeply grateful to all the delegates and members who brought their perspectives and expertise to help shape the policies that will guide our Medical Society in the future.

It has been a pleasure to serve as president of the MMS, and work closely with so many passionate and invested colleagues. I thank each of you who made the last year so rewarding and impactful. I am certain that this coming year, under the strong leadership of my friend and colleague, [Dr. Olivia Liao](#), will continue to prove the value of MMS to our members.

I hope that you had the opportunity to attend our annual Future Health Best conference, which was an incredible opportunity to learn from some of the world's foremost subject matter experts. I encourage you to discover more about the conference by reading the wrap-up piece [here](#).

Our advocacy work continues to address some of the most significant issues facing physicians today. I am very proud of the legislative briefing that we hosted at the State House in March. I was joined by my fellow officers, Dr. Olivia Liao, Dr. Barbara S. Spivak, and Dr. Jessie M. Gaeta, to bring forth the physician voice and patient perspective on issues including potential Medicaid cuts, the urgent need to pilot overdose prevention centers in the Commonwealth, primary care reform, and the straight-line connection between administrative burden and burnout. For more, please see the summary [here](#).

In closing, please accept my sincere gratitude to you, our members, for affording me the opportunity to lead our Medical Society. It has been a true honor.

If you have concerns or ideas, please do not hesitate to contact me.

Sincerely,
Hugh M. Taylor, MD
president@mms.org

Future Health: Best Practices for Advancing Care Conference

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Engaging Sessions and Thought Leadership

The conference featured a variety of insightful sessions, each offering deep dives into key areas of health care innovation. Highlights included:

- **Improving the Value of Health Care and Accelerating Care Delivery Transformation (CME)**
Presented by MMS and NEJM Catalyst
Speakers: Namita Seth Mohta, MD; Nichola Davis, MD, MS; Rushika Fernandopulle, MD, MPP, FACP
- **The Impact of EHRs and Technology on Women Physicians: Being Smart about Interfacing with Smart Tech (CME)**
Hosted in collaboration with the MMS Women Physicians Section
Speakers: Karen A. Adler, MD, MS; Ashwini Nadkarni, MD
- **Empowering Patients Through AI & Innovation: A Patient-Centered Approach (CME)**
Exploring how AI is reshaping patient engagement and decision making
Speakers: Meg Barron, MBA; Vijaya B. Kolachalama, PhD, FAHA; Adam Landman, MD, MS, MIS, MHS; Dinesh Rai, MD; Eliza "Pippa" Shulman, DO, MPH
- **Preparing the Next Generation for Clinical Informatics (CME)**
Equipping future health professionals with essential informatics knowledge
Speakers: Karen A. Adler, MD, MS; Stephen Erban, MD, MPH; Adam D. Garretson, MD, FAAFP

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Conference attendees listen intently during one of the sessions.

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- **Setting a New Standard for Health Care: Unlocking the Value of Software-Enhanced Medicine**
Sponsored by Click Therapeutics
Speakers: Jennifer Joe, MD; Shaheen E. Lakhan, MD, PhD, FAAN; Laura Taraboanta, MS
- **Deploying AI in Health Care: A Practical Guide — Ensuring Safety and Value**
Best practices for AI implementation in health care settings
Speakers: Grayson W. Armstrong, MD, MPH; Ami B. Bhatt, MD, FACC



From left to right: The “Improving the Value of Health Care and Accelerating Care Delivery Transformation” panel includes Rushika Fernandopulle, MD, MPP, FACP, co-founder and CEO, Iora Health; Nichola Davis, MD, MS, associate editor, NEJM Catalyst; and Namita Seth Mohta, MD, executive editor, NEJM Catalyst Innovations in Care Delivery.



From left to right: The “Empowering Patients Through AI & Innovation: A Patient-Centered Approach” speakers include Dinesh Rai, MD, clinical AI engineer, Boston Children’s Hospital; Eliza “Pippa” Shulman, DO, MPH, chief medical officer and chief strategy officer, Medically Home; Vijaya B. Kolachalama, PhD, FAHA, associate professor of medicine and computer science, Boston University; Adam Landman, MD, MS, MHS, vice president, chief information officer, digital innovation officer, Brigham and Women’s Hospital; and Meg Barron, MBA, managing director, engagement and outreach, Peterson Health Technology Institute.

“I am very pleased with the speakers...they have a lot of experience around the country and around the world. I highly recommend the conference for anyone in the Commonwealth who wants to see where medicine could go.”

— Michael Medlock, MD, Neurosurgeon, Salem Hospital

Networking and Research Highlights

The *Networking Lunch* provided an opportunity for physicians, researchers, and industry leaders to engage in meaningful discussions and collaborations. Simultaneously, the *16th Research Poster Symposium*, sponsored by College Ave, showcased groundbreaking research and innovative projects from emerging voices in health care.

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From left to right: “The Impact of EHRs and Technology on Women Physicians: Being Smart about Interfacing with Smart Tech” panel includes Ashwini Nadkarni, MD, assistant professor, Harvard Medical School, and Karen A. Adler, MD, MS, lecturer, Harvard Medical School.



From left to right: The “Setting a New Standard for Health Care: Unlocking the Value of Software-Enhanced Medicine” panel includes Laura Taraboanta, MS, director, medical operations and strategy, Click Therapeutics, Inc.; Shaheen E. Lakhan, MD, PhD, FAAN, chief medical and scientific officer, Click Therapeutics, Inc.; and Jennifer Joe, MD, vice president, medical affairs, Diality, Inc.

Closing Reflections: Fireside Chat on AI and the Future of Health Care

The conference concluded with an engaging *Fireside Chat on AI, Data, & the Future of Health Care*, moderated by Boston 25 News' Jim Morelli, featuring David Blumenthal, MD; Ray Campbell, JD, MPA; and Jessica Zeidman, MD.

For those who missed the event or wish to revisit key discussions, **Future Health Best CME sessions** will soon be available on the CME website.

The Massachusetts Medical Society extends its gratitude to all attendees, sponsors, and exhibitors for making this event a success. We look

forward to continuing these vital conversations and driving the future of health care forward.

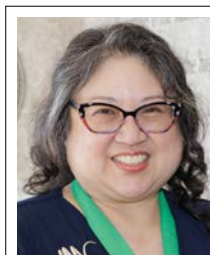
For more details about the program and our sponsors, [click here](#).

All Future Health Best conference photos provided by David Fox Photography.

Get to Know Your New MMS President: Dr. Olivia C. Liao

BY ERIKA MCCARTHY, MMS SENIOR EDITOR AND WRITER

Olivia C. Liao, MD, FACS, is a board-certified ophthalmologist at Lexington Eye Associates, where she has served as treasurer and on the board of directors since 2000. She is also a founding member of Surgisite Boston and has been a member of Emerson Hospital's medical staff since 1996, holding various leadership roles.



Dr. Olivia C. Liao

An active member of the Massachusetts Medical Society (MMS) since 1988, Dr. Liao has contributed to several committees and served as executive committee member, secretary-treasurer, vice president, and president of the Middlesex District. She was named the 2019 Community Clinician of the Year. Her work with the MMS includes roles such as vice-chair of the Committee on Legislation, co-chair of the Working Group on Governance Reform, and chair of the Task Force on Joint and Several Liability.

Dr. Liao is also a longtime member of several professional organizations, including the American Academy of Ophthalmology and the Massachusetts Society of Eye Physicians and Surgeons. She has been recognized with numerous awards, including Castle Connolly's Top Doctor and Exceptional Women in Medicine.

A graduate of Boston University School of Medicine, Dr. Liao volunteers with the Lions Club and conducts annual vision and glaucoma screenings, as well as fundraising for Emerson Hospital's family health events.

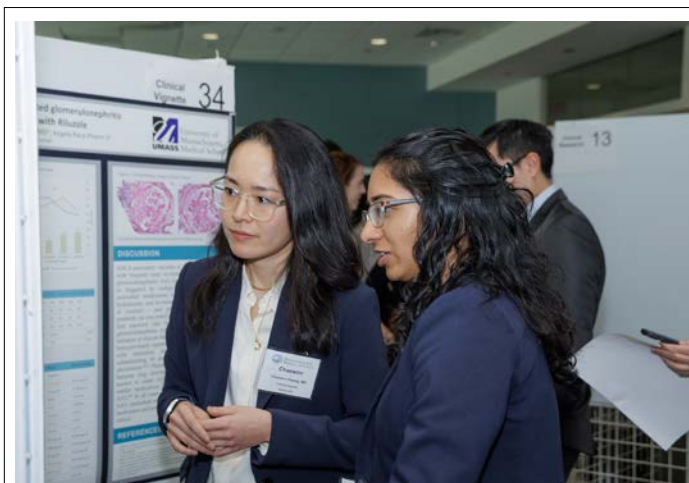
On May 16, Dr. Liao was inaugurated as the 143rd president of the Massachusetts Medical Society, with her term officially commencing on June 1, 2025. Prior to her inauguration, she shared her thoughts with *Vital Signs* on the importance of primary care, AI integration, legislative and advocacy efforts, and what's ahead for the MMS.

VS: What inspired you to take on this leadership role, and what excites you most about it?

Dr. Liao: The mission of the Massachusetts Medical Society to prioritize the needs of patients and physicians, as well as the example set by MMS leaders and role models, inspired me to take on this role. I am passionate about medicine and deeply respect the dedicated physicians who uphold our oath to help patients. This leadership



From left to right: Jessica Zeidman, MD, deputy commissioner and chief medical officer, Massachusetts Department of Public Health; Ray Campbell, JD, MPA, president, FAIR Health; David Blumenthal, MD, MPP, professor, practice of public health and health policy, Harvard T.H. Chan School of Public Health; and moderator Jim Morelli, reporter, Boston 25 News at the closing session: AI, Data, & the Future of Health Care: A Fireside Chat on Technology and Policy.



Attendees enjoy the 16th Research Poster Symposium.

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Get to Know Your New MMS President

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position gives me a unique opportunity to shape the direction of medicine at a higher level, and I am excited to foster open-minded, respectful dialogue to drive positive change.

VS: How do you envision your leadership impacting the organization in the coming years?

Dr. Liao: My vision is to strengthen MMS's advocacy for patients and physicians, enhance engagement among members, and promote a collaborative culture. I aim to support the Society's strategic plan — optimizing membership value, driving impactful advocacy, and advancing professional development — so that we remain the most trusted leadership voice in health care in Massachusetts.

VS: What are your top priorities for your first year as president?

Dr. Liao: My top priority is rebuilding and strengthening the physician workforce, with a special focus on primary care. Addressing the primary care shortage requires innovative strategies, including value-based care models, team-based practice redesign, and efforts to reduce administrative burdens that drive burnout and deter new entrants to the field.

I am also committed to ensuring that physicians have a strong voice as artificial intelligence rapidly evolves in health care. Responsible artificial intelligence (AI) integration should support, not replace, physicians, enhance patient care, and reduce clerical burdens while maintaining physician autonomy and ethical standards. We need a seat at the table to guide AI's development, ensure transparency, and advocate for robust education and training so that AI is an asset, not a threat, to our profession.

VS: What legislative or advocacy issues are most important to you right now?

Dr. Liao: I am especially focused on legislative and advocacy efforts that improve patient care and reduce physician burnout. Attracting and retaining future physicians, particularly in primary care, is a priority, along with supporting policies that make the practice environment more sustainable and rewarding for current and future clinicians.

VS: What do you see as the biggest challenges facing medicine today?

Dr. Liao: Major challenges include economic and external pressures that make practicing medicine difficult at every level — from private practice to hospitals. These pressures can deter talented, compassionate individuals from joining or staying in the health care workforce, highlighting the urgent need for systemic improvements.

VS: How do you balance administrative leadership with your dedication to hands-on patient care?

Dr. Liao: My private practice is personally rewarding and keeps me grounded in the realities faced by patients and physicians. This direct experience informs my work in organized medicine, ensuring advocacy and policy decisions are relevant and effective for those at the front lines.

VS: How can physicians and health care professionals be more engaged in local and state-level policy advocacy?

Dr. Liao: Start with a topic you are passionate about and get involved with the relevant MMS committee or your district. The MMS provides training and resources to help bring your voice to legislators, making it easier to participate in meaningful advocacy efforts.

VS: If you weren't a physician, what career might you have pursued?

Dr. Liao: There is no other profession I would rather pursue. While I have many hobbies, medicine is the best fit for me and continues to be my calling.

Medical Society Puts Patients Front and Center on Beacon Hill

BY JESSIE BRUNELLE, MMS GOVERNMENT RELATIONS ADVISOR, AND
JEFFREY PERKINS, MMS LEGISLATIVE AND REGULATORY AFFAIRS COUNSEL



From left to right: Lois Dehls Cornell, MMS Executive Vice President; Officers Representative Greg Schwartz, MD; Barbara S. Spivak, MD; Olivia C. Liao, MD, FACS; and Hugh M. Taylor, MD.

On March 26, physician leaders from the Massachusetts Medical Society convened at the State House to brief legislators on some of the most pressing health care issues facing the Commonwealth. During the well-attended session, MMS officers Hugh M. Taylor, MD, Olivia C. Liao, MD, FACS, and Barbara S. Spivak, MD, along with Jessie M. Gaeta, MD, shared insights on federal and state policy priorities, placing patient experience at the center of the conversation.

Among the top concerns raised were the implications of potential cuts to Medicaid and ensuring an equitable, sustainable health care system. The MMS leaders also highlighted our state [legislative priorities](#), including primary care reform, physician burnout caused by administrative burdens like prior authorizations, supporting the sustainability of access to care for patients via telehealth, and

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advancing solutions to the opioid crisis with the establishment of overdose prevention centers.

The briefing provided legislators and their staff with an opportunity to hear directly from practicing physicians about the real-world implications of health policy decisions. Our leadership underscored that physician well-being and patient access are inextricably linked — and that improving both is essential to delivering high-quality, timely, and affordable care.

Special guest Representative Greg Schwartz, MD (D-Newton), the only practicing physician currently serving in the legislature, joined our briefing to share his unique perspective. Dr. Schwartz emphasized the critical role of primary care in a high-functioning health care system and the importance of strategic investment in this foundational element of care.

Following the briefing, the MMS officers met with influential legislative leaders, including House Speaker Ronald Mariano and Senator Cindy Friedman, Chair of the Joint Committee on Health Care Financing, to advance these key priorities. These discussions reaffirmed the MMS's commitment to working with policymakers to improve the practice of medicine and the broader health care landscape in Massachusetts.

With the 2025–2026 legislative session underway and more than 7,000 bills filed, the Society's early engagement comes at a critical and pivotal moment. As public hearings begin across committees, the Medical Society's advocacy ensures that the voice of physicians and the needs of patients remain front and center on Beacon Hill.

As a physician, your perspective is highly respected and valued. Too often, there is a disconnect between the intentions of lawmakers and the real-world impact of those policies. Your voice can bridge that gap, ensuring that legislation is informed by the realities of patient care and clinical practice. To stay up to date on MMS advocacy and learn about opportunities to get involved, please visit our advocacy page (massmed.org/advocacy/advocacy).

Preparing to Make a Physician Practice Move: Prudent Planning Is Key

The devil is in the details, and there are numerous details physicians must manage before their departure.

BY BONNIE DARVES, A FREELANCE HEALTH CARE WRITER

Some physicians land on the ideal practice opportunity early in their careers and find it gratifying enough to stay there for their entire careers, but that's pretty rare these days. In the real world, physicians change jobs a lot. A recent survey by CHG Healthcare found that 62% of physicians surveyed changed jobs or job types between 2022 and 2024, up from 43% in CHG's 2022 survey. And early-career physicians appear to have few qualms about moving on — statistics show that

more than half of physicians will change jobs within five years of leaving training, eyeing better work-life balance, better compensation, or just a better overall fit.

Although it's become perfectly acceptable for physicians to change jobs for any reason, physicians making their first career move to a new practice opportunity may find that changing jobs, even from one employed position to another, is more complicated and time-consuming than expected. Even if physicians are successful in choosing their next job in a matter of weeks, making the transition in an orderly manner may take several months. That's because of the myriad issues involved. Those issues range from employment-contract provisions, advance-notification requirements, patient responsibilities, and financial considerations at the current job to malpractice coverage both at the new job and between one job and the next.



CreativImages/Getty Images. Image customization, Sioux Waks.

Proper and prudent departure planning: where to start

The most important considerations in making a move are ensuring, through due diligence, that the next practice opportunity is truly an improvement over the current one and that there are no impediments to leaving the job on the physician's preferred timetable. That means that the first order of business is reviewing the current employment contract — closely and in its entirety. Ideally, physicians should review the contract before launching a job search but absolutely before committing to a start date. Many employment contracts, even those that include "without-cause" clauses that permit physicians to leave at will, require that ample notice be provided. A 60 day notice is common, but some contracts may require that physicians provide 90 or even 120 days' notice. And any violation of a notice period could result in financial cost to the physician if the physician is found in breach of the contract.

The following are other employment contract provisions that physicians should pay special attention to and have an experienced health care attorney review early on when they're planning a move:

Restrictive covenants. Such clauses may dictate where departing physicians may (or may not) be allowed to practice, from either a geographical-radius or competitive standpoint, and should be

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considered enforceable unless the state outlaws them. The clause may prevent physicians from practicing within 60 miles, for example, of the current employer's location or from joining certain nearby organizations considered competitors.

Deferred-compensation considerations. As some physicians have found out, sometimes the hard way, receiving compensation due to them after they've left a job can become problematic. Some deferred compensation may be linked to the notice period, and if that period is inordinately long, physicians may have difficulty getting funds they're due, according to Jim Wall, a health care attorney at Wall, Babcock & Bailey in Winston-Salem, North Carolina. "Some practices may require an extraordinarily long notice period, a year, for example, before the physician can qualify for deferred-compensation payments," he said.

At the other end of the spectrum, physicians who have contracts in which they're paid based on work relative value units (w-RVUs) may be liable to pay back some of their compensation if they have been overpaid because they didn't meet productivity targets. "This is definitely a provision to look for," Mr. Wall said.

Dawn Plested, a consultant with the Medical Group Management Association, which publishes a leading annual physician compensation survey, urges physicians considering a move to determine how their departure might affect some newer types of compensation, such as value-based care payouts and prospective bonuses based on quality measures. "Ideally, physicians should log in at least quarterly to find out where they stand with such payments," she said, and how their departure date might affect payouts.

Retirement plans. It's important to ensure that the physician's intended departure date doesn't conflict with the current employer's calendar-year requirements or vesting schedule. If, for example, the current employer requires physicians to work an entire calendar year before receiving that year's retirement benefits, leaving early could mean leaving money on the table.

Patient-nonsolicitation clauses. This can be a tricky issue to navigate for departing physicians, depending on the contract. An overly broad definition of nonsolicitation may prevent physicians from directly telling patients, or even fellow staff members who they hope might follow them, that they're planning to move to a new practice and identifying that practice. "Nonsolicitation and 'non-hire' clauses vary considerably, and the language matters. Physicians should be very careful about such clauses," said William Mandell, co-managing partner of the health law firm Pierce & Mandell PC in Boston.

For example, while a physician may be in violation of the contract if they direct message patients or staff members about their plans, the contract might not prevent them from announcing their move on social media or LinkedIn. When in doubt, Mr. Wall advises departing physicians to broach the subject explicitly with their current

employers. And Mr. Mandell reminds physicians that an overly broad nonsolicitation clause might be waivable or alterable with an attorney's intervention. In any event, physicians should update their social media profiles as soon as possible or as permitted to enable patients to find them.

The above is an excerpt from "Preparing to Make a Physician Practice Move: Prudent Planning is Key" by Bonnie Darves. To read the full-length article, [click here](#). This article is intended for a national audience. Please be aware that specific laws and practices may vary by state. The information presented does not constitute legal advice.

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Aging with HIV: Clinical Complexities in the ART Era

BY ALEX OLSON, M-4, BOSTON UNIVERSITY AND SANJEEV RAMPAM, M-4, BOSTON UNIVERSITY, STUDENT MEMBERS, COMMITTEE ON GERIATRIC MEDICINE

The ART Breakthrough

Antiretroviral therapy (ART) remains a major breakthrough in HIV care. Since its introduction, life expectancy for people living with HIV has risen sharply — the gap with the general population dropped from 44 years in 1996 to under 10 by 2011. Today, those on stable ART can expect to live into their mid-to-late 70s, with estimates ranging from 75 to 80 years.



FatCamera/Getty Images.

As people with HIV live longer, the population is aging. Nationally, the number of individuals over 50 living with HIV highlights both ART's success and the growing need for long-term care planning. In [Massachusetts](#), this trend is even more evident: over 60 percent of people with HIV are now over 50.

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Despite longer lifespans, earlier and more frequent age-related comorbidities — like cardiovascular disease, neurocognitive decline, and frailty — pose unique challenges, resembling those seen in geriatric care.

Unique Needs for People Living with HIV

As people with HIV live longer, they are often navigating unique medical and social challenges:

- **Multiple Comorbidities:** More than 80 percent of adults over age 50 with HIV have at least one non-HIV–related comorbidity — such as cognitive decline, bone fragility, or certain cancers. These comorbidities also appear up to a decade earlier than in the general population. Many patients may also face multiple psychiatric stressors that further impact their health and well-being.
- **Risks of Polypharmacy:** Polypharmacy, generally defined as the use of five or more prescribed medications, is associated with increased risks of pill burden, adverse drug interactions, falls, and hospitalizations. A recent review found that among US adults living with HIV over the age of 50, the prevalence of polypharmacy is estimated at approximately 44 percent, with global rates ranging from 17 to 71 percent. Notably, many of these medications — such as sleep aids, antidiabetic drugs, and opioids — are often inappropriately prescribed, posing significant risks to patient safety.
- **Care Management:** Care for older adults with HIV frequently involves multiple specialists, including infectious disease, cardiology, psychiatry, and endocrinology. Although this approach can enable comprehensive treatment, fragmented care may result in conflicting advice, polypharmacy, and diminished patient-centered care.
- **Social Drivers of Health:** Aging with HIV is influenced not only by medical factors but also by stigma and social isolation. Older adults with HIV often encounter stigma in settings unfamiliar with the condition and its modern management, which can further limit engagement in care and adherence to ART. These challenges may be especially relevant in long-term care facilities where older adults with HIV remain a minority.

Confronting Challenges

With a growing population of individuals aging with HIV, there is increased focus on addressing their complex health care needs. Identifying care gaps and connecting patients to appropriate resources is a key priority. The [Health Resources and Services Administration](#) (HRSA) has designated this a national initiative, funding efforts across the United States to reduce disparities. Massachusetts, in particular, reports a disproportionately high number of older adults living with HIV. At Boston Medical Center, HRSA funding supported the development of the [HIV-Endurance \(HIVE\) Clinic](#) — a multidisciplinary model integrating infectious disease, geriatrics, pharmacy, nursing, and case management. The clinic delivers individualized, systematic care for medically and socially vulnerable patients, offering a scalable framework for managing the intersection of HIV and aging.

Opportunities for Massachusetts and Health Care Providers

While advocates in Massachusetts are already working to ensure older individuals with HIV are included in policy conversations, sustainable funding is critical to move from discussion to action. Innovative care models like the HIVE Clinic demonstrate the effectiveness of integrated, interdisciplinary approaches in improving health outcomes and quality of life. Expanding these types of programs statewide would help address the growing demand for aging-related HIV services. Proactive investment in supportive services such as medical, mental health, and social care is essential in the mission to diminish health disparities across our state and be among the leaders in the nation.

Education for Providers

All health care providers must be aware of the resources available to support patients living with HIV, particularly those with early or atypical signs of age-related conditions such as cognitive decline, cardiovascular disease, or frailty. Numerous online resources, including [HIV.gov](#) and [NIH.gov](#), offer valuable insights into the complex aging experience of people living with HIV. Additionally, local experts, such as the multidisciplinary team at the HIVE Clinic, are working to address both the known and emerging needs of this population. Their efforts serve as a vital community resource and a model for how we can better support aging individuals with HIV through informed, compassionate, and individualized care.

The Case for Community Water Fluoridation in Massachusetts

BY HUGH SILK, MD, MPH, FAAFP, AND SEBASTIANA REDFORD, TUFTS SCHOOL OF MEDICINE, STUDENT REPRESENTATIVE, COMMITTEE ON ORAL HEALTH

Community water fluoridation (CWF) has been receiving increased coverage in the [media](#) due to legislative actions and debates in several states concerning its safety and necessity. Amid these discussions, the Massachusetts Medical Society (MMS) continues to advocate for promoting the fluoridation of community water supplies in Massachusetts.

Benefits of CWF

Fluoride is a mineral found in the earth's crust that plays a critical role in strengthening teeth and preventing cavities. CWF is a safe and effective intervention that ensures both children and adults have equitable access to oral disease prevention.

Many studies comparing fluoridated and non-fluoridated communities have demonstrated that CWF reduces tooth decay and overall is one of the most cost-effective methods of reducing oral disease. One [study](#) found that preschool-age children who didn't have fluoridated water had an 86 percent higher rate of potentially preventable hospitalizations for serious dental conditions. Another [study](#) showed that people who consumed fluoridated water as children

were less likely to have lost their teeth due to decay 40 or 50 years later.

Conversely, excessive fluoride in water can lead to fluorosis, a harmless condition that causes mild discoloration of tooth enamel without affecting function. Like any essential nutrient, excessive fluoride may have broader health effects, which is why its levels are carefully regulated in the United States, similar to vitamin D in milk or folic acid in bread.

MMS Recommendations

The MMS remains committed to promoting CWF in Massachusetts, aiming to reach 79 percent of residents with fluoridated water in alignment with national goals. The Massachusetts Department of Public Health oversees CWF in the state and recommends a fluoride level of 0.7 ppm. This standard is also endorsed by the CDC, the American Academy of Pediatrics, the US Public Health Service, and numerous other leading health organizations nationwide.

How Physicians Can Help

The current threat to CWF is a health equity issue, and we encourage you to promote CWF. You can do this by educating your patients and communities and providing them with further evidence-based information to combat misinformation. The most reliable and comprehensive sources of information for providers and the public can be found at ilikemyteeth.org. One may also engage with local and state policymakers and join the statewide [Better Oral Health Massachusetts Coalition](#) to support oral health initiatives.

In Memoriam

John Anthony Bellizzi Jr., MD; 79; South Egremont, MA; University of Virginia Medical School; died on March 15, 2025.

Neal Gerald Bornstein, MD; 78; Lakeville, MA; Duke University Medical School; died Friday, February 28, 2025.

William Gerald “Jerry” Cochran, MD; 83; Salisbury, NC; Temple University Medical School; died November 15, 2024.

Norman James “Jim” Gould, MD; 85; Mashpee, MA; University of Munich Medical School; died May 29, 2024.

Mohamed P. Hamdani, MD; 73; Wilbraham, MA; University of Algiers Medical School; died June 21, 2024.

Arthur Thomas Judge, MD; 87; Newton, MA; Tufts University School of Medicine; died April 14, 2025.

Silvano Macchiaroli, MD; 97; East Longmeadow, MA; University of Naples School of Medicine; died July 17, 2024.

Edward Joseph Robinson, MD; 88; Lynn, MA; Tufts University School of Medicine; died October 22, 2024.

John “Sean” D. Sheehan, MD; 91; Yarmouth Port, MA; University College, Galway’s School of Medicine; died February 9, 2025.



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