NHMS Welcomes 180th President

Cynthia S. Cooper, MD

Dr. Cynthia Cooper, a gynecologist in private independent practice in Dover, N.H., is the third female president of the N.H. Medical Society. She was president of the N.H. Board of Medicine from 2001-2004 and presently serves on the USMLE Composite Committee at the National Board of Medical Examiners.

We are so lucky to be physicians. We have the joy of helping our patients with their most important asset, their health. The World Health Organization in 1948 stated, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Although this may be an impossible goal to reach, it is so satisfying to know that we have such a major role in helping our patients reach their healthiest possible state.

Even with today’s changing times, I feel that being a physician is one of the most rewarding jobs in the world! Beyond all the bureaucracy, beyond the required implementation of electronic medical records, and beyond the decreasing reimbursements and increasing healthcare costs, is the joy of knowing what a positive difference we make in the lives of our patients. I remember when our family visited Yellowstone National Park for a summer vacation. We were at the Old Faithful Inn, and I needed to know when the Old Faithful geyser would next erupt so that we could watch it. I went up to the hotel concierge. He took one look at me and said, “Dr. Cooper, you did a hysterectomy on my wife!” He told me how she had a wonderful new life now that she was free of the pain and bleeding of endometrosis. He proceeded to call his wife downstairs, who again thanked me profusely. This is the joy of medicine. This is the reward of medicine. I know that all of you have had similar experiences in your practices, too. I feel few other professions can come close to providing such inner satisfaction and reward.

Sure, there are bumps in the road that interfere with the joy. Among physicians in my specialty, obstetrics and gynecology, the data shows 88% of us face at least one medical liability claim by age 45, and an estimated 99% of us face one medical liability claim by age 65. Are all OB/GYNs incompetent? The trial lawyers feel we should not take it personally - that it is just part of doing business and that it is the way they support their families. However, we all know the personal toll.
we feel when we are sued – even when the suit is frivolous. Anyone who has ever been involved in a medical liability case knows how emotionally draining it is. I plan to continue our fight for tort reform in 2012. The result of these lawsuits is far reaching. We increase healthcare costs, as we practice more and more defensive medicine and order more and more tests and procedures to cover ourselves. A study in the Annals of Internal Medicine from Sept. 2011 surveyed 627 primary care physicians. Of that group, 42% said patients in their practice get too much treatment. Three out of four physicians listed medical liability concerns as the primary reason they practice more aggressive medicine. This must stop. I will continue to support and preserve the medical liability screening panels; they have made such a difference in Maine. Medical liability costs are down there. Very few cases proceed to trial in Maine. The N.H. Senate also just passed the “I’m Sorry” legislation, which is very encouraging. I am also hoping to introduce a bill to make all expert witnesses register with the Board of Medicine. Even out-of-state hired guns could then be disciplined by the Board if they give completely false testimony; this would be similar to the system now in place in Mississippi. Ideally, I would eventually like to see healthcare courts, instead of juries, handle all medical liability cases in N.H.

Practice models are changing rapidly. A large number of us are now employees instead of business owners, and we are probably all heading that way, as the industrialization of medicine proceeds. The N.H. Medical Society will continue to support all physicians, and will help physicians navigate these inevitable changes, while making sure that our primary focus, our patients, and the sanctity of our relationship with our patients come first. My goal for 2012 is to help make the NHMS more relevant and helpful to all N.H. physicians, both those still in independent practice and those who are employed by large organizations in which they are not shareholders. While many of our needs are the same – for example, supporting the campaign to end Medicare’s sustainable growth rate and improve Medicare-- many of our needs are different. For example, for the independent practices, we will continue to offer health and dental insurance as well as possibly a 401k program at a discounted price. For the employed physician, we will offer general information on contract negotiation. If you would like help reviewing a contract, we will provide a lawyer to assist for an exceptionally low hourly rate.

The N.H. Medical Society will continue to be your voice in Washington. As far as legislative issues are concerned, we plan to incorporate e-polling on our website, so you, our members, know your voice is heard and reflected when the Medical Society takes official positions. We want to make sure that we reflect the opinions of our membership and not just the opinions of our Executive Committee members.

Despite all the hassles of practicing modern medicine, remembering our unique relationship with our patients makes it all worthwhile. I remember my patient and her husband staring at her positive pregnancy test in my office and bursting into tears of joy. They had waited for years. As physicians, we will always cherish these special moments. No matter what the future holds for changes in the healthcare delivery system, the N.H. Medical Society will support you and protect the doctor-patient relationship. After all, the vision of the N.H. Medical Society is “a State in which personal and public health are high priorities, all people have access to quality healthcare and physicians experience deep satisfaction in the practice of medicine.” I will work with this vision in mind during my term. We will continue to have perhaps the most rewarding profession there is!
A Year of Reflection

Over the past year I have promoted my themes of public health, advocacy and physician leadership in columns, updates, presentations and at our annual scientific conference. I have tried to be informative, bring awareness to issues and hopefully to gently push my colleagues toward greater engagement.

In pursuing my theme, I have occasionally sought to be provocative and you have not been shy about providing feedback. Thank you! I have thoroughly enjoyed your comments, your criticism and most of all, the dialogue. The opportunities are rare in our increasingly divisive society, where colleagues can come together, speak freely, disagree without being disagreeable and then find common ground. This is the strength of our Medical Society, there are few other places like it.

Just as an outstretched hand can obscure the view of majestic peaks, so too can the immediacy of our everyday lives obscure what is really important. This year I heard from our members on just how hard it has become to practice medicine: the administrative burden, the frustrations over decreasing reimbursements and rising costs, the intrusiveness of payers, burgeoning regulations, and the threat of lawsuits all combine to obscure the greater meaning and reward in the practice of medicine. Physicians are hurting. Change is hard, and it feels like those changes are happening to us without our input, and solutions are beyond our control. In the midst of this pain and frustration, we fail to realize how much of an impact we can have.

As I took time this year, away from my day-to-day concerns, to work on something bigger than myself, it helped me to see what I had always known but didn’t appreciate: Just how much of an influence physicians have in other’s lives and what potential we have to make a difference beyond our patients; especially when we work together.

One of my mentors when I first came to N.H. was Dr. Selma Deitch, a pediatrician and strong public health advocate. Dr. Deitch kept on her desk a poem, often erroneously attributed to Emerson, called “Success.” It reads in part, success is “to find the best in others; to give of one’s self; to leave the world a little better, whether by a healthy child, a garden patch or a redeemed social condition.”

So in completing my last act as NHMS president, I would like to ask you to take a moment for reflection. Look inward and recall the meaning and purpose in our lives. Feel a sense of connection and belonging – to each other and to our communities. Remember why you went into medicine and recapture just a little bit of that youthful idealism, now tempered by experience and wisdom.

Then look outside of yourself and consider how you can get involved as a leader. Use your role as physician and healer to make a difference on a larger scale, whatever your issue. Social capital is unlike economic capital, where once you spend it, it’s gone. With social capital, the more you spend, the more you gain. Working together we are so much stronger than as individuals, and I can think of no better pursuit than to join together to advocate for our profession, our patients and the betterment of public health. Thank you.
President’s Inauguration
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March is National Colorectal Cancer Awareness Month and a great opportunity to share with you New Hampshire data on colorectal cancer as well as our plans to support you in your efforts to screen your patients for colorectal cancer.

Among cancers that affect both men and women, colorectal cancer (CRC) is the second most commonly diagnosed malignancy in New Hampshire. The best known risk factors are age older than 50, personal or family history of colorectal cancer or polyps, inflammatory bowel disease, genetic factors, smoking, black race, and possibly a diet high in fat and animal protein and low in fiber and folic acid.

In the past few decades we have seen reduced incidence of, and mortality from, colorectal cancer. As shown on the 2011 New Hampshire state profile, from 2003-2007 we saw 55 per 100,000 New Hampshire men and 40 per 100,000 women diagnosed with colorectal cancer: which is comparable with national rates. Mortality during the same period was 20.6 per 100,000 for men and 14.6 per 100,000 for women, which is a significant decline of 5.9 percent for men and 4.5 for women.

Evidence shows that colorectal cancer screening is a successful strategy for prevention as well as early detection, which regularly leads to better outcomes. The 2011 New Hampshire profile shows that 72% of responding N.H. adults age 50 and older have ever had a sigmoidoscopy or colonoscopy, and only 23% have used Fecal Occult Blood Test (FOBT) in the past two years. However, among those who develop colorectal cancer in our state, only 36% are diagnosed at an early stage (Stage I), despite availability of a variety of screening tests for early detection.

Studies show that when providers recommend screening directly to their patients, they are significantly more likely to comply with screening.

FOBT is one of the options for early cancer detection that can be used in patients who have low-average risk for colon cancer BUT

➢ It should not be used as an office-based test (i.e., as part of rectal exam).
➢ If positive, it should be followed up with a colonoscopy (and not repeated for confirmation).

The variety of screening options and recommended frequency of screening for different patient populations can be viewed at: http://www.nhms.org/publications/eUpdate/34_3986675478.pdf.

This document was created by the New Hampshire Colorectal Cancer Screening Program (NHCRCSP) based on published evidence for your ease of use.

The New Hampshire Division of Public Health Services (DPHS) has partnered with the NHCRCSP to implement a CDC grant targeted to improve colorectal cancer screening rates in New Hampshire and decrease the financial barriers for accessing screening. In order to achieve this goal, limited funding is available to offer some free colonoscopies for eligible individuals across the state. To qualify for funding a person should be uninsured or underinsured (deductible > $1000) AND be at or below 250% of the Federal Poverty Level. For more information about this program or for patients who appear to meet the listed criteria to determine if they are eligible, please call the NHCRCSP at 603-653-3702.
The Incapacitated Adult Fatality Review Committee (IAFRC) was established by New Hampshire statute (RSA 21-M:16) on January 1, 2008. The IAFRC’s mission is to reduce incapacitated adult fatalities through systemic multidisciplinary review of incapacitated adult fatalities; evaluation of practices, policies, relevant data and trends; and through recommendations for changes in law, policy and practice.

I have been a member of this committee since its inception and have found the work to be challenging and gratifying. Cases discussed allow for rich, varied discussions of difficult issues, with input from individuals with a wealth of knowledge representing many public departments, bureaus and private organizations.

This article reminds all physicians that screening for and reporting potential elder abuse in our patients is an essential responsibility.

Elder abuse is defined by law (RSA 161-F) as any action or omission that results (or could result) in harm to a vulnerable adult. New Hampshire law defines six types of abuse: physical abuse, sexual abuse, emotional abuse, neglect, self-neglect and exploitation. Elder abuse is a growing problem in New Hampshire. In 2005 there were 1460 reported cases of abuse and neglect involving victims 60 years of age or older (compared to 239 reports in 1980). Elder abuse is underreported, with victims being too frightened, ill or ashamed to tell anyone about their plight. It is often unrecognized.

As leaders and coordinators in the care of our elderly patients, physicians are in a key position to detect and report suspected elder abuse.

Some signs and symptoms of possible elder abuse are:

- Unexplained bruises, welts or burns
- Fear/anxiety or agitation around certain household members or caregivers
- Changes in appetite or significant weight gain or loss
- Unexplained changes in health status
- Increasing withdrawal or isolation
- Poor personal hygiene
- Wearing of inadequate or inappropriate clothing
- Lack of knowledge about personal finances, sudden inability to pay bills or buy food
- Dependency of adult child/caregiver on the older individual for income and/or shelter

If a physician suspects abuse, they need to see their patient without other household members present to allow for appropriate screening to proceed.

Physicians need to know the important questions to ask their patients to screen for elder abuse. The Hwalek-Senstock Elder Abuse Screening Test (HSEAST) has 15 questions that physicians may consider asking their patients when screening for potential elder abuse (Source: Nelson HD, Nygren P, McInerney Y, Klein J. Screening Women and Elderly Adults for Family and Intimate Partner Violence: A Review of the Evidence for the U.S. Preventive Services Task Force. Annals of Internal Medicine 140(5):387-396 (2004). Agency for Healthcare Research and Quality, Rockville, MD.)

These questions are:

1. Does someone else make decisions about your life – like how you should live or where you should live?
2. Does someone in your family make you stay in bed or tell you you’re sick when you know you are not?
3. Has anyone forced you to do things you didn’t want to do?
4. Has anyone taken things that belong to you without your OK?
5. Has anyone close to you tried to hurt or harm

Continued on page 9
AAP, Allstate Teen Safe Driver Grant

The New Hampshire Pediatric Society is pleased to announce that, through the American Academy of Pediatrics, the Allstate Foundation has awarded a $25,000 grant to the society to promote a safer driving experience for New Hampshire teen novice drivers.

In 2009, New Hampshire 16- and 17-year-old drivers represented just over 2% of all licensed drivers. However, they were involved in 11% of the crashes. This reality is consistent with national trends.

There are two primary activities funded through this grant. One is to promote the importance of enhancing current graduated licensing provisions to members of the state Legislature, departments of state government, parents, teens and others who are needed to assist the teen driver committee to obtain passage of legislation designed to make the novice teen driving experience a safer experience.

Another is to educate teens on the importance of wearing seat belts each and every time they are in a vehicle.

Four schools will be chosen to create a year-long educational campaign designed to promote the importance of making the best driving-related choices possible, including choices related to graduated licensing provisions and occupant protection.

The importance of these school-based activities will be to create an increased awareness that unsafe choices can and do result in life-changing outcomes.

The New Hampshire Pediatric Society will work closely with members of the teen driver committee to carry out the activities funded through this grant.

For more information, please contact Howard Hedegard, Highway Safety Specialist, Injury Prevention Center at Dartmouth, by email at howard.hedegard@dartmouth.edu or 603-653-8360.

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The Melody of Humanity

Another whisper in the wind, stirring the mind from within, trying to be synthetically free, let our minds reflectively see, to blame them is arbitrary, freedom is lived through the soul and the mind, that of which can not be confined, synthetically free we shall not be, as long as I know what it means to be me. My character will falter, my truth will slip, my integrity will shake, my heart will dip, this is the melody of humanity, let freedom of mind and spirit lead our way, right into another day.

~Cole Zanetti, DO
Since 2001, WBS has specialized in providing hospitals, healthcare providers and other companies with innovative tools and strategies to better manage employee benefit programs.
The Department of Emergency Medicine at Elliot Hospital is growing and seeking board certified/board eligible Emergency Medicine trained physicians. This premier group currently consists of 28 physicians and 19 mid-level providers in a department that sees 60,000 visits annually and provides the opportunity to work with adult and pediatric patients.

In addition to the emergency department at Elliot Hospital, the department also staffs Elliot’s Urgent Care Center and the Elliot at River’s Edge in Manchester. Service offers onsite ultrasound technology, and “Fast Track” urgent care. This is an excellent opportunity to join a dynamic group that is involved and dedicated to caring, quality patient care.

Elliot Health System invites you to explore the rich heritage, breathtaking beauty and four-season attractions of (tax-free) New Hampshire’s beautiful Seacoast, Lakes Region and the panoramic White Mountains as well as Boston, Massachusetts.

For more information, please contact:
Kathy McBrearty
800-678-7858 x63442
kmcbrearty@elliotphysicianjobs.org
Visit us online at www.ElliotHospital.com
Medical Mutual Insurance Company of Maine Risk Management Practice Tip: Occupational Safety and Health Administration (OSHA) – Physician Office Practice - Part II

Recent data from OSHA reveals that 80% of the citations issued by Federal OSHA for physician practices were in the Bloodborne Pathogen and Hazard Communication Standards.

Overview
The following brief overview is directly quoted from the Medical & Dental Offices A Guide to Compliance with OSHA Standards OSHA 3187-09R http://www.osha.gov/Publications/OSHA3187/osha3187.html

Bloodborne Pathogens Standard (29 CFR 1910.1030)
Addressed in Part I.

Hazard Communication (29 CFR 1910.1200)
Sometimes called the “employee right-to-know” standard as it requires employee access to hazard information. The basic requirements include:

• A written hazard communication program
• A list of hazardous chemicals (such as alcohol, disinfectants, anesthetic agents, sterilants, mercury) used or stored in the office
• A copy of the Material Safety Data Sheet (MSDS) for each chemical (obtained from the manufacturer) used or stored in the office
• Employee training

Ionizing Radiation (29 CFR 1910.1096)
This standard applies to facilities that have an X-ray machine and requires the following:

• A survey of the types of radiation used in the facility, including X-rays
• Restricted areas to limit employee exposures
• Employees working in restricted areas must wear personal radiation monitors such as film badges or pocket dosimeters
• Rooms and equipment may need to be labeled and equipped with caution signs

These standards include the requirements for providing safe and accessible building exits in case of fire or other emergency. It is important to become familiar with the full text of these standards because they provide details about signage and other issues. OSHA consultation services can help, or your insurance company or local fire/police service may be able to assist you. The basic responsibilities include:

• Exit routes sufficient for the number of employees in any occupied space
• A diagram of evacuation routes posted in a visible location

Electrical (Subpart S-Electrical 29 CFR 1010.301 to 29 CFR 1910.399)
These standards address electrical safety requirements to safeguard employees. OSHA electrical standards apply to electrical equipment and wiring in hazardous locations. If you use flammable gases, you may need special wiring and equipment installation. In addition to reading the full text of the OSHA standard, you should check with your insurance company or local fire department, or request an OSHA consultation for help.

OSHA Poster
Every workplace must display the OSHA poster (OSHA Publication 3165), or the state plan equivalent. The poster explains worker rights to a safe workplace and how to file a complaint. The poster must be placed where employees will see it. You can download a copy or order one free copy from OSHA’s website at www.osha.gov or by calling (800) 321-OSHA.

Additional Resources


Medical Mutual’s “Practice Tips” are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.
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.
Help us protect your patient and our customer from critical loss of utility service.

Public Service of New Hampshire’s on-line Medical Certification Portal is the quickest most effective way to ensure your patients are protected from termination of utility service. Register your patient at nu.com/MDform.

COMMUNITY SUBSTANCE ABUSE CENTERS

Community Substance Abuse Centers is seeking Medical Directors or Staff Physicians to provide medical services in our Massachusetts and New Hampshire Based Opiate Treatment Centers. The main treatment modalities are methadone maintenance and substance abuse counseling and we are in the process of expanding services to include the use of buprenorphine.

The physician responsibilities include providing physical exams for patients entering treatment and establishing individualized medication regimens in collaboration with the Staff Nurse Practitioners.

Experience in the field of addictions and the use of methadone and/or buprenorphine for the treatment of opioid dependence are preferred but not required.

Medical specialties that will be considered: Internal Medicine, Primary Care, OB/GYN, Emergency Room, Psychiatry, General Surgery.

If your or a colleague is interested candidates can apply via email to Todd W. Mandell, MD CMO at Todd.Mandell@csachelp.com or contact 802-310-2086.

A/EOE
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