American Heart Association Provides Patient Resources for American Heart Month

February is American Heart Month and the perfect time for patients to learn more about their options when dealing with heart disease and stroke. The American Heart Association provides patient resources in an effort to be a relentless force for a world of longer, healthier lives.

Approximately 92.1 million Americans are living with some form of cardiovascular disease or the after-effects of stroke. While recovering physically is important, recovering emotionally is also a key factor in rehabilitation. The American Heart Association, cont. on page 8

Vaping and Heart Month?
“...déjà vu ...all over again” (Yogi Berra):
What you need to know

By Albee Budnitz, MD

Since 1 of 3 never smoking youth (<18 years old) “vapers” go on to combustible traditional cigarettes (from here on ‘cigarettes’); since youth vapers are 3-4 times more likely to smoke cigarettes; since half the youth vapers are dual tobacco product users; and MOST important, since youth vaping, especially in New Hampshire, has taken off in the last 30 months, I feel that I can relate this youth “epidemic” to heart month. Despite superb success with reducing cigarette use to < 14% nationwide, at the end of 2018 – the lowest ever – putting tobacco use “endgame” in sight, the ever creative tobacco industry is at it again - still! It is indeed … “déjà vu … all over again!”

Back to nicotine: it is potentially toxic – leakage of as little as half a teaspoon when re-filling vapes’ cartridges and getting into toddler’s or small pet’s mouths can be fatal. This has resulted in monthly calls to poison control centers nationally going from 1 to more than 2000 per month. Excess amounts can indeed stress the cardiovascular system. But nicotine does not alone cause cancer or affect the cardiopulmonary system in low doses, nor does it cause impaired judgement or motor skills, as would enough alcohol, opioids, or marijuana’s THC component. Thus, the FDA was hoping to use ENDS as a new nicotine replacement therapy as well as reduce nicotine in cigarettes to non-addictive levels as a com-

But it comes with a twist, and nicotine is right in the middle. As the only cost effective, talking profits here, way to derive nicotine is from the tobacco plant, these “vapes” (ENDS = electronic nicotine delivery systems) are tobacco products and can, therefore, be FDA regulated as per the 2009 federal law. And thus far in ENDS that have been studied, more than 99% have nicotine, even if labeled otherwise. This is because deeming regulations passed in August 2016 have never been implemented and with the last two years’ Congress, have actually been delayed until 2022. “Déjà vu... all over again...!”

Vaping and Heart Month, cont. on page 4
President’s Perspective

Early Prevention is the Key to Changing the Course of Heart Disease

As a pediatrician it is less likely that I see patients who are affected by heart disease. However, with the complications of heart disease affecting younger and younger Americans, I am seeing families who are affected by this regularly.

Grandparents of my patients die from cardiovascular disease and its complications and two of my families have had to deal with the death of a parent from complications of cardiovascular disease. How do you explain a preventable death to a child?

With heart disease as the number one killer of men and women in the United States, we need to change our focus from secondary prevention to primary or earlier prevention.

Cardiovascular disease in children is not common, but the habits and lifestyle that increase risk or eventually cause heart attack and stroke, especially in those genetically at higher risk, often begin in childhood. One study has found signs of atherosclerosis in 7% of children between ages 10 – 15 years of age. Between 15 – 20 years of age the rate was twice as high.

As a country, state or even a community, we need to make changes to work to prevent the habits and lifestyle that lead to increased risk of heart disease. The American Heart Association has started to change its focus to start practicing this early prevention from childhood.

The habits that need to be established early in life to reduce the chances of developing cardiovascular risk factors that lead to heart disease are not smoking, maintaining a healthy weight, exercising and following a healthy diet. All of these topics need to be presented to children and their families where they are. Children spend most of their days in school or after school programs. This is where we need to focus on early prevention. We need to invest in education programs to prevent children from starting to smoke and vape. We need to educate on healthy diets and make healthy foods available in these settings and we need to ensure that exercise is a component of the time spent in these settings.

Communities, with the help of local and ideally federal government, need to start focusing on early education, early prevention and agree to invest the money needed to create programs that are sustainable in the schools where the children spend their time.

The Journal of the American College of Cardiology in 2018 review paper – Cardiovascular Disease Prevention by Diet Modifi-
The New Hampshire Division of Public Health Services, in collaboration with the New Hampshire Board of Medicine (BOM) and the New Hampshire Medical Society, will be collecting key practice and capacity data from New Hampshire-licensed physicians who are due to renew their medical licenses in 2019, with an online survey. The survey coincides with the Board of Medicine licensure renewal cycle, and will be available to complete at the time the renewal cycle opens in early March and will close on the date the cycle closes (6/30/19).

Pursuant to RSA 329:9-f, licensees are “required, as part of the license renewal process,” to complete the survey. However, providers may also opt out of participation by completing the Health Professions Data Center (HPDC) opt-out form found at https://www.dhhs.nh.gov/dphs/bchs/rhpc/data-center.htm.

Who can take the survey?

Only physicians due to renew their New Hampshire medical license in 2019 will have access to the survey during the renewal cycle.

How will the data be used?

The data will be used for functions requiring accurate statewide data on provider supply and capacity. It will serve as a key resource in statewide healthcare workforce assessment, healthcare access planning, informing educational and training programs, emergency preparedness, recruitment and retention initiatives including the National Health Service Corps and the New Hampshire State Loan Repayment Program.

Will 3rd party entities have access to my data?

The data collected will be confidential and protected; it will only be used for the aforementioned purposes. All data will be de-identified and aggregated in workforce reports to ensure anonymity and confidentiality.

What format is the survey in – how long will it take?

The survey is electronic and will take anywhere from 3 to 15 minutes to complete. You will be able to review the survey before getting started, return to previously answered questions, time-out and return later to finish it, and even complete it on a mobile device. Only questions that are relevant to you will be displayed.

When will the survey be available?

The survey coincides with the Board of Medicine licensure renewal cycle, and will be available to complete at the time you receive your renewal application notification in early March.

Where can I find the survey when it is released?

The survey link will live on the last page of the BOM renewal site to complete before submitting payment. It will also be available on the New Hampshire Medical Society and Board of Medicine websites, as well as the New Hampshire Department of Health and Human Services Health Professions Data Center website, as soon as the survey opens. Physicians can also locate the survey by searching for “NH Physician Survey” in a web browser.

What if I still have questions?

Contact Danielle Weiss, Primary Care Workforce Program Manager, at danielle.weiss@dhhs.nh.gov. Please do not contact the Board of Medicine or NHMS with technical questions regarding the survey.
combined harm reduction approach to further reduce combustible tobacco use. The latter, smoking, remains the number one cause of preventable premature death and disability – thus harm reduction. But the FDA uses real science to test efficacy and safety. This takes time. So the jury is still out. Money can be made much more quickly. Indeed, that is the tobacco industry “bottom line.” “Déjà vu ... all over again.”

Vapes (> 450 devices and counting) were introduced to the USA in 2007, and enjoyed increasing popularity/tobacco market share until approximately 2011-12, after which sales leveled off, even started to decline. Then the latest generation of ENDS, “pod-mods” came on the market. JUULs is the name of the first (there are lots of “me-too’s”) and has become so popular that it now has more than 72% of the entire ENDS market. Indeed, Altria (better known as Phillip Morris, makers of Marlboros) is dropping its own ENDS product and has bought > 40% share in JUULs, as of December 2018. JUULs cannot keep up with production, selling more than 20 million devices/components monthly. As of 2018, ENDS are a $6 billion market. “Coincidentally” just after Altria buy in, JUULs delayed its voluntary removal of kid-friendly flavors from convenience stores. Bottom line dictates big tobacco; “déjà vu ... all over again.”

So what’s different about JUULs? Due to the need for less battery “power” because of nicotine salt carrying higher nicotine concentration, there is less chance of battery spontaneous combustion, fires in your pants and blowing up! With the nicotine in its salt formulation, it can approximate cigarette nicotine delivery, although the “hit” still does not quite compare. They are working on this! So between this and cost and ease of access, many vapers become cigarette smokers or are dual users. This is actually seen more in adults who are already cigarette smokers; and dual use has been shown NOT to reduce tobacco related disease. The marketing tactics used by ENDS’ manufacturers are also “déjà vu ... all over again.” Indeed, some of the advertisements look the same as those from the ’50’s, ’60’s and ’70’s, but the design has gotten even better, using flavors to cover tobacco’s harshness and smell. The new design along with advertising tactics are both major reasons kids take it up, not to mention the use of social media to get the word out. Then nicotine keeps them as customers.

All public health groups (TFK, FDA, CDC, DHHS, ALA, AHA, ACS, Koop Institute, BreatheNH, NHPHA, NHMS) agree with the following. Data is robust for both the issues:

1. youth should NOT use and
2. nicotine addiction and its known gateway to opioids and other substances are at the center of concern; not to mention converting vapers to cigarette smokers. The long term health effects of ENDS remains a question.

Finally, comprehensive tobacco control and cessation policy works. It has since it was introduced in the United States in the 1990’s and the rest of the world thereafter, and still works for ENDS, despite their ongoing development as a possible new NRT (nicotine replacement therapy). Similar deeming regulations as we promulgated in August 2016 ... but without the political will to implement... were put into effect in the United Kingdom and their data compared to ours as of September 2018 showed 2% UK youth use, as opposed to 11% USA nationwide and 23.8% in New Hampshire!

“Déjà vu ... all over again!” Happy Heart Month.
### New Hampshire Rx Card

**Save up to 75% on your prescription medications with New Hampshire Rx Card!**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>QTY</th>
<th>RETAIL</th>
<th>DISCOUNT PRICE</th>
<th>SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosuvastatin (Crestor) 40mg</td>
<td>30</td>
<td>$128.81</td>
<td>$14.77</td>
<td>86%</td>
</tr>
<tr>
<td>Losartin Potassium (Cozaar) 100mg</td>
<td>30</td>
<td>$30.20</td>
<td>$11.02</td>
<td>64%</td>
</tr>
<tr>
<td>Amlodipine (Norvasc) 10mg</td>
<td>30</td>
<td>$199.99</td>
<td>$10.32</td>
<td>48%</td>
</tr>
<tr>
<td>Clopidogrel (Plavix) 75mg</td>
<td>30</td>
<td>$319.99</td>
<td>$11.61</td>
<td>64%</td>
</tr>
<tr>
<td>Atorvastatin (Lipitor) 40mg</td>
<td>30</td>
<td>$39.69</td>
<td>$12.18</td>
<td>69%</td>
</tr>
<tr>
<td>Ramipril (Altace) 10mg</td>
<td>30</td>
<td>$84.27</td>
<td>$12.26</td>
<td>85%</td>
</tr>
<tr>
<td>Metoprolol Succinate (Toprol XL) 50mg</td>
<td>30</td>
<td>$299.99</td>
<td>$191.14</td>
<td>36%</td>
</tr>
</tbody>
</table>

*Medication prices vary by pharmacy and prescription and are subject to change over time. Ask your pharmacist for the actual discounted price.*

---

**Scan for Free App or Visit FREERXICARD.COM To Download**

---

**Proud Supporter of:**

[Children's Miracle Network Hospitals](https://www.childrensmiraclenetwork.org/)

A donation will be made to your local CMN hospital each time a prescription is processed using this coupon.

For more information or to order Free Hard Cards: [MARYWEST@NHMS.ORG](mailto:MARYWEST@NHMS.ORG)
Connected care. Superior outcomes.

HealthSouth Corporation and Encompass Home Health & Hospice have combined our post-acute strengths into Encompass Health. As part of a nationwide network, we are redefining expectations for how providers work together to create better patient experiences and deliver unparalleled outcomes. As a coordinated care team, we set the standard for the future of rehabilitation.

ENCOMPASSHEALTH.COM/CONCORDREHAB
Meet the New NHMS Director of Advocacy

Seven years ago, I packed my bags, left my home state of New Jersey, and moved to New Hampshire to start a career in organizing. From Day 1, I knew New Hampshire was my new home. Of course, I was enthralled with New Hampshire’s natural beauty, but more than anything, it was the people who welcomed me and made me feel a sense of community. Since then, I’ve spent my career working with different groups of people, from all walks of life, trying my best to understand their stories, and empower them to make their voices heard to create change.

During my first few weeks as New Hampshire Medical Society’s Director of Advocacy, I’ve been moved by the warm reception from folks within the organization, offering well wishes and advice as I take on this new role. I’m awed at the level of expertise and experience and excited to learn from you. My goal will always be to serve you first and be a resource for anything you need. As we take on our policy priorities, I’ll be looking to you for guidance and counsel. I recognize that your busy schedules can make it difficult for you to engage with our legislators. I will do my best to make the legislative process as accessible as possible, trying to bring legislators to you, rather than the other way around. I’ve had the honor of working with many of you already but hope to meet many more over the course of the coming weeks and months. Please don’t hesitate to call 603.224.1909 x105 or send me an email (michael.padmore@nhms.org) with anything that’s on your mind.

Some issues we’ve engaged on this year so far have been:

- Supported Senate Bill 58 to mandate that reimbursement rates for low dose mammography are covered by all insurance providers as the standard of care.
- Supported House Bill 712 & Senate Bill 01, which would create a paid family & medical leave insurance program where working families can access paid time off to care for themselves or loved ones in their most critical time of need.
- Opposed House Bill 124 reaffirming buffer zones to reproductive health care facilities.
- Supported House Bill 511 to strengthen the laws around vaping products being used in schools.
- Supported various bills relating to firearms, such as: establishing background checks and waiting periods for commercial firearm sales, strengthening laws relative to firearm use in school districts, and creating a procedure for issuing extreme risk protection orders.
- Opposed House Bill 481 to legalize recreational marijuana on the basis that the legislation doesn’t go far enough in its safeguards against commercialization and marketing products toward our youth.
- Opposed House Bill 366 that aimed to expand the qualifying conditions of therapeutic cannabis to treat opioid use disorder.
- Supported House Bill 237 to establish a rare disease council to study the impacts of rare disease cases in New Hampshire.
- Opposed House Bill 200 mandating the Department of Health and Human Services adopt rules for serologic testing for Lyme disease.
- Opposed House Bill 509 to create a Graduate Physician Pilot Program.
- Supported House Bill 508 to clarify insurance rules relative to Direct Primary Care practices.

In the coming months, there will undoubtedly be more issues that will arise. Hearing from you helps me learn, so I encourage you to reach out if you have any questions or thoughts pertaining to legislative matters. I promise that I will reach out when I have questions relating to your areas of expertise. Please consider joining our legislative committee meetings if you haven’t done so already. I look forward to meeting you and working with you on all these issues in the coming year.
American Heart Association offers an online Support Network to help heart and stroke patients, as well as their families and caregivers. Like a conventional support group, the Support Network connects patients who are going through similar journeys. The monitored Network also gives individuals access to experts via online chats and webinars, as well as personal insights from fellow survivors and caregivers. To learn more, please visit www.heart.org/SupportNetwork.

For patients, understanding a condition and how to manage it can increase confidence in making changes to improve and maintain health. *Answers by Heart* is a series of downloadable patient information sheets covering cardiovascular conditions, treatments and tests, and lifestyle and risk reduction. They are presented in a question-and-answer format that’s brief, easy to follow and easy to read with room for the patient to write down questions to ask the doctor. *Answers by Heart* sheets can be found at www.heart.org/answersbyheart.

The American Heart Association is always looking to connect with heart and stroke survivors. Local New Hampshire events give survivors the opportunity to connect with other survivors and raise awareness and funds for heart disease and stroke research. Upcoming events include the New Hampshire Heart Ball on April 13, and the New Hampshire Heart and Stroke Walk on June 1. For more information, please visit heart.org/newhampshire.

**Media Contacts:**
Rosie Kelly
Communications Director
609.223.3781 (office) or
201-230-1774 (cell)
Rosie.kelly@heart.org

Erin Boyle
Senior Communications Director
609.223.3757 (office) or
609.947.9643 (cell)
erin.boyle@heart.org

---

**American Heart Month**

---

**The NH Professionals Health Program (NHPHP) is a confidential resource available to all NH licensed physicians, PAs, dentists, pharmacists and veterinarians who are experiencing difficulties with:**

- alcohol, drugs or other substances of abuse
- depression, anxiety or other mental health issues
- professional burnout or work-related conflict
- marital or family life matters

**For a confidential discussion call Dr. Sally Garhart at (603) 491-5036**

**LEARN MORE @ WWW.NHPHP.ORG**
Congratulations to Elise Salek on her election as a Fellow of the American College of Trust & Estate Counsel
The economic burden of cardiovascular disease was estimated to be $555 billion in 2016. It is believed that one in every six healthcare dollars is spent directly or indirectly on cardiovascular disease. I once heard that for every dollar put into children’s health or educational programs there is an approximate seven dollar return. However, since the outcomes can only be measured in the long term, it is often very difficult to get the commitment to support programs to make these changes. Without support for making the needed societal changes and making the financial commitment for these changes we are looking at the cost of heart disease surpassing $1 trillion dollars in the next 25 years.

There needs to be more focus on starting our children with healthier lifestyles starting at a young age to prevent heart disease in the future.

Save the Date for NHMS19!

NHMS Annual Scientific Conference
November 15-17, 2019

Omni Mount Washington Hotel, Bretton Woods, NH

Call 603-278-1000 for the NH Medical Society special $149 per night room rate!
2018-2019 NHMS Council

President Tessa J. Lafortune-Greenberg, MD
President-Elect John L. Klunk, MD
Immediate Past President Leonard Korn, MD
Penultimate Past President Deborah A. Harrigan, MD
Vice President Kenton Allen, MD
Secretary Eric A. Kropp, MD
Treasurer Stuart J. Glassman, MD
Speaker Richard P. Lafleur, MD
Vice Speaker Daniel M. Philbin, MD
AMA Delegate William J. Kassler, MD, MPH
AMA Alternate Delegate P. Travis Harker, MD, MPH
Chair, Board of Trustees Charles M. Blitzer, MD
Trustee Richard B. Friedman, MD, MPH
Trustee P. Travis Harker, MD, MPH
Medical Student Soham C. Rege
Physician Assistant Linda L. Martino, PA-C
NH Osteopathic Association Rep. Maria T. Boylan, DO
Young Physician Rep. Anthony M. Dinizio, MD
Young Physician Rep. Diane L. Arsenault, MD
Member-at-Large Seddon R. Savage, MD
Member-at-Large Doris H. Lotz, MD, MPH
Member-at-Large Jonathan R. Ballard, MD
Member-at-Large Linda Kornfeld, MD
Member-at-Large Nick P. Perencevich, MD
Member-at-Large X Lady President
Member-at-Large Benjamin P. Chan, MD
Physician Rep. of the NH Dept. Health Human Services Lynda M. Martino, PA-C
Specialty Society Reps
• NH Chapter of the American College of Cardiology Daniel Philbin, MD
• NH Chapter of the American College of Physicians Richard P. Lafleur, MD
• NH Academy of Family Physicians Gary A. Sobelson, MD
• NH Chapter of American Academy of Addiction Medicine Molly E. Rossignol, DO
• NH Chapter of Emergency Physicians Thomas J. Lydon, MD
• NH Society of Eye Physicians & Surgeons Lauren Branchini, MD
• NH Pediatric Society Skip M. Small, MD
• NH Radiology Society Terry J. Vaccaro, MD
• NH Psychiatric Society Jeffrey C. Fetter, MD
• NH Society of Anesthesiologists Steve J. Hattamer, MD
• NH Society of Pathologists Eric Y. Loo, MD
• NH American College of Obstetricians & Gynecologists Oge H. Young, MD
• NH Orthopaedic Society Glen D. Crawford, MD


NHMS Welcomes New Members

Jonathan R. Ballard, MD, MPH
Nathalia O. Dolan, MD
James H. Elder, IV, MD
Minda A. Gowarty, MD
Emily G. Husson
Jan R. Idzikowski, PA-C
Kenneth R. LaMantia, MD
Russell G. LaMantia, MD
Edward A. Sirlin, III, MD

WANTED

Internal Medicine, Orthopedic, Neurologic, General or Family Practice Physicians interested in providing part-time or full-time staff medical consultant services for the Social Security Disability program, through the state Disability Determination Services office in Concord NH. Staff work involves reviewing disability claims on-site and requires no patient contact. SSA Training is provided.

OR

Physicians interested in performing consultative examinations in their office for the Social Security Disability program, through the state Disability Determination Services office. Compensation is provided per exam. All administrative aspects are performed by the DDS and no billing is required. Free dictation service and a secure web portal is provided for report submission.

Any interested physician must be licensed by the state of NH and in good standing. Please email inquiries to Anne.Prehemo@ssa.gov
Health Literacy: Delivering the Message Right Improves Patient Safety and Reduces Liability

Patient safety cannot be assured without addressing the negative effects of low health literacy and ineffective communications on patient care. Improving health literacy is an important factor in engaging patients in preventive care, improving adherence to medication regimens and treatment plan instructions, improving the patient’s ability to self-manage their healthcare and reducing the incidence of communication related errors and poor outcomes. Patients may mask their health literacy level from their care providers.

Risk Management Recommendations for Effective Patient Communications:

- Assess the literacy levels and language needs represented by the patients/community served.
- Train staff to recognize and respond appropriately to patients with literacy and language needs.
- Use well trained medical interpreters for patients with low English proficiency.
- Adopt the universal precautions approach to health literacy. Make clear communications and plain language the standard for all patient communication.
- Provide a comfortable atmosphere/environment. Do not appear hurried or distracted.
- Speak slowly and clearly, loudly if indicated. Make good eye contact.
- Assess the patient’s ability to self manage their own health care. Assure the patient understands when to seek health care and recognizes the need to pursue preventive health strategies.
- Ask open-ended questions about their health history and clinical symptoms.
- Encourage patients to ask questions.
- Provide patient discharge and other instructions in written and verbal language the patient understands. Provide the patient with a medication list, information about medications, diagnosis, results of procedures and laboratory tests and plans for follow-up care. Verify patient understanding.
- Utilize accepted methods to probe for patient understanding:
  - Visuals: Draw pictures, use three dimensional aids, media.
  - Print materials: Large print, fifth or lower grade level, key points.
  - Teach back: Ask the patient to repeat back or teach back to the clinician the clinical information or instructions discussed.
  - Show back: Ask the patient to show back to the clinician the patient care process reviewed.
  - Telephone: Have patient repeat back their understanding of telephone instructions, test results or patient follow-up appointments/studies.
  - Ask me three questions: Ask the patient to answer three key questions from the patient encounter.
  - Note: All levels of patients have difficulty with multi-step instructions.
- Design the informed consent process to include forms written in simple sentences and in the language of the patient; use teach back during the informed consent discussion; and engage the patient in a dialogue about the nature and scope of the procedure.
- Reduce the barriers for low health literacy patients entering the health care system.
- Place patient follow-up calls.

In Summary:
The reading and arithmetic skills required to understand and successfully participate in today’s healthcare systems far exceed the abilities of today’s average adult. Clinical professionals and staff members can reduce untoward events and poor outcomes related to communication breakdowns due to low health literacy through a comprehensive patient assessment and adoption of the universal precautions approach to health literacy.

References may be found by accessing the complete practice tip at www.medicalmutual.com.

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.
Partners in patient safety & medical liability protection

www.medicalmutual.com
Is 2019 the year to have a Fiscal Check-Up?

By Benjamin Mitchell, CLU, ChFC, CLTC
Baystate Financial

A recent google search of 2019 New Year’s Resolutions lead to the INC Money Magazine Post: 10 Top New Year’s Resolutions for Success and Happiness in 2019.¹

The top four resolutions are:

• Diet or eat healthier
• Exercise more
• Lose weight
• Save more and spend less

With today’s society’s emphasis on “physical” health, it is no wonder that the top three resolutions were factors contributing to improving one’s physical well-being. The fourth, saving more and spending less; can be seen as a surrogate for “gaining financial control in my life.”

Unfortunately, while there are countless support systems in place to help individuals act upon the first three, the success rate for effectively achieving them is only about 8%! When you turn your attention to financial matters, the results are no better, for it was also reported that saving money ranks in the top five for most commonly failed!

Just as a close relationship with a primary care physician can have a positive impact on health outcomes, building a strong relationship with a trusted Financial Advisor can certainly improve one’s fiscal well-being outcomes.

For physicians, the circumstances become more complex by the reality of the findings from the AMA Insurance’s 2014 Annual Report on Employed Physicians.² When asked why they do not spend more time on their personal family financial planning, their responses included:

• 3% Isn’t a priority
• 6% Don’t think about it
• 56% Lack of time

In addition, for the 43% of employed physicians who do not use a financial advisor, the #1 reason given is: they haven’t found someone they can TRUST! So, it is not that physicians do not believe it is a priority or that it is not constantly on their minds. It is simply that they have yet to find the right environment in which they can address important financial issues: one that is efficient, reliable and tailored to their specific financial well-being needs.

For more than a half-dozen years now, we at Baystate Financial have worked with the New Hampshire Medical Society to address these challenges by providing financial education opportunities and planning services which allow the time-strapped physician the ability to help maximize the benefits of any time allocated to this important responsibility.

With the New Year upon us why not take the first step by setting aside time for your Fiscal Well-Being Check-Up.


Helping Physicians Address Today’s Unique Financial Challenges.

Baystate Financial Medical Division (Baystate MD) is a division of Baystate Financial. MML Investors Services, LLC and Baystate Financial are unaffiliated with the New Hampshire Medical Society. Neither MML Investors Services, LLC, nor any of its employees or agents are authorized to give legal or tax advice. Consult your own personal attorney legal or tax counsel for advice on specific legal and tax matters.

Have you had your financial check-up?

Introducing Baystate Financial
Guiding you every step of the way

Taxes, insurance, investments... and student loans. Financial “stuff” can be overwhelming, so how do you make sense of it all? Step by step, your BaystateMD Advisor walks you through the process of getting organized, setting goals, making a plan and taking action to get on track for financial security.

We know doctors don’t keep banker’s hours, so we make sure we’re available when you are: early mornings, lunchtime, evenings and occasionally weekends.

For more information please contact:

Benjamin Mitchell, Managing Associate

400 Amherst St., 2nd Floor
Nashua, NH 03063
(603) 314-1148

NHMS CAP is a paid membership program whose members meet criteria as posted at www.nhms.org
Streamline your benefits management process with NEEBCo Connect, a complete online enrollment and ACA compliance solution.

NEEBCo Connect provides employers with:

- Electronic benefits enrollment
- 1094/1095 completion
- Clear employee communications
- Compliance management
- Customized reporting
- Mobile app integration

Visit www.neebco.com or call (603) 228-1133 for more information.
Are you looking for alcohol or drug treatment?

To find treatment services visit: www.nhtreatment.org

Treatment is available. Contact a provider in your area today.
Expanding NH Physician Education Activities in Public Health and Online CME

By Jim Potter, Executive Vice President

The Medical Society’s Education Committee’s activities over recent years have focused primarily on facilitating the accreditation of local CME and supporting community-based CME for physicians in hospitals and health systems through the Accreditation Council for Continuing Medical Education (ACCME). Currently, the Medical Society accredits 18 hospitals and health systems in New Hampshire and Vermont.

This past year, Education Committee members expressed an interest to broaden their activities in both online CME offerings and public health education. Working with Dr. Angela Shepard, the following updated Education Committee charge and reorganization was developed and approved by the Medical Society’s Council at their January meeting.

**NHMS Education Committee Charge**

The Education Committee supports the vision and mission of the Medical Society through:

1. Ensuring high quality continuing medical education is readily available to physicians and other practitioners in the Granite State; and

2. Supporting the delivery of relevant, accurate health information to the public in a manner that is easily understandable and relatable.

The NHMS Education Committee is composed of three Advisory Councils that work to accomplish these goals:

**Accreditation** – provides preparatory guidance, application review, and ongoing technical support for hospitals or other health care organizations seeking ACCME accreditation through the Medical Society.

**Continuing Medical Education** – supports the Medical Society’s online learning and conference education capacity, monitors medical literature and regional trends to identify timely topics to share with physicians, and develops/delivers CME activities in both live and electronic formats.

**Public Health** – collaborates with physician organizations, state agencies, consumer, civic and other health professional organizations to develop/deliver public health educational activities, and foster public health information.

**Online CME**

As you may recall from earlier articles, the Medical Society embarked this past year on the first phase of seeking an integrated solution for our outdated association management systems (AMS) by developing a request for proposals (RFP) that included a 25-page narrative and a more than 50-page traceability matrix for system requirements. More than a half-dozen detailed proposals have been received. All older paper records were also digitized, stored and backed-up with over five tons of paper and filing cabinets removed from the Medical Society’s offices.

The goal this year is the selection and implementation of an integrated AMS that includes a learning management system for providing online CME, and establishing an online, self-manageable CME portfolio for every New Hampshire-licensed physician for the biennial CME audit process required by the state.

It is anticipated that in the later half of this year, we will be seeking additional volunteers to help build CME content and develop a means to select and provide CME content developed by other sources, as well as stand alone half and full-day education courses. If you have interest or experience in developing CME content and would like to contribute to this effort through the CME Advisory Council under the Education Committee, please contact me at james.potter@nhms.org.
Public Health Education

Physicians have a unique opportunity, not only in educating their patients, but in helping educate both their communities and colleagues in various clinical settings about some of the public health challenges confronting the Granite State. The role of the Public Health Education Advisory Council under the Education Committee is to collaborate with other organizations to develop and/or deliver public health educational activities, and foster public health information. We envision being able to recruit physicians to help provide a small chunk of time for educational presentations a few times a year – with the Medical Society and collaborating organizations supplying slide decks and distribution materials and scheduling the appearances.

Some potential activities might include having physicians work with Breathe New Hampshire on their anti-vaping campaign before civic organizations and schools, as well as outreach education programs such as tick-borne disease early detection and intervention, automated external defibrillators (AEDs) and Alzheimer’s disease. If you would be interested in helping with the Public Health Advisory Council, please let me know at james.potter@nhms.org.

Physicians have a unique opportunity, not only in educating their patients, but in helping educate both their communities and colleagues...
Does your New Hampshire medical license expire on June 30?

This year the Board of Medicine is offering online renewals!

1. Look for a postcard from the NH Board of Medicine in early March.
2. Don’t apply until you’ve received your CME verification letter.*

If you haven’t completed your CME reporting, it’s not too late!**

Find instructions and a link to download the reporting form at http://www.nhms.org/cme-reporting.

Questions? Contact Mary West mary.west@nhms.org

*Please allow 2-4 weeks for processing.
** Use of credits obtained after Dec. 31, 2018, requires extension approval from the Board of Medicine.