Medical Malpractice Group to Help NHMS Members

NHMS-exclusive member benefit expected to launch in March

At 3:30 p.m. on January 9, 2013, the New Hampshire Medical Society Council held its monthly meeting in Concord to deliberate many issues as it typically does the second Wednesday of the month. However, this particular meeting would prove to be the launching pad for an important resource for physicians throughout the state. It was the compelling story of Linda Singer, MD of Keene and her personal involvement in a medical malpractice suit that captured the attention of the Council. It became a call to action for NHMS.

The resource: A medical malpractice support group where member physicians and physician assistants involved in a suit or recovering from the affects of a suit (or who fear a suit might be filed) can come together to discuss their feelings of isolation, self-doubt, anxiety, turmoil and perhaps even anger or bitterness – all without the fear that the discussion will somehow be subject to legal discovery.

Finally, a forum to break the cycle of isolation and typical ensuing depression has been created.

Almost immediately following the Council meeting, a work group, or advisory council, was convened to begin development of a program to help NHMS members. Physicians from the Council and around the state contributed to the development of a CME course that is expected to launch in March.

How to Keep You and the CME Coordinator Happy

If you are one of the 3,200 physicians whose New Hampshire license is due to expire in June, you should already have received your CME Biennial Reporting Form. If it’s still sitting in a pile of mail on your desk, fear not. You have until February 28 to report, and the process need not be painful. Here’s what you need to know:

• You only need to report 100 hours of approved CME for calendar year 2013.

Also in this issue...

Photos from the Annual Scientific Conference

Dr. Woods Announces His Retirement as NHMS Delegate to the AMA

Physicians’ Guide to Contracts with Private Health Insurers

Legislative Update
President’s Perspective
Up In Smoke

Stuart J. Glassman, MD

Welcome to 2014. On Wednesday, Jan. 1, Colorado’s Amendment 64 took effect and so began legal marijuana sales. Gov. John Hickenlooper stated that the voters of Colorado “launched us on a unique social experiment, the legalization of marijuana.” The Colorado law allows for residents and visitors age 21 or older to purchase marijuana legally.1

On Jan. 15, 2014, the New Hampshire House of Representatives defeated HB 492, which would allow possession of up to 1 ounce of marijuana for those age 21 and older, but then put it to reconsideration and voted to send the bill to the House Ways and Means Committee for further evaluation.2

Should HB 492 make it through the N.H. House and Senate, Gov. Maggie Hassan has indicated she will veto any marijuana legalization bill. This legislative event occurred while New Hampshire begins the process of developing a system for the therapeutic use of cannabis, which was approved in 2013 under HB 573. Under this system, currently being assessed and developed by the Therapeutic Cannabis Advisory Council, physicians will not prescribe therapeutic cannabis, but will certify that a patient has a qualifying medical condition, as listed in Section IX of the legislation:

IX.(a) “Qualifying medical condition” means the presence of:
(1) Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C currently receiving antiviral treatment, amyotrophic lateral sclerosis, muscular dystrophy, Crohn’s disease, agitation of Alzheimer’s disease, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, traumatic brain injury, or one or more injuries that significantly interferes with daily activities as documented by the patient’s provider; and
(2) A severely debilitating or terminal medical condition or its treatment that has produced at least one of the following: elevated intraocular pressure, cachexia, chemotherapy-induced anorexia, wasting syndrome, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, constant or severe nausea, moderate to severe vomiting, seizures, or severe, persistent muscle spasms.

(b) The department may include a medical condition that is not listed in subparagraph (a) that the department determines, on a case-by-case basis, is severely debilitating or terminal, based upon

*Opinions expressed by authors may not always reflect official N.H. Medical Society positions. The Society reserves the right to edit contributed articles based on length and/or appropriateness of subject matter. Please send correspondence to Newsletter Editor, 7 N. State St., Concord, NH 03301.


Do you or a colleague need help?
The New Hampshire Professionals’ Health Program (N.H. PHP) is here to help!
The N.H. PHP is a confidential resource that assists with identification, intervention, referral and care management of N.H. physicians, physician assistants, dentists, and dental hygienists who may be at risk for or affected by substance use disorders, behavioral/mental health conditions or other issues impacting their health and well-being. N.H. PHP provides recovery documentation, education, support and advocacy – from evaluation through treatment and recovery.

For a confidential consultation, please call Dr. Sally Garhart @ (603) 491-5036 or email sgarhart@nhphp.org.

www.nhms.org
www.nhmedicalsociety.org
603 226 2432 fax

EVP Corner ............................................ 5
Scientific Conference ......................... 3
Dr. Woods Announces His Retirement as NHMS Delegate to the AMA .......... 4
New Member Benefit
Physician’s Guide to Contracts with Private Health Insurers.............6
Concord in 2014................................. 10
Addiction Medicine in Primary Care: Expert Practice Series Presentations .... 10
2014 NHMS Council ............................. 11
Another Successful Annual Scientific Conference at the Mountain View Grand, Whitefield, N.H.


Dr. Stuart Glassman gives his inauguration speech while past president Dr. Travis Harker looks on.

Dr. Harker honoring state Rep. Laurie Harding for her “… exceptional leadership, public service and advocacy, for the betterment of New Hampshire’s health care system.”

Sunday morning snow at the Mountain View Grand.
At the interim meeting of the American Medical Association on Saturday, November 16, 2013, Gary Woods, MD announced his retirement from his position as N.H.’s AMA delegate. Dr. Woods’ contribution to the AMA on behalf of N.H.’s physician community spans more than two decades and has encompassed literally thousands of hours of volunteer work on your behalf.

Dr. Woods was first named as the N.H. delegate to the AMA in 1995, several years after his initial involvement with the organization. His election to the Council on Science and Public Health (two terms) was just one of the many accomplishments that elevated his stature and contribution to organized medicine on the national level. He was also instrumental in developing a functional framework within the New England delegation to the AMA, which allows our regional voice to function more efficiently and powerfully within the AMA.

Dr. Woods’ longtime AMA colleague and friend Georgia Tuttle, MD wrote a very fitting and heartfelt poem (please see below) to commemorate Dr. Woods’ AMA journey over the past two decades.

Please join Dr. Tuttle along with incoming AMA delegate William Kassler, MD, MPH and incoming AMA alternate delegate Cindy Cooper, MD in thanking Dr. Woods for his years of hard work, leadership and advocacy for N.H.’s physician community on the national stage.

---

**Dr. Woods Announces His Retirement as NHMS Delegate to the AMA**

He started the same year  
That I came to the House  
He was thoughtful, he worked hard  
But he was not a mouse.  
Our delegation had rules  
That were confusing, at best.  
So Gary grabbed hold  
And created a test  
That helped candidates filter  
Their strengths and their needs  
He made New England stronger  
He was a leader in deed!  
Then he ran for a Council  
The alternate followed his lead  
When they both got elected  
An AMA record was teed  
As the first delegation  
In AMA his-tor- y  
To be all on a Council  
At one time, yes siree!  
So to Gary, our partner  
Through the high and the lows  
Through the paper-based handbook  
Through the elegant prose  
Of the H-O-D business,  
Where we toiled for days  
We will miss but remember  
Your kind, helpful ways!  
- Georgia A. Tuttle, MD  
Former N.H. AMA delegate

---

Gary Woods is honored for his contribution to NHMS as our AMA delegate for more than 20 years.
Engaging in the Debate

An invitation to get involved in the legislative process

As the 2014 legislative session began in Concord in early January, the New Hampshire Medical Society took note of more than 1,200 bills being introduced by our New Hampshire Legislature. Of those, Janet Monahan, under the direction of the NHMS Legislative Committee, identified approximately 50 bills relating to health care, the practice of medicine, reimbursement and public health. NHMS will keep particularly close attention to these 50.

Needless to say, the 2014 legislative session will be a very busy one.

Add to the “local” New Hampshire legislative process, the continued rollout of the Affordable Care Act, continued wrestling in D.C. over the Medicare physician reimbursement formula SGR, ongoing health system transformation and the seemingly never-ending budget and debt ceiling debates, one could easy opt for living in a cave in the remote wilderness of northern New Hampshire.

Strategy on testifying and lobbying are also a critical part of this committee’s work. This is where you come in. NHMS is always looking for physicians to testify on behalf of the society. Our lawmakers have tremendous respect for physicians who testify and, as I have said in the past, you, as a physician, bring tremendous credibility to the debate.

If you are interested in testifying or simply wish to dip your toe into the water with the Legislative Committee, please contact Janet Monahan at 603.224.1909 or via email at janet.monahan@nhms.org. Please watch for the dates of upcoming meetings in the weekly eNews Update and in the calendar on the home page of the NHMS website.

Another way of getting involved in the legislative process is to contact your elected officials directly (representatives and senators) to discuss bills and issues of interest/concern to you. NHMS can help you with talking points, give you pointers on the best way to communicate (call, write, email), and help you make the connection.

While there are many other ways to engage, the last I will mention and perhaps the one requiring the greatest time commitment is a run for office. Getting involved in your local or county political party is a good starting point to begin forging a roadmap for election to the House. While the pay is low, the non-monetary reward is great. In case you are not aware, New Hampshire enjoys several healthcare providers in the Legislature, including two (2) physicians in the House – Rep. Tom Sherman, MD and Rep. Joe Hagan, MD.

In short, embrace the challenges and know that through the New Hampshire Medical Society your voice can be heard. You simply need to engage… and NHMS will help you in that effort. ¶

Scott G. Colby

Engaging in the Debate: While the cave probably has appeal to most of us at some point, engaging in the debate can be much more rewarding. We are, after all, one of the most successful democracies in the history of the human race and what makes us successful is the case in which our citizenry is able to engage in the process of governing. So how can you engage in the debate?

There are many ways to get involved. Perhaps the best way to “dip your toe into the water” is the NHMS Legislative Committee. One of the most robust NHMS committees, it is open to all members of NHMS and meets six to eight times between December 2013 and April 2014. This committee focuses on identifying, tracking and formulating positions on issues/bills, some of which are then recommended to the Council for adoption.

NHMS is always looking for physicians to testify on behalf of the society.
NEW MEMBER BENEFIT
Physician’s Guide to Contracts with Private Health Insurers

This new tool is free to NHMS members and offers independent physicians an innovative resource to help them better understand the intricacies of reimbursement contracts.

As we have been reporting, following the release of A Physician’s Guide to Hospital Employment Contracting in January 2013, the New Hampshire Medical Society has been working with legal counsel from Devine, Millimet & Branch, P.A. in Manchester to create a useful tool to help you better understand your reimbursement contracts.

WHY: The NHMS survey conducted in May 2011 showed significant interest on the part of independent physicians for assistance with reimbursement contracting.

WHAT IS IT: This is a guide to help you understand your reimbursement contracts by identifying key sections of typical contracts, an explanation of what those sections are/mean and key elements typically found therein. A convenient checklist is included for you to manually inventory your contract to make sure you have covered all the typical elements.

It also includes some examples of typical language or provisions you might encounter. In addition, it provides sections labeled “WARNING!” that are intended to help you focus on areas of greater risk.

WHAT IT IS NOT: This is a resource to help you understand your reimbursement contracts. This is not a tool designed to interfere in your relationship with the insurers nor is it a mechanism for NHMS to engage in reimbursement contracting negotiations. NHMS is precluded from providing input or advice in specific contract negotiations.

LEGAL REVIEW: NHMS recognizes the importance of understanding any contract you may enter into – whether an employment contract, a purchase-and-sales agreement for a home or an insurance policy. When you embark on making a major decision, it is oftentimes wise to seek legal advice. As such, NHMS has negotiated an NHMS member discount for contract review and negotiations. We have partnered with Devine, Millimet & Branch, P.A. to offer NHMS members the following:

The Guide:
• NHMS Members – Free
• Non-NHMS Members – $250

Review and Comments on your Reimbursement Contracts:
• NHMS Members – $650 each contract ($250/hour beyond an initial review)
• Non-NHMS Members – No Discount

YOU ARE NOT IN PRIVATE PRACTICE: This tool is specifically designed for reimbursement contracting and may be shared with your health system. Also, please don’t forget that if you are employed, A Physician’s Guide to Hospital Employment Contracting is available upon request.

WHAT IS THE PROCESS: If you are interested in receiving a copy of this guide and/or legal advice at the NHMS discounted rate, please contact Scott Colby, NHMS executive vice president, at 603.224.1909 or scott.colby@nhms.org. We will send you a copy of the guide and help you arrange a review of your contract with an attorney.

...the New Hampshire Medical Society has been working... to create a useful tool to help you better understand your reimbursement contracts.
NHMS introduces a second guide

A Physician’s Guide To: Contracts With Private Health Insurers

SECOND GUIDE – This guide is similar to A Physician’s Guide To: Hospital Employment Contracting and is intended to serve those NHMS members in private practice.

FREE – This guide is free for NHMS members and will help you better understand private reimbursement contract provisions. This is intended to help you engage in an informed discussion with private health insurers as your practice manages claims and reimbursement.

DISCOUNTED LEGAL ADVICE – NHMS members will receive a discounted rate of $650 for an initial contract review/comments and discounted hourly rates if you choose to retain counsel for negotiations, etc. To receive a legal review of your private reimbursement contract, please contact:

scott.colby@nhms.org or 603.224.1909

www.nhms.org
the state began meeting with Mike Lehman, Esq. of NHMS' counsel, Sulloway & Hollis, to sketch out a structure with two important goals:

1. To provide a forum for members to discuss with other NHMS member physicians and physician assistants in a therapeutic setting their experiences in dealing with malpractice suits and share their feelings in an effort to more effectively manage the process and heal; and

2. To allow for this therapeutic discussion, open and free dialogue, without fear that it could somehow be used against them should the discussion become the target of legal discovery – in short, breaking the cycle of distrust to allow affected members to heal.

After thorough vetting and research of this concept, much planning was conducted to develop the final program.

In summary, the program will be structured as follows:

- Group sessions facilitated by a Ph.D. level psychologist;
- The group will meet bi-weekly and include between six and eight participants;
- The participants will self-refer into the group, and the facilitator will interview each person;
- NOTE: Since this is considered health care, all communication between the facilitator and participant will be confidential. NHMS will NOT have access to names or any other information relating to the participants;
- The participants will pay a $20 co-payment for each session. NHMS will cover the balance of the session;
- The sessions will be held at NHMS in the evening – watch for more details – and dinner will be provided for the participants at no additional cost;
- The session will NOT be insurance billable, but will constitute health care and, as such, participants will be required to sign treatment authorizations, HIPAA forms, etc.; and
- Participants must be NHMS members, and participants will be asked to commit to no less than six bi-weekly sessions (this is a “soft” commitment, and we will certainly be flexible) with admissions into the group being on an ongoing or rolling basis. In other words, participants may join any time.

In developing this program, we contacted the state's major malpractice insurance carriers and self-funded malpractice programs to determine if there would be any prohibition on policyholders attending the program. In short, of the major carriers we approached, only the New Hampshire JUA indicated there would be a prohibition on attending the program.

In closing, the toll a malpractice case takes on physicians and physician assistants is immense. We lose so many highly qualified medical professionals because of the medical malpractice process, and, in some cases, those who don't leave their profession lose their self-confidence.

Again, if you are involved in a suit or recovering from the affects of a suit (or fear a suit might be filed) this group is for you. It’s time for a change. It’s time for help!

---

**Medical Malpractice, cont. from page 1**

A medical malpractice support group where member physicians and physician assistants can come together to discuss their feelings... …without the fear that the discussion will somehow be subject to legal discovery.

Please contact your carrier and/or defense counsel before enrolling in the program.

Additional details and logistical information will be forthcoming including:

- Dates/schedule
- Time of the sessions
- Telephone number to enroll

In developing this program, we contacted the state’s major malpractice insurance carriers and self-funded malpractice programs to determine if there would be any prohibition on policyholders attending the program. In short, of the major carriers we approached, only the New Hampshire JUA indicated there would be a prohibition on attending the program.

In addition, we also checked with the major malpractice defense firms in the state and received positive feedback and support.
President, cont. from page 2

the written request of a provider who furnishes written certification to the department.

There has been much discussion recently about the pros and cons of marijuana use and therapeutic cannabis treatments. Research articles continue to look at marijuana’s effects, especially in those younger than 21. One such article, coming from Northwestern University in Chicago, was published last month and focused on the effects of daily marijuana use in teenagers. While this is not the expected population that HB 573 likely will pertain to, it is important nonetheless.\(^3\)

Abnormal brain structure changes that persist years after stopping daily marijuana use, poor working memory, and similarities to schizophrenia bring to question the risk and safety of chronic marijuana use in the teenage population. While the Colorado law and proposed New Hampshire bill limit sales to those 21 and older, one must question whether the new/proposed legalization will make marijuana access easier for teenagers. The White House Office of National Drug Control Policy noted that many teens report getting their marijuana from others with medical marijuana access. Past-month pot use by high school students jumped over five years, and perceived risk by teens is plummeting, according to the annual report of the National Institute on Drug Abuse.\(^4\)

As a counterpoint, countries such as Israel have looked further into the possible medical benefits of marijuana use and may be on the cutting edge of future therapies.\(^5,6\)

The National Cancer Institute has funded preclinical trials of cannabinoids in mice and rats, which have shown the potential for antitumor activity in cancers of the colon, liver and breast.\(^7\)

So what is a reasonable physician to do? We will be part of the process for patients who may consider the therapeutic use of cannabis as a treatment option. We will weigh the risks and benefits, including how marijuana access may impact a family member, especially teenagers. That process will evolve during this year with more questions and, hopefully, answers ahead. \(^\star\)

Regards,

Stuart J. Glassman, MD

For more information


3 http://www.northwestern.edu/newscenter/stories/2013/12/marijuana-users-have-abnormal-brain-structure--poor-memory.html


6 http://www.youtube.com/watch?v=Z3IMIQ_K6U

7 http://www.cancer.gov/cancertopics/pdq/cam/cannabis/patient/Page2#Section_13
The House and Senate bills for the 2014 legislative session in Concord have been drafted and introduced. The New Hampshire Medical Society’s Legislative Committee has been busy reviewing the bills and making recommendations on whether to support, oppose or monitor legislation.

Both the House and Senate Health Committees have the bulk of the bills of interest to NHMS this year. From breast feeding to synthetic marijuana, the subjects are varied. The list of bills being tracked by NHMS can be found at the NHMS website, www.nhms.org. If you have an interest or expertise in a particular bill, let staff know because there is always a need for physicians to testify at public hearings in Concord.

There are seven bills pertaining to marijuana; most are to amend the newly enacted therapeutic cannabis law. Whether to allow patients and/or care-givers to grow their own marijuana will continue to be a hot topic in Concord.

This year, there are a number of bills dealing with end-of-life matters. There are several on palliative care and at least three on assisted suicide for terminally ill patients.

The ever-present trial attorneys continue to push for changes to the RSA519-B med mal pre-trial panel law. Trial lawyers are proposing changes to the barely “dry” Early Offer law, and there is a bill to change the apportionment of damages law. Watch for updates on these efforts.

Please familiarize yourself with the legislative website, http://gencourt.state.nh.us/, for up-to-date information on the status of bills, copies of bill text, hearing and sub-committee dates, amendments, etc. This user-friendly site also provides you with important contact information when you need to call, email or write to your state representative(s) or state senator.

Questions about legislation? Contact Janet Monahan at janet.monahan@nhms.org or call 603-224-1909.

Addiction Medicine in Primary Care: Expert Practice Series Presentations

The National Institute on Drug Abuse (NIDA) partnered with QuantiaMD to develop an Addiction Medicine in Primary Care lecture series. In eight brief presentations, the nation’s leading experts — including Dr. Nora Volkow, director of NIDA — provide information about addiction research, responsible opioid prescribing practices, reimbursement for screening and brief intervention and characteristics of medications used to treat alcohol and drug use disorders.

Each five- to 10-minute presentation covers important topics related to substance abuse that every clinician should be informed about, including:

- The risks and benefits of prescribing opioids
- Drug and alcohol use, detection, intervention, treatment methods and medications
- Adolescent substance abuse
- Substance use disorders and HIV
- How addiction affects the brain

Viewing one or all of these short presentations offers clinicians insights and guidance that can be easily applied in daily practice to improve patient care.

Addiction Medicine in Primary Care is part of the NIDAMED portfolio of resources. If you have questions about this or any of the other NIDAMED resources, contact nidacoeteam@jbsinternational.com.
Physicians’ Bi-Monthly January/February 2014

11

19

2014 NHMS Council

President
Stuart J. Glassman, MD
Lukas R. Kolm, MD
P. Travis Harker, MD, MPH
Cynthia S. Cooper, MD
John R. Butterly, MD
Seddon R. Savage, MD
Paul F. Racicot, MD
Richard P. Lafleur, MD
Tessa J. Lafortune-Greenberg, MD
William J. Kassler, MD, MPH
Cynthia S. Cooper, MD
David C. Charlesworth, MD
Ben J. Dewey
Mark H. Rescino, PA-C
Robert G. Soucy, Jr., DO
Lora L. Council, MD
Jeffrey C. Fetter, MD
Laura S. Emmick, MD
Deborah A. Harrigan, MD
Tina C. Foster, MD
Edmund Schiavoni, Jr., MD
Theodore T. Brooks, Jr., MD
Anthony V. Mollano, MD
Robert M. Vidaver, MD
Martin Honigberg, Esq.
Jose T. Montero, MD

President-Elect
Penultimate Past President
Immediate Past President
Vice President
Secretary
Treasurer
Speaker
Vice Speaker
AMA Delegate
AMA Alternate Delegate
Chair, Board of Trustees
Medical Student
Physician Assistant
Young Physician Rep.
Young Physician Rep.
Member-at-large
Member-at-large
Member-at-large
Member-at-large
Member-at-large
Physician Member of
N.H. Board of Medicine
Lay Person
Physician Rep. of the
N.H. Dept. Health Human Services
Specialty Society Reps.:
· N.H. ACOG
· N.H. Academy of Family Physicians
· N.H. Chapter of the
American College of Physicians
· N.H. Chapter of the
American College of Surgeons
· N.H. Chapter of Emergency Physicians
· N.H. Orthopaedic Society
· N.H. Pediatric Society
· N.H. Psychiatric Society
· N.H. Society of Anesthesiologists
· N.H. Society of Eye Physicians & Surgeons
· N.H. Society of Pathologists
Trustee
Trustee
Trustee

CME, cont. from page 1
dar years 2012 and 2013. If you’ve completed more than that, you can save on postage and keep the extra certificates in your files.

- Forty hours must be documented Category 1. Many hospitals and national specialty societies, e.g. AAFP, ACOG, AOA, Dartmouth-Hitchcock, can provide you with transcripts. This saves time on both ends of the reporting process.
- You can fill the remaining 60 hours with either Category 1 or 2 hours. Just include a list of journals you’ve read, articles you’ve written, teaching duties, etc. and list the time spent on each activity to report Category 2.
- Quick file with one of the following, which all qualify for 100 hours of CME:
  ➢ Passing an ABMS exam
  ➢ Proof of MOC (in general a one-year test gives 25 to 35 credits)
  ➢ Two-year or more PRA
- You must include the $35 processing fee payable to “CME Coordinator” or call in with credit card information for your CME to be counted.
- All the paperwork gets scanned and saved for reference, so please avoid staples if possible.
- If all else fails, CME Coordinator Mary West is happy to answer your questions. Reach her at 603-224-1909 or mary.west@nhms.org.
Physicians’ Bi-Monthly

Million Hearts, cont. from page 1

a sustainable network focused on improving cardiovascular care in New Hampshire, Vermont and Maine; educating providers on best practices and standards of care related to cardiovascular disease; and enhancing provider and patient education to mitigate disease progression in those at risk for a cardiovascular event.

CHPN is aligned with the Million Hearts™ campaign to prevent 1 million heart attacks and strokes in a five-year period. The focus of Million Hearts™ and NHCCQF’s Cardiac Population Health Network are the ABCS of cardiac care: Aspirin or anticoagulant therapy for patients with cardiovascular disease, Blood pressure management, Cholesterol management, and Smoking cessation. NHCQF is currently working with more than 100 physicians, practices, hospitals, community partners and other stakeholders in northern New England to support practitioners and patients on the ABCS of cardiac health. NHCQF has developed posters, brochures and other educational materials encouraging patients to discuss cardiovascular health with their physicians. NHCQF has also developed a series of educational webinars from nationally recognized experts that inform physicians and other healthcare providers on the most current topics and treatment recommendations on the ABCS topics, including calculating cardiovascular risk, new oral anticoagulants in atrial fibrillation management and many others.

NHCQF is actively working with cardiology and stroke associations in northern New England to build a more collaborative atmosphere between primary care providers and key cardiovascular care subspecialists. NHCQF looks forward to and encourages healthcare providers to join CHPN.

If you would like to request resources or have questions or comments, email NHCQF at nhcqf.org or call 1-800-772-0151. §
What? Offering you the best products at the best prices with unsurpassed expertise and understanding

Why? In order to further public health initiatives for the benefit of New Hampshire’s citizens

Medical Professional Liability
Hospital Professional Liability
Facility Professional Liability
General Liability
Workers Compensation
Auto Liability and Physical Damage
Umbrella Liability
Regulatory Proceedings Coverage
Network Security & Privacy Liability
Life Science Product & Prof. Liability
Excess of Loss Reinsurance

Commercial Property
Directors & Officers Liability
Commercial Crime
Fiduciary
Employment Practices
Kidnap & Ransom
Personal Lines
MCO E&O Coverage
Environmental Liability
Clinical Trial Liability

PO Box 3772
Concord, NH, 03302-3772
603.856.7558

www.nhmsinsurance.com
THERE’S BEEN A MEDICAL LIABILITY SUIT FILED AGAINST YOU.

WHICH KIND OF SUIT IS MORE LIKELY TO SEE YOUR POINT OF VIEW?

From company to company, medical professional liability claims are handled differently. That’s especially so with Medical Mutual Insurance Company of Maine. You see, at most companies the job of evaluating claims is the responsibility of committees made up of mostly business people.

At Medical Mutual, our standing claims committee is comprised of practicing physicians representing a comprehensive array of specialties. They understand the care environment and the standards of care. More important, if the medicine in question was right, they’ll back you with whatever resources are necessary to prove it. Because they also know the value of your reputation like no business person possibly can.

So when you or your organization’s reputation — if not your livelihood altogether — is at stake due to a claim, the choice you’ve made for medical liability coverage could very well make the difference in whether the carrier chooses to settle or defend on your behalf.

For more information, or a list of authorized agents, contact John Doyle, VP of Marketing and Corporate Communications, at (800) 942-2791, or via email at jdoyle@medicalmutual.com.

Medical Mutual Insurance Company of MAINE

www.medicalmutual.com
New Hampshire physicians now can choose medical professional liability insurance that over 60,000 physicians and healthcare entities rely on for fair treatment. Rated A+ (Superior) by A.M. Best, ProAssurance’s stability helps ensure the unparalleled defense and service that have been our hallmark for over 30 years.

With the uncertainty of today’s volatile healthcare environment, be sure you choose a strong partner whose resources can help you increase your control.

Go to ProAssurance.com to learn what our Treated Fairly pledge can mean for you. It’s about you and your profession. Take the first step today toward being treated fairly.
A fun pun on shattered image of childhood wonder and innocence.

A bystander, a victim and a transgressor. Are these individual behaviors influenced by their circle of family, friends, school and social environment?

What actions follow this scenario? Perhaps the bystander will merely shrivel inside a cocoon and protect herself or come to the rescue. Maybe the victim would retaliate or learn to rectify behavior that could provoke others. The aggressor might relish the dominance and plan increasingly menacing acts, or feel guilty and modulate future ways of resolving perceived conflict.

Can troubled youths and youths with troubling behavior grow into productive and orderly members of society who care not just for themselves but also have concern for others?

The answer is yes, because the remodeling of behavior is responsive to lived experiences. The biggest task lies in us all, to aspire to correctitude and provide children not only love and care, but also proper limits and boundaries. ¶

Marcosa J. Santiago MD
Child Psychiatrist (retired)