VITAL SIGNS

MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

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Board Should Be Advocate, Not Adversary, Says New BRM Chair

BY TOM WALSH

Determined to diminish the "angst" many Massachusetts physicians feel regarding the state Board of Registration in Medicine, Peter Paige, M.D., the board's new chair, is promising a friendlier, more cooperative board that advocates not only for the public, but also for doctors and hospitals.

Peter Paige, M.D., Chair, Board of Registration in Medicine

"Physicians, hospitals, and health care organizations are generally good people, good organizations that want to do the best they can at providing care," Dr. Paige said. "So why can't [the board] be an advocacy organization to help them achieve their goals, which would ultimately translate into quality health care and improved public safety?"

Dr. Paige spoke with *Vital Signs* at his office at the University of Massachusetts Memorial Medical Center in Worcester, where he is vice chair of the Department of Emergency Medicine.

"Don't get me wrong," he was quick to add. "There are reasons for some hospitals and physicians to be disciplined. It's just that in my opinion, we can be a lot more productive and interactive if we create a more positive feeling throughout the state as to the board's role. We're not in business just to discipline physicians. We're in business to try to improve the lives of Massachusetts physicians and the quality of things that doctors, hospital systems, and health care organizations do."

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Massachusetts Physicians Respond to Disaster in Haiti

Editor's Note: The personal accounts physician-author Lisa Gruenberg, M.D., collected from medical relief workers here and in Haiti give a poignant snapshot of hope, grace, and determination in the face of calamity.

When Stephen Sullivan, M.D., and his wife, Helena Taylor, M.D., both Boston-trained plastic surgeons, boarded a Boston-bound flight out of Fort Lauderdale on January 12, Dr. Sullivan checked his messages before switching off his phone. The last message read, "So sorry to hear about Haiti."

"That's how I first learned about what happened," Dr. Sullivan recalled.

Dr. Sullivan had just spoken at a combined plastics and orthopedics conference, asking for more involvement from orthopedic surgeons in Partners In Health (PIH), a Boston-based nonprofit that seeks to bring modern medical science to those most in need.

"It's odd that we were at this conference asking for orthopedic surgeons to be more involved, and then suddenly there was this huge event in Haiti that would *require* their involvement," Dr. Sullivan said.

Dr. Sullivan spent last year working as a global surgery fellow in Cange, the location of PIH's first Haitian hospital. "Cange was like a home to me," Dr. Sullivan said. "There is no way I wouldn't be back there right away to help."

"Our hospitals were incredibly supportive," Dr. Taylor said. "Everyone pitched in so we would be free to go."

Photo by Stephen Sullivan, M.D.

Plastic surgeon Helena Taylor, M.D., changes a compressive dressing on a Haitian woman with a fractured humerus in a chapel that was converted into an inpatient ward in the Haitian village of Cange. Haitian and volunteer surgeons from the United States treated emergencies at Cange's hospital, which is supported by Boston-based Partners In Health.

Surprisingly Smooth Logistics

On January 15, the couple and 23 others were flown by private jet to Haiti. Without the logistical snafus experienced by some volunteers, "Our trip went like clockwork," said Dr. Sullivan. "PIH has the advantage of being on the ground in Haiti already and they are very well connected." PIH works in collaboration with Haiti's Ministry of Health to support 12 hospitals and clinics in the Central Plateau and Artibonite regions.

After arriving at the Port-au-Prince airport, they immediately set out for the 90-minute drive to Cange. "The drive through Port-au-Prince was completely quiet, unlike any of my prior visits, with collapsed buildings littering the roadside." Dr. Sullivan recalled.

"We arrived in Cange at 9:00 p.m. and were in the OR at 10:00," Dr. Taylor said. The team Drs. Sullivan and Taylor worked with operated on more than 100 patients during their eight-day stay in Cange.

Influx of Patients from Port-au-Prince

Robert Sheridan, M.D., chief of the burn surgery service at the Boston Shriners Hospital and former director of the trauma service at Mass General, was working in Cange for the first time when the earthquake hit. "I was walking outside when the earthquake hit," Dr. Sheridan said after returning from Haiti. "I was not near any buildings, so there was no noise, but suddenly I felt very unsteady on my feet. I thought perhaps I was dehydrated. It wasn't until I spoke with others that I realized it had been an earthquake."

That afternoon and evening, only a few locally injured patients were seen. No one expected the influx of patients from Port-au-Prince that was to come, "but three or four hours after dawn the next day, large numbers of injured patients began to arrive from Port-au-Prince in honking cars and trucks," Dr. Sheridan recalled. "Over the next two weeks, new patients kept arriving."

The hospital community rallied with Dr. Sheridan to address the surge. Using only physical exam skills, they triaged the worst injuries for the operating room. The group relieved many compartment syndromes, repaired degloving injuries, and dealt with

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PRESIDENT'S MESSAGE

We Can — and Will — Work with Sen. Brown

As I write this in mid-February, it's impossible to know the ultimate impact that Scott Brown's U.S. Senate victory will have on federal health care reform. However, Sen. Brown seems to be someone the physician community can work with — and we will.

We should remember that Sen. Brown supported Massachusetts health reforms in 2006, the implementation of which made us the state with the highest percentage of residents with health coverage.

I'm hoping that Sen. Brown's election helps create a bridge to bipartisan health care reform. I think federal legislation enacted with bipartisan support is often more effective for the country than bills rammed through by the party in power.

While Sen. Brown's positions on several key details of reform remain unknown, we do know he supports changes in the professional liability system. And we know we will actively let him know what *our* positions are, across the health care reform spectrum.

Among other things, he will hear our continued insistence that a long-term fix of the broken Medicare physician payment formula is crucial to any meaningful national effort to repair the system as a whole.

All indications are that the MMS can have forthright conversations with Sen. Brown — as we did for so many years with the late Sen. Edward Kennedy. I'm optimistic that we can work together with the rest of the Massachusetts Congressional delegation to find reasonable solutions to our health care problems.

Mario Motta, MD

– Mario E. Motta, M.D.

Disaster in Haiti

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fractures as best they could. They performed three laparotomies and many amputations in crushed, devitalized extremities. After the first wave, patients presented in subsequent days with septic crushed extremities, rhabdomyolysis, multiple fractures, and renal failure.

When reinforcements arrived, including Newton-based orthopedic surgeon Alfred Hanmer, M.D., and Drs. Sullivan and Taylor, a labor and delivery room was opened as a third OR, increasing throughput. "We also benefited from the delivery of additional supplies, including military devices for external fixation," Dr. Sheridan said.

Despite the increasing number of patients, there were no cases of lethal sepsis from the first days at Cange because wounds were treated so expeditiously. "For me, it was an incredible privilege to work with the Haitian and PIH staff and with Drs. Hanmer, Sullivan, and Taylor," Dr. Sheridan said.

Crisis within a Crisis

The poorest country in the Western hemisphere, Haiti had a health-care crisis even before the earthquake. For example, according to one international AIDS charity, 2.2 percent of Haitian adults are living with HIV/AIDS.

Jennifer Kasper, M.D., a Boston-based pediatrician with extensive international experience, funded her own trip to Haiti. She traveled with Dr. Marcello Venegas-Pizarro through a New York nonprofit, Housing Works.

At least half the AIDS clinics in Port-Au-Prince were destroyed by the earthquake. The makeshift outdoor clinic where Dr. Kasper volunteered was set up under an awning.

In the first three days of operation, Drs. Kasper and Venegas-Pizarro and their Haitian colleagues cared for 130 patients, providing primary and HIV care and triaging anyone with earthquake-related injuries to the Central Hospital. At night, they slept outdoors.

When asked about reports of looting and violence, Dr. Kasper said, "The Haitian people with whom I came in contact were warm, gracious, and vibrant, with a desire to help those in need." There were huge lines when Western Union and the banks opened up, but people were patient and orderly, according to Dr. Kasper.

Dr. Kasper emphasized the importance of Housing Works having an established relationship with organizations in Haiti. She hopes to return in the future to help reestablish HIV clinics in Port-au-Prince.

Meanwhile, Back in Boston

At Partners In Health offices in Boston on January 20, cubicles and conference rooms overflowed, and there was a constant murmur of conversation. "PIH was not designed to be in charge of disaster relief," said Donna Barry, advocacy and policy director for PIH. "It just happens that we know Haiti well and have partnered with the Ministry of Health (MOH) to strengthen their hospitals." Because PIH/MOH hospitals are outside of Port-au-Prince and the earthquake epicenter, they are well positioned to help deal with the crisis.

Immediately after the news of the disaster reached them, PIH staff in Boston worked around the clock with local hospitals — particularly Children's Hospital, Brigham and Women's, and Mass General — to help coordinate the deployment of teams and supplies to Haiti.

By February 2, Donna Barry estimated that PIH had deployed 235 people to Haiti, and more were on the way.

Go Affiliated and Get Training

Universally, the clinicians who traveled to sites where they were supported by agencies with experience in Haiti felt they had the most impact. Groups that went without a clear affiliation were most likely to experience difficulties traveling, shortages of supplies and equipment, and threats of violence.

"Disaster relief is a science, and the response to a disaster of this scale needs to be managed by people with the proper training," said Mike VanRooyen, M.D. Dr. VanRooyen, an emergency physician at Brigham and Women's Hospital, is helping coordinate the teams from Partners Health Care that are being deployed through PIH.

"Volunteers need a safe place to work, organization around supplies, and logistics structure," he continued. He strongly advised that clinicians interested in disaster-relief work get training in advance of traveling to a disaster zone. "Then, volunteer with a reputable nongovernmental organization with experience in the country you are traveling to," Dr. VanRooyen said.

The medical needs of the Haitian people will be ongoing, Dr. Taylor emphasized. "The acute phase — dealing with rescue and treatment of abdominal injuries, wounds, sepsis, and amputations — is coming to a close," she said. "The next phase, caring for displaced populations and closing and grafting wounds, will take months. The psychological and physical rehabilitation will take years of work. We hope others will join us."

For more information on how to help with the medical relief effort in Haiti, go to **www.massmed.org/haitirelief**.

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SPOTLIGHT ON SUCCESS

Brockton Oncology Practice Succeeds with Billing Acumen and EMR

In 2001, Satinder Dhillon, M.D., founded the Norfolk Center for Cancer Care in Brockton. Dr. Dhillon specifically designed the practice to provide a friendly, pleasing, and homelike setting for patients receiving cancer treatment. Dr. Dhillon works with Brian Geller, M.D., at the practice.

One of the factors of success for Dr. Dhillon's practice is a focus on revenue-cycle management with an onsite billing manager. The billing manager assists in tracking accounts receivable for the practice and monitors health plan policy changes related to hematology/oncology.

The specific set of billing codes that oncology practices are required to use is complex, and the expense of buying and administering chemotherapy drugs makes recurring errors costly. Understanding and accurately using billing codes can spell the difference between financial success and failure. Having a full-time billing manager allows Drs. Dhillon and Geller to focus on caring for their patients rather than being distracted by billing processes.

"Running an oncology practice remains challenging because of nearly constant changes in insurance and Medicare billing policies," Dr. Dhillon said. "But I wouldn't do anything else."

EMR and Patients Contribute to the Effort

It also helps that the practice converted to an electronic medical record system that is fully integrated with its billing software. The EMR will generate cost savings in the long run, but most important is the ability to quickly and efficiently input patient information and transmit it to primary care or other referring physicians.

Patients play a critical role, as well. Each patient is told the importance of bringing the following items to his or her first appointment:

- Medical records and any written reports from a primary care physician
- Letter from the referring physician
- Current medication list
- Imaging tests
- Insurance card. Patients are asked to notify their insurance companies in advance of receiving care at the Norfolk Center for Cancer Care in case the health plan requires a formal referral from a physician or a referral authorization from the insurance company.

Asking for information up front helps the practice with referral management, billing, and tracking health plan reimbursement policies. It also provides extra assurance that the cost of the initial patient visit will be covered.

"I never knew 30 years ago I would still be in private practice," Dr. Dhillon concluded. "Now I feel I will still be here in 20 years!" VS

– Tracy Ledin

ACOs Could Help Achieve Some Physician Goals

Accountable care organizations (ACOs) are a hot — and somewhat controversial — topic these days. The multiple concerns about the nature of these still-conceptual organizations include structure and formation, legal requirements, and financial risk assumption.

Additionally, the eventual administration and operation of an ACO will require a robust skill set and the cooperative effort of numerous professionals, including attorneys, accountants, actuaries, and risk managers. To guide the ACO to success, physicians will need to not only lead these efforts, but also acquire enough nonclinical knowledge to allow them to analyze the data produced by these other professionals.

However, the challenges of understanding, organizing, and maintaining ACOs should not overshadow the potential benefits that might be realized through their formation. For instance, in order to fairly assess and distribute global payments, it will be critical to establish an attribution formula that consistently and appropriately attributes patient care to the correct physician. ACO formation will also entail establishing a set of common and clinically relevant quality measures, and harmonious budget benchmarks.

Physicians have been working toward establishing such standards for quite some time, but often at cross-purposes to the interests of other stakeholders. ACOs potentially introduce new motivation and a new opportunity to work collaboratively with payers to establish a common set of measures and standards, which would greatly reduce the current administrative hassle of multiple metrics.

ACO formation may also present new opportunities in the negotiation process. A solid ACO leadership team should focus on discovering these advantages as they determine the organizational structure.

The complexity of any conceptual organization does not lend itself to being easily understood. To learn more about the ACO-related issues physicians should consider, read the white paper at **www.massmed.org/aco**. VS

– Adam Shlager

LAW AND ETHICS

Partners' New Conflict of Interest Rules

Financial arrangements and transactions between medical industries and health care professionals raise concerns about the commitment of providers to the best interests of patients and the objectivity and trustworthiness of research. In recent years, failure of individuals and institutions to disclose and appropriately manage financial ties with industry have prompted questions about whether industry has undue influence on the practice of medicine. Many states, including Massachusetts, have enacted legislation addressing conflict of interest (see *Vital Signs*, Summer 2009, page 3).

While these laws set minimum standards for required conduct, many health care organizations have implemented greater restrictions on the relationships between their employees and industry. Recently, Partners HealthCare, the largest health care provider in Massachusetts, implemented some of the strictest conflict of interest rules to date. Under these rules, no Partners employee can collect any amount of speaker's fees from a pharmaceutical or biotechnology company.

Further, as of January 1, 2010, Partners imposed restrictions on outside pay for employees who sit on the boards of pharmaceutical or biotechnology companies. Under these rules, senior officials must limit their pay for serving as outside directors to no more than $5,000 a day for actual work for the board. Also, these officials may no longer accept stock as payment for their board work.

Partners' strict conflict of interest rules are part of a growing trend toward limiting the financial ties between drug companies, doctors, researchers, and medical schools. Accordingly, health care professionals should pay close attention to the conflict of interest rules developed by the organizations with which they are affiliated.

– William Frank, Esq.

The "Law and Ethics" column is provided for educational purposes and should not be construed as legal advice. Readers with specific legal questions should consult with a private attorney.

March 30: 20th Anniversary of National Doctors' Day

Tuesday, March 30, is National Doctors' Day. It's a time for patients, friends, family, and colleagues to express their gratitude to physicians for their continuing commitment to exceptional medical care.

In observance of this day, the MMS Alliance is gratefully acknowledging your dedication to your patients and profession.

The idea of setting aside a day to honor doctors was conceived by Eudora Brown Almond, wife of Charles B. Almond, M.D., of Winder, Georgia. The first observance was on March 30, 1933, a date chosen to coincide with the anniversary of the first use of general anesthesia during surgery, according to the American Society of Anesthesiologists.

Twenty-five years later, on March 30, 1958, a resolution commemorating Doctors' Day was adopted by the U.S. House of Representatives. In 1990, both houses of Congress adopted a resolution to establish a National Doctors' Day. The following year, President George H. W. Bush signed the resolution designating March 30 as National Doctors' Day.

On March 30, members of the Alliance encourage all physicians to wear the lapel pin that was distributed last year. The pin's artwork is based on the work of Alliance member and artist Gladys Chan. VS

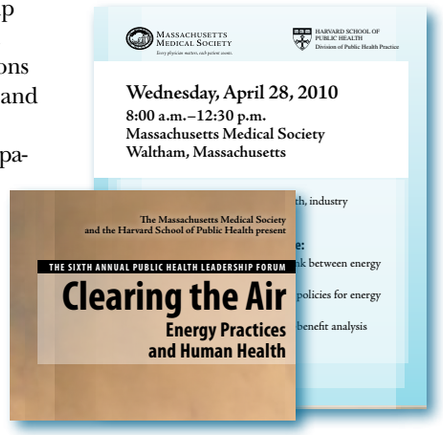
To request additional pins for your office, hospital, or practice, contact the Alliance at (781) 434-7017 or e-mail csavage@mms.org.

Public Health Leadership Forum to Address Energy Policy

On April 28, the MMS, its Committee on Environmental and Occupational Health, and the Division of Public Health Practice at the Harvard School of Public Health will sponsor the sixth annual Public Health Leadership Forum. This year's forum will focus on the health implications of policy related to fossil fuel and renewable energy sources.

"Physicians need to protect patients from environmental hazards not only by tertiary prevention — treating the disease caused by pollution," said Rick Donahue, M.D., a member of the MMS Committee on Environmental and Occupational Health, "but also by primary prevention — advocating for cleaner energy — and secondary prevention — educating patients about how to avoid exposure to pollutants."

On December 4, 2009, Dr. Donahue and Jack Spengler, Ph.D., from the Harvard School of Public health, presented at the annual meeting of the New England College of Occupational and Environmental Medicine. Their hour-long presentation summarized the history of human energy consumption and the growing evidence of the health impacts of fossil fuel.



The strongest science revolves around the negative health effects of air pollution particles that trigger inflammation in the blood, causing asthma and cardiovascular disease, among other things, said Dr. Donahue. There is also ample evidence of the adverse health impacts of mercury, which is emitted through coal combustion in particular. An estimated 50 percent of mercury found in New England freshwater fish comes from coal-fired power plants. VS

– Robyn Alie

For more information about the Public Health Leadership Forum, e-mail dph@mms.org, or call (781) 434-7373.

Physicians Urged to Remind Patients about Colorectal Cancer Screening

Results of a survey recently published in *Cancer* show that patient-physician discussion about colorectal cancer screening tests is the single strongest predictor of a patient getting screened.

On March 19 and 20, free colorectal screening will be available for prequalified low-income adults at 10 sites across Massachusetts. The free screenings, now in their second year, are sponsored by the Massachusetts Department of Public Health in collaboration with the American Cancer Society (ACS) and the American Gastroenterological Association.

This year's event is part of a larger, 10-state, free screening campaign for which Massachusetts was the model. The objective is to help educate the public about colorectal cancer and to reduce the relatively high incidence of colorectal cancer among low-income populations.

Early stage colorectal cancer and the polyps that can progress to cancer are usually asymptomatic. Polyps detected at an early stage via colonoscopy can be removed before becoming cancerous, and if they are cancerous, they can be treated most easily and effectively if found early.

Carla Ginsburg, M.D., a gastroenterologist at Newton-Wellesley Hospital and an assistant clinical professor of medicine at Harvard Medical School, noted that the most common barriers to colorectal screening are lack of awareness, lack of access, and embarrassment and anxiety about the test.

Dr. Ginsburg pointed out that there are several screening options available to patients. "Based on an individual's risk from medical history and family history," she said, "the appropriate approach to screening can be determined for each patient."

The current ACS guidelines, developed in collaboration with the U.S. Multisociety Task Force on Colorectal Cancer, recommend that adults at average risk for developing colorectal cancer begin screening at age 50 using one of the following options for the early detection of cancer and adenomatous polyps:

- Flexible sigmoidoscopy every 5 years
- Colonoscopy every 10 years
- Double-contrast barium enema every 5 years
- Virtual colonoscopy every 5 years

The recommendations also call for earlier and more frequent screening for the following groups:

- Individuals with a personal history of colorectal cancer or adenomatous polyps
- People with a personal history of chronic inflammatory bowel disease
- Those with a family history of colorectal cancer or polyps among a first-degree relative VS

– Robyn Alie

FEDERAL UPDATE

Several Crucial Health Care Issues Still in Limbo in Washington

Legislative prognostication is always risky, especially in a monthly print publication. Nevertheless, here's a status check of key federal health care issues as this edition of *Vital Signs* went to press.

Federal Health Reform: The White House and Congressional leaders are regrouping to identify the best strategy for passing health care reform.

One proposal calls for the House to pass H.R. 3590, the bill that passed the Senate on December 24, 2009, and then fix "problems" through the reconciliation process. While some advocates see this as the only way to pass "comprehensive" reform, this option may be the least appealing for physicians, because the Senate bill presents serious problems that would be difficult to fix after passage. Members of the House are also concerned about the feasibility of reconciling two bills that have such fundamental differences.

Other options include passing smaller pieces of reform and using the reconciliation process to pass those that would impact the budget. Although the path to passage is unclear, the White House and Democratic leadership remain committed to passing legislation this year — as do the MMS and AMA.

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Medicare Payment Reform: At press time, a 21 percent cut to all Medicare physician payments was scheduled to take effect on March 1. While conventional wisdom up until press time was that Congress would not allow the cut to happen, the question was whether lawmakers would pass another short-term patch or enact legislation that will permanently change the flawed payment formula. The MMS and AMA continue to advocate strenuously for a permanent change, and the White House and Congressional leadership still seem committed to enacting permanent payment reform this year.

Medicare Consultation Codes: New rules for Medicare consult codes went into effect on January 1 (see *Vital Signs*, February, page 3). Physicians who perform consultations must now bill Medicare using hospital, office, or nursing-care codes instead. The Centers for Medicare and Medicaid Services (CMS) has issued little guidance on how the new policy should be implemented, and the AMA continues to urge the CMS to provide greater clarification on certain technical issues. The CMS said it plans on releasing more information in the near future, and the AMA will widely distribute this information once it becomes available. In the meantime, physicians can go to **www.cms.hhs.gov/MLNMatters Articles/downloads/MM6740.pdf** for basic coding guidance under the new rules. VS

– Alex. Calcagno

Board as Advocate

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Perception versus Reality

Dr. Paige was appointed to the board in 2006 and concedes that he came to the organization with some of the same feelings he'd now like to change among other physicians.

"I came to the board with a preconceived idea that the board wasn't physician-friendly," he said. "But from the inside, it's completely different. The perception that's been created is not what the staff and board members want."

Dr. Paige's predecessor, John Herman, M.D., recognized these same issues and had begun to reach out to physicians with a similar message. "John Herman and I have talked a lot about how to capitalize on the momentum he's created over the past 12 to 18 months," Dr. Paige said. "Some of the initiative I have is driven from him."

Operations to Change

One of Dr. Paige's early objectives is to improve the board's operational efficiency, especially regarding hearings and committee meetings.

> "We're not in business just to discipline physicians. We're in business to try to improve the lives of physicians."
>
> – Peter Paige, M.D., Chair, Board of Registration in Medicine

He said he can understand the frustration of doctors and their attorneys who are summoned to come before the board but are then sometimes kept waiting for hours while other business is conducted.

"I would love to see us be more conformant to our timeline," he said. "It's not very accommodating to tell everybody to be there for 10 o'clock and then have physicians sit for a number of hours before they get heard."

Dr. Paige asserted that improving timeliness, an issue raised by MMS President Mario Motta, M.D., (see *Vital Signs*, November 2009, page 1) "has already been vetted with the senior staff, and everybody's in favor of it."

Washing the Mystique Away

Dr. Paige emphasized that improving patient safety is a core responsibility of the board. "We're there to oversee, monitor, and help regulate public safety as it relates to health care and health care administration," he said. "But to be a truly effective organization, we need to be representative of physicians, health care organizations, and hospitals. We need to develop advocacy with a lot of these organizations."

Making the transition from perceived adversary to advocate will take considerable "roadwork," Dr. Paige said. It will entail the board members getting out from behind their desks and meeting with other health care professionals where they practice and work. "We're lining up visits to a lot of different hospital systems and continuing open communication with physicians, as we discussed at our [January 13] meeting at the Medical Society."

Dr. Paige acknowledged that the task will be formidable and that it will entail changing public perceptions as well as those of health care professionals. "Many in the public feel the only thing the board does is discipline physicians," he said.

The new chair wants much more for the board than that, and he believes establishing a more collaborative relationship with health care professionals is the way to achieve his vision.

"I want the mystique about the board washed away," Dr. Paige concluded. "I want physicians engaged, I want transparency, and I want doctors to feel the board is an advocate." VS

To read the complete transcript of the interview with Dr. Paige, go to **www.massmed.org/Paige**.

John Riordan, M.D., Is Senior Volunteer Physician of the Year

John Riordan, M.D.

The MMS is pleased to recognize John Riordan, M.D., as the 2010 Senior Volunteer Physician of the Year.

A native of Worcester, Dr. Riordan received his medical degree from Georgetown Medical College and started pediatric practice in his hometown in 1956.

Since his retirement, Dr. Riordan has volunteered his medical expertise at several free health centers, including the Green Island Medical Clinic until it closed in 2005, St. Anne's Free Clinic in Shrewsbury, and Our Lady of Providence Free Clinic in Worcester.

On average, Dr. Riordan volunteers four to six hours a week for nine months of the year, primarily seeing pediatric patients. A colleague who knows Dr. Riordan well said, "His devotion to the well being of others, especially children, and his many hours of volunteer work make him an outstanding candidate for the award."

By helping subsidize the cost of liability insurance, the Committee on Senior Volunteer Physicians Health Center Program enables retired physicians and other physicians who are no longer engaged in clinical practice to provide free health care to patients at clinics across the state. VS

For more information, contact Carolyn Maher at (781) 434-7311 or cmaher@mms.org.

Annual Meeting Resolution Deadline Is March 29

The 2010 Annual Meeting of the House of Delegates is scheduled for May 13 and 14.

Members can submit resolutions electronically via the online submission form at **www.massmed.org/resolutions** (preferred method), by e-mail to resolutions@mms.org, or by fax to (781) 434-7589.

Please address questions to Annemarie Tucker at atucker@mms.org or (800) 322-2303, ext. 7332.

PHYSICIAN HEALTH MATTERS

PHS to Work with New BRM Board Member, Melissa Hankins, M.D.

Physician Health Service, Inc. (PHS) is completely independent of the Board of Registration of Medicine (BRM), but many PHS clients who are addressing health-related issues also have licensure matters pending at the board. As a result, PHS has developed and maintained a collaborative working relationship with the board's Physician Health and Compliance (PHC) unit, which is responsible for addressing issues of physician health and monitoring.

PHS meets regularly with staff of the PHC unit to provide continuity for physicians who are under monitoring agreements with the board. In addition, PHS meets several times a year with board members and staff, with a broader agenda to enhance communication in areas of mutual concern, such as physician support services, remediation, and patient safety.

PHS is also approved by the board as a "diversionary" program. According to regulations, a matter can be "diverted" to PHS in lieu of a board report if a physician with a drug or alcohol problem agrees to participate in the support and monitoring services offered by PHS. Diversion is only permitted when there is no allegation of patient harm, there is no other violation of law, the physician agrees to participate in PHS, and the individual who would otherwise be a "mandated reporter" to the board receives timely confirmation from PHS that the reported physician is in compliance with the PHS program.

When health-related matters do come before the PHC unit, the staff often rely on the assistance of a board member with expertise in substance use disorders, mental health, and behavioral health concerns. Recently appointed BRM member Melissa Hankins, M.D., is now serving as that designee. "Physician health is a primary concern of the board, and I look forward to continuing the partnership with PHS to help physicians obtain the assistance they may need to continue or return to healthy practice," Dr. Hankins said.

In addition to her role on the board, Dr. Hankins is a psychiatrist at Harvard Vanguard Health Associates in Braintree. "We are delighted to have Dr. Hankins as the designee of the PHC unit," said Luis Sanchez, M.D., PHS director. "Her presence will assist us in fulfilling our mission of supporting physicians with health care concerns while promoting patient safety." VS

For more information about PHS, visit **www.physicianhealth.org** or call (781) 434-7404.

April Women's Lecture Series to Address HPV

Cervical cancer is a prototype of success in cancer prevention. Interestingly, the success of screening predated by decades our understanding of the viral carcinogenesis of cervical cancer.

A cervical cancer screening program was endorsed by the American Cancer Society in 1945. No randomized trials were conducted to test screening efficacy, but rates of cervical cancer typically decrease by 75 percent in regions with widespread adoption of screening programs.

The first change in prevention strategy influenced by our understanding of the role of human papillomavirus (HPV) in cervical cancer was to use DNA testing for high-risk HPV types to triage women with abnormal cytology. Then, along with cervical cytology, HPV testing became part of routine screening for women older than 30 years of age.

The FDA recently approved two vaccines against HPV types 16 and 18, which account for approximately 70 percent of cervical cancer worldwide, and vaccination of teenage or younger girls is becoming routine — and is even mandated in some states. However, screening by cytology is still necessary for vaccinated women, because the vaccines do not protect women against other oncogenic HPV types.

To learn more about cervical cancer prevention, attend the CME program Controversies and Advancement of HPV Treatment (see box). The conference will also cover the latest Pap smear guidelines, HPV typing, and head and neck cancers in relation to HPV.

– Helen Wang, M.D.

Controversies and Advancement of Human Papillomavirus (HPV) Treatment

Monday, April 12, 8:00 a.m. to 12:00 p.m.
MMS Headquarters, Waltham

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3.75 *AMA PRA Category 1 Credits*™ (RM)

Sponsored by the MMS and its Committee on Women in Medicine

To register, call (800) 843-6356 or visit **www.massmed.org/HPV2010**.

Boston Symphony Ticket Discounts for MMS Members

Physicians Insurance Agency of Massachusetts (PIAM), an MMS subsidiary, and the Boston Symphony Orchestra (BSO) recently entered into a joint sponsorship arrangement that makes discount BSO and Pops tickets available to MMS members.

Society members can receive 50 percent off all BSO tickets, 50 percent off select Pops concerts, and a 30 percent discount off the Tanglewood classical concert series. (Discounts do not apply to James Taylor, jazz, and Prairie Home Companion events.) In addition, young physicians (40 years of age and younger) are eligible to buy BSO tickets for only $20 per concert.

According to Kim Noltemy, director of sales, marketing and communications for the BSO, "Over the years, physicians have been great supporters of the BSO and the Pops. Our new partnership with PIAM only brings us closer to this very important audience." PIAM President Jack King said, "This new relationship offers us the opportunity to partner with a great organization that so many physicians and their families already enjoy."

MMS members can purchase tickets by calling the BSO box office at (888) 266-1200 and using code "PIAM" for discounts. Many concerts sell out quickly, and tickets are sold on a first-come, first-served basis. VS

For more information, go to **www.piam.com** or call Barbara Lawrence at (800) 522-7426.

ACROSS THE COMMONWEALTH

District News and Events

Barnstable — **Executive Committee Meeting.** Thurs., March 11, 6:30 p.m. Location: Coonamessett Inn, Falmouth. For more information, contact the Southeast Regional Office.

Berkshire — **Executive Committee Meeting.** Mon., March 15, 6:00 p.m. Location: Dakota Restaurant, Pittsfield. For more information, contact the West Central Regional Office.

Charles River — **Delegates Meeting.** Tues., March 16, 6:00 p.m. Location: MMS headquarters, Waltham. For more information, contact the Northeast Regional Office.

Hampden — **Legislative Breakfast.** Fri., March 26, 7:30 a.m. Location: Clarion Hotel and Conference Center, West Springfield. For more information, contact Suzanne Skibinski at (413) 736-0661 or hdms@massmed.org.

Hampshire — **High School Doctor for a Day.** Wed., March 24, 7:30 a.m. Location: Cooley Dickinson Hospital. For more information, contact the West Central Regional Office.

Middlesex — **Executive Committee Meeting.** Wed., March 10, 10:00 a.m. Location: MMS headquarters, Waltham. **District Annual Meeting.** Sat., March 27, 6:00 p.m. Location: Boston Museum of Science. For more information, contact the Northeast Regional Office.

Middlesex Central — **Executive Committee Meeting.** Thurs., March 18, 7:45 a.m. Location: Emerson Hospital, Concord. **Fifth Tuesday Program.** Tues., March 30, 11:45 a.m. Location: Emerson Hospital, Concord. Topic: Legislative update. For more information, contact Carol Marshall at (978) 287-3017.

Norfolk South — **District Annual Meeting.** Wed., March 17, 6:00 p.m. Location: Neighborhood Club of Quincy. Speaker: Mario Motta, M.D., MMS president. For more information, contact the Southeast Regional Office.

Suffolk — **District Annual Meeting.** Wed., March 10, 6:00 p.m. Location: The Harvard Faculty Club, Cambridge. Speaker: Lauren Smith, M.D., medical director, Department of Public Health. For more information, contact the Northeast Regional Office.

Worcester — **Legislative Breakfast.** Fri., March 12, 7:30 a.m. Location: Mechanics Hall, Worcester. **Women in Medicine Leadership Forum.** Wed., March 24, 5:30 p.m. Location: Beechwood Hotel, Worcester. Speakers: Saki Santorelli, Ed.D., M.A., executive director, Center for Mindfulness in Medicine, Health Care and Society, University of Massachusetts Medical School; and Susan Makowski, M.D., Division of Palliative Medicine, UMass Memorial Medical Center. To register, visit **www.wdms.org** or e-mail Joyce Cariglia at wdms@massmed.org.

Worcester North — **Executive Committee Meeting.** Thurs., March 11, 6:00 p.m. Location: Sammy's, Leominster. **District Annual Meeting.** Wed., March 31, 6:00 p.m. Location: Chocksett Inn, Sterling. Guest speaker: Mario Motta, M.D., MMS president. For more information, contact the West Central Regional Office.

Statewide News and Events

Arts, History, Humanism, and Culture Member Interest Network — **Executive Council Meeting.** Wed., March 3, 6:00 p.m. Location: MMS headquarters, Waltham. **Revolving Art Show.** Location: MMS headquarters, Waltham. Paintings by Deanna Ricker, M.D., through April 16, 2010. For more information, contact the West Central Regional Office.

If you have news for Across the Commonwealth, contact Michele Jussaume, Northeast Regional Office, at (800) 944-5562 or mjussaume@mms.org; Sheila Kozlowski, Southeast Regional Office, at (800) 322-3301 or skozlowski@mms.org; or Cathy Salas, West Central Regional Office, at (800) 522-3112 or csalas@mms.org.

Is Your Practice Ready for Group Enrollment?

During the membership renewal season, the Society wants to encourage members in group practices of five or more physicians — and their practice administrators — to consider the group enrollment option.

With this dues option, a group can save:

- 30 percent of their total state dues (100 percent group participation as new/current MMS members)
- 20 percent of their total state dues (90 percent group participation)
- 10 percent of their total state dues (80 percent group participation)
- 5 percent of their total state dues (75 percent group participation)

Practice administrators have praised the practice management benefits of group enrollment, which include a single dues invoice, one-stop updating of personal/professional information for all the group's physicians, and centralized, timely communications with the MMS. VS

– Steve Phelan

To begin your group enrollment, contact MMS Membership Services at (800) 322-2303, ext. 7321, or e-mail groups@massmed.org.

IN MEMORIAM

The following deaths of MMS members were reported to the Society in January and February 2010. We also note member deaths on the MMS website at **www.massmed.org/memoriam**.

Francis A. D'Ambrosio Sr., M.D., 89; Concord, MA; Tufts University School of Medicine, 1945; died January 11, 2010. **James C. Dangel, M.D.**, 70; Sudbury, MA; University of Rochester School of Medicine, 1965; died January 3, 2010. **Edward B. Gray Jr., M.D.**, 85; Wellesley, MA; Harvard Medical School, 1948; died December 30, 2009. **Carlos L. Hudson, M.D.**, 87; Wellesley, MA; Duke University School of Medicine, 1946; died December 25, 2009. **Peter H. Levine, M.D.**, 71; Worcester, MA; Tufts University School of Medicine, 1964; died December 1, 2009. **Ralph H. Levin-Epstein, M.D.**, 86; Boca Raton, FL; Albany Medical College, 1951; died December 23, 2009. **Sidney R. McPherson, M.D.**, 91; Newington, CT; Jefferson Medical College, 1944; died January 3, 2010.

Helping Out in Haiti

Photo by Stephen Sullivan, M.D.

Attending to a Haitian woman with a leg fracture in the village of Cange are (left to right) a Haitian nurse; Thierry Pauyo, a Haitian student at Harvard Medical School; Newton-based orthopedic surgeon Alfred Hanmer, M.D.; and surgeon Robert Sheridan, M.D., of the Shriners Burn Institute in Boston. These Massachusetts volunteers provided relief efforts in Haiti under the auspices of Boston-based Partners In Health. **See article on page 1.**

INSIDE

Massachusetts Medical Society

VITALSIGNS

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MMS Sponsored and Jointly Sponsored CME Activities

To register for any of these activities, call (800) 843-6356.
For additional information, contact the Department of Continuing Education and Certification at (800) 322-2303, ext. 7306, or go to **www.massmed.org/cmecenter**.

Live CME Activities

Go to **www.massmed.org/cme/events**.

Effectively Managing Pain: Strategies for Clinical Practice
March 12, 8:00 a.m.–12:30 p.m.
MMS headquarters, Waltham.
Jointly sponsored by the MMS and the Massachusetts Pain Initiative. 4.0 Credits

Controversies and Advancement of HPV Treatment
April 12, 8:00 a.m.–12:00 p.m.
MMS headquarters, Waltham.
Sponsored by the MMS and its Committee on Women in Medicie. 3.75 Credits (RM)

Managing Workplace Conflict
April 29 and 30, 8:00 a.m.–4:00 p.m. (April 29) and 8:00 a.m.–3:00 pm. (April 30).
MMS headquarters, Waltham.
Jointly sponsored by the MMS and Physician Health Services.
12.5 Credits (RM)

MMS Annual Meeting Live CME Activities

All at Seaport Hotel, Boston.
Go to **www.massmed.org/annual2010**.

2010 Ethics Forum — Industry's Influence on the Practice of Medicine: Examining Conflicts of Interest
May 13, 3:30–5:30 p.m.
2.0 Credits (RM)

2010 Annual Education Program: Discovery
May 15, 8:00 a.m.–12:15 p.m.
4.0 Credits

Shattuck Luncheon & Lecture
May 15, 12:30–2:00 p.m.
1.0 Credit

Online CME Activities

Go to **www.massmed.org/cme**.

Improving the Patient Experience and Clinical Outcomes in the Office Practice Setting Four modules.
1.5 Credits (RM) per module

Massachusetts Medical Law Report Quarterly Risk Management CME Series. Each module is 1.0 Credit (RM).

NEW **Health Care Providers Brace for Medicare Audits***

Social Networking 101 for Physicians*

Doctors Worry about New Liability Concerns for Prescriptions

Electronic Health Records Surge Despite Barriers*

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

NEW **Advance Directives** 1.0 Credit (RM)

Reporting Patients to the RMV 1.0 Credit (RM)

Communication Courses

Patients with Limited English Proficiency 1.0 Credit (RM)

A New Kind of Bedside Manner: The Rise of Apology Policies 1.0 Credit (RM)

Public Health Courses

NEW **Violence: Implications for Health** 3.0 Credits

Massachusetts Responds: A Vaccinator Training (3 modules) 1.0 Credit per module

Save the Date

June 17
Men's Health Symposium

CME CREDIT: Unless otherwise noted, each activity is designated for *AMA PRA Category 1 Credit™*. RM indicates that the activity or a portion thereof meets the Massachusetts Board of Registration in Medicine criteria for risk management study. CME ACCREDITATION: The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.