President’s Perspective
Suicide: The Hidden Epidemic

Seeing this person reminded me of a statistic that I first heard in medical school: “Nearly three-fourths of all suicide victims visit a doctor in the four months before their deaths, and half in the month before.” While mental health care management has become a larger part of my work when I’m rounding in the hospital and covering admissions (in part because of the bed crunch at New Hampshire Hospital and an underfunded community mental health system), I felt there had to be more to the story.

In 1999, then Surgeon General Dr. David Satcher released the first Surgeon General’s Report on Mental Health, identifying suicide prevention as a priority. Tragically, every year since then more Americans have killed themselves than the year before, making suicide the nation’s fastest growing cause of death. Last year, Surgeon General Dr. Regina Benjamin released a more focused report, “2012 National Strategy for Suicide Prevention: Goals and Objectives for Action.” This report was timely – in the United States we are now on track to have more than 40,000 deaths by suicide this year, a much higher number than we would have expected from population growth alone. Worldwide, suicide kills more people than war, murder and forces of nature combined.

N.H. Medical Society Launches DocbookMD

Offered exclusively by NHMS for NHMS members in N.H.

In spring 2012, orthopedic surgeon Tim Gueramy and his wife, Tracey Haas, a family physician, had a decision to make. The Austin, Texas-based physicians could either hire-in an executive team to run their rapidly growing startup company, DocbookMD, or they could leave their practices to focus on the business.

Suicide, cont. on page 3

"Cholesterol Park" Engages Patients in Improving their Heart Health

By Rudy Fedrizzi, MD, Keene

The Medicine and Public Health (MPH) Task Force of the N.H. Medical Society is coordinating efforts to promote the Million Hearts Campaign throughout our state. Achieving a healthy
Hacking Medicine in Haiti
How to use established infrastructure differently

By Cole Zanetti, DO
N.H. Dartmouth & DHMC
Combined Family & Preventive Medicine Resident

There are more cell phones than toilets and toothbrushes in the world. This untapped communication infrastructure spans even the most destitute and remote regions in the world. This seemingly simple technology has the capacity to identify migration patterns of populations in disasters and serves as a remote monitor for activity and an educational platform that could reach those thought to be unreachable.

As a fellow at the Dartmouth Center for Health Care Delivery Science, I was provided an opportunity to help reform the education delivery model for community health workers in rural Haiti. I had a hunch that given the ubiquitous presence of cell phones that even in the most remote villages in Haiti this technology could be present. If it was, we could harness this infrastructure to overcome the greatest obstacle for the educational growth of community health workers – travel expenses.

Haiti’s rural road infrastructure is practically nonexistent. Dirt roads mixed with hurricanes create a need for expert terrain navigators or dirt bikes to serve as the main transporters, both of which are very costly. The time spent and the cost incurred for travel handicap the ability of community health workers to frequently attend hospital educational sessions more than once a month. When the Dartmouth team arrived in Haiti, we had a meeting with all of the community health workers, and we were able to quickly realize that my hunch was correct.

Armed with this knowledge we devised a way to utilize software that could send mass text messages to the community health workers. The hospital would be able to send quiz questions via text message to the community health workers after their monthly sessions. This allows for an objective way to assess the learning process for each community health worker. The project is still under way, with great hope for expansion.

From left, Amita Kulkarni ’10, presidential fellow in global health at Dartmouth, Dartmouth Studio Art Senior Lecturer Jack Wilson and Cole Zanetti, DO.
NHMS-dedicated unit offers insurance covering your home, auto, umbrella, boat and more!

Since its inception in August 2012, the New Hampshire Medical Society Insurance Services, L.L.C. [‘NHMS-IS’] has been working with Willis to bring a new, higher level of expertise and value to providers of all specialties and types in N.H. This has been done to help providers with better management of their business risk – through medical malpractice, cyber liability, worker’s compensation, E&O, D&O and other insurance products.

NHMS-IS’ goal is to help you manage your risk and expenses and use the commission generated to help further NHMS’ public health mission.

NHMS-Is' efforts have not stopped there.

**Personal Lines Insurance:**

Referring to the 2011 NHMS physician survey, we heard that a number of physicians would find value in NHMS offering discounted insurance products such as home owners, automobile, boat owners, etc. – enter Willis Personal Lines [‘WPL’].

Leveraging WPL’s relationships with national and regional insurance companies, NHMS-IS is able to offer you access to high-quality carriers at affordable prices and the feel of a local agent while funding the mission of NHMS. While individual underwriting of your personal circumstances will apply, WPL will shop its vast array of carriers to place the right coverage for you at the right price for you.

Contact WPL’s NHMS-dedicated team at:

1.855.652.4311
or
NHMSquote@willis.com

Please let us know how your experience is with this new program. We are confident that this will prove to be of tremendous value to you and will help NHMS stay true to its mission.

You may contact NHMS Executive Vice President Scott Colby at 603.224.1909 or scott.colby@nhms.org with any questions, comments or general feedback.

---

**Suicide, cont. from page 1**

In addition to suicide being an issue for our patients, it affects our profession disproportionately. Physicians are more than twice as likely as the general population to kill themselves. Each year, it would take the equivalent of one to two average-sized graduating classes of medical school to replace the number of physicians who kill themselves.

While we are seeing the enormity of this problem now, when did this trend begin and why? Is it access to guns? A downturn in the economy? Violence in society? Facebook?

Rutgers University sociologist Julie Phillips identified that this trend began long ago and that while we are seeing the highest rates among baby boomers, everyone born after 1945 has a higher risk of suicide than expected. As a result, the causes are harder to identify, but Tom Joiner, a professor at Florida State University, has helped to develop the Interpersonal Theory of Suicide that may explain the phenomenon. Joiner explains that the desire for suicide is at the intersection between the feelings of “I am alone” and perception that “I am a burden.” That desire for suicide becomes lethal or near lethal when those...
feelings are combined with the notion that “I am not afraid to die.”

Many have detailed the declining trend in social cohesiveness over the past four to five decades and, as we have become more socially isolated, we have become more lonely and suicidal. Although the decline in connectedness began prior to the creation of social media, our increased obsession with virtual relationships correlates with a decline in real face-to-face relationships, and many have documented that loneliness is positively correlated with the number of online interactions. Add to that the feelings of being a burden that can stem from family conflict, unemployment and physical illness and you have a recipe for a desire to die. A lowered fear of death and an increased pain tolerance make up an individual’s acquired capability for suicide, which is made up of, among other things, impulsivity, exposure to suicide or violence, exposure to combat, prior suicide attempts and childhood maltreatment.

So what can we do about this? Loneliness, the feeling of being a burden and violence in society are difficult problems to solve and feel like they are bigger than what we can handle in our offices. And they are – we should be engaged with our communities, “unplug” more frequently and work to destigmatize mental illness. However, there are things we can do in our clinical work, as well, regardless of our specialties. We can look for warning signs, ask about support systems, make appropriate mental health diagnoses or, if we are unable to diagnose given our training, refer to someone who can. We should communicate with the patient’s primary care physician or specialist, because risk of suicide will impact the approach to care whether someone has a chronic condition, is in need of a hip replacement or is about to give birth. Suicide trends tell us that spring is the start of suicide season; the average daily death toll peaks in mid-summer, before tapering through fall and winter. This summer keep your eyes open for suicide risk factors and act on them. On November 8-10, come to the NHMS Annual Scientific Meeting, where you will learn more about mental illness and how it affects your practice … it will also be a valuable opportunity for you to unplug and connect with your colleagues. Let’s stop this epidemic for our patients and so we can keep a classroom full of our colleagues alive each year.

---

**Million Hearts, cont. from page 1**

Cholesterol level is a key component of the initiative (along with the other ABCS – appropriate Aspirin use, Blood Pressure control and Smoking (tobacco cessation) – to prevent a million heart attacks and strokes by 2017.

Beginning in February 2013 to coincide with National Heart Health Month, a community coalition in Cheshire County has worked with representatives from Merck & Co. to host small group educational opportunities using Merck’s engaging, interactive exercise called “Cholesterol Park.” Merck educators held workshops to train facilitators from the Keene Senior Citizens Center, Keene State College Health Science and Dietetic Internship Programs and Cheshire Medical Center/Dartmouth-Hitchcock Keene (CMC/DHK) to effectively engage participants using the unbranded board game. Materials were provided to facilitators and participants at no cost.

These free one-hour sessions teach participants about the importance of adopting a healthier lifestyle, lowering cholesterol, setting simple health goals and working in partnership with their healthcare provider. Participants receive an informative health guide to take home that reinforces the session activities and helps them to formulate questions for their healthcare provider. Post-session surveys show the game to be popular and appreciated by participants, who felt confident that their “Heath and Wellness IQ” was raised by the encounter.

In Cheshire County, seniors were the first to participate, with help from Keene Housing Authority officials who arranged sessions at eight of their housing units. The educational “game” has also been hosted for younger adults at CMC/DHK and Keene State College. It’s hoped that this simple and fun educational experience will be one more way the medical system, healthcare industry and community can partner to improve overall health.

To share what your practice is doing to improve the ABCS of Million Hearts and/or to learn how your community can become involved with Merck’s “Cholesterol Park,” contact Rudy Fedrizzi, MD, chair of the MPH Task Force, at rfedrizzi@cheshire-med.com.
The benefits of membership keep expanding

On an ongoing basis, NHMS leadership and staff assess the “value proposition” of membership in NHMS. We continue to evaluate the access and popularity of current programs and assess potential programs based in part on the 2011 member survey (http://www.nhms.org/content/reports-strategic-plans-surveys). The following is a quick summary of the new member offerings introduced (or to be introduced shortly) in late 2012 and into 2013:

Physician’s Guide to Hospital Employment Contracting:

This free resource is designed to help you better understand your employment contracting with a succinct, easy-to-read format explaining key provisions of your employment contract. Contact NHMS to learn how to arrange for discounted legal assistance with your contract. Go to http://www.nhms.org/member-services/programs.

DocbookMD:

This innovative communication tool is offered exclusively to NHMS members at no charge (see the related story on page 1 and full-page ad on page 10). This HIPAA-compliant program brings you secure and efficient means to communicate with your physician colleagues. Sign up today at www.docbookmd.com.

N.H. Medical Society Insurance Services – Personal Lines Program:

NHMS, through its insurance agency, is now offering personal lines products for home, auto, umbrella, boat and more. Through its strategic partnership with Willis, NHMS-IS and Willis Personal Lines have a dedicated service unit that understands your needs (see the related story on page 3 and full-page ad on page 12). Call the NHMS-dedicated unit today at:

1.855.652.4311 or NHMSQuote@willis.com

Coming Soon:

Medical Malpractice Support Group:

NHMS will be launching an emotional support group where you will be free to come and discuss the emotional journey of your malpractice suit/claim (past, present or pending threat of) with your colleagues in a strictly confidential manner. The goal is to draw support from sharing your common experiences. Intended to combat the feelings of self-doubt, isolation and depression, this important service is intended to meet a growing demand – an often silent epidemic – among your colleagues. Watch for more information in the fall of 2013.

Physician’s Guide to Reimbursement Contracting:

Structured in a similar fashion to the hospital employment contracting guide, this guide is intended to help you understand your reimbursement contracts. While NHMS is precluded from negotiating reimbursement terms on your behalf, we can help you better understand the language and terms of your agreement. Free to NHMS members, the guide will be in an easy-to-read format with the opportunity to arrange for discounted legal assistance when reviewing and/or negotiating your reimbursement contracts. Watch for more information in the coming months.

Current Programs:

For existing benefits and discount programs visit the new NHMS website at:

www.nhms.org/member-services

As you can see, the leadership and staff at NHMS continue to focus on providing you the maximum value for your membership.

For more information about these and other programs or to suggest a possible new program offering, please contact NHMS Membership Coordinator Joy Potter at 603.224.1909 or joy.potter@nhms.org.
Although it wasn’t easy to give up the careers for which they’d worked so hard, the doctors decided they could make a bigger impact in medicine by dedicating themselves full-time to the development and growth of DocbookMD.

“We chose medicine to make a difference in the world, and right now with DocbookMD we feel that is possible,” said Tracey.

An exclusive HIPAA-secure messaging application for smartphone and tablet devices, DocbookMD responds to a growing need in medicine by providing secure and efficient physician-to-physician communication. Through DocbookMD, physicians can send HIPAA-secure text messages to other physicians or members of their care coordination teams, bundled with photos of X-rays, EKGs or any other patient information. The result is faster and richer consultations on patient care and treatment.

With the number of serious medical errors on the rise due to miscommunication between healthcare providers, it is shocking that there has been little meaningful change in this area in the past decade. JCAHO has estimated that up to 80% of serious preventable adverse patient events are due to poor communication between healthcare givers, up from 60% estimated in 2007 (JCAHO, 2010).

Through the doctors’ efforts and their commitment to keeping the app a physician-centric technology, DocbookMD has experienced more than 100 percent growth this year. In a highly saturated technology market, that kind of growth is astounding.

Based on their own experiences, Tim and Tracey know that if physicians can communicate quickly and efficiently, patient care is better. “Communication saves lives,” said Tim. “It’s as simple as that.”

Also, by making the app freely accessible to all physicians who are part of a state or county medical society, Tim and Tracey have found a way to promote better communication throughout the entire community of medicine, making a bigger impact on patient care.

“We don’t want the app to look like just another mandated technology that may or may not speed up their day,” added Tracey. “We want the app to work with them throughout the day intuitively—sending messages through DocbookMD should not feel like a new behavior. From the start, DocbookMD has been designed to put the doctor in control.”

Although there have been many inquiries, the doctors are adamant about not wanting DocbookMD to become just an enterprise solution. They want DocbookMD to cross all the traditional barriers in medicine, such as hospital walls, practice size or demographics.

“Some of our competitors are working hard in this space,” said Tim.

He also notes that these products do not allow the doctor to choose who can have access to them, which can be a real barrier to entry for this type of technology. Another drawback is that often these products integrate with social media, which few doctors have the time to engage in, and end up as subpar innovations because they are, as both doctors note, providing a solution to the wrong question.

“By focusing on patient care and improving physicians’ quality of life with an efficient, secure communication tool, DocbookMD provides a solution that’s different from everything else that’s out there.”
Did You Receive A Distribution From the JUA Settlement?

One of the driving forces behind the 14 years of effort to have the excess surplus JUA premium dollars returned to policyholders has been the New Hampshire Medical Society. Early in this process, there were many who thought that this effort would not yield the intended results. Without the Medical Society’s leadership and continued assistance, this successful legal effort would not have moved forward.

If you have not yet joined your physician colleagues in making a tax-deductible donation from your JUA settlement to the Medical Society’s non-profit John P. Bowler Memorial Library Fund, please do so today.

For those of you who have already made a donation, thank you for your consideration of this important opportunity to support the medical profession. To date, $84,900 has been contributed by physicians who received JUA distributions.

The Bowler Fund was incorporated in 1974 exclusively for charitable, educational and scientific purposes. In the past, the Bowler Fund has supported scholarships for medical students to attend educational programs, a conference with the New Hampshire Humanities Council and a variety of continuing medical educational programs for all physicians – not just Medical Society members.

If you have any questions, please contact Scott Colby at 603.224.1909 or Dr. Georgia Tuttle at 603.448.1071.
Optimizing Your Employment Contract with Your Hospital

By Cynthia Cooper, NHMS past president

More and more New Hampshire physicians are leaving independent practice and becoming employees of hospitals or other large healthcare systems.

As the N.H. Organized Medical Staff section chair, I attended the American Medical Association meeting in Chicago in June and learned more about the “AMA Principles for Physician Employment.” I learned the importance of negotiating an employment contract so that the physician and his or her employer can best collaborate to provide safe, high-quality and cost-effective patient care.

Unfortunately, many physicians do not look much further than their salary, vacation time and call schedule when reviewing a potential employment contract. Just as important, but not nearly as exciting, are restrictive covenants and language regarding due-process protections and employment termination. The physician should never have language in the contract that states “if the contract terminates, hospital medical staff privileges are terminated automatically” or that equivalent. Physician employment agreements should also contain dispute resolution provisions. If the parties desire an alternative to going to court, such as arbitration, the contract should specify the manner in which disputes can be resolved. When discussing compensation, the employer should make clear to the physician the factors upon which compensation is based. There should be precise language as to how the physician is paid, and the physician should not agree to a contract with a “discretionary bonus.” If formulas are used to determine the bonus, it is ideal to have an example of this formula in the contract.

A physician’s primary responsibility is to his or her patients. A physician should always make treatment and referral decisions based on the best interest of his or her patients. If an employer restricts, discourages or encourages particular treatment options or referral options, this must be disclosed to the patient. “In any situation where the economic or other interests of the employer are in conflict with patient welfare, patient welfare must take priority,” according to the AMA Principles for Physician Employment.

The “AMA Annotated Model Physician-Hospital Employment Agreement” and the “AMA Physician-Group Practice Employment Agreement,” which are found at (ama-assn.org/go/employmentagreement), give further guidance on physician employment contracts. It is most important to have a potential employment contract reviewed by an attorney. As an NHMS member, you are eligible to have a specialized healthcare attorney review your contract at a negotiated, discounted rate. Please call the NHMS office at 603.224.1909 for more information.

New study shows HPV vaccine helping lower HPV infection rates in teen girls

From a CDC press release

A new study looking at the prevalence of human papillomavirus (HPV) infections in girls and women before and after the introduction of the HPV vaccine shows a significant reduction in vaccine-type HPV in U.S. teens.

The study, published in the June 19, 2013, edition of The Journal of Infectious Diseases, reveals that since the vaccine was introduced in 2006, vaccine-type HPV prevalence decreased 56 percent among female teenagers 14-19 years of age.

About 79 million Americans, most in their late teens and early 20s, are infected with HPV. Each year, about 14 million people become newly infected.

“This report shows that HPV vaccine works well, and the report should be a wake-up call to our nation to protect the next generation by increasing HPV vaccination rates,” said CDC Director Tom Frieden, MD, MPH.

“Unfortunately only one third of girls aged 13-17 have been fully vaccinated with HPV vaccine. Countries such as Rwanda have vaccinated more than 80 percent of their teen girls. Our low vaccination rates represent 50,000 preventable tragedies – 50,000 girls alive today will develop cervical cancer over their lifetime that would have been prevented if we reach 80 percent vaccination rates. For every year we delay in doing so, another 4,400 girls will develop cervical cancer in their lifetimes.”

The journal article is available on The Journal of Infectious Diseases website http://jid.oxfordjournals.org/content/early/recent. For additional information on HPV, visit http://www.cdc.gov/hpv/.
Breach Notification Rule part of the HIPAA Omnibus Rule (The Final Rule)

By Denise Condron, associate director of clinical risk management, CMIC RRG

In January 2013, the Office of Civil Rights of the Department of Health and Human Services published its Omnibus Final Rule (Final Rule) for the Health Information Technology for Economic and Clinical Health (HITECH) Act under the Health Insurance Portability and Accountability (HIPAA) Act. Regulations became effective March 26, 2013. Covered entities have until Sept. 22, 2013, to have their final changes in place.

Changes to Definition of a Breach:
Part of the Final Rule entails a formal definition of a breach (§164.402). Breach means the acquisition, access, use or disclosure of protected health information in a manner not permitted under (the privacy rule) that compromises the security or privacy of the protected health information. Further, it is presumed to be a breach unless the Covered Entity or Business Associate, as applicable, demonstrates that there is a low probability that the protected health information has been compromised based on a risk assessment of at least the following four factors:

1. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
2. The unauthorized person who used the protected health information or to whom the disclosure was made;
3. Whether the protected health information was actually acquired or viewed; and
4. The extent to which the risk to the protected health information has been mitigated.

The responsibility of performing the risk assessment falls to the Covered Entity or Business Associate. The risk assessment is only required if the Covered Entity or Business Associates wishes to demonstrate that no notification is required. Otherwise, the Covered Entity or Business Associate must notify the individual(s) of the breach. The Office of Civil Rights will be releasing additional assistance in performing risk assessments for frequently occurring scenarios.

Notification:
The Final Rule also clarifies notification. For a breach of unsecured protected health information involving more than 500 residents of a state or jurisdiction, a Covered Entity shall, following the discovery of the breach, notify prominent media outlets serving the state or jurisdiction (§ 164.406). In addition to notifying affected individuals and the media (where appropriate), Covered Entities must notify the secretary of breaches of unsecured protected health information. Covered Entities will notify the secretary by visiting the HHS website and filling out and electronically submitting a breach report form. If a breach affects 500 or more individuals, Covered Entities must notify the secretary without unreasonable delay and in no case later than 60 days following a breach. If, however, a breach affects fewer than 500 individuals, the Covered Entity may notify the secretary of such breaches on an annual basis. Reports of breaches affecting fewer than 500 individuals are due to the secretary no later than 60 days after the end of the calendar year in which the breaches occurred. For more information regarding individual notification, visit the HHS website.

Further Reading:
- U.S. Department of Health and Human Services http://www.hhs.gov
- Federal Register: Vol. 78, No. 17, Friday, Jan. 25, 2013. 45 CFR 160 and 164

CMIC RRG is a mutual member-owned insurance company created to address the professional liability insurance needs of doctors and healthcare facilities throughout New England. For more information, visit CMIC RRG’s website at www.cmicrrg.biz.
LOSE THE TEXTING in favor of this new, HIPAA-secure mobile communications app. Connect with your colleagues directly from the point of care and become more efficient and responsive.

Offered in N.H. exclusively through the Medical Society for Medical Society members only, you can download and use this FREE app today! Go to www.docbookmd.com or www.nhms.org.
“We’re trying to figure out how to give physicians what they really want but perhaps don’t know they need yet,” said Tim. “By focusing on patient care and improving physicians’ quality of life with an efficient, secure communication tool, DocbookMD provides a solution that’s different from everything else that’s out there.”

The need for a standardized communication tool for physicians is more important now than ever. According to a recent cross-sectional study of Medicare claims data, it was found that for every 100 Medicare patients a primary care provider sees, they must coordinate care with 99 other physicians across 53 specialties (Pham et al, 2009). In order to have coordinated care, these physicians must have a way to communicate effectively with each other.

As of June 2013, DocbookMD has grown to more than 18,500 physician users in 36 states and continues to grow as new medical societies sign on.

“In the past few months alone, we’ve significantly expanded our market share in the East Coast adding Massachusetts, Vermont and New Hampshire to existing societies in Connecticut, New Jersey and most major counties in New York and Pennsylvania,” Tim said.

Recently, DocbookMD expanded as a tool for wider patient-care teams in order to help with care coordination across any type of practice setting. Additionally, DocbookMD is being configured so a physician can add any DocbookMD message into the patient record.

From the physician who called off surgery at the last minute because of an abnormal lab sent by the anesthesiologist to the cardiologist who was sent an EKG by an ER doctor and was then able to talk the ER doctor through an intervention, DocbookMD enables the kind of immediate, compliant communication that can change the face of health care in a physician-centric, community-minded, patient-care-focused way.

In an age when physicians have had to succumb to increasing patient loads, penalties and mandates, DocbookMD provides a technological solution that makes it easier to do the job.

“We saw an opportunity to make a change in this area of medicine,” said Tim. “We decided it was time for physicians to step up.”

To learn more about DocbookMD, visit its website at docbookmd.com or www.nhms.org.
Anncountrying

Personal Lines Insurance

Home-Auto-Boat-Umbrella ... and more

Offering you, your staff and your family superior coverage (access to most major carriers) with the potential for significant savings.

Individual underwriting will apply.

The purpose of N.H. Medical Society Insurance Services is to help the Medical Society advance its public health initiatives for the physicians and citizens of New Hampshire.

Receive a no-obligation quote by contacting the NHMS-IS dedicated team at Willis:

1.855.652.4311
NHMSquote@willis.com

Here at Willis, we understand the needs and perspective of our clients

www.nhmsinsurance.com
Finally!

A fresh professional liability insurance alternative for New Hampshire’s doctors and healthcare facilities.

Choose a partner you can depend on.

Choose doctor owned.
We were built by doctors, for doctors. Our products and services reflect our members input and the leadership of practicing doctors.

Choose disciplined growth.
Our financial strength and corporate growth is based on meticulous planning, disciplined underwriting and a highly experienced management team.

Choose personalized service.
Interaction with CMIC RRG is a personalized experience with the industry's most competent and personable staff at your service.

Choose tailored programs.
Tailored programs include online self study and live workshop opportunities that provide convenient access to required CME credits. Specialty specific informed consent protocols and patient education are also available.

Choose CMIC RRG.

CMIC
Risk Retention Group

80 Glastonbury Boulevard • Glastonbury, CT 06033 • 877.652.9677 • www.cmicrrg.biz
Since 2001, WBS has specialized in providing hospitals, health care providers and other companies with innovative tools and strategies to better manage employee benefit programs.

1667 Elm Street, Suite 3
Manchester, NH 03101
NHMS Direct: 1-877-235-0409
www.workplacebenefitsolutions.com
There are insurance carriers that have shown themselves to be more than happy to settle a medical professional liability claim when it's deemed a less expensive alternative to defending it — sometimes even when the case is without merit. We've even heard of cases where the decision to settle was made without consulting the physician who had been sued. Is that the kind of “coverage” you have?

With Medical Mutual you can be sure that if you're ever the subject of a significant claim, our Claims Committee, comprised of practicing physicians like you, will review the details of your case. Then they — not businesspeople — determine whether it's best to settle or defend, based on the medical facts. And in the end, we believe that since it's your reputation and record that are on the line, the decision to settle or defend is your call.

If you prefer that kind of respectful, peer-directed coverage, make it your call to say so. Talk to your practice or hospital administrator about making sure you're insured by Medical Mutual. For more information, contact John Doyle toll-free at (800) 942-2791, or via email at jdoyle@medicalmutual.com.
SAVE the DATE:

Mental Illness: Recognizing the Impact of this Hidden Co-morbidity

Dr. P. Travis Harker invites you to explore the impact of mental health disorders on your patients and how best to address this “Hidden Co-morbidity.” Do you know the specific impact of mental illness on diabetes, weight gain, heart disease, recovery from surgery and many other physical conditions? While mental illness is often hidden, it is rarely silent. Join us to learn what every physician should know about mental illness in their practice. Approved for 11.5 AMA PRA Category 1 CME credits*

N.H. Medical Society’s 2013 Annual Scientific Conference
Mountain View Grand Resort & Spa, Whitefield, N.H.

Friday, November 8 – Sunday, November 10

Early-Bird Registration Deadline: August 1, 2013
NHMS Members $99
Non-Members $149
Allied Health $129

Weekend includes:
Friday night reception, dinner, bonfire & kids dinner
Saturday night president’s reception, inaugural dinner, dancing & kids dinner

* This activity has been planned and implemented in accordance with the Essentials Areas and Policies of the New Hampshire Medical Society Council on Education through the joint sponsorship of Concord Hospital and the New Hampshire Medical Society. Concord Hospital is accredited by the NHMS COE to sponsor continuing medical education for physicians. The Concord Hospital Continuing Medical Education Program designates this live activity for a maximum of 11.5 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.