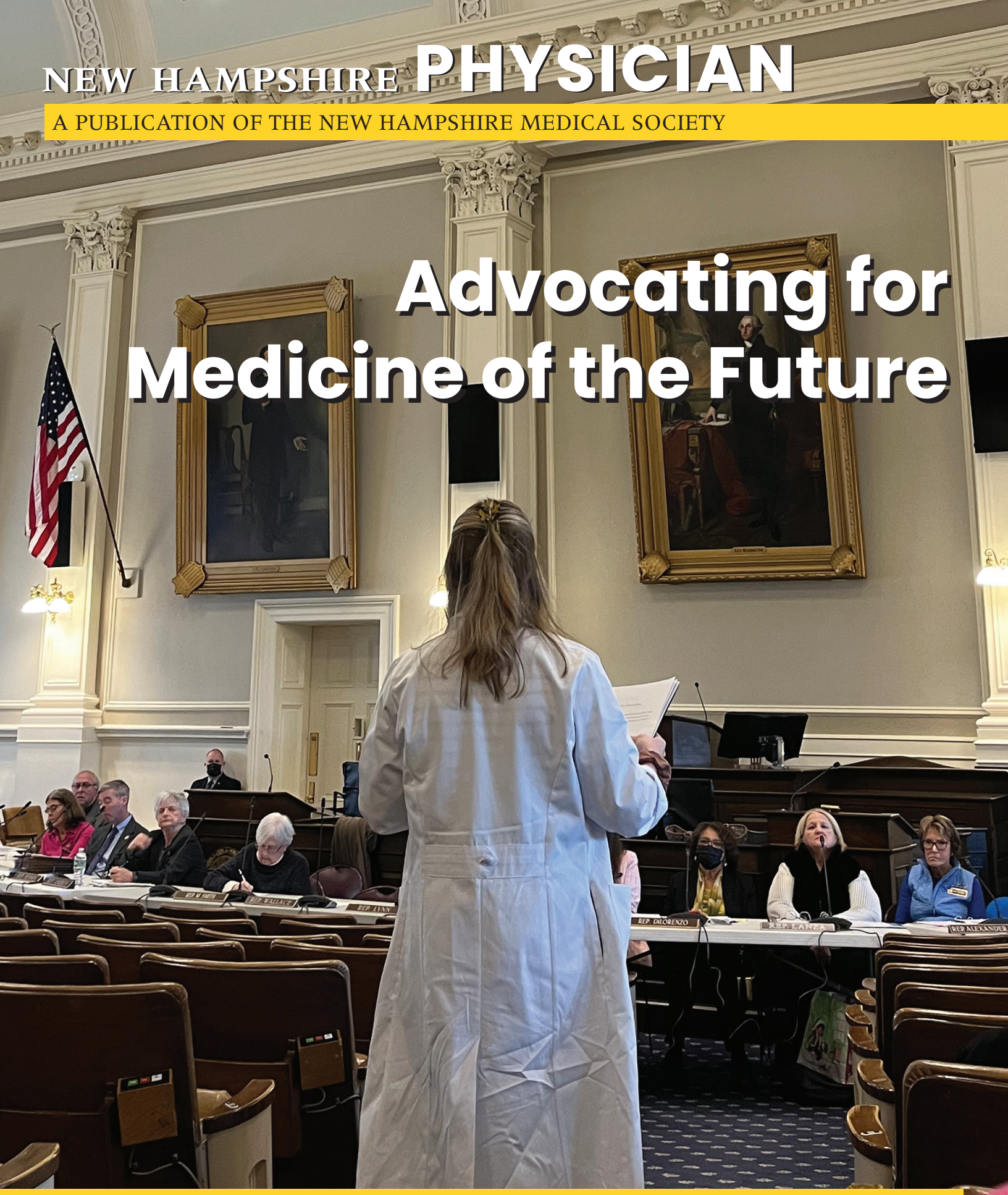
NEW HAMPSHIRE PHYSICIAN
A PUBLICATION OF THE NEW HAMPSHIRE MEDICAL SOCIETY

Advocating for Medicine of the Future



Volume 2 | 2025

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In this issue...

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Cover Photo: Amy Lee, DO testifies before the NH Legislature's Health and Human Services Committee on reproductive health.

Patrick Ho, MD, MPH
NHMS President

"As a membership organization, we are fortunate to have such highly engaged members who feel a sense of both pride and ownership in our NHMS."

President's Message
Building Foundations for the Future by Weathering Storms and Navigating Change

As members of the New Hampshire Medical Society, we have faced many changes over the last few years. Change, while neither inherently good nor bad, is something that we often approach with trepidation. This is for good reason—change can definitely be very anxiety-provoking. As we consider the changes that we have navigated at the NHMS, I believe that we are laying a solid foundation for our future.

Some of these changes have affected the structure of our leadership. For instance, we now have a board that operates alongside the council in a fiduciary role. The role of Executive Vice President has now transitioned to a CEO role. These structural changes will help us to meet our goal of modernizing and securing the longevity of the NHMS.

As with any new structural reorganization, we do anticipate some growing pains as we ascertain how to best harness our new organizational structures to serve our members and meet our mission. At our recent board retreat, we discussed these changes. What became immediately apparent is how engaged and passionate our board and staff members are about the NHMS. Although the board has only existed for fewer than two years, many of our board members have served in different capacities on the council for a number of years and care deeply about the NHMS. This showcases the greatest strength of the NHMS—our members. As a membership organization, we are fortunate to have such highly engaged members who feel a sense of both pride and ownership in our NHMS. Our members are always willing to serve and advocate for the NHMS, and our board is intended to be a reflection of our members.

As we move the NHMS towards the future, we have identified several priority areas to further build our foundation:

Ensure Financial Stability:

Without financial stability, the NHMS will not be able to run effectively. Our board will operate in a fiduciary role to ensure that we maintain financial stability and cultivate our assets. Our staff members will also assist in identifying opportunities to pursue new grants or other revenue generating activities independent of dues.

Adopt Clear and Transparent Organizational Structures:

Over the past few years, we have dedicated a great deal of time towards reworking our organizational structure in order to modernize and strengthen the NHMS. A clear and transparent organizational structure will be critical to effective and efficient operation of the NHMS. As we move forward, we will strive to clearly define the roles of our staff, our board, and our council to ensure that each group's work will support the other groups. We will also work to operationalize trainings and mentorship for new board and council members.

Advocacy:

Advocacy is a core function of the NHMS, and is central to who we are as an organization. With the passion of our members, advocacy has always been one of our greatest strengths. We will strive to continue building on our strong advocacy presence, especially in a political landscape that has become highly polarized.

While I have focused today on changes that we have faced at an organizational level, we are also navigating broad changes at a national level that could have far-reaching implications for our profession. Changes at the level of the federal government have already begun to affect public health programs, and other important programs such as Medicare and Medicaid. Now more than ever, our voices as physicians are vital to protect our patients and our profession.

Grow the NHMS:

After weathering storms and navigating changes, we can renew our focus on growth of our organization. This year, we will focus on drafting a membership growth strategy and increasing our external engagement. Growth of our membership is vital to sustain our organization, but can also support our advocacy efforts by engaging with new, diverse viewpoints and experiences.

What's Next?

As with any period of transition, we can anticipate that we may experience some growing pains associated with these changes, but we know that we can rise to meet this challenge. We have embarked on a longitudinal plan to reimagine and modernize the NHMS while continuing to cultivate our strengths and grow the organization. We would not be able to do this work without the support of our members, and no matter which changes we might face, serving our members will always be at the core of our work. ■

Cathy Stratton, NHMS CEO

"Advocacy is a core function of the NHMS, and is central to who we are as an organization. With the passion of our members, advocacy has always been one of our greatest strengths."

Legislative Update
Advocating for the Future of Medicine

It's been six months since I joined the New Hampshire Medical Society team as CEO. As I learn about the wonderful history of the organization, meet physician leaders from across the state, and immerse myself in the advocacy and business of the Medical Society, the skill and dedication that you invest in patient care and advocacy stands out for me.

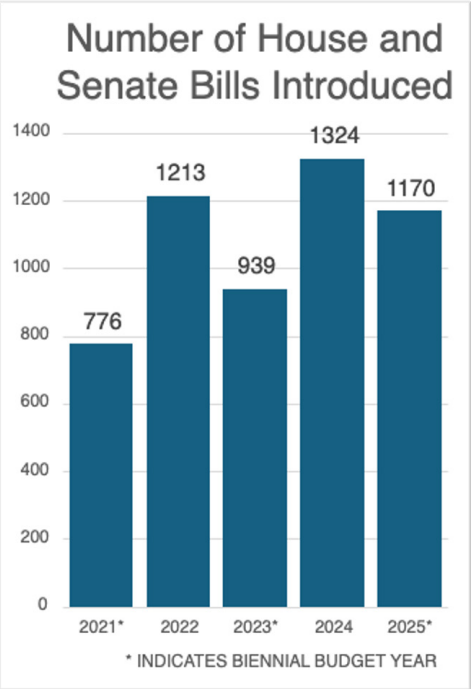
The business of physicians is changing and the role of the Medical Society also must adapt. NHMS, as an association of physicians, works to facilitate the connection and cooperative link between people and organizations. We are working to foster connections, a critical purpose and unwritten part of the New Hampshire Medical Society's mission. I want to highlight the NH Physician Leadership Institute and the work of this program to develop leadership skills and build connections within New Hampshire's healthcare communities. This is a collaboration with the NH Hospital Association and the UNH Peter Paul School of Business. We are accepting applications for the 8th cohort of healthcare leaders. Visit the NHMS website for an application and more information.

To continue our strong advocacy presence, the New Hampshire Medical Society has engaged the services of Maura Weston of Cornerstone Government Affairs in Concord. Maura has extensive experience in the New Hampshire legislature, bringing a wealth of knowledge, experience, and wisdom about a broad range of advocacy issues. She and the Cornerstone team are helping the Medical Society to develop and execute long- and short-term advocacy strategies. We are so pleased to welcome Maura to the NHMS advocacy team!

At printing time, there were 1,170 active pieces of legislation in the House and Senate. Though this is fewer than last year, it is roughly 30% higher than other budget years. The NHMS Council and Legislative Committee are sifting through the bills and identifying priority issues, and Maura and I have been testifying alongside many physician members.

NHMS CEO, Cathy Stratton (left) with lobbyist Maura Weston (right)

With so many bills, the advanced experience and wisdom of physicians on these issues is extremely important and influential. We encourage you to contact your representatives in the House and Senate to offer to be a resource for medical and practice questions. The NHMS legislative web pages have information for members about priority bills, NHMS positions, talking points, and testimony.



Legislative Report

As we work through this year's legislative session, there are several bills that challenge physician autonomy, the physician-patient relationship, scope of practice, and the ability to provide a full scope of medical care to patients in New Hampshire. We have identified over thirty high priority bills for which we are actively providing testimony. Our weekly newsletters highlight these issues, legislation, and information to empower physician members to more easily advocate before the medical board, state legislators, and senators. As has been the case for many years, we remain strong advocates for these priority issues.

Medicare/Medicaid

- HB 774 – NHMS Supports – This bill requires Medicare supplemental policies to cover pre-existing conditions.
- SB 134 – NHMS Opposes – This bill directs the Department of Health and Human Services to require and enforce community engagement and work requirements as a condition of Granite Advantage eligibility.
- SB 137 – NHMS Supports – This bill directs the Department of Health and Human Services to establish under the state Medicaid program, an administrative day rate and swing bed rate for certain types of hospital stays, including minimum stays for mothers of newborns.

Public Health

- HB 392 – NHMS Opposes – This bill directs the dissolution of the Department of Health and Human Services' Office of Health Equity, Department of Environmental Services' functions for civil rights and environmental justice, and the governor's advisory council on diversity and inclusion.
- HB 524 – NHMS Opposes – this bill repeals the New Hampshire Vaccine Association
- HB 357 – NHMS Opposes – This bill limits childhood immunization requirements to diseases identified in statute. The bill removes the authority of the Commissioner of Health and Human Services to adopt rules requiring immunization for additional childhood diseases.

Scope of Practice – Legislation of the Physician-Patient Relationship

- HB 232, HB 377, HB 712 – NHMS Opposes – These bills all limit the scope of practice for physicians, limiting and preventing treatment and medical care physicians can provide.
- HB 191, HB 285 and HB 560 – NHMS Opposes – These bills all limit a minor's access to medical care.

Prevention of Gun Violence

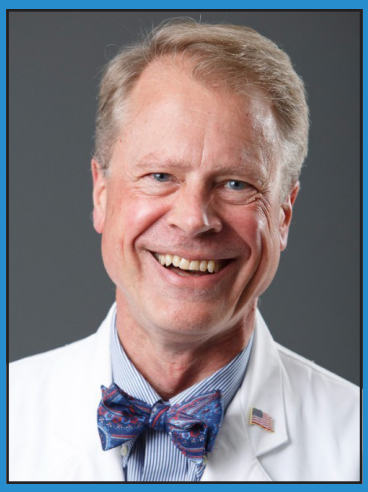
- HB 159 – NHMS Supports – This bill authorizes the state to report mental health data for firearms background check purposes and provides processes for the confiscation of firearms following certain mental health-related court proceedings and for relief from mental health-related firearms disabilities.

Mental Health

- SB 246 – NHMS Supports – This bill provides maternal depression screening for new mothers, increasing access to health care services for new mothers, and relative to job protection within the employer-sponsored New Hampshire paid family and medical leave plan.
- SB 298 – NHMS Supports – This bill requires sober living houses to be certified by the New Hampshire Coalition of Recovery Residents. The bill provides enforcement authority to the municipality in which the house is located and to the Department of Health and Human Services.

We are also participating with our clinical partners to ensure that regulations and licensure for Physician Assistant independent practice includes appropriate continuing education, requirements to notify patients of training and experience, and practice requirements that ensure patient safety.

Our legislative calls are open to any physician member who is interested. They take place every other Wednesday at 6:00 pm. Additional information is on the website. We hope you will join the call! ■



Alan Hartford, MD
NHMS Alternate Delegate

"These discussions highlighted that, if Congress fails to act, the impact is likely to be most severe for small, independent, and rural physician practices and those treating low-income or marginalized patient communities."

AMA Update
Capitol Hill: Medicare and Medicaid

Physicians from across the United States met February 10-12, 2025, at the AMA's National Advocacy Conference in Washington, DC. Dr. Alan Hartford, NHMS's AMA Alternate Delegate, attended briefings from legislative leaders and met with our NH Congressional delegations, with attention on issues of importance to doctors and our patients.

Regarding Medicare, because of congressional inaction, physician payments were cut an additional 2.83% on January 1, 2025, marking the fifth consecutive year of payment reductions. Over the past two decades, Medicare payment rates have fallen by 33%.

80 health care organizations and all 50 state medical societies have written their congressional leaders urging them to reverse the latest round of cuts and to provide a payment increase that reflects ongoing inflationary pressures. Specifically, a bipartisan group of ten House members have introduced the "Medicare Patient Access and Practice Stabilization Act" (H.R. 879) - legislation that, if passed, would, effective April 1st, eliminate the 2.83% payment cut and provide a 2.0% payment update, aiming to stabilize physician practices and to protect patients. AMA is looking for more House members to co-sponsor this legislation and for Senate members to introduce a similar bill.

Our New Hampshire congressional leaders were generally supportive. These discussions highlighted that, if Congress fails to act, the impact is likely to be most severe for small, independent, and rural physician practices and those treating low-income or marginalized patient communities.

Regarding Medicaid, the staffs for both Senators Maggie Hassan and Jeanne Shaheen expressed grave concerns about Medicaid funding. Emily Kane, Legislative Correspondent for Sen. Hassan, noted, "… the budget resolution recently released by the Senate Budget Committee directs the Finance Committee (which has jurisdiction over Medicaid) to make cuts of at least $1 billion. House and Senate Republicans have made it clear that 'changes' to Medicaid including work requirements, per capita-allotments, and ending enhanced subsidies in expansion states (such as NH) are on the table. [Emphasis added.]"

The danger in NH is particularly profound, as the state has legislation on its books that would eliminate all funding for Medicaid Expansion if federal funding falls below a threshold level – which the proposed federal cuts would do. This would result in doubling our uninsured population from 60,000 to 120,000, leading to delayed care, worse health outcomes, and increases in uncompensated care.

NHMS is actively lobbying against these proposed cuts. We are keeping a powerful eye on both the national and state Medicare and Medicaid developments and will continue reporting the latest updates in our publications.

Write your senators and representative, expressing your support for H.R. 879 and your concerns about Medicaid funding. Together, we are stronger. ■

Resident's Perspective: Senate Bill 137 – Supporting New Parents with Opioid Use Disorder

Postpartum overdose is the leading cause of maternal mortality in New Hampshire. SB137 is a critical step toward addressing this crisis by supporting parents with substance use disorder during the postpartum period. I am grateful that my local senator, Sue Prentiss, was open to hearing about this issue and collaborating with her constituents to bring forth SB137.

When an infant is born to a parent who has used substances such as fentanyl or is on medications for opioid use disorder (MOUD) like buprenorphine or methadone, the newborn requires approximately five days of inpatient monitoring for withdrawal symptoms. The best care for the newborn is a model called eat-sleep-console (ESC), in which the parent soothes the infant. Care from the postpartum parent is the best "medicine" for the newborn.

However, current discharge policies create significant barriers. The postpartum parent is discharged on postpartum day 2-3, while their infant remains admitted for approximately five days of withdrawal monitoring. Parents are expected to be the primary caregivers while their infant is admitted, but it is unfair to expect them to stay at the hospital when they may need to leave to access MOUD, such as driving to a methadone clinic. For those in rural areas of New Hampshire, this could mean traveling hours away from their newborn- a hardship worsened by transportation challenges and the emotional distress of being separated from their infant. Missing MOUD can destabilize the postpartum parent's recovery and impair their ability to participate in ESC, thereby jeopardizing both maternal and neonatal health outcomes.

SB137 would establish an administrative day rate for hospital stays when postpartum care is not medically necessary but a lower level of care—specifically for MOUD administration—is appropriate. This allows postpartum patients to remain admitted to the hospital and receive MOUD, while maintaining close contact with their newborn and providing continuous ESC support. By keeping the postpartum parent admitted under the administrative day rate, SB37 helps reduce barriers for those who are willing and able to stay with their newborn and provide ESC.

One of the challenges Senator Prentiss and I have discussed is the shortage of hospital beds in New Hampshire and the Medicaid budget. However, SB137 is based in cost-effective principles. Research shows that the ESC model significantly reduces neonatal length of stay and NICU admissions, cutting costs by thousands of dollars for each patient. While SB137 may result in a postpartum parent remaining admitted for under a lower-cost administrative day rate, these costs can be offset by avoiding more expensive NICU admissions and longer

Amy Lee, D.O.
Resident Physician
Dartmouth Hitchcock

"SB137 would establish an administrative day rate for hospital stays when postpartum care is not medically necessary but a lower level of care – specifically for MOUD administration – is appropriate."

neonatal hospital stays. A fiscal note is currently in development.

The concept behind SB137 is not novel. As we drafted the language of SB137, Senator Prentiss and I looked to other states that have seen the benefit of this approach and have implemented similar polices. New Hampshire would be joining other states in supporting parents to participate in ESC, making a strategic investment in maternal and neonatal health outcomes.

It has been a rewarding experience to collaborate with Senator Prentiss and participate in policymaking from the ground up. I deeply appreciate the support Senator Prentiss has demonstrated, both in filing SB137 and sitting at my side when testifying before the Senate Health and Human Service Committee. SB137 has successfully moved from the Senate to the House. It will next be heard at the House, and we welcome anyone interested in supporting its passage and implementation– please feel free to reach out if you would like to help.

I hope my experience inspires others to collaborate with their local representatives to create policies that improve care for our patients. ■

NH Physician Leadership Development Program
Spotlight on Nancy Husarik, MD

Nancy Husarik, MD

I decided to join the New Hampshire Physician Leadership Development Program after speaking with colleagues who had completed it—all of whom had glowing reviews. I had been considering it for some time, as I was already in a leadership role within my health system and wanted to ensure I had the tools to be as effective as possible.

To be honest, I struggled with a bit of imposter syndrome when stepping into leadership. I hoped this program would help me build confidence and develop the skills needed to navigate my role successfully. Initially, I worried about the time commitment, but after speaking with past participants—and now experiencing the program firsthand—I can confidently say it is manageable. The workload is thoughtfully spaced between sessions, and the assignments are directly relevant to both our professional and personal lives.

The day-long monthly sessions have been an excellent format. The immersive structure allows us to engage deeply with well-taught, comprehensive discussions. There is ample time to explore topics in depth, making the learning experience both meaningful and practical. Seeing how my colleagues who completed the program have excelled in their leadership roles was also a key factor in my decision to join.

So far, I have been incredibly impressed with the quality of the program and its speakers. We are learning about ourselves as leaders, how we interact with others, and how to use that knowledge to inspire meaningful change. The curriculum balances high-level leadership principles with personalized insights, helping each participant grow individually while also understanding broader leadership dynamics. The discussions are engaging, honest, and thought-provoking, led by top-notch instructors and facilitators.

I strongly recommend this program to any physician—whether in a formal leadership position or not. As we are discovering, all physicians are leaders, whether we consciously embrace that title or not. Learning to recognize and leverage our strengths and weaknesses to drive positive change—within our teams, healthcare systems, and communities—is both impactful and rewarding.

This is a high-yield, high-value program that offers significant benefits, regardless of individual career goals.

Nancy Husarik, MD practices at Elliot Pediatrics & Primary Care in Raymond, NH

"We are learning about ourselves as leaders, how we interact with others, and how to use that knowledge to inspire meaningful change."

Jeffrey C. Fetter, MD

Paul J. Brown, MD

"The coordination of care for patients transitioning from medical to psychiatric settings is an intricate process requiring careful attention to medical stability, appropriate resources, and a multidisciplinary approach."

Member's Corner

Medical Clearance: Streamlining Transitions Between Medical and Psychiatric Care in New Hampshire

Medical clearance means very different things to different populations, and this distinction is crucial in understanding the challenges of transitioning patients between medical and psychiatric care. For a psychiatry admissions department staff member, medical clearance might mean completing a checklist of all labs and other data the hospital policy requires before acceptance. For emergency physicians, medical clearance often focuses on the absence of acute medical conditions requiring immediate intervention. For psychiatric facilities, however, medical clearance encompasses ensuring the patient's medical stability within the constraints and resources of the psychiatric setting. This misalignment in definitions can lead to delays, miscommunication, and inefficiencies in patient care. Addressing these gaps requires a shared understanding and collaborative solutions tailored to the unique demands of each care setting.

The coordination of care for patients transitioning from medical to psychiatric settings is an intricate process requiring careful attention to medical stability, appropriate resources, and a multidisciplinary approach. In New Hampshire, where specialty units for geriatric psychiatric care are scarce, this process can be particularly challenging. Ensuring that patients receive the care they need in the least restrictive and most appropriate setting demands robust collaboration and a shared understanding of care criteria across facilities.

Terms	Definition	Who Determines	Data used
Medical Clearance	The patient does not need inpatient medical or surgical care	ED provider or hospitalist	History, physical, relevant labs and imaging
Nursing Acceptance	The patient's nursing needs can be accommodated with the resources on the psychiatric unit	Accepting facility's nursing staff	PT notes, MAR, treatment orders (eg, suctioning), medical diagnoses
Medical Acceptance	The psychiatric facility has the equipment, training, access to appropriate consultants, and ability to detect and respond to urgent decompensation of known medical conditions	Accepting facility's general medical MD or APRN	All available documentation, in consultation with nursing staff
Psychiatric acceptance	The psychiatric facility is the least restrictive setting to safely manage the patient, and is able to do so	Psychiatric MD or APRN	All of the above, in consultation with nursing staff and medical provider

Nursing Acceptance: Balancing Resources and Milieu

The concept of nursing acceptance extends beyond psychiatric considerations, encompassing the capacity of the psychiatric unit to meet specific medical nursing needs. From a medical perspective, nursing staff must evaluate their capabilities in various domains of care:

- **Activities of Daily Living:** Units differ in their ability to provide assistance with feeding and toileting. For example, young adult units may not offer such support, while geriatric units generally do.
- **Diagnosis:** Co-morbid conditions, such as substance abuse, intellectual disability, or dementia, may be accommodated differently depending on the unit's programming and physical layout.
- **Active Contagious Infections:** The COVID-19 pandemic underscored the variability in units' capacity to manage isolation protocols.
- **Withdrawal:** Units may have varying capabilities to address withdrawal severity, influenced by access to higher levels of medical care.
- **Lines and Specialized Equipment:** Most psychiatric units cannot accommodate intravenous lines, pumps, or drains due to ligature risks. Similarly, equipment such as oxygen, suction, lifts, and bed alarms may not be supported. Patients with these needs are often better managed in a general hospital setting where psychiatric expertise is integrated into the broader scope of medical care until they are ready for transfer.

Care Traffic Control: A Coordinated Approach

In 2024, the Care Traffic Control (CTC) program at New Hampshire Hospital was developed to optimize the flow of involuntary patients from medical settings to psychiatric Designated Receiving Facilities (DRFs). This program addresses both medical clearance and nursing acceptance criteria, ensuring a smoother referral process.

CTC organized a consensus list of labs and documentation required for medical clearance, along with a detailed inventory of nursing acceptance criteria across DRFs. These efforts have significantly enhanced the efficiency of referrals and the utilization of DRF beds statewide.

One notable example of CTC's success involved addressing delays related to urinalysis requirements. DRFs sought assurance that incoming patients would not exceed their care capacity or present with delirium rather than primary psychiatric disorders, while emergency physicians aimed to order only tests that informed decision-making. After collaborative discussions, a consensus was reached: urinalysis would be required only for catheterized patients, individuals over 65, pregnant patients, or those with urinary symptoms. This compromise exemplifies the value of a results-oriented, multi-stakeholder approach in reducing friction and improving outcomes.

Challenges in Psychiatric Care for Medically Compromised Patients

State regulations governing safety on psychiatric units limit the ability to accommodate patients requiring IV lines or specialized medical equipment. These patients pose unique challenges, as their needs often exceed the capacity of psychiatric units to provide safe and effective care. These patients are often best served through coordinated care in general hospitals, where their medical and psychiatric needs can be simultaneously addressed through psychiatric consultation liaison, often involving constant observation for safety until they are stable enough to transition to a psychiatric facility.

Moving Forward

A seamless transition between medical and psychiatric settings is essential for the complex patients we serve. By clarifying terminology, standardizing processes, and fostering collaboration, we can ensure that all stakeholders understand each other's concerns and work toward shared goals. The ongoing work of programs like CTC highlights the potential of coordinated efforts to improve patient care across New Hampshire. ■

Charles Blitzer, MD

"Beyond the race itself, the weekend was a chance to meet athletes from around the world."

My Story

Racing on Wheels: My Berlin (Germany!) Inline Skating Marathon Adventure

Christmas 2023—what's under the tree?

A registration for…The Berlin Marathon!

Or so I thought.

I've been a casual runner, sticking to the occasional 5K, and even completed the Boston Marathon back in my college days. But those days are long behind me. Turns out, my wife, Sandy, had signed me up for—

No, not *that* marathon.

The *inline skating* version.

It's the same 26.2-mile (40 km) distance, held in Berlin the day before the marathon everyone thinks of first. Years ago, I had done a few local inline skating races—shorter, more like 10Ks—and even some cross-country ski marathons, which I really enjoyed. Sandy figured I'd love this one too… or maybe this was payback for signing her up for the Mt. Washington Hill Climb bike race as a birthday present (which, to be fair, she loved).

As an added bonus, the trip gave us a chance to visit one of our favorite former international students, Anne, whom we hosted 20 years ago and have kept in touch with ever since. She and her family graciously hosted us in Berlin.

Race day was electric. Drummers and bands lined every corner, their music and cheers giving me a hometown-like boost. I wasn't alone in this adventure—3,500 skaters took part, which felt huge… until I remembered the 58,000 runners set to go the next day.

Beyond the race itself, the weekend was a chance to meet athletes from around the world. Over breakfast at a local bakery, a waiter joked: "How do you spot a marathoner?" Answer: "They'll tell you!" (Which, I suppose, is why I'm writing this.)

If you're looking for an active, unique experience, consider giving this a shot—or better yet, sign someone you love up for it! The Berlin Inline Skating Marathon happens every year in late September. Who knows? You might just roll into an unforgettable adventure. ■

Artificial Intelligence in Healthcare

Artificial Intelligence (AI), a technology that simulates the performance of complex human tasks, is rapidly transforming healthcare delivery. This technology is increasingly integrated into various healthcare applications from records management to diagnostic procedures. Healthcare professionals and organizational leaders need to develop risk mitigation strategies to reduce potential liability.

Types of AI in Healthcare

AI categories are classified by system type and level of intelligence. Most AI tools currently used in healthcare fall into the "limited memory" machine-learning categories and can be seen in areas such as clinical documentation, imaging diagnosis, patient monitoring, and assisting surgeons in procedures (robotics).

Generative AI

Generative AI uses algorithms to create new content in the form of language, audio, images, and videos. Applications such as ChatGPT and Ambient Scribe can listen and generate draft notes, easing the documentation burden for clinicians.

Risk Management Consideration:

AI-generated notes can contain the same types of documentation errors as dictated/transcribed documentation. Clinicians are responsible for reviewing content to ensure accuracy prior to authentication. Use of a statement indicating there may be inaccuracies related to the use of AI documentation is strongly discouraged. This type of statement will erode trust in the accuracy of your documentation, leaving you open to liability issues.

Predictive AI

Predictive AI, or predictive analytics, analyzes data to identify trends and patterns, make future predictions, anticipate events and behaviors, and diagnose conditions, improving management of falls, sepsis, clinical deterioration, and diagnostic imaging.

Risk Management Consideration:

Clinical decision support tools are not a replacement for medical decision making and do not relieve the provider from responsibility for patient outcome.

Implementing AI Safely

Policy & Procedure:

Develop comprehensive policies to govern AI usage that comply with legal and regulatory standards and ensure equitable care. New AI initiatives should begin with a detailed risk analysis to identify and mitigate potential adverse effects and only be used when fully vetted and adopted by the organization.

Quality Improvement:

Integrate AI applications into the organizational Quality Assurance and Performance Improvement (QAPI) program. This integration ensures that AI-driven innovations align with overall quality improvement goals and are monitored for effectiveness and safety.

Machine-Learning Data:

As healthcare organizations adopt predictive analytics AI, it is crucial to ensure that the data used for machine learning is current, unbiased, and appropriate for the patient population being served.

HIPAA Compliance:

Identify and address any potential risks to patient data privacy and security associated with AI tools.

As AI continues to advance, staying informed and proactive is essential for healthcare organizations and professionals to harness AI's potential responsibly and innovatively. By embracing these technologies thoughtfully, healthcare providers can enhance patient care, improve operational efficiencies, and navigate the complexities of modern healthcare environments.

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Mission: *Our role as an organization in creating the world we envision.*

The mission of the New Hampshire Medical Society is to bring together physicians to advocate for the well-being of our patients, for our profession and for the betterment of the public health.

Vision: *The world we hope to create through our work together.*

The New Hampshire Medical Society envisions a State in which personal and public health are high priorities, all people have access to quality healthcare, and physicians experience deep satisfaction in the practice of medicine.

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