

# MASSACHUSETTS Family Physician



**WINTER 2011 ISSUE**



# E-NEWSLETTER

## WINTER 2011

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**\*\* (Cover Photo Provided By: Dr. Stanley E. Sagov)**

# President's Corner



*By Thomas C. Hines, MD*

I planned to sit down and write a column providing a perspective on the latest challenges facing Family Medicine, in Massachusetts and the nation. There would be, of course, a lucid and enlightening discussion of Obama Care and Romney Care. Prospects for Accountable Care Organizations would be outlined, as would the perils of failure to achieve meaningful

The next time I saw Kenny he had undergone coronary artery bypass grafting. He was worrying about his medical bills and determined to address his lifestyle to protect his newly drafted vessels. He gave up smoking -- he'd given up alcohol 20 years earlier after a brief episode of alcohol induced atrial fibrillation -- and did his best to address diet and exercise.

But Kenny's health was never the same after his surgery. He couldn't ever make much headway with diet, despite multiple nutritional consultations, and exercise got harder and harder as his heart got weaker and weaker, falling victim to both his ischemic heart disease and gradually worsening cardiomyopathy from his drinking many decades earlier. His life, over the next fifteen or so years, was one of slow, gradual functional decline.

use, and the relative merits of MeHI, HIT and RECs. I was armed to the teeth with tips for the well appointed Patient Centered Medical Home. And then, when it came time to put pen to paper, I found myself wanting to talk about an 11 inch plastic model sports car.

It's a BMW, beige with steel rimmed Dunlap racing tires, two doors, with a stick shift and a red fire extinguisher visible next to the driver's seat. It was, his niece told me, one of Kenny's favorites.

I had taken care of Kenny for over 20 years. When I first met him, he was a courier for an express mail company, driving from Boston to Cape Cod every day, delivering packages. A few years later he got a job loading fish for one of the wholesale fish distributors on Southampton Street in South Bay.

One day in the late 1980s, when my office was at Boston's Downtown Crossing, our office manager let me know that Kenny was on the phone and needed to speak with me. He was calling from a pay phone two blocks away, letting me know that he was going to be a little late for his appointment. It seemed he was getting short of breath and breaking out in a cold sweat when he walked about a block. Oh yes, and he would have this tightness in his jaw. But it was okay, because he'd rest, and it would go away -- until he walked another block. No amount of pleading could get him to hang up, call 911, and wait for the ambulance. After a few minutes he appeared, only to be whisked off shortly thereafter by EMS.

Though his function declined, his spirit never declined. He spent most of the years I knew him living in apartments that were not much more than cold water flats. At one point, remember, he came in to see me pleased as could be that his landlord had offered him the chance to be his buildings "manager." No pay, no reduction in rent, but it meant that he got the one apartment in the building with a telephone.

He was always willing to entertain a medical student sent to fulfill their home visit clerkship requirement. They would always come back with a description of their home assessment, a list of his medical problems, and an outline of his family history. Kenny had a sister who lived nearby (and who died several years ago), a niece who grew up and moved south, and a brother who lived out of state. His hobby, I discovered from my students, was building model cars. He had dozens of them on shelves in his apartment.

For most of the years that I knew him, and he was a caretaker not only for his building, but also for his friends and neighbors. He'd mention in passing someone he was visiting in the hospital; occasionally he asked if I could see someone who was ailing and had no doctor. In the last couple of years, however, his heart condition began to get the best of him, and more and more Kenny's friends started to take care of him. His hospitalizations for CHF grew more frequent and longer. In the fall, his niece came up from the south and let me know that she was going to stay with her Uncle Kenny and take care of him as long as he needed her.

# President's Corner (continued)

It turned out it wasn't that long. After a particularly long hospitalization he was sent home, and was back within 48 hours. A couple of days later, after feeling particularly well in the morning, he went into cardiac arrest in the afternoon and was gone. I got a phone call from his niece the next day, making sure that I was aware of what had transpired. In the middle of the conversation, she told me "Dr. Hines, I want you to know that I'm sorry for your loss. I know that you loved Uncle Kenny."

He didn't want a wake, but they held a memorial service in his neighborhood, and when I stopped by to pay my respects, his niece told me she had something for me. She brought me into a side parlor and gave me one of his model sports cars, complete with a Lucite case. She told me that she knew Uncle Kenny would want me to have it. It sits in my office now, on a high shelf where it remains safe, and where I can look at it from time to time. And remember a long time patient and friend.



So yes, we need to master the art of electronic medical records. We must learn the language of ACOs, and earn our Patient Centered Medical Home designations. For that is how we will be able to continue to care for the Uncle Kenny's in our practices, and continue to be a part of their lives. I hope that you see your Academy is a source of assistance as you adapt to the ever-changing healthcare environment, and that you will support it by getting involved:

- Serve on a committee.
- Attend the Annual Meeting and engage with your colleagues.
- Contribute to FAMMedPac and help our collective voice be heard in Washington.

See you in Leominster.

Handwritten signature of Thomas C. Hines, MD. The signature is written in a cursive, flowing style in dark ink.

Thomas C. Hines, MD  
President  
Massachusetts Academy of Family Physicians

# Please Join Us- April 1 & 2, 2011

## FOR THE 2011 SPRING CME REFRESHER

**Four Points By Sheraton  
99 Erdman Way  
Leominster, MA 01453**

Under the direction of Committee Chair, Jeff Markuns, MD,FAAFP the Committee on Continuing Medical Education (COCME) held a planning session and selected a variety of topics for the 2011 MassAFP Spring CME Refresher. The meeting format will include a variety of sessions.

### Plenary Sessions Include:

- **Sidney Listernick Memorial Lecture**  
presented by:  
AAFP President, Roland A. Goertz, MD, MBA, FAAFP
- **Family Physician Guide to Diagnosing Hypoactive Sexual Desire Disorder**
- **AAFP Chapter Lecture Series:  
Patient-Centered Medical Home**
- **Concussion**

### Workshops Include:

- **Joint Injection**
- **American Heart Association Provider BLS Recertification**
- **MOC - Coronary Artery Disease - SAM Session**

### Breakout sessions include:

- **Safety in Opiate Prescribing - Monitoring and Testing Patients in the Office**
- **Disability Evaluations**
- **Meaningful Use Getting There**
- **Smoke and Mirrors – A Systems Approach to Tobacco Cessation**
- **Common Pediatric Oral Lesions**
- **Integrated Well-infant and Well-woman care: Centering Parenting**
- **An Office Checklist to Improve Asthma Care**
- **Immunization Update**
- **Cervical Cancer Screening**
- **Antibiotics What's the Evidence**

## CALL FOR RESOLUTIONS

At the Annual Business Meeting on April 2nd, one of the agenda items will be consideration of proposed resolutions to be submitted to the American Academy of Family Physicians (AAFP). As a member of the AAFP, you have the right to propose changes to AAFP policy, submit resolutions and present testimony. If you are aware of a policy issue that should be addressed and would like to submit a resolution, now is the time to do so. Simply call the administrative office (978) 232-0022 for advice or answers to questions you may have about the process. The deadline for the submission of resolutions is March 25, 2011.

*The MassAFP is proud to be able to continue to provide an annual high quality CME event at a reasonable price for our members. The Spring CME Refresher is planned by family physicians keeping the needs of family medicine healthcare providers in mind. The goal of the COCME is to select relevant topics, locate articulate faculty, and whenever possible use family physicians as faculty.*

The room rate at the Four Points is \$99.00 single/double occupancy. In order to receive this rate you must identify your affiliation with the MassAFP as rates cannot be changed upon check-in. Reservations can be made by calling the hotel at (978) 534-9000. In addition to inviting and comfortable sleeping rooms, the hotel offers a Fitness Facility, Indoor Heated Pool, 24- Hour Front Desk, Room Service and more...

**Watch for the complete program and registration details in your mail.**

# Family Physician of the Year..

Call for Nominations- MassAFP 2011-2012 Family Physician of the Year -**Nomination Deadline March 15, 2011**



1991

1996

1997

1998

1999

2000



2002

2003

2005

2006

2007

2008

The Massachusetts Academy of Family Physicians (MassAFP) is accepting nominations for the MassAFP 2011-2012 Family Physician of the Year. This award is intended to recognize physicians of unusual merit who articulate the ideals of family medicine and inspire other members to pursue them. Past recipients include: Elizabeth "Betty" & Woodward "Woody" Lewis (1991), Samuel C. Pickens (1996), Paul E Cochrane, MD, FAAFP (1997) Warren J. Ferguson, MD (1998), Steven T. Golden, MD, FAAFP (1999), Barrie Paster, MD, FAAFP (2000), Stanley E. Sagov, MD (2002), Robert "Toby" Wesselhoeft, III, MD (2003), Susan Black, MD, FAAFP (2005), Lyle G. Bohlman, MD (2006), Hugh M. Taylor, MD, FAAFP (2007) and Maurice J. Martin, MD, FAAFP (2008). The selected physician will be the MassAFP's nomination to the American Academy of Family Physicians (AAFP) for the AAFP 2012 Family Physician of the Year.

Should one of your colleagues be the MassAFP Family Physician of the Year? Which one of them makes this world a better place by the way they practice your chosen specialty? Which colleague makes you feel better just because you know him or her? Which one of them gets involved in the community, making it a better place to live? If you believe that one of your colleagues is this person, the time to recognize him/her is now!

## Nominees must meet the following criteria:

- Provides compassionate, comprehensive and caring family medicine service on a continuing basis.
- Is directly and effectively involved in their community affairs and activities that enhance the quality of the community.
- Provides a credible role model professionally and personally to the community, other health professionals, residents and medical students.
- Can effectively represent the specialty of family medicine and the MassAFP/AAFP in public speaking.
- Is in good standing in the Massachusetts medical community.
- Is a member of both the Massachusetts Academy of Family Physicians and the American Academy of Family Physicians.

To nominate the candidate of your choice, go to <http://www.massafp.org/online/ma/home/awards/fpoy.html>; download and complete the nomination form. Nomination forms should address how the candidate meets the first four criteria listed above. In support of the nomination you may provide additional supporting documentation, i.e., letters from patients, community leaders and the like.

*If you have any questions, please do not hesitate to contact the Academy office (978) 232-0022. Mail or fax nomination packets to: MassAFP 100 Cummings Center, Suite 325C Beverly, MA 01915-6112 Facsimile: (978) 232-0072*

# Around The State

Congratulations to **Sara Shields, MD, MS**. Department of Health and Human Services' Secretary Kathleen Sebelius has named Dr. Shields, to the Secretary's Advisory Committee on Infant Mortality.



Congratulations to **Suki Tepperberg, MD, MPH** on her appointment to the Commonwealth's CHIPRA Strategic Advisory Committee.



Congratulations to **Drs. Linda Weinreb** and **Lucy Candib** who have



been invited to serve on a Health Resources and Services Administration (HRSA) sponsored Expert Workgroup. The Workgroup is to address the prevention, co-occurrence, assessment, and services available to mitigate Intimate Partner Violence (IPV) and Post Partum Depression (PPD) among women served by State and Healthy Start agencies funded by the Maternal and Child Health Bureau.



Congratulations to **Warren Ferguson, MD, MPH** who was honored in January as the first recipient of the Chancellor's Award for Advancing Institutional Excellence in Diversity at the University of Massachusetts Medical School's Annual Tribute to the Reverend Dr. Martin Luther King, Jr.



Congratulations to **Nicholas Weida (BUSM-III)**. Nicholas has received an AAFP appointment to the Annals of Family Medicine Editorial Board to serve as the Student Representative.



Congratulations to **Joseph W. Gravel, Jr., MD, FAAFP** who has assumed the presidency of the Association of Family Medicine Residency Directors.



The Massachusetts Medical Society appointed **Dennis M. Dimitri, MD, FAAFP** as their representative to the Commonwealth's Medicaid Delivery Model Advisory Committee.

The Society of Teachers of Family Medicine held its annual Conference on Medical Student Education on January 20-23 in Houston, Texas. Massachusetts academic faculty presenting at the conference included: **Frank Domino, MD**, Mary Lindholm, Mark Quirk, and **Robert Baldor, MD, FAAFP**: *Pivotal Events: The Good and Bad Role Models in Our Practices*; **Tracy Kedian, MD**: *Another Valerie Plume Affair: Failure to De-Identify a Resident Presented at Grand Rounds*; **Tracy Kedian, MD**, Judy Savageau and Mark Quirk: *Did We Get It Right? Evaluating the Effectiveness of Remedial Teaching*; Jordan White, **Ciaran DellaFera (UMMS-III)**, and Vincent Miccio (UMMS-111): *Accessible, Educational, High-quality Global Health Care: Lessons Learned from a Medical Mission Trip*; **Kristen Goodell, MD**, and **Wayne Altman, MD, FAAFP**, *Two Heads Are Better Than One: How to Increase Learning With Half the Resources*; **Amy Lee, MD, FAAFP** and **Molly Cohen-Osher, MD**: *Found in translation: An Interpreter Experience Teaches First-year Students Family Medicine Values and Skills*; Marcelo Campos, MD, **Wayne Altman, MD, FAAFP**, and **Molly Cohen-Osher, MD**: *The Rewards of Serving the Underserved: The Value of Providing Care to an Underserved Community*; **Kristen Goodell, MD** and **Molly Cohen-Osher, MD**: *Stop Memorizing and Think for a Minute! Reflective Practice for First-and Second-year Students*;

Congratulations to MassAFP Past President **Patricia A. Sereno, MD, MPH, FAAFP** on her four-year appointment to the AAFP's Commission on Continuing Professional Development.



Congratulations to **Robert B. Saper, MD, MPH** on his appointment as the Integrative Medicine Consultant to the AAFP's Commission on Continuing Professional Development

# Around The State (continued)



**Marcia Tanur, MD:** *Bedside & Night Table Essentials: Surviving That 1st Clinical Rotation;* and **Marcia Tanur, MD:** *Do Docs Do It? MDs Keep on Reforming American Health Care.*

We wish to offer our congratulations to the following members who in the past year have completed fellowship programs and have established their practices in Massachusetts: **Arturo Aguilar, MD,** has joined the Boston University Health Services upon completion of his Sports Medicine Fellowship at Boston Medical Center; **Lilia Cardenas, MD** has joined the Greater Lawrence Family Health Center upon completion of her OB Fellowship. **Molly Cohen-Osher, MD** has joined the CHA Malden Family Medicine Center following the completion of her two-year Faculty Development Fellowship. **Yasmin Issa, MD** has joined Hebrew Senior Life following the completion of her Geriatric Fellowship at Beth Israel. **Navid Mahooti, MD** has joined North Shore Physicians Group in Danvers after completing a Sports Medicine Fellowship in Connecticut. Having completed an OB Fellowship at the Lawrence FMR **Rollin Oden, MD** plans to work internationally in underserved areas. **Jennifer Sparks, MD** has joined the faculty at the Lawrence FMR following the completion of a two-year Master's Faculty Development Fellowship at Tufts University FMR.

The 2010 graduating class of residents in Massachusetts had four members enter fellowships across the country: **Dorothy Wadsworth Deguzman, MD, MPH** (Lawrence FMR) is entering a one-year OB fellowship at Lawrence FMR; **Deborah A. Rin Ehrlich, MD** (Tufts University FMR)

is entering a two-year Master Teaching Fellowship at Tufts University FMR; **Kevin Heaton, DO** (Boston University Medical Center FMR) is entering a one-year Sports Medicine Fellowship at BMC; and **Alisha D. Kithcart, MD** has entered a fellowship program in Illinois;. **Katarzyna Budzynka, MD** has relocated from Michigan and entered a two-year Preventive Medicine Fellowship at Boston Medical Center.

Congratulations to all MassAFP resident members who completed their training: Boston University Medical Center Family Medicine Residency graduates: **Kimberly Hanley Clemente, MD** has established her practice in Massachusetts; **Mary Connolly, MD** has relocated and established her practice in Maine; **Elizabeth Gaskins, MD** has joined the staff at the East Boston Neighborhood Health Center; **Eric Huang, MD** has joined Merrimack Family Medicine in North Chelmsford. **Judy Korik Weinstock, MD** will be taking some time off before establishing her practice in Massachusetts.

Lawrence Family Medicine Residency graduates: **Anne Dwyer-Wilner, MD** has established her practice in Massachusetts; **Danielle Susanne Kauk Nelson, MD, MPH** has relocated to California; **Andrea Sarah Finkelman Mendelsohn, MD, MPH** has relocated to Hollywood, South Carolina; and **Catherine Romanos, MD** and **Mia Deane Sorcinelli Smith, MD** have joined the Greater Lawrence Family Health Center's North Site.

# Around The State (continued)

Tufts University Family Medicine Residency at Cambridge Health Alliance graduates: **Jessica F. Butts, MD** has established her practice in Indiana; **Catherine S. Celler, MD** has joined Winchester Family Physicians on Shore Rd in Winchester; **Nicolas-Sonny Nguyen, MD** has joined the faculty at Tufts University FMR as well as serving as a hospitalist at Whidden Memorial Hospital; **Anne K. Rettig, MD** has relocated to Chicago Illinois; **Meghan L. Tramontozzi, MD** has begun private practice in Middleton at Family Medicine Associates; and **Marie T. Walsh Condon, MD** has begun private practice at Medford Family Care Practice in Medford.

University of Massachusetts Fitchburg Family Medicine Residency graduates: **Karla Silva Dias Christo, MD** and **Edna Markaddy, MD** have joined Coordinated Primary Care Family Practice in Fitchburg; **Roberto Larios, MD** accepted a position with HealthAlliance Hospital in Leominster; **Sarah Rebekah Leonard, DO** will be establishing her practice in Massachusetts; Upon completion of her residency **Annliza Lachica-Piacitelli, MD** relocated to Utah where ; and **Roland Ivan Saavedra, MD** has relocated to St. Matthews, South Carolina.

University of Massachusetts Worcester Family Medicine Residency graduates: Barre Family Health Center: **Sailaja Allaparti, MD** has joined the Edward M. Kennedy Community Health Center in Worcester; **Pearl Guerzon, MD** , **Jennifer Jacobs Nohrden, MD** , **Joerg Skomrock, MD** have established their practices in Massachusetts.

Family Health Center of Worcester: **Sofia Siswanto Chu, MD** joined the CHA Malden Family Medicine Center; **Padmavathy Chunduru, MD** has established her practice at the Neponset Health Center in Dorchester; **Justin Sanders Groode, MD** joined the Marino Center in Wellesley; and **Hana Karim, MD** joined the staff at Family Health Center of Worcester.

Hahnemann Family Health Center: **Karina Azank, MD** has relocated to Florida; **Sharlene Selvaratnam, MD** has joined the staff at the Lynn Community Health Center in Lynn; and **Patricia Seymour, MD** has become a hospitalist at UMass Memorial.

We welcome the following new Active members: **James Alex Cheverie, MD**, MassTex Imaging LLC (Beverly); **Mark Eubanks, MD**, PMG Physicians Associate (Plymouth); **Paul George, MD**, Mansfield Health Center (Mansfield); **Katherine Anne Gergen Barnett, MD**, Boston Medical Center Department of Family Medicine (Boston); **Yasmin Hirji, MD** Greater Lawrence Family Health Center (Lawrence); **Jennifer Anne Jurcsak, DO**, Holyoke Health Center (Holyoke); **Wesley Neal Klein, DO**, private practice (Mansfield); **Karine A. Maalouf-Kaleshian, MD**, Lawrence General Hospital (Lawrence); **Robert Crosier McKersie, MD**, Greater Lawrence Family Health Center (Lawrence); **Toral S. Parikh, MD**, Leominster Family Practice (Leominster); **Sonal Ashutosh Patil, MD**, (Waltham); **Ruth A. Potee, MD**, Boston Medical Center Department of Family Medicine (Boston); **Janis Samantha Recto, MD**, Lowell Community Health Center (Lowell); **Susan Saucedo, MD, MPH**, Joseph M. Smith Community Center (Allston); **Tricia M. Vasco, MD**, Chelmsford Family Practice (North Chelmsford); and **Rula M. Youssef, MD**, New England Cardiology and Primary Care (Lawrence).

We also welcome the following active members who have joined us from other parts of the country: **Titilayo Alabi, MD** relocated from Pennsylvania to establish his practice in Salem; **Asjad Mahmood Ali, MD** relocated from Ohio to establish his practice at Fallon Clinic in Holden; **Kathleen Mary Ankers, MD, FAAFP** has relocated to Massachusetts from Illinois; **Wendy Brooks Barr, MD** relocated from New York to join the Lawrence Family Medicine Residency faculty; **Jose Luis Benitez, MD** relocated from South Carolina to establish his practice in Attleboro; After completing her residency in Virginia, **Sarah Meredith Call, MD** has established her practice in Brimfield; **Kayra Altigracia Cepin Plasencio, MD** relocated from New York to establish her practice in Springfield; **Daniel DeJoseph, MD** relocated from Pennsylvania and has joined the Greater Lawrence Family Health Center; North Site; **Parul Desai, MD** relocated from Delaware and joined Needham Wellesley Family Medicine in Wellesley Hills; **Deborah Dreyfus, DO** relocated from Wisconsin to join the Department of Family Medicine at Boston Medical Center; **Daniel Feleke, MD** relocated from New York to join the Brockton Neighborhood Health Center in Brockton; **Maureen Flannery, MD, MPH** relocated from Kentucky to Northampton; After five years in California **Elizabeth Ann Frutiger, MD** has returned to Massachusetts and joined the Dorchester House Multi-Service Center in Dorchester;

# Around the State (continued)

**Leal Hsiao, MD** has relocated from North Carolina to establish his practice in Revere; Upon completion of her residency in Rhode Island, **Linh Huynh, MD** has relocated to Worcester; **Margaret Koehm, MD, FAAFP** has relocated from Rhode Island to join Nantucket Cottage Hospital; Relocating from Wisconsin, **Laura Lemont, MD** has joined the East Boston Neighborhood Health Center; **Richard Marc Levine, MD** has relocated from New Jersey to join a clinic in Wellfleet; After four years in North Carolina **Silvia Giselle Los, MD** has returned to Massachusetts; Upon completion of her residency in Pennsylvania **Julia Eemai Lou, MD** relocated to Massachusetts and has joined the Greater Lawrence Family Health Center; North Site; Upon completion of her residency in California **Joline Castro Swonger Macfarlan, MD** has returned to Massachusetts to establish her practice in Fall River; **Honor MacNaughton, MD** and **Sarah W. Morrison, MD** have both relocated to Massachusetts from New York; Relocating from Pennsylvania, **Muhammad S. Mowla, MD** has established his practice in Townsend; **Tamara Pascoe, MD** has relocated from Idaho and joined the Edward M. Kennedy Community Health Center in Worcester; **Richard A. Sacra MD** has joined the staff at the Family Health Center of Worcester; **Daphne E. Schneider, MD** relocated from Illinois and joined CHA Somerville; **Lauren C. Schwartz, MD** has relocated from Connecticut to join Valley Medical Group's Easthampton practice; **Eliza Shulman, DO** relocated from New Hampshire to join Harvard Vanguard Medical Associates in Braintree; Upon completion of a Maternal Child Health Fellowship in Rhode Island **Rachel Beth Siegel, MD** returned to Massachusetts and joined the staff at Union Square Family Health in Somerville; **Manoranjan Singh, MBBS** relocated from Minnesota; Relocating from Rhode Island **Divjot Kaur Sooch, MD** has established his practice in Plainville; **Neji Tangban, MD** relocated from Iowa to join Health Alliance Hospital in Leominster; **Keren Wilson, DO** has relocated from Illinois to join the Family Care Center in Tewksbury; **Mary K.H. Yee, DO** has relocated from Maine and established her practice in Pittsfield; **Iryna Yeuchyuk, MD** relocated from New York and joined the Edward M. Kennedy Community Health Center in Worcester; **Anna Zaletaeva, MD** has relocated from New York to establish her practice in Plainville.



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[www.transformed.com](http://www.transformed.com)



What is Delta-Exchange?

Delta-Exchange is TransformMED's exclusive online practice transformation learning network dedicated to physicians, clinical staff, office staff and primary care-focused residency programs.

MassAFP members can receive a 56% discount to Delta Exchange, by using the following link: [www.transformed.com/aafp](http://www.transformed.com/aafp)

# Legislative Update

## The MassAFP Weighs in on Payment Reform

In December, Dennis M. Dimitri, MD, Immediate Past President, presented testimony on behalf of the Massachusetts Academy of Family Physicians (MassAFP) at a public hearing of the Payment Reform Committee, the body charged with making recommendations to the Health Care Quality and Cost Council on payment reform legislation. Dr. Dimitri noted the MassAFP's longstanding advocacy for the medical home, and support for the Committee's inclusion of the medical home as a basic premise in its vision of the future health care delivery system in Massachusetts. He stressed the importance of family physician leadership of the medical home and in state payment reform efforts.

"Family physicians differ from any other primary care physicians. They are the only primary care specialty that treats all patients regardless of age, gender, or condition. They care for patients from cradle to grave, and provide continuity of care across generations and lifetimes. They are the only specialty devoted solely to primary care," stated Dr. Dimitri.

Both Dr. Dimitri's oral presentation and the MassAFP's written testimony expressed the Academy's concern that, if not done correctly, statewide implementation of Accountable Care Organizations and global payments could cause unintended consequences for patients and providers.

The MassAFP supports the following principles as necessary components in payment reform:

- Change must be introduced to both family physicians and their patients on a voluntary basis. Statewide implementation should come about incrementally and transparently over 5-7 years.
- There should be a family physician on the state oversight entity, at the highest levels of ACO governance, and at the heart of every ACO.
- Family physicians should be allowed to participate in one or more ACO's while maintaining their independence.
- Blended payment systems must continue to exist. Primary care reimbursement should be a hybrid of fee-for-service, per patient per month management fees and pay-for-performance.

- Risk adjustment models and payment levels must ensure physician incentives to improve and maintain patient health. Preventive health services should be provided without prohibitive patient co-pays.

- Patients must have full access to appropriate, but costly diagnostic tests, or specialized surgical procedures when necessary.
- ACO's should accept all patients, and not "cherry pick" low risk, low utilization patients.
- The Commonwealth must firmly, and financially, commit to increasing primary care recruitment and retention before making drastic changes to the physician reimbursement structure which could unintentionally increase the exodus of physicians out of Massachusetts.



*By Ronna Wallace*

And finally, the following concepts have been proven to save money and improve patient care. Concurrent with payment reform, they should be included in any state healthcare cost containment initiative:

- Medical Liability Reform
- Administrative Simplification
- Expansion of health information technology and other infrastructure support
- Consumer Education

These principles are echoed by the Joint Principles for Accountable Care Organizations, released by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians and the American Osteopathic Association. A copy of that document can be found on the AAFP website, [www.aafp.org](http://www.aafp.org).

Governor Deval Patrick is expected to file healthcare payment reform legislation sometime within the next few weeks. That action is expected to kick in another series of hearings, etc. It is unclear as to when House or Senate action will take place, given the legislature's focus on the state budget at this time of year. What is known is that payment reform will continue to dominate the legislature's healthcare agenda and the MassAFP's in the 2011/12 state legislative session. So stay involved – there is much more to come.

# Meaningful Use: Getting Help to Get There

The Massachusetts e-Health Institute (MeHI), is the state's designated entity for health care innovation, technology and competitiveness. Established by an act of the Massachusetts Legislature, MeHI is responsible for advancing the dissemination of health information technology across the Commonwealth, including the deployment of electronic health records systems (EHRs) in all health care provider settings that are networked through a statewide Health Information Exchange.

MeHI is one of sixty-two federally-designated Regional Extension Centers (REC) and is the designated REC for the Commonwealth of Massachusetts. We are an organization that offers a variety of programs and services designed to help clinical providers transition into a practice that meaningfully uses electronic health records. We are also the designated Health Information Exchange for the Commonwealth (Statewide HIE) and work closely with the state's Office of Medicaid.

MeHI is primarily supported through stimulus funding made available through the federal Office of the National Coordinator for Health Information Technology. This funding supports the adoption of EHRs for 100,000 clinical providers nationwide, by the year 2014.

The strength of MeHI is the breadth of partnerships that build on an existing, trusted, regional support infrastructure needed to achieve Meaningful Use. We work closely with key stakeholders to facilitate an efficient working environment, and provide comprehensive linkages between providers, facilities, local health IT service providers, state-wide stakeholder coalitions, and local and state-wide health information exchanges.

MeHI is responsible for a wide range of activities related to identifying and signing up providers for direct assistance support. These activities include vendor vetting, workforce development, regulatory activities, reporting, and developing and implementing privacy and security best practices.

## **What is the primary purpose of the REC?**

As the REC, MeHI's primary purpose is to provide federally subsidized direct support to priority primary care providers (PPCP), of which 2,500 providers will be eligible. As of February 1, 2011, the REC has enrolled over 2,000 primary care providers. We only have 400 slots available so consider enrolling with the program now.

## **What is a priority primary care provider (PPCP)?**

A PPCP is defined as an MD, DO, Nurse Practitioner, Certified Nurse Midwife or dentist, who practices in the following settings:

- Primary care providers in individual and small practices (10 or less);
- Public and critical access hospitals;
- FQCHC's, community health centers and rural health clinics; and
- Other settings that serve uninsured, underinsured and medically underserved populations.

## **How will the REC benefit my practice?**

By working through the REC, we intend to help your practice realize benefits, such as maximized funding, minimized expenses, and the overall improvement of quality and efficiency of your practice. Other services include the following:

- Efficiently achieve and demonstrate Meaningful Use;
- Satisfy regulatory requirements;
- Obtain maximized financial incentives;
- Enhance clinical and administrative workflow;
- Improve quality and value of care, patient experience and outcome of care;
- Protect the integrity, privacy and security of your patients' health information;
- Provide access to like peer networks who are implementing similar EHRs; and
- Prepare providers for readiness to connect to the Health Information Exchange (HIE).

## **What is an IOO?**

MeHI, as the REC, will contract with Implementation and Optimization Organizations (IOOs) who can implement health information technology (health IT) and provide local technical assistance, guidance and information on best practices. The IOOs will support the implementation, integration and optimization of the health IT tools, by providing a wide range of implementation services through to Meaningful Use. Providers will choose the IOO with whom they want to work and will directly contract for services with their selected IOO.

# Meaningful Use: Getting Help to Get There (cont.)

## **If I already have an EHR, can I still enroll with the Regional Extension Center?**

The Regional Extension Center assists providers with or without electronic health records. Services are available to providers at all stages of the EHR and Meaningful Use adoption process. Whether you are beginning the search for an EHR or have implemented an EHR and are working toward Meaningful Use, we will provide services to meet your specific needs.

## **How will I know which EHR vendor to use?**

MeHI has reviewed services, terms and conditions with EHR vendors to develop a “preferred” vendor list to assist providers/practices in selecting the EHR system that best meets their needs and allow them to meet the Meaningful Use standards. These “preferred” vendors have committed to provide “most favored nation pricing” to REC members.

## **Does the REC decide which EHR vendors and Implementation and Optimization Organizations I should use?**

The Regional Extension Center, through an extensive screening process, has developed a comprehensive list of selected IOO and EHR vendors. Although it is up to each provider to choose with whom they will work, these vendors will offer REC members with pre-negotiated “most favored nation pricing” on their products and services and guarantees to meet meaningful use

## **What is the direct assistance support?**

To underwrite the cost of an EHR implementation, direct assistance support funding is paid by the REC to the selected IOOs. The IOOs will provide services the REC makes available to enrolled priority primary care providers. **\$4,500 for Basic Services 1:** Targeted to the REC affiliated priority primary care provider that does not have a federally certified EHR system already installed at the time of entering into an Implementation and Optimization agreement.

**\$2,500 for Basic Services 2:** Targeted to the REC affiliated priority primary care provider who has an EHR but needs to transition to a federally certified EHR to reach Meaningful Use, or has an EHR that meets certification requirements but needs to transition to Meaningful Use on that system.

## **How will I know when and if my practice is ready to connect to the statewide Health Information Exchange (HIE)?**

All providers wishing to connect to the Statewide HIE must be certified to assure compliance with federal and state interoperability, and privacy and security standards. Prior to HIE connectivity, MeHI will verify that each implementation is completed in a manner that meets or exceeds the Commonwealth’s standards.

## **How do I become a member of the REC?**

Become a member of the Regional Extension Center today by going to the MeHI web site [www.maehi.org/rec](http://www.maehi.org/rec) and enrolling on line. The enrollment fee for primary care physicians is \$600. Hardship waivers for enrollment fees may be available on an as needed basis.

## **Services We Provide**

Our services are designed to provide you with the skills and tools you need to successfully implement an EHR and achieve Meaningful Use. Our personalized, consultative approach tailors services to meet your specific needs.

- Individualized and on-site assistance;
- Assistance with completing a Readiness Assessment;
- Clinical and administrative workflow analysis and redesign;
- Unbiased consultative services to help you choose the right EHR software for your needs;
- Pre negotiated “most favored nation pricing” from preferred EHR;
- Vendors and Implementation and Optimization Organizations;
- Effective oversight of your implementation to direct the EHR adoption in a timely manner;
- Help you achieve Meaningful Use criteria for maximum federal incentive payments;
- Receive MeHI e-mail updates, news and publications;
- Access to MeHI member forums, CoPs and Webinars;
- Opportunity to participate in MeHI member-only activities and committees;
- Access to a National Learning Consortium;

# Meaningful Use: Getting Help to Get There (cont.)

- Guidelines and best practices for Privacy and Security policies;
- Assessment of EHR interoperability for Health Information Exchange (HIE); and
- Connection to the state-wide HIE Financing Program.

## Contact Information

Contact your Clinical Relationship Manager for more information or to enroll in the Regional Extension Center.

### Bethany Gilboard

Director, Health Technologies/Education and Outreach Coordinator

[Gilboard@masstech.org](mailto:Gilboard@masstech.org)

617-371-3999 x201

### Heather Hedlund, RHIA

[Hedlund@masstech.org](mailto:Hedlund@masstech.org)

617-371-3999 x234

### Jim Brennan

[Brennan@masstech.org](mailto:Brennan@masstech.org)

617-371-3999 x 240

### Kelli McLaney

[McLaney@masstech.org](mailto:McLaney@masstech.org)

617-371-3999 x 209

## Massachusetts eHealth Institute

A Division of the  
Massachusetts Technology Collaborative  
2 Center Plaza, Suite 440  
Boston, MA 02108  
617-371-3999

[info@maehi.org](mailto:info@maehi.org)

Visit the website often for the latest information

[www.maehi.org](http://www.maehi.org)



# Honor Roll

*Thank you to the following MassAFP members for your dedicated commitment to the American Academy of Family Physicians.*

## 50+ Years

Saverio Picceri, MD, FAAFP (58)  
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George Gerald Breit, MD, FAAFP (55)  
Louis Bernard Grace, MD, FAAFP (53)  
Abraham Swartz, MD, FAAFP (53)  
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# Honor Roll (continued)

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Tammy Elizabeth Vargas, MD  
Francisco Brincheiro, MD  
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Youko Yeracaris, MD  
Jeremy Golding, MD, FAAFP  
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Gregory Randolph Seiler, MD  
Cindy Handler Steinberg, MD  
Patricia Raney, MD  
Blair Roberts, MD  
Maura Elizabeth Shaughnessy, MD  
Frederic Baker, MD  
Cheng-chieh Chuang, MD

## IN MEMORIAM

*The Academy extends its  
heartfelt sympathy to the  
families of the following  
members who have passed  
away during the past year:*

*John Allen Danis, MD  
Albert Wayne Shub, MD*

# National Conference of Special Constituencies

May 5 –7, 2011, Kansas City, Missouri

**Do you like to travel?**

**Are you frustrated with the current medical climate?**

**Do you have something to say to the leaders of the AAFP?**

**Do you want to make a difference? Do you like to have fun?**

If you answered yes to any of these questions, consider attending this year's National Conference of Special Constituencies (NCSC) in Kansas City. NCSC was designed to give physicians a voice in our National Academy. The three-day event will teach you how policy is made, how to bring your own issues to the leadership, and how to testify effectively about those issues.

NCSC is run in conjunction with the Annual Leadership Forum (ALF). ALF brings the Chapter leadership together with the AAFP leadership and provides updates on AAFP issues as well as educational workshops on developing leadership skills. As a participant in NCSC, you are invited to participate in a variety of the elements of ALF.

NCSC is also a time to make new friendships and renew old ones. It provides an opportunity to see what is happening in other parts of the country and to bring those ideas home to Massachusetts.

There are social events planned to allow for networking. It is a time where you might sit with the President of the American Academy of Family Physicians (AAFP) in a corner and discuss those issues that are important to you.

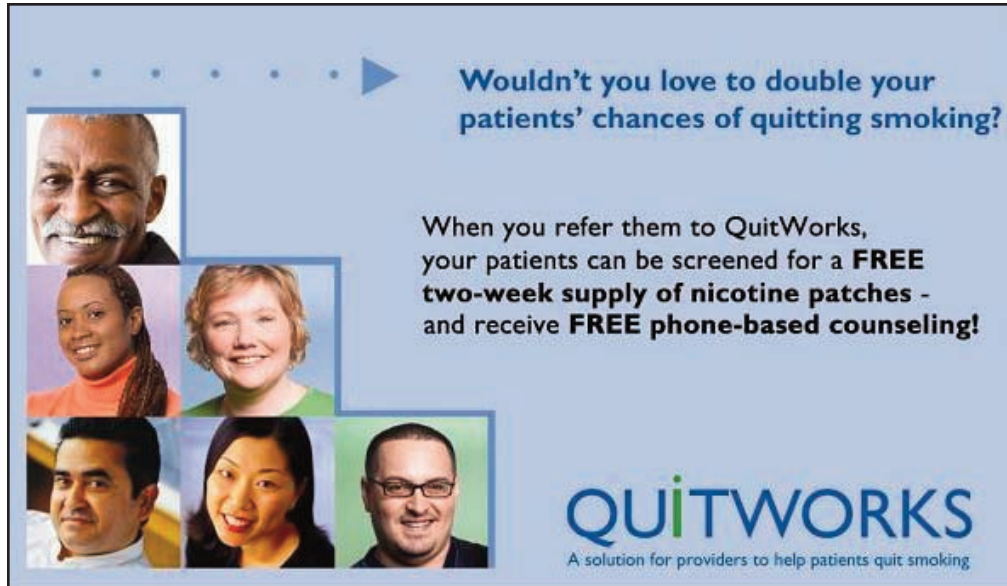


The special constituency groups consist of Women (W), Minorities (M), Gay, Lesbian, Bisexual or Transgendered Individuals (GLBT), International Medical Graduates (IMG) and New Physicians (NP) (physicians in practice less than seven years). At the NCSC the New Physician constituency will elect a New Physician member to the AAFP Board of Directors to represent issues specific to new physicians.

If you are a member of one of the following constituencies: W, M, GLBT, or IMG the MassAFP would like to send you to the conference. The academy reimburses you for airfare (economy), hotel, ground transportation, meals and registration. We are allowed to send one member representing each constituency.

*If you are interested, please contact our Administrative Office at 978-232-0022 or email [information@massafp.org](mailto:information@massafp.org) for more information.*

# QUITWORKS

A graphic for the QuitWorks program. It features a blue background with a white staircase on the left side. Six small portrait photos of diverse individuals are arranged in a staircase pattern, ascending from bottom-left to top-right. To the right of the staircase, the text reads: "Wouldn't you love to double your patients' chances of quitting smoking?" followed by "When you refer them to QuitWorks, your patients can be screened for a **FREE two-week supply of nicotine patches** - and receive **FREE phone-based counseling!**". At the bottom right, the "QUITWORKS" logo is displayed in blue, with the tagline "A solution for providers to help patients quit smoking" underneath.

Wouldn't you love to double your patients' chances of quitting smoking?

When you refer them to QuitWorks, your patients can be screened for a **FREE two-week supply of nicotine patches** - and receive **FREE phone-based counseling!**

**QUITWORKS**  
A solution for providers to help patients quit smoking

## You can—and QuitWorks can help!

QuitWorks is a **free**, evidence-based fax referral service developed by the Massachusetts Department of Public Health in collaboration with all major Massachusetts health plans that connects patients with phone-based counseling to help them stop smoking. All Massachusetts residents can receive services regardless of health insurance status.

Evidence shows that even a brief provider intervention with tobacco users can increase quitting, and by offering telephone counseling and medications, your patients can double their chances of quitting.

Recent improvements have made it easier than ever to enroll patients in the QuitWorks program. Providers speak with interested tobacco users, and then send a simple enrollment form by fax or e-referral. QuitWorks will call your patients and offer the patches and telephone counseling. An additional feature of the program is that you know what happens after the referral- you will receive a fax or electronic report back from QuitWorks letting you know what services your patient enrolled in.

### QuitWorks features:

- A simple, easy-to-use referral process. A simple form that is faxed or sent by e-referral to the quit line. QuitWorks has recently introduced e-referral options for providers with EMR.
- Proven-effective services - a series of five telephone counseling sessions, a website, [www.makesmokinghistory.org](http://www.makesmokinghistory.org), and self- help information.
- A patient brochure - "Welcome Guide" for patients supplied to you at no cost.
- Patient status reports to referring providers on the services each patient selects and, six months later, a report on each patient's quit status

Over 2,000 of your colleagues have used the program and that number is increasing every day. Information and downloadable referral forms are available at [www.quitworks.com](http://www.quitworks.com) or by contacting Elena List at **508-856-4427** or [Elena.list@umassmed.edu](mailto:Elena.list@umassmed.edu).

A blue banner containing the "QUITWORKS" logo in white, with the tagline "A solution for providers to help patients quit smoking." in white text to the right.

**QUITWORKS** A solution for providers to help patients quit smoking.

# National Conference of Family Medicine Residents and Medical Students

FAMILY MEDICINE  
RESIDENTS  
AND STUDENTS  
NATIONAL CONFERENCE

AAFP  
national conference  
2011

July 28 – 30, 2011  
Kansas City Missouri

The theme for this year's NCFMR&MS is Public Health: One Community at a time. Once a year family medicine leaders and educators come from across the nation to share their knowledge with family medicine residents and medical students, mark your calendars to attend this national, high-energy event!

The American Academy of Family Physicians (AAFP) has put out a request for Call for National Conference Poster Presentations. The contest is open to AAFP resident and student members. The submission deadline is April 15, 2011. For more information visit <http://www.aafp.org/online/en/home/cme/aafpcourses/conferences/nc/posters.html>.

Posters will be selected based on originality, relevance to family medicine, and clarity of communication. The subject of your presentation must be of value to, and within the scope of family medicine. Poster categories are:

- Research
- Clinical Inquiry
- Educational Program
- Community Project

The AAFP offers a number of \$600 scholarships to residents and students. If you qualify, you should take advantage and apply for one of the following scholarships.

## RULES AND INFORMATION

- You must be a member of the American Academy of Family Physicians (AAFP) to apply.
- You may only apply for one scholarship annually.
- If you are a previous National Conference scholarship recipient, you may not apply for the same scholarship.
- Scholarship recipients are selected by a panel of judges.

- The amount of each scholarship is \$600. The number of scholarships in each category is based on the level of funding secured from the AAFP Foundation Resident and Student Initiatives Fund and individual and corporate sponsors.
- All scholarships are awarded at the National Conference. If you are unable to attend the conference, your scholarship will be forfeited.

## DEADLINE

Scholarship applications (with any required signatures and documentation) must be received via fax or e-mail or be postmarked by May 1. Winners will be notified on May 31.

## Resident Scholarships

Community Outreach Award  
Minority Scholarship Program for Family Medicine Residents  
Tomorrow's Leader Award

## Student Scholarships

Community Outreach Award  
Family Medicine Interest Group (FMIG) Leadership Award  
First-time Student Attendee Award  
Minority Scholarship Program for Medical Students  
Tomorrow's Leader Award

For complete information and scholarship applications visit: <http://www.aafp.org/online/en/home/cme/aafpcourses/conferences/nc/scholarships.html>

In addition to the AAFP scholarship possibilities, the MassAFP provides one first or second year student from each Massachusetts medical school with a \$600 grant to attend the conference. For more information on this grant contact your Predoctoral Director.

# Welcome New Resident & Students Members

## Welcome to the following residents and students who have joined the Academy in the past year.

### **Boston University Family Medicine Residency**

Benjamin Phillip Caplan, MD  
Alexandra Isakova, DO  
Lara Zeina Jirmanus, MD  
Rebecca Felisa Lara, MD  
Cassandra Wearne Murphy, MD  
Amola Shertukde, DO  
Melinda J. Strnad, MD

### **Lawrence Family Medicine Residency**

Peter Arthur Bastian, MD  
Jennifer L. Bentwood, MD  
Elise Audrey Carpenter, MD  
Vanessa Cortes De Jorge, MD  
Ryan Justin Dono, MD  
Karen Elizabeth Glatfelter, MD  
Jocelyn A. Hirschman, MD  
Miguel Lee-Amestoy, MD  
Isabel S. Lowell, MD  
Julia Claire Randall, MD  
Alana Sagin, MD

### **Tufts University Family Medicine Residency at Cambridge Health Alliance**

Kathleen Rey Caridad, MD  
Miranda Swados Balkin, MD  
Miguel Angel Concepcion, MD  
Bethany-Rose Daubman, MD  
Paul Frydrych, MD  
Terese Frazier Landry, MD  
Casey James Lien MD  
Clinton Kazuo Pong, MD  
Aviva Jill Romm, MD  
Christopher Paul Simons, MD

### **UMass Fitchburg Family Medicine Residency**

Amanda N. Iantosca, MD  
Timothy Peter Lowney, DO  
Rocio Ivette Nordfeldt, MD  
Matthew Carey Plosker, MD  
Elliot Schaeffer, DO

### **University of Massachusetts Worcester Family Medicine Residency**

#### **Barre Family Health Center**

Rebecca Dianne Blumhofer, MD  
Shaylin Kristal Cersosimo, MD  
Marco Cornelio, MD  
Paul Francis Sahd, MD

#### **Family Health Center of Worcester**

Shaun Patrick Farragher, MD  
Cristina Mota, MD  
Amber Fay Wiekamp, MD

#### **Hahnemann Family Health Center**

Kimberly Ann Bombaci, MD  
Laura Sullivan Eurich, MD  
Ana Maria George MD  
Rossana Po Lau, MD

### **Boston University School of Medicine**

Danielle Ashante Andrews ('12)  
Tristen Taeho Chun ('12)  
Kelly Qyana Griffith ('13)  
Jessica Noelle Hodge ('13)  
Erin Alexandria James ('13)  
Besam Khidhir ('12)  
Laura Cristina Moreno ('13)  
Tomoko Okada ('13)  
Amanda Price ('12)  
Lauren Scott, PhD ('13)  
Judy Yee ('13)

#### **Harvard Medical School**

Nicolas J. Abreau ('13)  
Akochi Okezie Agunwamba ('11)  
Imani Anwisye ('11)  
Juliana Elizabeth Morris ('14)  
Chinyere Irene Obimba ('11)  
Altaf Saadi ('13)  
Anjana Estelle Sharma ('11)  
Gillian Louise Sowden ('11)  
Jonathan Ken Takahashi ('12)  
David Tian ('12)  
Kathleen Alyssa Wakeham ('12)

### **Tufts University School of Medicine**

Matthew Abrams ('12)  
Maithri Amereserere ('11)  
Katherine Armstrong ('12)  
Elizabeth Beatrice Baltaro ('12)  
Ashwini Bapat ('12)  
Evan Barnathan ('14)  
Rebecca Jill Barron ('11)  
Jonathan Bass ('11)  
Elizabeth Bolen ('11)  
Patrick Burns ('12)  
Kristin Childress ('12)  
David Cho ('11)  
Alexander Cohen ('12)  
Katherine Colpitts ('13)  
Jacob Crothers ('11)

# Welcome New Resident & Students Members (continued)

## Tufts University

### School of Medicine (cont.)

John L. Daggett, Jr. ('14)  
Elizabeth W. Deeran ('14)  
Molly Douglas ('13)  
Daniel Fay ('11)  
Jacob Furey ('11)  
Steven Fusillo ('12)  
Pritesh Gandhi ('11)  
Michael Genuardi ('12)  
Rebecca Glassman ('11)  
Ari Goldminz ('12)  
Robert Goldstein ('12)  
Christy Guth ('12)  
Meredith Halsey ('14)  
Maureen Hamel ('11)  
Jeffrey A. Hashim ('11)  
Camellia Hernandez ('12)  
Michael Herscher ('11)  
Sumeet Jain ('12)  
Xibei Jia ('14)  
Hyejo Jun ('13)  
Angela Kang ('14)  
Marisa Kardos ('12)  
Daniel Katzman ('12)  
Jessica Knox ('12)

Ara Ko ('13)  
Tania Kupferman ('12)  
Herman Lam ('11)  
Sofy Landes ('12)  
Danielle Larson ('14)  
Ingrid Larsson ('12)  
Molly Lederman ('12)  
Melissa Lichte ('13)  
David Linz ('11)  
Diana Lo ('10)  
Eric MacEvoy ('12)  
Meghan M. Mackesy ('11)  
Hayley Marcus ('14)  
Richard Matulewicz ('12)  
Chris Melnic ('11)  
Christine Megerdichian ('12)  
Leo Menaghe ('12)  
Michael Moses ('11)  
Allison Moyes ('12)  
Sarah Nanni ('12)  
Andres Natanson ('12)  
Ashiyana Niriani ('11)  
Ryan O'Connor ('12)  
Justin Oldfield ('14)  
Amy Panzenbeck ('11)

Ara Parseghian ('12)  
Timothy Pasek ('14)  
Christina Pastorello ('12)  
Ishani Pathmanathan ('11)  
David Peritz ('12)  
Ashley T. Peterson ('12)  
Steven K. Poon ('12)  
Meredith Posner ('12)  
Rubina Pothiwala ('10)  
Soumitra Rajagopal ('12)  
Sarah Read ('12)  
Jessica Ricciulo ('12)  
Colin Robinson ('11)  
Anna Rubin ('12)  
Jenny Ryan ('11)  
Nicole Salg ('11)  
Carolyn Sanderson ('12)  
Stavros Savvas ('11)  
Victoria Scanlan ('11)  
Julia Schervish ('11)  
Melissa Schmatz ('11)  
Christina Seifert ('12)  
Avigail Shatkin-Margolis ('11)  
Cheryl Sherrod ('11)  
Henry Shih ('13)  
Simon Alexander Sidelnik ('12)  
Martha Ayre Simmons ('12)

Morgan Soffler ('11)  
Jessica Solomon ('12)  
Danielle Sorenson ('11)  
Marya Spurling ('13)  
Loretta L. Stein ('11)  
Nizar Taki ('12)  
Nicole Thom ('12)  
Meredith Thomas ('12)  
Maya Varthi ('11)  
Matthew Wakim ('12)  
Jennifer Weintraub ('11)  
John D. Williams ('12)  
Roger Wu ('12)  
Kevin Yang ('12)  
Brian Yun ('11)  
John Yung ('11)

### Massachusetts Medical School

Emily Rachel Chen ('14)  
Seth Curtis ('13)  
Chris Klaucke ('13)  
Michelle McCreary ('13)  
Anna E. McMahan ('12)

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- or e-mail [mail@corecontent.com](mailto:mail@corecontent.com).



# MDPH Rx Monitoring (cont.)

## The following steps are involved in establishing these accounts:

### Applying for the Online PMP

The application can be found on page 24. Please print out a hard copy, complete the application, sign it, have it notarized, and return the application to the address shown at the bottom. (For those who may have a preexisting personal VG account, you still must complete an application.) By signing the application, you have agreed to the Online PMP Terms and Conditions (see page 26). Please carefully read the instructions for completing an application on page 25 and note differences for providers and pharmacists and an extra field for those with a VG account.

### Account Creation

Upon receipt of your application, the Drug Control Program (DCP) verifies your credentials. Information from the application is then sent to the VG. The VG will send an automated email with a username and temporary password if you are a new applicant. If you are a preexisting account holder, you will receive an automated email explaining that there has been a change to your account and you now have access to the Online PMP. The data is then used to create an Online PMP account.

The DCP will send an email at the same time that the application data is sent to VG letting you know that you will receive or may have already received notification from the VG. While accounts are being created, there will be a short gap in time between emails and when you are notified that you can use the Online PMP.

### Registering with the VG and Using the Online PMP

Once an account has been established for you in the VG and Online PMP, the DCP will send an email letting you know that accounts have been created and instructions on how to register with the VG and how to use Online PMP. We ask that you wait until you receive this message to logon to the VG to ensure that the two accounts have been established.

### Prescription Records

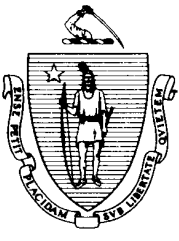
For this initial phase, only prescription records written for Schedule II drugs filled in Massachusetts pharmacies from September 1, 2009 through October 31, 2010 will be available. Records of Schedule III – V prescriptions will be available in early 2011.

Since you are among the first users of the Online PMP, we are interested in your feedback. DCP will email you a brief, online survey to evaluate the user friendliness, accessibility and quality of information after you have had experience using the system. Your feedback will help MDPH refine the Online PMP for statewide implementation and additional functionality.

Please return your application within 1-2 weeks to ensure that your Online PMP account can be established at the earliest opportunity.

If you have any questions, please call the DCP help desk at (617) 983-6700 or send an email to [dcp.dph@state.ma.us](mailto:dcp.dph@state.ma.us)

The MassAFP and MDPH appreciate your willingness to participate in the implementation of the Online PMP. We hope that you find the information helpful and look forward to your comments on the system.



# Massachusetts Department of Public Health Drug Control Program Prescription Monitoring Program

Online Prescription Monitoring Program Enrollment Application

PROVIDER INFORMATION		
1. First Name:	MI:	Last Name:
2. Business/Primary Work Site:		
3. Business/Primary Work Address:		
4. City/Town:	State:	Zip Code:
5. Primary Phone:	Secondary Phone (optional):	
6. Email:	7. Birth Month and Day (mmd):	

PROVIDER IDENTIFIERS		
8. Specialty:		
9. Professional Classification:	<input type="checkbox"/> DDS <input type="checkbox"/> DMD <input type="checkbox"/> DO <input type="checkbox"/> DPM <input type="checkbox"/> MD <input type="checkbox"/> R.Ph <input type="checkbox"/> APN <input type="checkbox"/> PA <input type="checkbox"/> Other _____ <small>(please specify)</small>	
10. Provider DEA #:	Exp. Date:	11. MCSR #:
12. Pharmacy DEA #:	Exp. Date:	13. Virtual Gateway Username (if applicable)
14. Board of Registration Lic. #:		15. 4 Digit PIN:

Signature Information	
"I hereby certify that the information on this application is true to the best of my knowledge and I hereby agree to the Terms and Conditions for use of the Massachusetts Online Prescription Monitoring Program ("Online PMP"). I understand that the Terms and Conditions may be revised from time to time, that I will be notified of any change and that my continued use of the Online PMP after such notice shall constitute my acceptance of the new Terms and Conditions ."	
16. Applicant Signature:	Date:
17. Notary Name (please print):	
Notary Signature:	Date:
Commission Expires:	

Please complete within 1-2 weeks of receipt and mail an original copy to:  
**Department of Public Health  
 Online PMP  
 99 Chauncy Street  
 Boston, MA 02111**  
 Before sending, please retain a copy for your files.

Notary Seal



**Massachusetts Department of Public Health  
Drug Control Program  
Prescription Monitoring Program  
Instructions For Completing The Application**

**Provider Information**

1. First Name, Middle Initial, Last Name: It is important to include your middle initial to help distinguish you from others with the same or similar name.
2. Business/Primary Work Site: For prescribers, enter the facility name and department (if applicable) for the address that appears on your Massachusetts Controlled Substances Registration (MCSR). If that business name is not current, please include a change of address form available on the Drug Control Program website ([www.mass.gov/dph/dcp](http://www.mass.gov/dph/dcp)) For pharmacists, enter the name of the pharmacy where you spend the majority of your time.
3. Primary Business/Work Site Address: For prescribers, enter the street number and address that appears on your MCSR. If that address is not current, please include a change of address form available on the Drug Control Program website ([www.mass.gov/dph/dcp](http://www.mass.gov/dph/dcp)) For pharmacists, enter the street number and address of your Business/Primary Work Site.
4. City/Town, State and Zip Code: Enter the city or town, state and zip code of your Business/Primary Work Site.
5. Primary Contact Phone Number: Provide a phone number where you can be reached by program staff at the Massachusetts Department of Public Health (MDPH) and that has message capability if you are unavailable. Secondary Contact Phone Number (optional) Provide an alternate phone number where you can also be reached.
6. Email: Provide the email address where you would want to be contacted with notifications and other communications by program staff at MDPH.
7. Birth Day and Month: Provide the month and day only (mmdd, for example 0107). Do not include year
8. Specialty: For prescribers, identify your specialty (e.g., surgery, primary care, neurology, etc.). For pharmacists, enter pharmacist.
9. Professional Classification: Check the box that matches the degree (credentials) that you have. If it is not listed, please check other and specify the degree.
10. Provider DEA # & Exp. Date: For prescribers, enter your DEA number and expiration date.
11. Massachusetts Controlled Substance Registration Number (MCSR#) For prescribers – provide your MCSR number. For pharmacists – provide your MCSR number if you have prescribing privileges.
12. Pharmacy DEA # & Exp. Date: For pharmacists provide your primary pharmacy DEA number and expiration date.
13. Virtual Gateway Username: For those with preexisting personal VG accounts, enter your username. This will give one account with which you can access other programs for which you are registered in the VG.
14. State Board of Registration License Information: For all – provide your board of registration number and expiration date
15. 4 Digit Personal Identification Number (PIN): Provide a 4-digit number that you can remember but that cannot easily be associated with you.

**Signature Information**

16. Signature : Sign and date the application attesting to the truthfulness of the information and acceptance of MDPH Terms and Conditions for use of the Online PMP (copy included as Appendix 3).
17. Notarize: A notary must print his/her name, sign, fill in the date, sign and provide the Commission expiration date and seal. Notarization provides an additional level of security and is a national standard for state PMPs. You can find notaries at most hospitals, lawyers' offices and banks.

- City and town halls
- Courts
- Banks
- Law offices
- Insurance companies
- Hospitals
- Drug stores and pharmacies



**Massachusetts Department of Public Health  
Drug Control Program  
Prescription Monitoring Program  
Terms and Conditions For Use of  
The Massachusetts Online Prescription Monitoring Program**

By logging onto and using the Massachusetts Online Prescription Monitoring Program (“Online PMP”), you agree to abide by the requirements governing the system at 105 CMR 700.012 and any other applicable requirements, including, but not necessarily limited to:

1. You attest that you are a duly licensed practitioner, pharmacist or other licensed health care professional authorized to prescribe or dispense controlled substances in the Commonwealth of Massachusetts.
2. You further attest that you are duly registered with the Massachusetts Department of Public Health, Drug Control Program, to prescribe controlled substances in at least one of the Schedules II through V or duly registered with the Board of Registration in Pharmacy to dispense controlled substances in at least one of the Schedules II through V. You also agree to promptly notify the Department of any change or proposed change in licensure or registration status.
3. You further attest that you are duly registered to use the Online PMP and that you have not provided nor will provide your logon credentials (i.e., username, password, key or any other security information) to anyone else. You are responsible for notifying the Drug Control Program of changes to your registration information or compromise of your logon credentials.
4. You attest that use of the system is for evaluating the prescribing and/or dispensing of a controlled substance in one of the Schedules II through V to a patient or research subject in order to prevent the prescribing and/or dispensing of controlled substances to the same individual from multiple sources or the unlawful diversion of controlled substances. You may not request the prescription history for anyone other than your patient or for a patient encounter.
5. You understand that the Department of Public Health does not guarantee the accuracy or completeness of the information contained in the database. You also understand that there may be multiple persons with the same name in the database, so you should use other information, such as date of birth and address, to distinguish your patient from others with the same name.
6. You acknowledge that you may use or disclose information obtained from the Online PMP, including reports generated from the database, only as permitted by applicable state and federal laws governing confidentiality and security of personal/patient information, including, if applicable, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA).
7. You acknowledge that you are aware that you must promptly notify the Department of any potential violation of confidentiality or use of the data in a manner contrary to the regulations or applicable professional standards.
8. You understand that usage of the Online PMP is recorded and monitored and that your right to use the system may be revoked at any time at the discretion of the Department.
9. You further acknowledge that you are aware that your controlled substances registration may be suspended or terminated in accordance with 105 CMR 700.004(L)(1), and that a referral may be made for criminal prosecution or disciplinary action by your licensing board, for the following:
  - a. a request, use or disclosure of data that involves a willful failure to comply with the standards in 105 CMR 700.012 for request, transmission or disclosure of data;
  - b. a failure to reasonably protect data in accordance with the requirements of 105 CMR 700.012 or other applicable state or federal law; or
  - c. an attempt to obtain data through fraud or deceit.
10. You understand that this data is being provided for the purpose of safe prescribing and dispensing, including assessing or preventing the possibility of drug abuse or diversion, but does not require you to take action which you believe to be contrary to the best interests of your patient.
11. You understand that the Department may revise these Terms and Conditions from time to time. You will be notified of any change and your continued use of the Online PMP after such notice shall constitute your acceptance of the new Terms and Conditions.



# Massachusetts Department of Public Health

## Drug Control Program

### Prescription Monitoring Program

#### Overview

#### 1. The Online PMP

The Massachusetts Department of Public Health (MDPH) is developing the Online PMP to facilitate safe prescribing and dispensing of federally controlled substances and to deter drug abuse, misuse and diversion. The Online PMP has been designed to be a secure system for authorized prescribers and pharmacists.

To that end, the Online PMP was developed in cooperation with the Executive Office of Health and Human Services (EOHHS). EOHHS has an internet portal, the Virtual Gateway (VG), which enables state agencies to provide secure on-line services in a single location. For additional information on the VG, you can visit their website at [www.mass.gov/vg](http://www.mass.gov/vg).

The way the Online PMP works is that pharmacies send MDPH their patients' prescription histories (for Schedule II only at this time), which is entered into the VG. Prescribers and dispensers then register with the VG, which in turn permits them to lookup a patient's prescription history.

#### 2. The Initial Phase of Implementation

Initially, only prescription records for Schedule II drugs will be available, going back one year. Starting in January of 2011, Schedule II - V will be available with shorter patient histories initially until the system becomes populated with a year's worth of data. This initial phase represents the first iteration of the Online PMP and is expected to begin enrolling end users in November and run through early 2011. Additional functionality (e.g., alerts, batch lookups) will be added in future versions.

#### 3. Patient Reports

MDPH will email specific instructions on how to log into the system and how to generate patient histories after an account has been created for you. You will start by logging into the Online PMP and then follow a few simple steps. Briefly, you type in the first few characters of the patient's first name, the full last name and date of birth. This will bring up the patient's name and if correct, you click on it and you will see a history of each Schedule II prescription filled including drug trade name, dosage, refills, prescriber and pharmacy name. Only Massachusetts pharmacies are part of the current system. Starting in Quarter 2 of 2011, out-of-state mail order prescriptions will also be included.

#### 4. Other Important Information:

- Passwords must not be shared. The system is for your individual use only.
- Patient permission is not required for you to view his/her prescription history. You may provide a patient over the age of 18 with his/her personal prescription history if he/she requests it.
- Practitioners may want to notify patients who are being prescribed a controlled substance that prescription history information is now in the Online PMP. MDPH is developing materials to explain the Online PMP to patients, which will be made available for distribution.
- Patients will be required to show government-issued identification at the pharmacy when initially filling a prescription (for Schedule II prescriptions now and Schedules II – V prescriptions starting January 1, 2011). If someone else is picking up the prescription for the patient, he/she will need to show identification.
- A hard copy of the prescription history may be added to a medical record.
- Data in the system will be updated monthly at this time and weekly starting in January 2011.
- There are no minimum usage requirements.
- You will be able to use the Online PMP after the initial phase and do not need to reapply. MDPH may require end users to renew their enrollment on a regular basis in the future.



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**American Academy of Family Physicians Unveils  
New Secure Electronic Messaging Service for Physicians  
Based on Surescripts Network for Clinical Interoperability**

*Leading-edge collaboration aims to improve communication among providers,  
enhance continuity of care, support achievement of EHR meaningful use  
and advance the patient-centered medical home model of care*

WASHINGTON — The American Academy of Family Physicians today announced AAFP Physicians Direct, a new service that supports secure, electronic communication between physicians. Built on the Surescripts Network for Clinical Interoperability, this new AAFP service is part of a larger program to help physicians more easily and securely share information such as referrals, patient summaries, discharge summaries and lab results when providing their patients' care. The innovative collaboration will make the nation's leading health information network available to nearly 75,000 family physicians across the United States.

AAFP physicians will be able to connect to the Surescripts network and share information securely through the new AAFP Physicians Direct web portal or a choice of electronic health record systems. Amazing Charts, e-MDs and SOAPware also announced today that they will connect their EHR systems to the Surescripts network and collaborate in the Physicians Direct program.

With this new service, AAFP will leverage the Surescripts network to provide electronic clinical interoperability among providers, allowing them to break down communication barriers due to incompatible technology and a lack of interoperability standards. Clinical interoperability between health care providers is viewed by experts as the next critical step to accelerate the digital transformation of the nation's health care system. The advance of clinical interoperability plays a central role in a number of important national health care initiatives: improving continuity of care; supporting the "meaningful use" of electronic health records; and advancing the patient-centered medical home model of care.

"We are proud to empower physicians with a digital tool that will make their practice run more efficiently while improving the overall quality of care they provide," said Glen Stream, MD, MBI, president-elect of the AAFP. "AAFP Physicians Direct will enhance communication among health care providers, and patients likely will experience more seamless coordination and continuity of care. Patients will benefit, and that's always a 'win.'"

“The AAFP has long played a leading role in advancing the adoption and use of health IT,” said Harry Totonis, president and CEO of Surescripts. “Today they demonstrate their leadership once more. Working together, AAFP will leverage the Surescripts network to provide an easy-to-use, cost effective means of enabling the nation’s family doctors to connect and share information like never before. AAFP’s new services — available to physicians and other health care providers serving large and small communities throughout the United States — help ensure that everyone can take part and benefit from the digital transformation of the nation’s health care system.”

The AAFP, Surescripts and many other organizations have collaborated with the federal government to create the standard protocols to make this type of electronic clinical communication possible. AAFP Physicians Direct will support all federal and state policies and standards for health information exchange, including privacy and security standards (such as HIPAA and state law), as well as technology interoperability standards and message types such as HL7, CCR and CCD. Use of standard protocols will allow AAFP physicians to communicate via the Surescripts network with any other physicians, whether they connect via an EHR, through a health information exchange or large hospital system, through a portal, or physicians using the new Direct Project protocols for clinical exchange.

“I commend the AAFP for its inspired leadership in helping to create the standard protocols and message types for clinical exchange,” said Farzad Mostashari, MD, ScM, deputy national coordinator for programs and policy at ONC. “AAFP Physicians Direct is a health IT innovation that will help providers achieve meaningful use and support continuity of care, which will reduce costs and medical errors.”

By enabling e-prescribing as well as the secure electronic exchange of clinical information, the Surescripts network offers broad support for the meaningful use of electronic health records. Taken together, these capabilities help improve health care quality and safety while reducing the cost of care.

For supporting statements from various stakeholder organizations, visit <http://www.aafp.org/media/physiciansdirect/>.

### **How Family Physicians and Other Providers Can Connect**

Today’s announcement introduces multiple new ways for physicians to connect for clinical interoperability.

Subscribers to AAFP Physicians Direct will be able to securely exchange messages with any other provider on the Surescripts Network for Clinical Interoperability. Also, as a way to make clinical interoperability as universal as possible, participants on the Surescripts network will be able to send message alerts to any other provider, including non-subscribers. Message recipients will retrieve messages from a secure web page within the Physicians Direct portal and reply to messages for free. AAFP Physicians Direct will be offered as a subscription service for \$15 per physician user per month. Subscribers will not be limited in the number of messages they can send through the secure portal.

“We are pleased to offer a digital solution to improve communication among primary care physicians, subspecialists and other health care providers,” said Steven Waldren, MD, director of the AAFP Center for Health IT. “AAFP Physicians Direct will make slow, fragmented and cumbersome patient referrals and follow-up care a thing of the past.”

“In four short months, the ability of one doctor to communicate and share information with another has been redefined,” said Cris Ross, executive vice president of Surescripts. “The days of family physicians having to fax or mail or hand deliver patient files to specialists are over. For less money than what it costs to provide basic cable to patients in their waiting room, clinical interoperability will

enable family physicians to share clinical information with more providers in a more efficient and effective way than ever before. Today's announcement represents a giant leap toward providing the right information to the right provider at the right time."

Family physicians have the option of connecting to the Surescripts network through the new AAFP web portal as well as some of the leading electronic health record systems.

For more information on AAFP Physicians Direct, visit [www.aafp.org/physiciansdirect](http://www.aafp.org/physiciansdirect).

### **New Research Demonstrates Need for Clinical Interoperability**

A recent study by the Center for Studying Health System Change showed that primary care and subspecialist physicians have decidedly different views about how often their colleagues communicate with them. They found that 69.3 percent of primary care physicians reported regularly — "always" or "most of the time" — sending a patient's history and the reason for the referral to the subspecialist, but only 34.8 percent of subspecialists said they regularly receive such information. On the flip side, 80.6 percent of subspecialists said they regularly send consultation results to the referring PCP, but only 62.2 percent of PCPs said they received such information, the study found.

Primary care and subspecialist physicians who did not receive timely communication regarding referrals and consultations were more likely to report that their ability to provide high-quality care was threatened.

# # #

### **About the American Academy of Family Physicians**

Founded in 1947, the AAFP represents 97,600 physicians and medical students nationwide. It is the only medical society devoted solely to primary care.

Approximately one in four of all office visits are made to family physicians. That is 228 million office visits each year — nearly 84 million more than the next largest medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.

To learn more about the specialty of family medicine, the AAFP's positions on issues and clinical care, and for downloadable multi-media highlighting family medicine, visit [www.aafp.org/media](http://www.aafp.org/media). For information about health care, health conditions and wellness, please visit the AAFP's award-winning consumer website, [www.FamilyDoctor.org](http://www.FamilyDoctor.org).

### **About Surescripts**

The Surescripts network supports the most comprehensive ecosystem of health care organizations nationwide. Pharmacies, payers, pharmacy benefit managers (PBMs), physicians, hospitals, health information exchanges and health technology firms rely on Surescripts to more easily and securely share health information. Guided by the principles of privacy, security, neutrality, choice, transparency, collaboration and quality, Surescripts operates the nation's largest health information network. By providing that information for routine, recurring and emergency care, Surescripts is committed to saving lives, improving efficiency and reducing the cost of health care for all. For more information, go to [www.surescripts.com](http://www.surescripts.com) and follow us at [twitter.com/surescripts](https://twitter.com/surescripts).