NHMS Health Disparities Task Force Gaining Momentum

The New Hampshire Medical Society Council approved the formation of the NHMS Health Disparities Task Force [“task force”] in December 2011. At that time, the task force was charged with increasing physician awareness of health disparities based on patient diversity and developing tools and programs to address these disparities. Then-NHMS President Bill Kassler, MD, MPH was named as the chair of the task force, and NHMS Executive Vice President Scott Colby was named as the co-chair.

Before launching into the rest of this article, you might be asking yourself: “Why is NHMS dedicating resources in this area when N.H. seems so homogenous?”

The answer is as simple as this. All societies enjoy tremendous levels of diversity; however, the diversity is not always that apparent. With diversity comes the unfortunate reality of hidden discrimination and oftentimes disparities in healthcare delivery and outcomes – not intentional, but they exist nonetheless. Diversity in New Hampshire comes in many forms: ethnic, racial, language, gender, sexual orientation, age, economic and others. It is the strong desire and goal of the task force to be able to help you recognize and embrace our diverse population. High-quality patient care depends on understanding and appreciating these differences.

With that backdrop, a tremendous amount of work and progress has been made since December 2011 that will allow for a more visible “launch” of the task force in the coming months. In spring 2012, NHMS, in partnership with several other organizations in the state, applied for and received a technical support grant from the Harvard Pilgrim Health Care Foundation Culture InSight program, which provides training and technical as-

New Hampshire Medical Society to Launch Physician Survey

Comprehensive survey to focus on physician priorities, values and perceptions.

In May 2013, the New Hampshire Medical Society, in collaboration with the University of New Hampshire Survey Center, will launch a comprehensive survey of New Hampshire’s physician community to better understand physicians’ priorities, concerns and values.

This important survey is being conducted to help NHMS shape its legislative, public health and educational strategies as the healthcare system and the profession of medicine continue to realize tremendous transformation.

An Invitation for Practices to Become Million Hearts Blood Pressure Control Champions

By Rudy Fedrizzi, MD

The Million Hearts Campaign is a joint initiative of Centers for Disease Control and Preven-
President’s Perspective

Your present circumstances don’t determine where you can go; they merely determine where you start.

-Nido Qubein

I recently received a letter from a member with concerns about current electronic health records (EHRs) including the negative impact they have on the doctor-patient relationship and the limitations they create on our ability to document pertinent clinical information. I’m sure many of you using electronic records feel similarly. Notes are often too long due to numerous click boxes, the computer takes our attention away from our patients, and many of us feel like the computer is the one leading the visit, not the patient. The June 2012 JAMA A Piece of My Mind entitled “The Cost of Technology” (http://jama.jamanetwork.com/article.aspx?articleid=1187932) shares how a portrait of the pediatrician hunched over his computer drawn by his 7-year-old patient woke him up to the reality of what a distraction the computer can be in the exam room. I highly recommend this piece to you; it certainly resonated with me and caused me to reflect on our current state of practice with EHRs.

Our market-based EHR system has resulted in a myriad of products provoking a range of responses from physicians. Each year, my specialty, family medicine, conducts a survey of EHR users who are asked to rank their agreement or disagreement with 19 statements reflecting various aspects of their EHR including:

• I can document care easily and efficiently with this EHR;
• This EHR helps me avoid making mistakes;
• This EHR helps me focus on patient care rather than on the computer;
• This EHR doesn’t just enable me to meet meaningful use criteria, it actually helps me provide better patient care;
• This EHR helps me see more patients per day (or go home earlier) than I could with paper charts; and
• I am highly satisfied with this EHR.

The 2012 results of this survey of more than 3,000 physicians found wide variation in satisfaction. For example, responses to the statement “This EHR helps me see more patients per day” reveal that the lowest performing EHR had a strongly disagree response of nearly 60%, but the top performer had 60% of respondents strongly agreeing that the EHR made them more efficient. Overall, only 38% of all respondents agree or strongly agree that they are “highly satisfied with the system they use” so there clearly is room for improvement. But perhaps there is something the rest of us can learn from

President’s Perspective, cont. on page 8

*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.
With the death last month of Dr. C. Everett Koop at the age of 96, the New Hampshire medical community has lost an extraordinary colleague and friend. Reflecting on his life of public service, however, we can gain enormous inspiration.

Dr. Koop, “Chick” as he was deemed as a college freshman and remained for life, graduated from Dartmouth College in 1937 and Cornell Medical College in 1941. He became a distinguished professor and surgeon at the University of Pennsylvania School of Medicine, where he pioneered the field of neonatal and pediatric surgery, contributing both landmark technical innovations and legendary advocacy for young humans and their families. He served as Surgeon General of the United States from 1981 to 1989, then returned with his wife, Betty, to New Hampshire to found the C. Everett Koop Institute at Dartmouth, living near two sons who serve as pastors in the region and close to the memory of his third son, David, who died in a climbing accident in the White Mountains while at Dartmouth. Dr. Koop continued a rich life of national and international service, mentoring both faculty and students at Dartmouth up until his death.

During his time as Surgeon General, Dr. Koop transformed the office from that of a figurehead into a powerful seat from which to shape the public health. Recruited by the Reagan administration, Dr. Koop endured eight months of heated controversy and challenging confirmation hearings, largely due to concerns about positions he was expected to take due to his personal opposition to abortion as a conservative Christian. When he finally took office, however, it became clear that Dr. Koop did not always do what was expected of him and he did not always do what was popular. Rather, Dr. Koop always did what was right for the health of the people. He educated, he informed, he took stands, and he brought together people from the right, from the left and from the middle to serve the interests of the public health.

The road was rarely easy. He battled special interest groups including powerful industries; he often was in conflict with the very administration that had selected him; and, from time to time, he received threats to his life. And yet he was able to weave the grassroots of the people into a formidable alliance for activism on issues of importance. Koop Troops, as they were called, were loyal to him then and many continued to work with him throughout his life. Most have become prodigiously effective public health leaders in their own right.

It is hard to fathom the extent of Dr. Koop’s influence on the public health as Surgeon General. He acted on the First Surgeon General’s report on smoking and issued the first report on second-hand smoke. He made sure that the health effects of smoking were never far from a smoker’s mind by requiring the Surgeon General warning be posted on every single pack of cigarettes sold in this country as it is today. He crusaded to reduce the influence of marketing and profits on human health and in doing so confronted leaders from tobacco-growing states who had championed his confirmation as Surgeon General.

When a new disease began to ravage the gay community in the 1980s, a disease many would dismiss because it primarily affected a stigmatized population, Dr. Koop declared he was the Surgeon General of all the people and he confronted HIV and AIDS with a vengeance. With previously unheard of candor, he educated America in detail on the modes of transmission of HIV and promoted the use of condoms as a public health measure. He lobbied for funding of education and research and sent a personal Surgeon General’s letter to every household in the U.S., initiating a public health response that raised awareness and ultimately slowed HIV transmission.

When he was asked to write a report on abortion by the Reagan administration, it was anticipated that Dr. Koop would bring the stature of his office to bear on right-to-life arguments against abortion. He reviewed the scientific evidence on the impact of abortion on women and society. However, finding no persuasive evidence of public health harm, he reminded the administration that his domain was the public health, not legislation or politics, and he declined to take a public position on the issue.

Remembering a National Treasure

Dr. Koop, cont. on page 9
In 2011, 3.1 million persons aged 12 or older reported using an illicit drug for the first time within the past 12 months. This averages to approximately 8,500 initiates per day. Additionally, 6.1 million persons aged 12 or older reported the nonmedical use of prescription psychotherapeutic drugs in the past month.

The National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, is interested in improving clinical outcomes by providing science-based resources to clinicians about drug abuse and addiction. To help achieve that goal, NIDA has developed NIDAMED, a portfolio of resources to help clinicians better address drug abuse in their patients. Visit the NIDAMED website now to view the portfolio of free resources: http://www.drugabuse.gov/nidamed-medical-health-professionals.

Available materials include:

- **The NIDA Drug Use Screening Tool.** This interactive Web tool, easily accessible from mobile devices, offers a single question Quick Screen to identify patients with recent substance use. If a patient is found to be at risk using the Quick Screen, the NM ASSIST provides more in-depth questions about patient drug use. A substance involvement score, generated from patient responses, suggests the level of intervention needed.

- **Screening for Drug Use in General Medical Settings: Resource Guide.** This guide supplements the NIDA Drug Use Screening Tool by providing more detailed instructions to clinicians about how to use the tool, discuss screening results, offer brief interventions, make necessary referrals, conduct biological specimen screening, and locate substance abuse treatment facilities.

- **Screening Tool Quick Reference Guide.** This pocket guide provides an abbreviated version of the NIDA Drug Use Screening Tool and instructions on its use.

- **Patient Resources.** These materials were developed to help clinicians provide patients with information about drug use, addiction, and treatment. Resources include 1) one-page fact sheets about prescription drug abuse, marijuana, and substance abuse treatment options; 2) booklets about the science of addiction, facts about drugs, and tips for finding treatment; 3) posters to help start conversations with at-risk patients about their drug use; 4) an online tool that highlights parenting skills to prevent the initiation and progression of drug use among youth; and 5) a website written in simple, direct language to help readers understand drug abuse, addiction, and treatment.

- **Substance Abuse-Related Continuing Education Courses (CME/CEs).** These two new MedScape CMEs/CEs, which offer up to three CME/CE credits, include video vignettes modeling clinician–patient conversations about the safe and effective use of opioid pain medications. The courses were created to help clinicians understand and address the complex problem of prescription drug abuse. More than 30,000 clinicians have completed the course for credit, and an additional 50,000 have viewed it.

- **Curriculum Resources.** This series includes ten innovative drug abuse and addiction curricula, which were designed to help teach students to identify and treat patients struggling with drug abuse and addiction. The resources were created to help fill gaps in current medical education related to both illicit and prescription drug abuse.

If you have questions about any of the NIDAMED resources, contact nidacoeteam@jbsinternational.com.

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Health disparities, sports concussions in our schools, opioid prescribing and tools for helping physicians manage their patients – and more.

What do all of these topics have in common? They are all areas of deep interest for members of the New Hampshire Medical Society – areas which our members have pursued with passion using the resources of NHMS. When I look at the value NHMS brings to the physicians of New Hampshire, one of the most important is not necessarily that obvious. The value is that NHMS has the ability to act as a convening organization to rally interest, enthusiasm and resources to tackle issues of importance affecting you and your colleagues.

Some recent examples of how NHMS members have leveraged the resources of the society to make a positive impact include: William Kassler, MD, MPH – Health Disparities Task Force; Stuart Glassman, MD – sports concussions in our schools; Seddon Savage, MD – N.H. Opioid Prescribing Resource. These physicians have made a tremendous impact rallying support and targeting resources to impact critical areas. Here are their stories:

**Health Disparities:** Bill Kassler, MD, MPH has spent his career working in the domain of public health. Approximately 18 months ago I attended a CME program sponsored by the Connecticut State Medical Society in Hartford, Conn., on health disparities. On my way back to New Hampshire, I called Bill to discuss the program and gauge his interest in doing something similar in N.H. Not only did Bill like the idea, we had an education program scheduled, launched and delivered within two months (September 2011) and by December 2011 the NHMS Council had approved a standing task force – the Health Disparities Task Force (see related article on Page 1).

**Sports Concussions:** Stuart Glassman, MD, who specializes in physical medicine and rehabilitation, has had a passion for injury prevention for our school-aged athletes for many years. Stuart has been active representing NHMS on the New Hampshire Advisory Council on Sport Related Concussion for a number of years. He has testified in support of legislation to require processes and policies in our schools that address concussions, return to play and other issues. His efforts helped with the passage of SB402 in the 2012 session. This bill was enacted into law and put into place head injury policies for student athletes and return-to-play guidelines. NHMS, under Stuart’s direction, has also held several CME programs on concussions and sports injury, stressing the importance of recognizing the signs and symptoms in our children.

**Opioid Prescribing:** Seddon Savage, MD, a pain management and addiction specialist, has worked tirelessly on her own and through NHMS to build awareness and truly make a difference. Through her efforts and as chair of the NHMS Prescription Drug Abuse Task Force, NHMS is pleased to have launched an Opioid Prescribing Resource (www.nhms.org), which provides physicians with resources and tools to help them manage patients’ drug regimens. In addition, this task force, in conjunction with other stakeholders, was instrumental in N.H.’s adoption of a prescription monitoring program – the 49th state to do so. This was a huge accomplishment for Dr. Savage, NHMS and N.H.

So how do you get involved? If there is an area of interest which you would like to pursue, contact the NHMS president at president@nhms.org to discuss your idea. If we have a committee or task force that is addressing your area of interest, we will put you in touch with the chair. If not, and if through your discussion with NHMS you would like to pursue your interest, we will invite you to bring your idea before the Council.

**NHMS is your incubator for affecting change.** NHMS is committed to giving you a voice. If you’re interested in a higher level of engagement, please contact us. 

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Scott G. Colby
sistance to help healthcare professionals provide culturally competent, high-quality care.

The collaborative effort of several organizations called the N.H. Health & Equity Partnership was formed and is comprised of the following organizations: Geisel School of Medicine at Dartmouth, Endowment for Health, Foundation for Healthy Communities, N.H. Medical Society, N.H. DHHS Office of Minority Health & Refugee Affairs and Southern N.H. AHEC. This partnership applied for the grant with the understanding that its members would be responsible for key deliverables and would receive certain benefits under the grant.

NHMS’ deliverables and benefits include:

- An NHMS/HPHC-sponsored CME program
- A strategic planning session of the Disparities Task Force facilitated by the Culture InSight program
- An NHMS-sponsored leadership program for V.P. Medical Affairs and CMOs in N.H. that will be facilitated by Culture InSight
- Culture InSight will assist in the development of training for NHMS and its Physician Leadership Program. This may include training for the NHMS leadership, developing a traveling 1.5-hour grand rounds presentation for rural healthcare organizations, developing podcasts and/or online continuing education programs for health professionals.

With this important grant, the task force has also begun to evaluate other opportunities for engagement.

In September 2012, NHMS Executive Vice President Scott Colby attended a meeting in Chicago of the Commission to End Health Care Disparities. This meeting was one of the commission’s semi-annual meetings, and Scott’s mission was two-fold: Determine if the resources available through the commission’s work could be of value to NHMS and determine if our participation in the commission would be of value on the national stage. Following that meeting, Dr. Kassler and Scott applied for membership in the commission. On Feb. 22, 2013, NHMS received notice that it has been accepted as a member of the commission. To learn more about the important work being done by the commission, please visit www.ama-assn.org and search “CEDHC.”

Lastly, and as explained under the second bullet point above, Culture InSight, under the direction of Shani Dowd and Mitzi Johnson, MD, facilitated a strategic planning session on Feb. 7, 2013, for the task force at the NHMS offices with key physician and non-physician stakeholders. As a result of this session, we will be developing a specific set of action items to further our mission of building awareness, educating physicians and advocating for policies that seek to eliminate health disparities.

Please watch for more concrete activities on the part of the NHMS Health Disparities Task Force that will provide you with useful knowledge and tools to work more effectively with your diverse patient population. If you want to get involved in this important effort, please contact Scott Colby at 603-224-1909 or via email at scott.colby@nhms.org.

A group of physicians and NHMS staff met with the UNH Survey Center in mid-February to map out the goals of the survey and the areas that would be addressed.

“This survey will allow NHMS to craft meaningful legislative and education goals which respond to its members.”

P. Travis Harker, MD, MPH, NHMS President

With input and direction from the NHMS Council, the UNH Survey Center has been able to develop a brief, yet substantive survey addressing issues affecting public health policy, political leanings and other interests.

NHMS President P. Travis Harker, MD, MPH, is very supportive of this effort and commented, “While we physicians are sometimes inundated with surveys, the importance of NHMS understanding the priorities of our physician community cannot be understated.”

He continued, “The priorities, values and perceptions of NHMS member physicians must be reflected in NHMS’ agenda. This survey will allow NHMS to craft meaningful legislative and education goals which respond to its members.”

Many of you may recall the 2007 NHMS survey of the state’s physician community. That survey focused on several areas and was intended to gauge physician opinion as follows:

- U.S. Healthcare Compared to Other Countries
- Satisfaction with Your Practice
- Health Determinants and Context of Care
tion (CDC) and the Centers for Medicare & Medicaid Services. The Medicine and Public Health (MPH) Task Force of the N.H. Medical Society is coordinating efforts to promote Million Hearts throughout the state. Controlling high blood pressure is a key component of the initiative along with the other ABCS - appropriate aspirin use, cholesterol control and smoking (tobacco) cessation - to prevent a million heart attacks and strokes by 2017.

In September 2012 the U.S. Department of Health and Human Services and the Million Hearts Initiative recognized Kaiser Permanente Colorado in Denver and Ellsworth Medical Clinic in Ellsworth, Wis., as the first two Million Hearts High Blood Pressure Control Champions for achieving blood pressure control rates of greater than 80 percent among their patients with high blood pressure. Since January 2008, Kaiser Permanente Colorado has improved the blood pressure control rate from 61 percent to 82.6 percent. Between 2007 and 2011, the Ellsworth Medical Clinic in western Wisconsin improved blood pressure control among its patients from 68 percent to 90 percent.

Since 2010, Cheshire Medical Center/Dartmouth-Hitchcock Keene (CMC/DHK) has steadily improved blood pressure control for our patients from approximately 69% to 79% in December 2012. Our current integrated, multifaceted campaign to match the control rates being recognized as best-practice in the U.S. includes:

1. Upgrading equipment and uniformly applying proper technique in checking blood pressure. We have revised our competency standard that is being rolled out for all nursing staff and medical assistants.

2. Implementing universal evidence-based guidelines for patients with very high blood pressure and those with mild to moderate readings above the normal range. This will bring consistency to our care across all primary care medical homes, specialty providers and our nurse clinic.

3. Making our message about the dangers of untreated BP and recommendations for healthier behaviors consistent so our patients and community know what they can do to be a full partner in their health. We now have a single BP brochure campus-wide.

4. Utilizing our Vision 2020 (healthiest community in the nation by 2020 initiative) program to engage individuals and businesses to help our community live healthier lives by making the healthier choice the easier choice. We have nearly 1,800 people and 75-plus schools and organizations on board as Vision 2020 Champions.

5. Working on ways to have community partners like our largest non-profit home healthcare agency, YMCA and senior centers more integrated with our healthcare services so there are increased opportunities for BP screening, reliable health education and opportunities for learning better self-management strategies for those with high BP. We have created a direct referral path for competency-trained partner nurses to alert our medical homes of BP out-of-range in the community.

Later this year, Million Hearts will sponsor a competitive challenge to identify exemplary practices, providers and plans in hypertension control. Entrants will provide information about their practices, share their verifiable high blood pressure control data and describe how use of health information technology such as electronic health records, incentives for providers and patients, team-based care, attention to medication use and persistence, and community involvement contributed to their success.

To share what your practice is doing to improve the ABCS of Million Hearts and learn how your practice can become involved with the NHMS Million Hearts effort, contact Rudy Fedrizzi, MD, chair of the MPH Task Force at rfedrizzi@cheshire-med.com.

Million Hearts, cont. from page 1
the third of EHR users who are satisfied.

Despite the limitations of our EHR systems, certain aspects of care have improved through enhanced decision support tools, preventive-care reminders such as about colon cancer screening, drug-interaction alerts and the creation and utilization of disease registries, to name a few. The question becomes: what are the goals of using an EHR and how do we achieve them? The Institute for Health Improvement’s (IHI) triple aim of “better care, better health and reducing costs” is a good framework to superimpose on the 19 satisfaction questions in the family medicine survey and provides a roadmap for improvement in our systems of care. Yet, if we know what we want, why are we not further along in developing robust, satisfying EHRs?

In 2005 the RAND Corporation predicted that EHR adoption could improve care and save an estimated $81 billion annually. However, in 2013 RAND published a new report indicating disappointment in health information technology development. RAND states the “disappointing performance of health IT to date can be largely attributed to several factors: sluggish adoption of health IT systems, coupled with the choice of systems that are neither interoperable nor easy to use; and the failure of health care providers and institutions to re-engineer care processes to reap the full benefits of health IT.” While we, as practicing physicians, are not directly responsible for the sluggish adoption of EHRs or the quality of the products available, we have been slow to reengineer our practices to incorporate EHRs as tools to improve care.

We often rapidly adopt new imaging technologies and new drugs because the potential for improving care is more visible to us. However, we are often slow to adopt new technologies that are not as clearly linked to care. For example, medicine is the only industry I can think of that is still dependent on 1980s technology – pagers and faxes. In order to move forward, we must begin to view the EHR as a clinical tool as important as other technological advances in medicine and, more importantly, we must commit to make it better.

We must engage with vendors, be clear about our goals and timelines and be willing to change EHRs if the ones we currently use won’t engage with us.

We must look at our own practices and be willing to let go of the way we’ve always done certain things. However, while we adopt new practices we must maintain that which is most important to us, the doctor-patient relationship.

The first step toward a better future is understanding where we are right now; the next is determining where we want to go; and third, we have to muster the courage to step in that direction.

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Dr. Koop was a passionate champion for vulnerable populations, particularly children with special healthcare needs. As Surgeon General, he shepherded changes in the Social Security Act that assure all children with special healthcare needs receive comprehensive care. He was a critical force in moving the 1984 Baby Doe Amendment through Congress, ending the common hospital practice of allowing infants born with apparent intellectual disabilities to die when they had life-threatening, but treatable physical conditions. He hosted the first national symposium on family-centered care.

At a memorial service for Dr. Koop on March 9, his longtime friend and pediatric colleague Dr. Woody Kessel, professor of public health at the University of Maryland, summed up Dr. Koop’s approach to service, simply saying, “Chick always put compassion and science above politics.” What a valuable compass for all who work to advance the public health: act out of compassion guided by science and use politics as a tool that serves, but never leads. The principles that Dr. Koop so courageously demonstrated in his public service may not always win popularity and may not always lead in the expected direction, but compassion and science will always illuminate the right course.

At his 90th birthday party in Washington, D.C., in 2006, then Sen. Hillary Clinton, who worked closely with Dr. Koop on healthcare reform issues, referred to him variously as “a national treasure,” “the conscience of medicine in our country” and “our public health hero.” Amen! Rest in peace Dr. Koop, your Troops will carry on.
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Workplace Benefit Solutions [“WBS”] announced the successful conclusion of negotiations with Anthem Blue Cross and Blue Shield of NH for the NHMS health insurance renewal for June 1, 2013.

Groups will continue to be subject to age and group size adjustments; however, the overall experience for the NHMS insurance plan has stabilized to the benefit and credit of the NHMS member groups.

Over the past several years, WBS and Anthem have worked tirelessly to provide meaningful health insurance options, excellent service to the NHMS groups and renewals that are affordable and meet the needs of the NHMS physicians.

Plan designs for the 2013 renewal will remain similar to current plans, with only minor adjustments that will be outlined in your renewal. A new “low-cost” HMO plan design has also been added as an option.

Whether you are employed or in independent practice, this is good news. Maintaining healthy, viable practices in New Hampshire benefits patients and physicians throughout the state. Scott Colby, NHMS executive vice president, commented, “We are very pleased with the 2013 renewal. This is very important to our independent physicians as they struggle to provide quality care in an increasingly challenging economic environment.”

For more information, please visit WBS at www.workplacebenefitsolutions.com, email WBS at nhms@workplacebenefitsolutions.com or call the NHMS dedicated line at WBS, 877-235-0409.

Survey, cont. from page 6

- Responsibility for Healthcare in the Ideal System
- Insurance, Payment and Cost Issues

The results, which are found on the NHMS website (www.nhms.org), provided insight into the priorities of N.H.’s physician community and have been instrumental as NHMS deliberates policy positions in key areas. As an example, one conclusion of the survey was that physicians believe a patient-centered medical home offers the promise of better coordinated care.

When asked to agree or disagree with the following: Health outcomes are improved when patients receive coordinated care of chronic illness in a primary care medical home – 96.6% of the physicians agreed, and the results were not significantly different between primary care and specialty care physicians.

In 2011, NHMS launched another survey; however, the focus at that time was on physician perceptions of NHMS, the value proposition offer by the society and an assessment of current and potential program offerings.

This 2013 survey is intended to be more like the 2007 survey yet take a deeper dive into specific areas. The process will unfold in late April or early May with email notification from Dr. Harker. For the physicians for whom we do not have an email address, a postcard will be mailed. During the month of May, the UNH Survey Center will launch the survey and keep it open for two to three weeks.

Please engage! We value your opinion and need to hear from you in order to succeed in this endeavor.

For more information or details, please contact NHMS EVP Scott Colby at 603-224-1909 or via email at scott.colby@nhms.org.
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NHMS President P. Travis Harker, MD, MPH, testifying in Representatives Hall in Concord on Medicaid Expansion.