Understanding the NH Physicians' Political Action Committee

By Scott G. Colby, NHMS executive vice president

Dispelling the common myths about PACs.

More than 40 years ago, the New Hampshire Medical Society established a political action committee – NH Physicians’ Political Action Committee – in order to amplify your voice and be more effective in fulfilling the NHMS mission.

The Free Dictionary (www.thefreedictionary.com) defines a PAC as follows:

**political action committee**

*n. Abbr. PAC*

A committee formed by business, labor, or other special-interest groups to raise money and make contributions to the campaigns of political candidates whom they support.

While the term PAC oftentimes conjures up negative feelings for many (myself included), understanding the purpose and function of the NH Physicians’ PAC is important in order to dispel any potential negative perceptions. It is my hope that this article will help everyone understand why we have established the PAC.

The medical community needs to react to those candidates who support issues we care about, such as: protecting our medical malpractice pretrial panel law, increasing access to medical care in rural parts.

The Industrialization of Medicine

By Cynthia S. Cooper, MD, NHMS president

I recently read a fascinating article by Dr. Allan Jacobs, professor at SUNY-Stony Brook University School of Medicine; I will now try to summarize his thoughts. He describes how industrialization and bureaucratization are changing physician satisfaction with medicine. Medicine has changed from a craft to an applied science. Imaging and diagnostic laboratory studies have vastly improved our diagnostic accuracy and our ability to cure disease. However, as physicians’ effectiveness increases, physicians’ satisfaction with their profession decreases. In the 1950s, an average visit to the physician cost about $10 but some physicians charged up to $1000 for the same service. Today, no physician is able to charge 100 times that of another.

At one time, physicians differed

SPC Press Conference: What’s in Your Medicine Cabinet, A Prescription for Danger?


See page 8
I am honored to have served as your president this year. It has been a very busy and rewarding year. Two critical bills were passed by the N.H. Legislature during my term, with your help, and are now law. The first, SB286, made New Hampshire the 49th state to have a Prescription Monitoring Program. Pharmacists will be required to report data when dispensing Class II, III or IV drugs. Physicians will then be able to query the PMP prior to prescribing a controlled substance and have fewer worries that they are over-prescribing or under-prescribing these drugs. Also SB406, the Early Offer Bill, passed and is the first of its kind in the United States. This medical liability bill, which is completely voluntary for the plaintiff and physician, will help retain a more civil atmosphere between physicians and their patients when simple negligence has occurred. Instead of the interrogatories, depositions and emotional trials, which affect everyone but the lawyers, the physician and patient will work from a fixed payment schedule to determine patient compensation. The patient will be able to keep more of the settlement for treatment of their injury as the plaintiff lawyers will only be able to charge a 20% fee. The patient will still have a choice of turning down the early offer and going through the traditional court system, but if he or she does not win at least 125% of what was offered in the Early Offer program, the “loser pays” for all the defense expenses.

If some of you have noticed I am not serving a full calendar year, you are correct. The NHMS Council decided to combine the Inaugural Celebration with our Annual Scientific Meeting in the future. Each NHMS president will now end his or her term in the late fall, instead of January. Therefore, my year was shortened, but still very full! I welcome Travis Harker, MD, as our next president. At age 39, he will be the youngest president ever for the NHMS, one of the oldest state medical societies. I have been impressed by his intellect and willingness to work so hard for the NHMS despite a very full family practice and young family. He is ideal for the position as the changes coming to the healthcare delivery system will affect his peer group much more than mine. Thanks again for allowing me to represent you, a diverse and talented group of professionals. I will be passing the office with confidence to Dr. Harker. ¶
of New Hampshire, increasing the tobacco tax, supporting reasonable Medicaid reimbursement, etc. Further, the physician community needs to support candidates who share our opposition to legislation that interferes with the doctor-patient relationship and your medical practice.

So how is the NH Physicians’ PAC structured? The PAC is governed by a board that, in consultation with NHMS staff, makes recommendations of candidates for whom donations should be made. The board has bipartisan representation and evaluates candidates not based on party, but on the candidates’ support of physicians, public health and issues of importance to NHMS. The current board members are:

Andre d’Hemecourt, MD, Chair
Ophthalmologist,
Concord, N.H.

Charlie Blitzer, MD
Orthopedics,
Somersworth, N.H.

Scott Colby
NHMS EVP

Burt Dibble, MD
Family Practice,
Manchester, N.H.

Steve Hattamer, MD
Anesthesiology, Nashua, N.H.

Richard Hughes, DO
Anesthesiology, Laconia, N.H.

Janet Monahan
NHMS Deputy EVP

Babu Ramdev, MD
Emergency Medicine,
Dover, N.H.

Peter Sands, MD
Dermatology, Concord, N.H.

Georgia Tuttle, MD
Dermatology, Lebanon, N.H.

Gary Woods, MD
Orthopedics, Concord, N.H.

Oge Young, MD
OB/Gyn, Concord, N.H.

Here are some common questions about the NH Physicians’ PAC that may further help you understand how it supports NHMS’ mission:

To which races does the NH Physicians’ PAC contribute? The PAC contributes to N.H. state Senate and N.H. House races only. It does not contribute to N.H. gubernatorial, presidential, U.S. Senate and U.S. House races.

How does the NH Physicians’ PAC decide who gets a donation? The PAC board reviews the voting records of incumbent candidates in the context of issues of importance to NHMS and makes its determination accordingly. For state Senate candidates who are not incumbents, a questionnaire is sent addressing key issues such as funding for public health initiatives, Medicaid funding, malpractice reform, legislative interference with the practice of medicine, etc. Once the information is in hand, the board reviews staff recommendations and decisions are made by a majority vote of the board.

Do my NHMS dues help fund the NH Physicians’ PAC? No. The PAC does a separate solicitation for donations and, in accordance with applicable law, reports the donations and disbursements to the State of N.H. Your NHMS dues do not fund the PAC. PAC donations are strictly voluntary and while NHMS encourages PAC donations by members and non-members, we certainly respect your individual decisions in determining if PAC support is right for you.

In summary, the NH Physicians’ PAC was established to further the mission of NHMS. True to the tagline in its logo, a non-partisan political action committee of the N.H. Medical Society, the PAC has processes, including a board, to ensure fair evaluation of candidates, regardless of party affiliation and based on supporting NHMS’ mission.

For more information, please contact NHMS Deputy Executive Vice President Janet Monahan at 603-224-1909 or janet.monahan@nhms.org.
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With 2012 almost behind us, a lot has happened on the national, N.H. and NHMS stages. Your council, committee chairs and staff have been working hard for you in navigating, embracing and, in many cases, initiating these changes.

In the spirit of levity, balanced with serious reflection, I offer you my “Top 12 of ’12” for NHMS:

**Number 12:** We survived another N.H. first-in-the-nation primary – by the skin of our teeth, mind you. The jury is out as to whether this status will be preserved. For what it’s worth, I believe it will but in a much more compressed primary calendar, thus diminishing some of the historic “charm” we have enjoyed.

**Number 11:** The interior and exterior of the NHMS offices in Concord were painted. While this may not seem like it’s worthy of my “Top 12 of ’12” it is important to understand that since purchasing the building some 25 years ago, the interior has never been painted. We dressed up the board room and refreshed the entire interior. The exterior was in serious need of painting, and we were risking serious damage in terms of rot if it was not addressed. Minimal dollars were spent for much needed work.

**Number 10:** NHMS, in collaboration with Dartmouth Medical School, Endowment for Health, Foundation for Healthy Communities, N.H. DHHS Office of Minority Health and Refugee Affairs and Southern N.H. AHEC, formed the N.H. Health & Equity Partnership to build awareness, improve cultural competency and implement workforce training programs. This important initiative is being supported by a grant from Harvard Pilgrim Health Care Foundation’s Culture InSight program.

**Number 9:** In June, your president, Dr. Cynthia Cooper, moderated a gubernatorial forum, which was sponsored by the N.H. Institute of Politics & Political Library and Elliot Health System, at St. Anselm College. This unique format, credited to the work of Elliot H.S., gave the audience a great opportunity to hear details from the candidates on their specific healthcare policy and strategy. It was so successful, we are replicating the forum on Oct. 28 in Portsmouth at the NHMS’ annual Scientific Conference.

**Number 8:** The NHMS Health Disparities Task Force began its work in full force with the goal of raising the awareness of the importance for NHMS members and all N.H. physicians to address health disparities based on ethnicity, race, culture, sexual orientation or physical differences among your patients.

**Number 7:** N.H.’s Prescription Monitoring Program legislation was passed. We became the 49th state to adopt such a program. You should be proud that your state medical society, the N.H. chapter of ACEP and the N.H. Psychiatric Society, along with New Futures, Dr. Seddon Savage and others, led the good fight. Special thanks go also to Senator Jeb Bradley for his commitment to this important public health initiative.

**Number 6:** In addition to the painting work, we insulated the NHMS building and basement, which was needed. Several exterior walls had no insulation. This effort and our new windows, which were installed last November, helped reduce NHMS’ heating bills by $3,000, or more than 35%, and our summer electric bills by more than 40%. When it comes to going green, we’re walking the walk. Did you know this publication is printed on recycled paper using water-soluble ink?

**Number 5:** “Early Offer” legislation was passed, and NHMS worked hard as part of a broader collaborative to ensure passage. Special thanks for the support many of you lent in contacting Governor John Lynch and legislators to overturn the governor’s veto.

**Number 4:** The defeat of “I’m Sorry” legislation makes the Top 12 as it was shocking to us. Given the composition of the House and the deep support in the Senate, it came as a shock that this bill was “gutted/weakened” at the 11th hour. We have spoken with House Speaker William O’Brien and other members of leadership and will attempt to have this introduced again in 2013.

**Number 3:** The prohibition on ownership interest in companies EVP, cont. on page 9
Greatly in their ability in history taking, in performing physical examinations and in making the proper clinical diagnosis. Today, the objective knowledge that led to best practices and well defined standards makes physicians do things the same way makes them roughly interchangeable. This is industrialization. This differs from other fields where professionals with unusual skills command vast amounts of money and respect. For example, for every Tom Hanks or Serena Williams, there are thousands of amateurs who are unable to make a living from acting or tennis.

Industrialization leads to organizations and payors standardizing medical roles, including practice modes and compensation. This is bureaucratization. Bureaucratization leads to rules about how workers must perform, how they are monitored and how they are compensated. Industrialization and bureaucratization leave physicians with little control with regard to payors, patients and hospitals which leads to decreased satisfaction. Individual physicians are losing importance in the eyes of patients, hospitals and employers. For example, patients will quickly switch to a new physician if their longstanding physician is no longer in-network. This interchangeability reduces our income. In fact, physician income has fallen 7% between 1995 and 2003 after being adjusted for inflation.

In the future, physicians may increasingly think of themselves as workers rather than professionals. Our work will be considered a livelihood rather than a career. Creative people who are willing to invest long hours for the possibility of reward may enter alternative professions such as investment banking, law or computer science rather than clinical medicine.

In 1973, less than 15% of several thousand practicing physicians felt they had made the wrong career choice. However, by 1995, 40% of physicians said they would not recommend medicine to a qualified college student.

It is not clear to me how to improve future physician satisfaction. Obviously, evidence-based medicine leads to better outcomes and is here to stay. It is so important that our best and brightest students continue to want a career in medicine. Somehow, our best physicians should be appropriately rewarded, and medical innovation should not be stifled. Medicine must continue to be one of the most desirable career choices in years to come.
PQRIwizard™ Frequently Asked Questions

What is the Physician Quality Reporting System (PQRS)?
PQRS (formerly PQRI) was developed by CMS in 2007 as a voluntary pay-for-reporting program that provides a financial incentive to physicians and other eligible professionals who report data on quality measures for covered services furnished to Medicare beneficiaries. Eligible providers for the current period (calendar year 2012) can receive an incentive totaling one percent of their total allowed Medicare charges for Physician Fee Schedule (PFS) covered services. For more information about PQRS, you can access the CMS website at http://www.cms.gov/PQRI/.

What is the PQRIwizard?
PQRIwizard is an easy-to-use online tool to help physicians and other eligible professionals quickly and easily participate in the Physician Quality Reporting System (PQRS). Similar to online tax preparation software, the PQRIwizard helps guide professionals through a few easy steps to rapidly collect, validate and submit their results to CMS for payment. PQRIwizard is powered by the CECity registry, a CMS Qualified Registry for PQRS reporting.

What do I have to do to participate?
You will need to select your measures, complete registration and then enter chart data from your Medicare Part B patients. You will be presented with a series of questions for each patient. It only takes a few minutes to enter each patient. PQRIwizard will submit your completed report to CMS on your behalf.

What is the financial incentive for participating in PQRS for 2012?
Upon review and acceptance by CMS, you will receive an incentive payment equal to one-half percent (0.5%) of your total Medicare Part B Physician Fee Schedule (PFS) charges for all covered services provided during the reporting period. That is, the incentive covers all payments received from Medicare Fee-For-Service, not just those that are applied to the services being reported.

I have not coded PQRS codes into my claims for 2012, can I still participate?
YES! You can still be eligible for your 2012 incentive even if you have not changed the way you code your claims.

I have been submitting PQRS data through my claims or another registry. Can I still submit with PQRIwizard?
YES! If you would like to submit another report with PQRIwizard, you can certainly do so. CMS will review and analyze each submission independently and will use the submission that is most advantageous to you.

What measures are available through PQRIwizard?
PQRIwizard offers Measures Groups as well as Individual Measures. Visit the PQRIwizard homepage to see what is available for 2012 reporting.

Which measures should I report?
It is recommended that you choose measures that apply to a significant portion of your patient population. PQRIwizard includes a measures selection guide to help you select the appropriate measures. It’s important to note that a 0% performance rate for any one measure reported will result in incentive ineligibility.

What if I do not see measures that are applicable to my practice?
If you don't see any measures that can be applied to your patient population (see question above), then you may wish to contact CMS to determine how best to proceed.

If I participate in multiple Measures Groups, or report more than three Individual Measures, will I increase my incentive payment?
No. CMS is offering a maximum incentive of one percent of your total allowed Medicare charges for Physician Fee Schedule (PFS) covered services.

How much time will it take me to complete my PQRS reporting using PQRIwizard?
The answer to this question largely depends on your accessibility to patients and information about their treatments. PQRIwizard's approach is designed to dramatically reduce the amount of time that it takes to prepare and complete your PQRS report. Many users of the PQRIwizard have completed their report in just a few hours.

Do I have to apply for the incentive for each practitioner?
Yes. PQRS incentives are calculated using your NPI and TIN combination. The NPI and TIN combination that you provide during registration will be used by CMS to determine your eligibility for the PQRS incentive payment. If CMS determines that your report is incentive eligible, it will calculate your incentive payment based on the allowed Medicare Part B FFS charges billed in 2012 through the NPI and TIN combination that you provide to PQRIwizard. If you need to register multiple NPI and TIN combinations, then each additional combination will require a new PQRIwizard account registration and report submission.

There are multiple practitioners in my practice, which ones are eligible for the incentive program?
PQRS is intended for physicians, therapists, and other practitioners who would ordinarily submit claims to Medicare Part B. To see the full list of eligible professionals, visit this link: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/downloads//EligibleProfessionals.pdf

**How many patients do I need to report? Does it matter which ones I choose?**

There are different requirements for reporting on Measure Groups versus Individual Measures.

- For Measure Groups reporting, CMS requires that you report on thirty (30) Medicare Part B Fee-For-Service (FFS) patients that are eligible for the Measure Group, or 80% of your Medicare FFS patients with a minimum sample of 15 patients.

- For Individual Measure reporting, you must report on 80% of your Medicare Part B FFS patients that are eligible for a minimum of three individual measures. All patients reported must have been seen during the 2012 calendar year.

**How do I know that I’ve completed the process?**

The PQRIwizard “Progress Monitor” will visually display the requirements and track the number of eligible patients entered based on the measures selected. Once you have met the requirements, the PQRIwizard will indicate that your report is complete and allow you to submit your report. Until you meet the requirements, you will not be able to submit your report.

**I have entered all of my data and submitted my PQRS report through PQRIwizard. When will I get my incentive payment?**

CMS has not provided specific information as to when the 2012 incentives will be paid. However, based on previous years, it’s likely that the 2012 incentive will be paid by the fall of 2013. For more information about your incentive payment, contact the CMS PQRS Help Desk.

**What’s in Your Medicine Cabinet, A Prescription for Danger?**

Suicide continues to be a very serious issue in our state; it is the second leading cause of death in New Hampshire for youth and young adults ages 15 – 34 and the fourth leading cause of death from ages 35 – 54. The number of suicides due to poisonings, and in particular prescription and over-the-counter drugs, is a growing concern. The New Hampshire Suicide Prevention Council announced a positive collaborative effort between the worlds of suicide and drug and alcohol prevention currently happening in the state to reduce these deaths.

**What’s In Your Medicine Cabinet, A Prescription for Danger?** was a unique opportunity to hear about the crucial role healthcare providers have in assessing access to lethal means, in this case what may be in your medicine cabinet and how the new prescription drug-monitoring program will help in this effort. Also presented was one person’s struggle with drug abuse and suicidal behavior and his success in recovery.

**Speakers for this event included:**

- Dr. Thomas Andrew, N.H. Chief Medical Examiner
- Dr. Karen Simone, Northern New England Poison Center
- Linda Paquette, New Futures
- Dr. Jeffrey Fetter, Concord Hospital and President of New Hampshire Psychiatric Society
- David E. Chmielecki, Attempt Survivor

If you currently receive your claim payments from Medicare on a paper check, then your PQRS incentive payment will be paid by paper check. That check will be mailed to the address associated with the Tax ID Number and NPI in the National Plan and Provider Enumeration System (NPPES) system. If that address is incorrect or has been changed, you will need to update the address with NPPES (https://nppes.cms.hhs.gov).
manufacturing, distributing or selling medical devices was defeated, and the subsequent study committee found no need to pursue this issue any further. This bill was a blatant attempt by special interests to stifle competition and protect the current distribution system. I would be remiss if I did not give our deputy executive vice president, Janet Monahan, the majority of the credit for this victory. Janet, nice job.

**Number 2:** NHMS launched an insurance agency, New Hampshire Medical Society Insurance Services LLC, in August. This agency has already been met with very favorable response, and I predict it will be highly successful by combining value, mission and technical expertise for physicians, hospitals and non-physician healthcare providers.

**Number 1:** The top issue for 2012, in my humble opinion, is the continued growth in NHMS’ membership. Why? Because a strong, vibrant and growing membership amplifies your voice in matters of legislative importance, advocacy for your patients and public health and the support of your profession. Please see the chart below. Spread the word to your non-member colleagues about what NHMS does and encourage them to become a member of N.H.’s largest and most respected physician organization.
Good Communication = Healthy Patients

By Susan Sperzel, director of medical loss prevention, CMIC RRG

Did you know that only about 50% of all patients take medications as directed? Most healthcare materials are written above the reading level of patients. When meeting with doctors, patients feel rushed and are embarrassed to ask the doctor to further explain something they do not understand. As a result, patients with low literacy average more hospital visits and stay in the hospital longer.

What can you do to help mitigate the risk of medical communication errors? **Implement the “Ask Me 3” program.**

The Partnership for Clear Health Communications at the National Patient Safety Foundation developed the “Ask Me 3” program to promote awareness and solutions around the issues of low health literacy and its effect on health outcomes. The ability to read, understand and act upon health information is essential for patients to have a positive health outcome. Every time patients meet with a doctor they should use the “Ask Me 3” questions so they will better understand their health. Follow the steps below to implement the “Ask Me 3” program at your practice.

1. Assess your overall practice demographics.
   - About 93 million people in the United States may have difficulty understanding health information. Use the prevalence calculator at www.clear-healthcommunication.com to help determine the percentage of your patients that may have low health literacy. Especially vulnerable groups are racial/ethnic minorities and the elderly.

2. Review how the doctors, nurses and office staff communicate with patients. Examine:
   - How information is provided to patients
   - The reading levels of written materials, especially medication instructions
   - Protocols for patients follow-up and questions

3. Inform patients that the practice supports the “Ask Me 3” program.
   - Provide patients with the “Ask Me 3” brochure. You may download or order them in six different languages at www.npsf.org/askme3
   - Hang posters in the office to stimulate curiosity

4. Encourage patients to “Ask Me 3.” Allowing more time at the initial appointment may help the patient prepare for medical tests and take medications the right way with less follow-up calls and visits. The three questions every patient should ask and understand the answers to are:
   - What is my main problem?
   - What do I need to do?
   - Why is it important for me to do this?

Medical terminology can be difficult to understand even for your highly literate patients. Patients may be familiar with or recognize a word, but be afraid to ask it to be defined or translated into everyday terminology. While answering the “Ask Me 3” questions, have the doctor explain what the word means as it relates to the patient’s everyday life. The patient may understand the concept but may need more information about how it will affect them. For example, if the order is to “keep glucose in a normal range” the patient will need to know the normal range. Below are a few problem words and suggestions for other ways to define them.

<table>
<thead>
<tr>
<th>Problem Word</th>
<th>Consider Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ailment</td>
<td>Sickness, illness, problem with your health</td>
</tr>
<tr>
<td>Avoid</td>
<td>Stay away from; do not use (or eat)</td>
</tr>
<tr>
<td>Benign</td>
<td>Will not cause harm; is not cancer</td>
</tr>
<tr>
<td>Gauge</td>
<td>Measure, get a better idea of</td>
</tr>
<tr>
<td>Generic</td>
<td>Product sold without a brand name, like ibuprofen (Advil is the brand name)</td>
</tr>
<tr>
<td>Hazardous</td>
<td>Not safe, dangerous</td>
</tr>
<tr>
<td>Intermittent</td>
<td>Off and on</td>
</tr>
<tr>
<td>Referral</td>
<td>Ask you to see another doctor; get a second opinion</td>
</tr>
<tr>
<td>Adequate</td>
<td>Enough</td>
</tr>
<tr>
<td>Cautiously</td>
<td>With care; slowly</td>
</tr>
</tbody>
</table>

Example (adequate water): 6-8 glasses a day
Example: make sure to hold on to handrails

It may be helpful to use visual examples when defining medical terms or giving instructions. It may also

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Is Your Office PURPLE?

By Gwendolyn Gladstone, MD

Nine of New Hampshire’s hospitals have now implemented The Period Of Purple Crying (www.purplecrying.info). This is not about how babies turn purple when they cry really hard. It’s about the normal crying that infants do in the first weeks of life, crying that is marked by:

- Peaking at 2 months, sometimes continuing to 3-5 months
- Unexpected: there seems to be no reason for it
- Resists soothing: no matter what you do, the baby still cries
- Pain-like face: as if something is wrong, even though the baby is healthy
- Long-lasting: up to 5 hours a day
- Evening: which is the most common time it happens

The Period of Purple Crying educates parents about this normal pattern of crying that happens despite perfect parenting and a baby who is well. It helps them learn ways to deal with the crying and sends the message that they should never shake their infant.

Studies show that infant crying is the most common precipitant of abuse. As one sage observer noted: “sleeping babies don’t get abused.” It’s babies who cry that do.

Babies who cry a lot used to be called “colicky”, and all kinds of treatments were tried to get them to stop. Now we know that most of that crying is normal and that medication and formula changes don’t help. The best cure is patience.

When a baby is delivered at a hospital that has implemented the Period of Purple Crying, the staff teaches the parents about the program and gives out a 20-minute DVD. Parents are encouraged to watch the DVD and share it with anyone caring for their baby. This is to spread the word on how to cope with infant crying and to not shake the baby. The in-hospital teaching is called Dose One.

Dose Two happens whenever the baby comes to a healthcare provider (like you!) or receives services through an emergency department or health service. This is our chance to reinforce the messages. Here are some approaches with parents to do that:

“Did you receive a DVD on The Period of Purple Crying at the hospital? Have you had a chance to watch it?

Do you have any questions? Has (baby’s name) been doing any crying like that? How are you managing that? Does everyone who takes care of (baby’s name) know what to do when s/he cries and won’t stop no matter what? Does everyone know that it’s OK to put him/her down in a safe location and walk away for a few minutes? Do they all know not to shake him/her?”

CLICK FOR BABIES: One way to help increase awareness of the program is that volunteer knitters across the state are making hundreds of purple caps for newborns. Babies will get the caps in the hospital as a reminder to their parents that they will be doing some PURPLE crying. Maybe the next baby you see in your office will be wearing one. It will give you another way to open up a discussion on infant crying. Spread the word.

Good Communication, cont. from page 10

be helpful to suggest the patient bring along a family member or close friend to the appointment. For additional “Words to Watch” go to: http://www.npsf.org/wp-content/uploads/2011/12/AskMe3_WordsToWatch_English1.pdf.

Studies show that if patients understand their health care, they will make fewer mistakes taking their medicines or preparing for a medical procedure. Communication is crucial when it comes to enhancing health outcomes. For more information about the “Ask Me 3” program visit the National Patient Safety Foundation’s website: www.npsf.org/askme3.

Reference:
www.npsf.org/askme3

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Physicians' Bi-Monthly

October/November 2012

There are insurance carriers that have shown themselves to be more than happy to settle a medical professional liability claim when it's deemed a less expensive alternative to defending it — sometimes even when the case is without merit. We've even heard of cases where the decision to settle was made without consulting the physician who had been sued. Is that the kind of "coverage" you have?

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

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

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NHMS Introduces a New CAP

FREEDOM
energy logistics

As part of our strategic goals your New Hampshire Medical Society has joined forces with the Freedom Energy Logistics (Freedom) family of companies to aid in assisting our membership to better understand the options available to you for reduced electricity and natural gas supply to both your practices and homes. It is our hope that all of you will take advantage of this free energy advisory service that this partnership creates.

Freedom is one of the pioneers of N.H. competitive energy markets. NHMS Energy, a team created by NHMS and FEL, has created a program in which NHMS members can purchase discounted electricity and natural gas. Whether your consumption is as little as 500 kWh or 250,000 or more, your NHMS and FEL can analyze your energy usage to design a competitive energy program that fits your needs and benefits your bottom line. These services are not just limited to businesses. They are for your home, too. To sign up or learn more, please contact Greg Thompson at 207-838-5968 or greg.thompson@felpower.com.