NEW HAMPSHIRE PHYSICIAN

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The Ongoing Call for Physician Leadership

Volume 3 | 2021

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New Hamphire Medical Society
7 North State Street
Concord, NH 03301
603 224 1909
603 226 2432 fax
nhmedicalsociety@nhms.org
www.nhms.org

G. Kenton Allen, MD, MBA
President

James G. Potter, CAE
EVP

Mary West
Editor

Do you or a colleague need help?
The New Hampshire Professionals' Health Program (NH PHP) is here to help!
The NH PHP is a confidential resource that assists with identification, intervention, referral and case management of NH physicians, physician assistants, dentists, pharmacists, nursing licensees, veterinarians, chiropractors, dieticians, licensed drug and alcohol counselors, mental health practitioners, midwives, optometrists, podiatrists and psychologists who may be at risk for or affected by substance use disorders, behavioral/mental health conditions or other issues impacting their health and well-being. NH PHP provides recovery documentation, education, support and advocacy – from evaluation through treatment and recovery.
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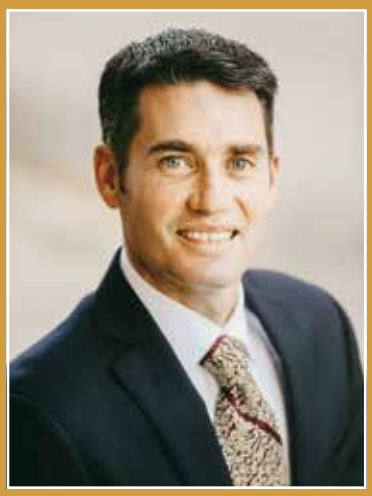

G. Kenton Allen, MD, MBA
NHMS President

President's Perspective
The Ongoing Call for Physician Leadership

I recently wrote in the NHMS Presidential blog, an article about the spring meeting of the Council of New England Medical Societies (CNEMS). It was striking how similar the challenges facing each state are, and the priorities of each looking forward.

By way of background, the CNEMS meets twice per year and is meant to be a venue to share successes and challenges and to support one another as stakeholders in the public health of our region. Each Medical Society President prepares a report for the delegation to outline the events of the last six to twelve months and major initiatives moving forward.

Advocacy around the future of telehealth, COVID-19 vaccine educational initiatives and social determinants of health were top priorities amongst most of our fellow societies.

However, the theme that was most emphasized amongst the reports was the importance placed on the ongoing need for physician leadership. Much of the collective efforts by Medical Societies were influenced and driven by the COVID-19 pandemic and the importance of having physicians at the forefront of leading the way towards developing policy at the state, regional and local level was highlighted through these experiences.

Sharing how each Medical Society and their respective memberships played important roles in forming the response to the pandemic, served also as a testament to the increasing importance of physician leadership.

Prior to the pandemic, some Medical Societies, including ours in New Hampshire, had already sponsored programs or partnerships to support formal physician leadership training. Now almost every state has some form of training program.

...physician leadership will continue to be of utmost importance in the betterment of health in the state, regional and local level.

Through realizing the collective sentiment of the CNEMS around the importance of formal leadership training for physicians, I want to highlight again today what the New Hampshire Medical Society has developed through the Physician Leadership Institute (PLI).

The goal of the PLI is to cultivate effective physician leadership across the Granite State from the bedside to the boardroom by teaching management, communication, and leadership skills, fostering effective communication between the medical staff and administration, and empowering physicians to foster change among their colleagues.

The cornerstone of the Institute is the New Hampshire Physician Leadership Development Program that was developed in collaboration with the New Hampshire Hospital Association and University of New Hampshire's Peter T. Paul College of Business and Economics.

Currently, there are 60 physicians participating in the first three cohorts of the program, and a fourth cohort is currently being recruited to begin in the fall of 2021. The first year's ten sessions focus on leadership "soft" or "behavior" skills of managing yourself and leading others, including sessions on emotional intelligence, team building, managing transitions, conflict resolution, mentoring and coaching. The second year of ten sessions focuses on more of the "hard" or "analytical" skill sets, such as quality management, financial and managerial accounting, communications and executive presence.

Participants can receive up to 80 hours of CME credits and a University of New Hampshire certificate. The intent is to have some of these graduate accredited course credits count towards an executive MBA program.

As we look to the future of the post-COVID era, physician leadership will continue to be of utmost importance in the betterment of health in the state, regional and local level. We hope that the Physician Leadership Institute will continue to be an important tool for the physicians of New Hampshire in preparing for and succeeding as leaders in our state.

For the program brochure, curriculum outline, faculty list and additional information, visit our website at https://paulcollege.unh.edu/physicianleadershipnh. ■

Marie-Elizabeth Ramas, MD
Family Physician with specialty in obstetrics and wound care

Young Physician Focus highlights young or early career physicians and their research/passions. If you'd like to contribute, please contact mary.west@nhms.org.

Young Physician Focus
Striving for Community Wellness

As we emerge from the COVID-19 pandemic, new physicians are entering a workforce that is stretched too thin. While jobs are plentiful, the rebound from the pandemic is putting a strain on physicians who are helping their patients both recover from the acute threat of COVID-19 and re-center on preventive care.[1] But with patient demographics getting older, an aging physician population and persistent access challenges within urban and rural communities, the need for primary care is at crisis level.[2]

Despite the strain, COVID-19 has caused health care workers to take pause and reassess their priorities and position in the system, and new physicians are no different. While the number of employed physicians has continued to rise after surpassing the number of independently practicing physicians in 2019, the rate has slowed down.[3] Why? It is more than just the aging physician population. With the complexity of documentation requirements and billing, as well as the added pressure imposed upon physicians by employers during the pandemic to work under tenuous conditions, new grads are looking into innovative ways to practice medicine while creating more autonomy.

New physicians are seeking opportunities that create better work-life harmony within a system that appears to emphasize "productivity", lessen autonomy, and impose more strain upon them to deliver on outcomes without much influence on the organizational systems that can influence change. More family physicians are considering alternative models of practice, as well, by focusing on the value of preventive care and expanding from the performance-based payment models. In essence, COVID-19 has proved that the fee-for-service model does not best serve patients nor underscore the integral role that primary care plays in the overall wellness of our communities. The value-based train has left the station!

Although not perfect, value-based care plans are gaining more traction within the health care industry due to their impact on improving population wellness and creating savings on overall health care costs. More interestingly, these models of payment may provide physicians who are looking into independent practice an opportunity to move into autonomy without bearing all the financial risk as more entities are re-investing in new agreement models that can help with startup costs of practice and provide the technical infrastructure needed to run a practice.

A recent report[4] released by the National Academy of Sciences, Engineering and Medicine that stressed America's vital need to prioritize primary care as a lifelong relationship instead of a series of transactions. The report further highlighted key drivers that will lead to a shift in promoting and prioritizing primary care, the top three being reformation of payment models, increasing access points and designing interprofessional care teams. All of these are embraced within the fundamental training of a family physician.

As we are considering what a new normal looks like post COVID, one thing is for sure. Either we embrace creative solutions to health care reform, or we will see a further attrition of our primary care matrix. New doctors and those in training are primed for change and innovation, and I believe that the pendulum to a sustainable and satisfying experience is coming as we shift gears into striving for community wellness.

1 Martin, K., Kurowski, D., Given, P., Kennedy, K., & Clayton, E. (2021, April 16). *The Impact of COVID-19 on the Use of Preventive Health Care. HCCI.* https://healthcostinstitute.org/hcci-research/the-impact-of-covid-19-on-the-use-of-preventive-health-care.

2 Association of American Medical Colleges. (2021, June 11). *AAMC Report Reinforces Mounting Physician Shortage.* AAMC. https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage.

3 Carey, M. J. (2020, November 12). *Employed vs independent doctors: Numbers don't tell the whole story.* Medical Economics. https://www.medicaleconomics.com/view/employed-vs-independent-doctors-numbers-dont-tell-whole-story.

4 The National Academies: Sciences, Engineering, Medicine. (2021, May 4). *SHARE High-Quality Primary Care Should Be Available to Every Individual in the U.S., Says New Report; Payment Reform, Telehealth Expansion, State and Federal Policy Changes Recommended.* nationalacademies.org. https://www.nationalacademies.org/news/2021/05/high-quality-primary-care-should-be-available-to-every-individual-in-the-u-s-says-new-report-payment-reform-telehealth-expansion-state-and-federal-policy-changes-recommended.

Marcosa J. Santiago, MD
Retired Pediatric Psychiatrist
Holds dual citizenship

Members' Corner includes selections focusing on personal and professional issues impacting doctors in New Hampshire - a forum for sharing the "voices" of NHMS members. We also encourage "Letters to the Editor," responding to articles published in prior editions. Please submit articles for our Members' Corner to james.potter@nhms.org

Members' Corner

Does my entry into another culture mean stepping out of mine?

From the Philippines in 1968 I set foot on U.S. soil, the so called "melting pot". My Philippine entry into American culture was 53 years ago. Did I have to step out of my culture to "melt"? My simplistic conclusion can be derived from a few anecdotes below.

* Way back then my height was 58 cm (4 feet 10 inches). Now that I am an octogenarian, my height of 56 cm (4 feet 8 inches) is even more impressive. At an outdoor fundraiser for a group home for disadvantaged and troubled youth where I was consulting, there was a group of children having a cheerful commotion. I was summoned by one to join them. The topic was who among them was the oldest, and who was the tallest. One curious resident asked how old I was. Silence and quizzical expressions on their faces were obvious after hearing I was 50 years old. One resident stepped backwards, looked at me from head to toe, and asked loudly, "Aren't you a bit too small for your age?"

* In another agency that I consulted, a few who had seen me and enjoyed earning privileges through modifying their behavior, had been influencing some close friend to ask for appointment to see me. One day the head nurse was chuckling when she informed me that one of the boys requested to have an appointment with that "miniature doctor."

* A kindergarten adorable girl was referred to me for concern that she might be psychotic. Referral note stated that every time the class has circle time – to name sounds of commonly known animals – she routinely joined the group in unison and correctly uttered the sound of the first animal the teacher identified. However, she repeats that first identified animal sound even when subsequent animal named was different. Example: When the

group was asked what sound does a bird make? She joined the group in saying "Tweet tweet." When the teacher moved on to a cat, dog or cow, the whole group would answer correctly in unison. But this girl remained saying, "Tweet tweet."

The teacher tried to start with another animal such as a cat, her initial response in unison with the group would start correctly with "Meow, meow." But when the teacher moved on to a bird, dog or cow, her response remained, "Meow, meow." Note: This adorable girl was a Korean adopted by an American couple. It took one diagnostic session and the answer came from her lips, regarding her one-animal sound participation at circle time. "Why do animals have to talk in different languages?"

* First session with a boy I will call Yuan, referred because of troubling behavior. He was very polite, attentive, not resistant in answering questions that delved into his problems identified by his teacher. Then, after about 45 minutes, almost the end of the session:

Yuan: "Dr. Santiago, when are you going to talk in English?"

Dr. Santiago: "Hindi mo ba alam na simula ng magusap tayo ay nagsasalita na ako ng English?" (Translation: Don't you know that since we started conversing I am already talking in English?")

Yuan: "What's that?"

Dr. Santiago: "That's my language, called Tagalog. That is what you would hear but not understand if I'm not talking in English."

* When I was the director of a guidance clinic in Newton Massachusetts, I was often summoned when a phone caller had an accent obviously from another country of origin. This happened frequently, despite my repeated explanation that a person from another country who speaks with an accent, like me, has even more difficulty understanding others from another country who speaks English with their own accent.

* In the same clinic, we do have occasional walk-ins seen by staff who are not occupied at the time. Newton, Massachusetts is an upscale community being close to the Route 128 technology strip, with high ranking hospitals including Mass General Hospital, and residents are in general highly educated. I happened to be the designated staff to give audience to an expensively attired, prim and proper but visibly very anxious and troubled middle aged couple. We will call them the Jones.

The Jones were deeply disturbed by their daughter's choice of a man friend, especially with the daughter signifying that they were about to be engaged. I could not fathom what this couple's objection could be to this man who seemed to have an impeccable character, had letters after his last name, and was gainfully employed in high tech industry. All I could say was that since they also described their daughter to be well educated, had a good job, and had always been sensible, perhaps they should trust their daughter's judgement

I was escorting them out of my office, when as soon as they were out of the door threshold the couple turned around and facing me disclosed, "That man is from Nigeria, he is black." I replied to them, "Mr. and Mrs. Jones, rest assured you have nothing to worry about. I am also colored and look different, but the person who married me is a Swedish-American and we are very happy. Some people do choose to have a colorful life." They smiled back – sweetly!

Today, I am still the same – my brown skin color has not changed except for appearance of wrinkles due to age, still speak stilted English with an accent, have lost height hence am more of a demi-petite, and cook mainly Philippine dishes. In other words, I still look funny and talk funny – I am culturally different. I live and enjoy some aspects of American culture including some dishes. These anecdotes are just few samples of my access to the different American culture, and vice versa. These encounters definitely did not get rid of, but instead highlight recognition, and give importance to the difference – a form of adaptation, entirely different from melting. ■

By Debbie Mueller, MD
Huggins Hospital Gynecologist
and award winning oil painter

www.debbiemuellerart.com
debbiemuellerart@gmail.com
@thelatebloomerartist

Accidental Artist/Physician Exhibits Her Work at Huggins Hospital

My path to becoming an artist is surprising and unconventional. After a life of believing I had no artistic ability, I was visiting my parents in 2016, and during a dull, rainy day, my mother suggested painting as an activity. I looked for a reason to decline- the idea held little interest for me - but lacking anything better to do, I accepted, and created my first painting. It was a terrible painting, but I loved the way it made me feel- focused, meditative, and productive. When I returned home, I went to the art supply store, came home with canvases and paint, and my journey began!

During the last five years, I have studied, and covered a mile of canvas to grow as an artist and achieve some significant successes. In 2018, I was awarded First Place in Artist's Magazine's annual art competition for landscape paintings by artists with less than six years of experience. I have won Best in Show awards through the Art Guild of the Kennebunks and the Parrsboro International Plein Air Festival, as well as other significant awards from the New Hampshire Art Association and the Cape Cod Art Center. My paintings have been juried into highly competitive national shows for Oil Painters of America and the National Society of Acrylic and Oil Painters. Now my work is available through Mast Cove Gallery in Kennebunkport, Kennedy Gallery in Portsmouth, and Cortile Gallery in Provincetown.

In cooperation with the Governor Wentworth Arts Council, I was able to exhibit my work at Huggins Hospital during the months of May and June. I selected a variety of landscape paintings for this exhibition. Some were "Plein Air" paintings, done outdoors on a portable easel, being able to respond to the immediacy of the light and atmospheric conditions, while others were done in my home studio. Twenty percent of the proceeds of any sales were donated to the Sunshine Fund at Huggins Hospital, a fund that assists employees in crisis. The hospital is currently restricting visitors to patients and their caregivers, and staff, but you can view the collection online at www.debbiemuellerart.com. ■

Vincent A. Memoli, M.D.
1950–2020

Vincent A. Memoli, M.D. 1950–2020: An Appreciation

By Edward J. Gutmann, MD, AM

Vincent ("Vince") A. Memoli, M.D., long-time surgical pathologist at Dartmouth-Hitchcock Medical Center and Professor of Pathology and Laboratory Medicine at Dartmouth's Geisel School of Medicine, passed away on July 12, 2020, aged 69.

The Facts: Raised in the Bronx; educated at Fordham Prep and Fordham University; medical school and residency at Tufts and Rush, respectively; practiced 34 years at Dartmouth, retiring in 2017; continued teaching pathology residents through May 2020.

An Appreciation: Dr. Memoli was among the last of a diminishing breed, the expert general surgical pathologist, comfortable at assessing, and capable of accurately diagnosing, tumors and other lesions from the full range of body organs, e.g., breast, skin, lung, bone, thyroid, kidney, brain. In contrast, most recent pathology trainees now practicing at academic medical centers have done fellowships focused on one or two organ systems and restrict their daily patient care work to the comfort zone of those systems. While at Rush, Vincent did seminal research in the then nascent field of immunohistochemistry and ultimately established at Dartmouth an ongoing, first-class laboratory in that discipline. Drawing on the 1984 Nobel Prize-winning work of Köhler and Milstein, immunohistochemical studies help a pathologist determine, for example, from which organ a metastatic cancer in the lung might have arisen and in many instances can predict a patient's prognosis and guide treatment.

With a broad fund of knowledge across the range of body sites, innate talent, a strong work ethic, expertise in the critical adjunct technology of immunohistochemistry, an open door policy, and an outgoing, voluble

Members' Corner, cont. on page 18

Social Media – Risk Management Considerations

While there are many positive aspects to social media, the widespread use and easy access to social media outlets can lead to violations of the Health Insurance Portability and Accountability Act (HIPAA). Organizations must put safeguards in place to monitor their programs to assure that patient privacy is not violated.

Posting Comments

An important component of managing and monitoring outlets is responding to outside posts on the site. Inappropriate responses or no response at all can damage a practice's reputation. Responses to posts from outside the organization should be timely, professional, and respectful and not contain protected health information.

When negative comments are posted, there is a natural tendency to want to defend the service provided. Providers must proceed cautiously when responding to negative comments being sure not to release any protected health information in their response. The best option is to invite the poster to contact the organization directly so their concerns can be addressed.

Risks

HIPAA violations: Violations of patient privacy and confidentiality are one of social media's greatest risks. Violations can occur if providers or staff members disclose protected health information when responding to comments on social media, but there are also risks of staff posting information about patients on their personal social media accounts. Some staff members mistakenly believe that if they do not use a patient's name they are not violating the patient's privacy.

Personal Devices: Policies should prohibit the use of personal cell phones or other devices for taking pictures or videos of patients. Images necessary for patient care should be obtained with devices owned by the organization.

Friending: Healthcare providers should be aware of boundary issues that may occur if they "friend" a patient or become a follower of a patient's blog. Even the act of friending a patient or posting on a blog could identify them as a patient and thus be a privacy violation.

Sanctions: Professional staff should be aware that disclosing protected health information without patient authorization can also lead to sanctions by professional boards as well as other legal actions.

Ensure HIPAA Training Includes Social Media

Beginning with new employee orientation, staff members need to receive education about patient privacy and confidentiality. This education must include social media and how posting protected health information on social media sites violates patient privacy and HIPAA. Employees should be provided with examples of the types of posts that would be violations of patient confidentiality.

In addition, organizations should develop a process for staff to report inappropriate activity on social media. ■

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.

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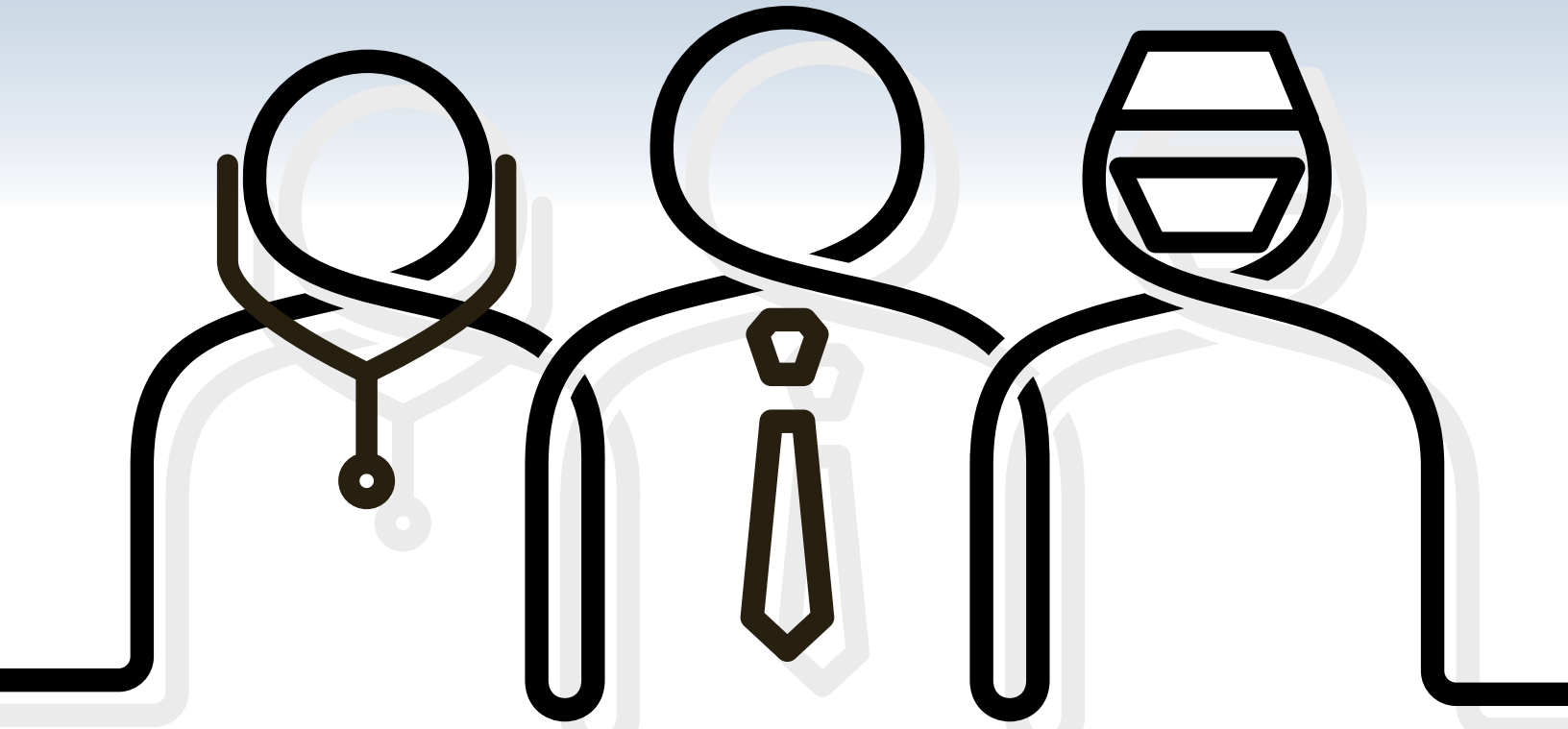

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Erik Shessler, MD
President, New Hampshire Chapter of American Academy of Pediatrics

Mitigating the Harm and Injustice: a Partnership with ABLE NH

The SARs-CoV-2 pandemic has illuminated many cracks in our nation's systems that were present prior to the pandemic. Our healthcare system has been shaken hardest and its reverberations have severely impacted our most vulnerable populations. Those who cannot afford adequate healthcare, those with complex underlying conditions, those who are underrepresented in the medical field, and individuals with disabilities are some of these populations. The latter, which is officially recognized as a unique population by the Affordable Care Act, gives us a new lens through which to view those old words, "I will do no harm or injustice to them." The New Hampshire Medical Society and the New Hampshire Chapter of the American Academy of Pediatrics (NHAAP) focus on mitigating the harm while ABLE NH focuses on the injustice. This is a partnership that although only recently formalized has deep roots. Together, we hope to begin to address some of these inequities which have plagued our health care system for far too long.

COVID-19 has been a focusing event for those working in the medical field and on behalf of the disability population. Feedback from our membership has informed us that health care practitioners are eager for more learning opportunities concerning cultural competence regarding persons with disabilities. The American Medical Association has introduced a resolution to include disability curricula in undergraduate, graduate, and continuing medical education. Meanwhile, NHMS and NHAAP are working with ABLE NH to build more robust educational resources for medical students and practitioners who need cultural competence both before and after a diagnosis is presented to an individual or family.

Healthcare reform—truly doing no harm nor injustice—is a wholistic endeavor: it requires personal commitment, institutional redirection, and legislative leverage to achieve its goals. ABLE NH, NHMS, and NHAAP are incredibly proud that the genesis and force behind this work comes from those Granite Staters who have the most to lose and the most to learn—a trenchant and pointed partnership. In bringing together the lived experiences of individuals and families who have navigated inequitable healthcare for generations with the training of experts who have the insider know-how to affect that very system, our collaboration aims to steer clinicians, doctors, nurses, residents, and all touched by the healthcare system to a place of understanding, empiricism, and respect. ■

Healthcare reform... is a wholistic endeavor: it requires personal commitment, institutional redirection, and legislative leverage to achieve its goals.

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Benjamin Mitchell
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A critically important note: *Insurance is a contract to indemnify for a "specified loss." Therefore, it is important for you to gain an understanding of the provisions and language used to define the benefits to be paid for the "specified loss." What follows is meant to provide you with a general understanding of contract provisions.*

Securing Your Income The Lifeblood of Your Future

In an article appearing in this year's Volume One titled *"What a Difference an "S" Makes"*, we addressed the importance of focusing your planning efforts around not only the value of your possessions, but also on the values you hold most dear! In Volume Two, our article *"A Plan to Avoid Chaos and Hardship… An Estate Plan"*, addressed the role that proper legal planning plays in ensuring your wishes are executed on regarding serious incapacity and end of life issues. In this article, we would like to address the steps you can take to ensure that you and your family will always have the income to enjoy the future you hope for.

Income is derived from the interaction of **opportunity, ability** and **time**. If we assume for the moment that the **opportunity** to practice medicine is a reality that will be with us for the foreseeable future, then the two variables which need to be addressed are **ability** and **time**.

Losing the **ability** to earn income, as a result of a serious illness or injury, will have a devastating impact on your life. Using Disability Income Insurance benefits to replace earned income is a critical element of a Financial Plan.

Employer Provided Benefits – What you need to know:

- Short Term Disability (STD) – Common features
  - Provides income taxable benefits for 90 to 180 days after an elimination period of one to seven days of disability. Coordinates with start of Long-Term Disability benefits
  - Often offset by sick leave, paid time off, or Worker's Comp
  - Benefit calculated as a percent of salary (60%) to a maximum weekly benefit. The maximum has the effect of limiting the benefit for high income earners to less than 60% income replacement.

- Long Term Disability (LTD) – Common features
  - LTD is a core employee benefit. If the cost of coverage is charged to you as current income, the benefit will be income tax free. Otherwise, benefits are taxable to you when received. Benefits can be lost if you leave full time employment (30 hours per week)
  - **Percentage of income** covered (60%/66%)
  - **Benefit cap** ($10,000 - $15,000/month)
  - Benefit offsets (Social Security/Worker's Comp/ others)
  - **Limitations** (mental and nervous disorders/ recurring disabilities/others)
  - **Elimination period** (no benefits for 90 – 180 days)
  - **Exclusions** (intentional, self-inflicted injuries/ riots/felonies/others)
  - **Benefit period** (age 65/Social Security retirement age)
  - **Definition** of disability
    - o Total disability - own occupation, including specialty language
    - o Partial disability – defined by loss of time, duties, and/or earnings
  - Other employee benefits that may be **discontinued** (medical, retirement, life insurance)

If you make the effort to examine these benefits by reading your Summary Plan Description, you will realize your income is still at risk. How would you absorb a 40% or more reduction in your income?

Because being covered by employer provided group long term disability insurance with its limitations, benefit caps and lack of portability does not provide a level of income security desired, you may turn to individually owned coverage. While you will have to provide evidence of insurability along with information regarding , earned income information and current coverages, you can customize your benefits to supplement any shortages and gaps in your group long term disability coverage so that you can more effectively secure your flow of income to ensure you get to enjoy the future you hope for.

What you need to know is "is the contract non-cancelable," meaning the insurance company cannot increase your premiums, change the benefits, or cancel the coverage without your consent.

Individually Owned Disability Income Insurance-What you need to know:

Is the contract "non-cancelable," meaning the insurance company cannot increase your premiums, change the benefits, or cancel the coverage without your consent?

With personally owned individual coverage, you control:

- The elimination period,
- The benefit period,
- The amount of benefit,
- The definition of disability,
- Whether or not benefits will increase with inflation once you have become disabled, and
- If there is a guaranteed right to buy more coverage without proving your health status.

-Some contracts can provide for the payment of student loan debt, retirement plan contributions and additional benefits if you meet the definition for needing long term care.

Time is the third ingredient, along with **ability** and **opportunity**, needed to earn income. Life Insurance is a unique product in that, if your time runs out due to an early death, it can capture your expected future earnings and deliver them income tax free to those whose financial well-being is dependent on the realization of those expected earnings.

Life Insurance – What you need to know

- Employer Based
  - Group Term Life
    - o Provides one to two times income with a cap
    - o Cost of benefits over $50,000 are taxable income to you
    - o No insurability information required
    - o May be convertible upon termination of employment
  - Group Voluntary Life
    - o Purchased with after tax payroll deductions
    - o Cost increases in five-year age bands
    - o A basic amount is usually available without evidence of insurability
    - o Maximum benefit commonly five times income
    - o May be portable when you leave employment
- Personally Owned
  - Term Life Insurances
    - o Level Premium
      - For 10, 20 or even 30 years
      - Premiums increase significantly post level premium period

Securing Your Income, cont. on page 19

NHMS Welcomes New Members

David V. Bann, MD

Todd D. Daugherty, MD

David de Gijsel, MD, MPH

Jason Marc Desmarais, MD

Ana M. Goubert, MD

Anthony Laine Green, MD

Ben G. Heiderscheidt, MD

Robert A. Jarrett, MD

Mary L. R. Joseph, MD

Vera Lynskey, MD

Jung-Woo Ma, MD

David Macleod, MD

Tyler P. Martin, DO

Roger B. Nowak, MD

Sophia Ouhilal, MD

Ashwini Saxena, MD

Luke S. Sturmy, MD

Raymond E. Suarez, MD

Teresa Tang, MD

David Vargas Lowy, MD

Katlyn Sabo Viglianco, MD

Stephen M. Wiener, MD

Members' Corner, cont. from page 11

personality, Dr. Memoli became the "go to" consultant for many pathologists and surgeons working at Dartmouth or at regional hospitals, when they faced a challenging pathology case. Appropriately, for several decades he was generally considered to be one of the handful of finest anatomic pathologists in the tristate northern New England region.

Over many years, Dr. Memoli was also a popular teacher at Dartmouth's medical school and won several teaching awards. Given the breadth of his knowledge, he could teach the pathology of any organ system, but primarily focused on the skeletal system and the endocrine system. He was the pathologist to a distinguished group of Dartmouth clinical professors, including John ("Jack") Turco and Richard Comi, who for many years together taught the endocrine system to second year medical students. In 2018, in recognition of his teaching efforts, Vincent was honored with the Geisel (School of Medicine) Academy of Master Educators' Lifetime Achievement Award.

Testimonies to Dr. Memoli's contributions to immunohistochemistry, diagnostic acumen, and teaching prowess incompletely capture his essence. He was a raconteur and at his core a "people person," who needed and enjoyed the attention of others and who simultaneously was attentive to their needs. He was comfortable speaking one-on-one with the occasional patient who had a question about a life-altering pathology diagnosis; he counseled scores of technicians, administrative assistants, and physicians when they came to him in a time of personal crisis, health-related or otherwise; and, uniquely, he mentored dozens of pathology trainees and junior pathologists, who, drawing on his teachings and advice, now practice in academic or community settings throughout the country. His mentees include current chiefs of Pathology departments.

Despite his stature in New England, Vince remained true to his Bronx roots. No visitor to his office could fail to see the framed picture of Mickey Mantle, reflecting his life-long devotion to the New York Yankees. He was loyal as well to his family, to the educational institutions that helped him achieve success, and to the civic institutions that gave him and others pleasure.

While many of us will retain an image of Dr. Memoli in his office, door open, holding court behind his microscope (with Mantle behind him), we also will remember - and miss - the annual summer picnic he hosted at a lake house in New Hampshire. Vince, cooking at the grill, was pleased to be host to all comers, including any member of his department (paygrade; nationality irrelevant) and any friends or family they wished to bring along. In some ways these disparate settings - hospital office and lakeside backyard - reflect two sides of the same coin: at the microscope proffering knowledge, in the yard dispensing food and drink, at both Vincent Memoli happily engaged and generously sharing with others.

A former trainee of Dr. Memoli and current Geisel faculty member, Jason Pettus, M.D., recently summarized via Twitter thoughts that many who knew Vince share: "Those of us lucky enough to have learned pathology from Dr. Vince Memoli will be forever grateful for his boundless generosity, encyclopedic knowledge, & epic stories. A true master of general surgical pathology. A connoisseur of humanity. An irreplaceable mentor and friend."

In pace requiescat. ■

- Yearly or Annually (increasing premium) Renewable Term
- Policies can be kept in force (with increasing premiums) until age 95

▪ Permanent life insurance

- Guaranteed Universal Life (GUL)
  - Customize the guaranteed length of coverage, up to age 120
  - Fixed premium, little or no cash value in the policy
- Variable Universal Life (VUL)
  - Focuses on the opportunity to accumulate cash value
  - Investment subaccounts
  - No lapse guarantee provision
- Whole Life insurance (WL)
  - Guaranteed death benefit
  - Guaranteed build-up of cash value
  - Guaranteed annual premium
  - Mutual insurance companies pay dividends to policyholders
- Dividends are considered a return of premium
- Dividends are not guaranteed

As you transition out of the COVID siege mentality of the past 15 months and look to reestablish a forward-looking mindset, might this be an opportune time to secure **your future's lifeblood** so that you can enjoy life more fully today, knowing that your future financial needs will be provided for? ■

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Public encouraged to visit https://vaccines.gov, listing available COVID-19 vaccine locations and indicating if walk-ins are accepted.

New Hampshire
MEDICAL SOCIETY
ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

7 North State Street
Concord, NH 03301
603 224 1909
603 226 2432 **fax**
nhmedicalsociety@nhms.org
www.nhms.org

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

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