First-in-the-Nation Presidential Primary Rounds

By Mike Padmore, NHMS Director of Advocacy

There are an innumerable number of things that I love about New Hampshire, but perhaps my favorite is our First-in-the-Nation Presidential Primary. Every four years, we are bombarded by dozens of presidential hopefuls, all trying to make their case on why they should be our country’s next leader. Each year since its institution, the New Hampshire Primary has proven to play a key role in setting the direction of the national conversation around key issues, healthcare included. If you’ll recall, New Hampshire played a crucial role in raising awareness concerning the opioid crisis that took hold in New England and so many other states around our nation.

Understanding that we have a unique opportunity to engage with these candidates, the New Hampshire Medical Society plans to organize a series of forums to discuss the healthcare issues we see as critical to the communities we serve. In keeping with the theme of “medical rounds,” we are calling this series First-in-the-Nation Presidential Primary Rounds. Rather than focus on issues that receive the lion share of media attention, such as Medicare-for-all or rising pharmaceutical costs, we aim to draw attention to some less-addressed issues that are equally essential to our overall healthcare system.

- the current and future workforce crises throughout the healthcare system, including physicians, nurses, and para-professionals, and the impact of immigration and visa restrictions on potential short-term solutions
- the crushing effect of medical student debt on rural health and primary care access
- decreased National Institutes of Health (NIH) and university funding, crippling American production of future medical scientists and thought-leaders
- the failure to adequately fund mental health services and achieve “parity”, leading to emergency department backlogs, unnecessary overuse of primary care services, and system-wide breakdowns in ethical, compassionate care
- the ongoing problem of the Dickey Amendment, preventing Centers for Disease Control & Prevention research

Alzheimer’s Association

Currently, in New Hampshire, 25,000 people are living with Alzheimer’s and 68,000 family and friends are providing their care. One of the Alzheimer’s Association’s initiatives is to educate individuals on the ten warning signs of Alzheimer’s and other dementias in hopes of encouraging them to obtain an early and accurate diagnosis (alz.org/10signs). Early diagnosis of Alzheimer’s provides a range of benefits for the individuals who are diagnosed as well as their loved ones. In fact, in order to better diagnose individuals living with memory impairment, the Alzheimer’s Association has created a toolkit for cognitive assessment for physicians (alz.org/media/Documents/cognitive-assessment-toolkit.pdf).

According to the Alzheimer’s Association 2019 Alzheimer’s Disease Facts & Figures report, despite a strong belief among Alzheimer’s Association, cont. on page 7

Also in this issue...

Water Safety PSA
Difficult Conversation: How to Control and Document
Upcoming Educational Opportunities
Brain health needs to start in childhood. Because the brain is protected by the skull, many people look at protecting the brain and keeping it healthy in the context of wearing appropriate helmets for high-risk activities. You can ask all of my patients. I ask about wearing helmets at every annual physical that I perform.

However, there are other ways to keep our brains healthy and performing well. We need to integrate brain health into many of the conversations we are having with our patients. Adding brain health to the list of reasons to exercise and eat healthy may help us to convince our families to make healthy lifestyle choices.

Physical exercise increases the small blood vessels in the brain and leads to development of new brain cells. This helps to slow age-related brain shrinkage.

A healthy diet has many beneficial effects on brain health. Research shows that those on a Mediterranean diet are less likely to develop cognitive impairment and dementia. Many complications of a poor diet lead to detrimental effects on the brain. High blood pressure in midlife increases the risk of cognitive decline. Elevated blood sugar associated with diabetes increases the risk of dementia. High LDL “bad” cholesterol increases the risk of dementia. Excessive intake of alcohol is a major risk factor for dementia.

Other aspects of life that we are facing daily also cause decreased cognitive function. Anxiety, depression, sleep-deprivation and exhaustion lead to decreased performance on cognitive function tests.

Talking with families about ways to make habits that are stimulating to the brain, with activities they can do together, will benefit all family members. Mental stimulation with manual dexterity encourages new connections between nerve cells and develops neurologic “plasticity” that protects against future brain cell loss. Together families can read, make puzzles and play memory games to help keep the brain healthy. This also decreases the amount of time on electronics. Additionally, having strong social ties and an active social life is associated with a lower risk of dementia. The theory is that social connections keep neurons strong.

The first eight years of a child’s life are instrumental in developing a brain that is healthy. Proper nutrition (starting in pregnancy) is key for overall growth and development. Minimizing
Substance Abuse Disorder, Brain Injury and Mental Health Interagency Task Force Addresses Overdose-Related Brain Injury in New Hampshire

The opioid crisis has led to an increasing number of brain injuries—both nationwide and here in New Hampshire. It is estimated that for every overdose death, there are fifty overdose survivors, 90% of whom suffer some form of impairment as a result of insufficient oxygen to the brain. Yet, many remain unaware of the connection between opioid misuse and brain injury.

In January, the Brain Injury Association of NH, in partnership with the NH Dept. of Health and Human Services Bureau of Developmental Services (BDS), assembled an interagency task force to develop a strategic plan aimed at educating healthcare providers, among other audiences, about the connection between opioid misuse and brain injury in order to help them successfully identify and treat patients exhibiting signs of brain injury.

As a next step, a longer-term task force will be established this fall. They will work for the next two years to partner with organizations providing training to emergency room physicians, nurses, first responders, case managers and members of the substance misuse treatment provider community and implement other strategies and tactics designed to raise awareness and create behavior change around this important issue.

“In the rush to treat an opioid overdose and save someone’s life, the signs of brain injury are often missed, and they remain unidentified during the recovery process,” says Steve Wade, Executive Director of the Brain Injury Association of NH. “It is also important to note that the part of the brain that helps someone be successful at recovering from an opioid or substance misuse problem may not work if they have sustained a brain injury... and therefore different strategies may need to be used for treatment.”

Wade says that New Hampshire is leading the way on shining a spotlight on the connection between opioid misuse and brain injury, and he hopes that other states will share best practices and form a multi-state collaboration to tackle this issue. “I have been asked to join Susan Connors of the Brain Injury Association of America to testify before the Congressional Brain Injury Task Force in Washington, DC, this June. This is an important first step in raising awareness – and securing funding – that will help us address this ‘silent epidemic.’ There is much work to be done.”

Questions regarding the Substance Use Disorder, Brain Injury and Mental Health Task Force may be e-mailed to the task force facilitators, Philip Girard at phil@bianh.org or Robin Schell at rschell@jjwpr.com. For more information about the Brain Injury Association of NH, visit the website at www.bianh.org.

GET HELP NOW!

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

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

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

LEARN MORE @ WWW.NHPHP.ORG
Water Safety PSA

By Nicole Hughes

In April 2018, I decided to wait to enroll my three-year-old son, Levi, in swim lessons. Six weeks later, I pulled his lifeless body off the bottom of a pool. While on vacation on June 10, 2018, as I was cleaning up from dinner, Levi somehow got out of a room filled with people, down a flight of stairs, and drowned. I never imagined my son would be taken from me forever when I turned to close a bag of Cheetos.

My husband is an anesthesiologist, and during his residency, we started an annual trip to the beach with friends. Despite having six physicians with us, Levi was unable to be saved.

Our family took water safety seriously; in fact, in 14 of the 16 photos I have of Levi from his final day of life, he is wearing a life jacket or puddle jumper.

There is a stigma that drowning happens to neglectful parents who don’t watch their children while swimming. This is what I thought before water stole my son’s life and knocked me off of my high horse. But, drowning is quick, silent and 69% of toddler drownings occur during a non-swim time. Levi was sitting on the couch, wearing khaki shorts just a moment before I found him.

I have four children and am aware of all that must be covered in a well child visit. But, if you are not discussing water safety, please consider prioritizing this important topic. We trust our physicians, and your words shape our parenting.

The updated American Academy of Pediatrics policy (Pediatrics. May 2019, Volume 143 / Issue 5) highlights the need for layers of protection. None of these barriers were in place on that tragic night. I am not placing blame; my husband and I were both in the room when Levi slipped out. Levi’s death rests on us. Yet, I wonder if our son would still be here if I had known the risks of drowning or had heard of “layers of protection.”

Please feel my utmost gratitude for your time and willingness to help spread this message.

Helpful Links:
2. Levi’s Legacy: https://www.levislegacy.com/
New Hampshire Physician Volume 3, 2019

First-in-the-Nation, cont. from page 1

into gun violence, and contributing to rising suicide and homicide rates

• the undermining and underfunding of our most basic public health institutions and principles, including vaccinations

• the failure of the HITECH act to promote Electronic Health Record (EHR) portability and compatibility, and the impact of EHR on physician burnout and falling productivity

While we intend to use the New Hampshire Medical Society’s conference room for many of these forums, we look forward to partnering with other entities to host as well. If you believe this is something that your workplace would consider, please give me a call (603.224.1909) or send me an email (michael.padmore@nhms.org). I’d love to talk more with you about the possibility of partnering.

As we progress through the primary, I hope to personally connect you with the campaigns you are most interested in working with. If at any point during the campaign there is an individual or group of candidates you are especially drawn to, please let me know and I’d be happy to make that connection happen.

I am so thrilled to embark on this exciting project with you all. If you have any thoughts, questions, or ideas along the way, don’t hesitate to give me a call! $
16.1 Million Americans provide unpaid care for people with Alzheimer’s or other dementias.

One in three seniors dies with Alzheimer’s or another dementia.

Between 2000 & 2015 deaths from Alzheimer’s disease have increased 123%.

For more information please visit: IllinoisRxCard.com

Proud Supporter of:

For more information contact: Mary.West@nhms.org

New Hampshire Rx Card can help. Save up to 80% on your prescription medications.
The report found that:

- While half of all seniors (51 percent) are aware of changes in their cognitive abilities — including changes in their ability to think, understand or remember — only 4 in 10 (40 percent) have ever discussed these concerns with a health care provider.
- Fewer than 1 in 7 seniors (15 percent) report having ever brought up cognitive concerns on their own.
- Most seniors (93 percent) say they trust their doctor to recommend testing for thinking or memory problems if needed.

- Fewer than half of primary care physicians (47 percent) say it is their standard protocol to assess all patients age 65 and older for cognitive impairment.
- Only 1 in 4 seniors (26 percent) report having a physician ever ask them if they have any concerns about their cognitive function without seniors bringing it up first.

The Alzheimer’s Association encourages seniors and physicians to be more proactive in discussing cognitive health during the Medicare Annual Wellness Visit and other routine exams. Seniors and primary care physicians view cognitive assessments as important, but they are not taking place routinely. Providing this assessment offers an annual opportunity to identify changes in memory and thinking, while also initiating a discussion about cognitive concerns, which seniors may not share otherwise.

For physicians seeking additional guidance, looking to connect with the Alzheimer’s Association for more resources or for individuals and families impacted by Alzheimer’s, the best resource available is the Alzheimer’s Association’s 24/7 Helpline.

The Alzheimer’s Association Helpline – 800.272.3900 – provides free support and guidance to individuals and families impacted by Alzheimer’s and other dementias across the country.

- More than 300,000 calls are answered each year, and translation services are available in more than 200 languages.
- Calls are answered by specialists and master’s-level clinicians who provide answers, information, referrals, crisis assistance and emotional support.
- Callers are connected to local resources and programs with the local Alzheimer’s Association Chapter in their area for ongoing support.
Studies have shown that physicians rate as many as 15% of their patient encounters as “difficult.” Communication that is angry, threatening, rude or inappropriate when communicating with office staff is often seen as difficult.

The 6 Es: A tool you can use to communicate more effectively in conflict situations

Building Skills:
• What is your conflict style?
• How adept are you at communication?
• What are your triggers and beliefs that might interfere with the way you handle conflict?
• Do you need to improve your communication skills?

1. Evaluate
When conflict arises take a moment and do a quick self-assessment. Ask yourself the following:
  o What are you bringing to the discussion?
  o Does your background affect how you are communicating with this person?
  o Are you making certain assumptions about the person or situation and is there anything that is influencing the situation, such as being short staffed or other issues at home or the office?

2. Engage
After you have evaluated the situation and you feel ready to handle the interaction, engage the person:
  o First, acknowledge them if you haven’t done so thus far.
  o Elicit their concern.
  o Remember to remain calm and be respectful and professional.

3. Empathize
Employing empathy can help to diffuse difficult patient encounters.

Here are some expressions that can help signal to the patient that you heard their concerns and care about them:
  o Let’s see if I have this right.
  o Sounds like you’ve reached your limit.
  o That must have been very frustrating.
  o I can understand why you might be feeling angry.
  o I’m sorry that you had to go through that.

4. Educate
After you have engaged the patient, listened to their concerns and empathized with them, you can take steps to educate them:
  o (if needed, they may be educating you)
  o Explain the situation as you understand it and provide the patient with useful information to help them better understand the situation. This might include information about your organization’s procedures or state and federal regulations that may have impacted the present situation.
  o Educate beforehand. Do not delay reinforcing or communicating after the patient fails to adhere.
  o Use less medical jargon and more open-ended questions to confirm the patient’s understanding and to clarify any misconceptions.
  o Answer any questions they may have and then confirm that the patient understands what you have discussed (teach back, show me).

5. Enlist
At this point you can:
  o Discuss with the patient the known available options for addressing the issue.
  o Remember to allow the patient to have input in the outcome.
  o Reach an agreement about what will happen if the solution doesn’t work.

6. End
End the interaction by:
  o Verifying the plan with the patient.
  o Commit to continually communicate expectations moving forward.
  o Confirm that the patient feels the conflict has been resolved.
  o Document the entire communication in the patient’s medical record.

Medical Mutual’s “Practice Tips” are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.
Partners in patient safety & medical liability protection

www.medicalmutual.com
Physician/Consultant, New Hampshire Board of Medicine

The New Hampshire Board of Medicine (“Board”) is soliciting written proposals from qualified physicians to serve as a consultant/investigator to the Medical Review Subcommittee (“MRSC”). The position is an independent contractor. The current consultant works 45 hours per month.

The work entails helping the Board/MRSC staff review all incoming complaints, claims, suits and other issues and then help open investigative cases by asking for the proper information and obtaining the information in a timely fashion. Once all the information is obtained, the Physician Investigator will then help the MRSC staff assign the investigated cases to one of the 13 MRSC members (9 physicians, 1 Physician Assistant and 3 public members). The Physician Investigator will assist the MRSC members in writing up their reports of investigation and also help staff collect the completed reports to be presented at a monthly meeting where voting recommendations to the full Board are made. The meeting is a full afternoon, the first Wednesday of every month.

If the expertise to review a case doesn’t exist amongst the MRSC members, the Physician Investigator then obtains an outside expert by directly contacting an appropriate in-state specialist, who is licensed in NH, to help write up a report of investigation. This also happens when an MRSC member is recused from doing an investigation. A logbook list of names of willing outside experts in various specialties is available.

The Physician Investigator will also help the Board in recruiting new members of the MRSC. The MRSC members’ commitment is 3 years with one renewal (6 year term limit). The specialties represented on the MRSC are Family Practice, Int. Medicine/Hospitalist, OB/GYN, Orthopaedic Surgery, General Surgery, Anesthesia/Pain, Radiology, Emergency Medicine, Psychiatry, a physician assistant, and 3 public members. These provider specialties represent the fields wherein most of our complaints, claims and suits arise.

The job not only requires working closely with the Board’s MRSC staff, but also with the attorneys and staff at the Attorney General’s Administrative Prosecutions Unit (“APU”). The Physician Investigator helps the APU with their investigations and also preparing for hearings.

Qualifications

The Physician must hold a current unrestricted license to practice medicine in the State of New Hampshire and be able to be present at the Board office in Concord ideally twice a week. Previous experience in quality assurance, medical/legal investigations are helpful but not necessary. Must have good written and oral communication skills and be able to effectively interact with varied and diverse groups.

Instructions

If interested and/or have questions, contact Ms. Penny Taylor, Administrator for the New Hampshire Board of Medicine at 603-271-1205 or penny.taylor@oplc.nh.gov.

Per State of NH requirements, a formal bidding process is required. A list of interested parties will be maintained and notified when the Request for Proposal (“RFP”) is advertised, so that they can submit a formal bid for services.

New Hampshire Medical Society
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Electronic Payment Systems
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NHMS CAP is a paid membership program whose members meet criteria as posted at www.nhms.org
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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
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### WANTED

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

OR

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

Any interested physician must be licensed by the state of NH and in good standing. Please email inquiries to Anne.Prehemo@ssa.gov

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**NHMS Welcomes New Members**

Brittany S. Davis-Schaffer, MD  
Anton Michael Kurtz, MD  
Lyn S. Lindpainter, MD  
Mark Richard Pundt, MD
exposure to toxins or infections - most importantly by vaccinating -and childhood experiences with other people help to formulate strong brain growth and development. Nurturing care is critical for brain growth. Healthy brain growth occurs when children are played with, interacted with and cared for. Children learn by these interactions and the brain forms healthy connections and grows. Exposure to stress and trauma have long-term consequences for the development of the child's brain. There needs to be more support for parents and families to allow children to grow in a healthy supportive environment. The paid family leave bill has been working its way through the New Hampshire legislature and supporters of the bill describe the role of early parent child relationships in growing a healthy population.

Screen time can negatively affect children's developing brains. Children who reported more than two hours a day of screen time got lower scores on thinking and language tests. Brain scans of children with reported increased screen times showed premature thinning of the cortex. So not only does excessive screen time impair brain function but it also affects brain structure. With less screen time the goal is increased physical activity and the subsequent positive brain and overall health benefits.

Most people are aware of the consequences of unhealthy lifestyle choices in the long term and yet, as physicians, we are having challenges convincing families to make healthier choices. Starting the discussion early in childhood and focusing on brain health and the consequences on the developing brain may be the catalyst that some families need to make better health a habit and lead to a healthier population. 

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**President’s Perspective, cont. from page 2**

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Fiscal Fitness for Life
Financial Planning: Making Informed Decisions

By Jim Potter, Executive Vice President

Helping physicians think accurately about how financial decisions made today impact being able to enjoy the tomorrows that you hope for can be a significant challenge. Not surprisingly, many physicians often undertake their financial decision-making without a plan, or just ignore the subject altogether. That is why the Medical Society has partnered with the Baystate Financial Medical Division (Baystate MD) to offer our Fiscal Fitness for Life program to help New Hampshire physicians better manage personal financial decisions across your professional life span – whether you are a resident with a large debt load to a physician nearing retirement who wants to firmly grasp the financial and tax implications of winding down your career.

Informed decision-making is the foundation of good financial planning. Building a perspective from which you can make informed decisions regarding your finances is imperative to understanding how those decisions are made. While one may believe that this is a rather simple and straightforward statement, the groundbreaking research done by two Israeli psychologists, Amos Tversky and Daniel Kahneman on human error in decision making, was worthy of a 2002 Nobel Prize in Economics! (Their work and their lives are the subject of Michael Lewis’s 2017 book, The Undoing Project.)

Their 1981 paper Evidential Impact of Base Rates and their development of the heuristic concepts availability, representativeness, and anchoring in decision-making not only served as a catalyst for the movement toward evidence-based medicine, but also stood long-held theories on rational decision making in economics on their head and served as the foundation of behavioral economics.

By first positioning yourself to make an informed decision prior, you can have confidence that you are putting forth a best effort in addressing your most important financial priorities. Experience over the years has shown that individuals often confuse financial planning with investment advice. Taking a truly comprehensive view of your financial circumstances to ensure that the right things get done, the right way, at the right time, increases the likelihood that the future you hope for is the future you may actually get to enjoy.

With the increasing demands (both professional and personal), on your time and energy (both physical and emotional) it is no wonder that important personal financial planning concerns are placed on the “I’ll get to it someday” list. In their Alpert School of Medicine at Brown University mindfulness workshop, Optimizing Your Inner Operating System in a Technological World, Drs. Ronald Epstein and Michael Krasner from the University of Rochester Medical Center, addressed how stress leads one’s mind to engage in one of two behaviors. It seeks to either “block out” or to “simplify.” While “blocking out” certainly takes less energy, it often leaves one vulnerable to bad timing. On the other hand, while “simplifying” does take a bit of forethought, it provides an avenue for moving forward and gaining control.

Financial planning is complex. Accessing professional expertise and technical support to help “simplify” the process will make it easier to take it off the “I’ll get to it someday” list and can help to ensure that time spent addressing important personal financial issues will be time well spent!

We look forward to working with the professionals at Baystate to create a wide range of financial education and planning services for Granite State physicians. On behalf of the Medical Society’s leadership, it is our hope that providing you access to quality advice in this very important area of your life will enhance your ability to transform a career of caring for the well-being needs of your patients and communities into a lifetime of financial well-being for you and your family.

To learn more about our Fiscal Fitness for Life program, please visit the Medical Society’s Baystate MD website at https://www.baystatefinancial.com/nhms.

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Upcoming Educational Opportunities

NHOA/NHSPA Summer CME

Friday, August 2, 2019

Portsmouth Country Club
80 Country Club Lane
Greenland, NH

http://www.nhms.org/calendar/nhoanhspa-summer-cme

New Hampshire Buprenorphine Waiver Training

Helping states connect the dots to more effectively address opioid use disorders

October 17, 2019 at Concord Hospital
November 15, 2019 at Mt. Washington Hotel

• Training is available for physicians interested in seeking their waiver to prescribe buprenorphine in the treatment of opioid use disorders.

• 8 AMA PRA Category 1 credits and a Buprenorphine Training Completion Certificate will be awarded to those who complete all 8 hours of the course and receive a minimum cumulative score of 75% on the examination.

Watch your email and nhms.org for registration details.
Questions? Joy.potter@nhms.org

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Planned Topics include:
• Vaping
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• Intimate partner violence
• Opioid alternatives
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http://www.nhms.org/2019conference