

Registration Open for 2021 NHMS Annual Scientific Conference Nov. 5–7



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Also in this issue...

Doctoring is What I Do, Not Who I Am

NHMS Golf Tournament winners

Volunteers Sought for Alcohol Use Advisory Council



New Hampshire Medical Society

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EVP

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Editor

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*Opinions expressed by authors may not always reflect official NH Medical Society positions. The Society reserves the right to edit contributed articles based on length and/or appropriateness of subject matter. Please send correspondence to "Newsletter Editor," 7 N. State St., Concord, NH 03301.

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, dietitians, 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.

For a confidential consultation, please call Dr. Molly Rossignol @ (603) 491-5036 or email mrossignol@nhphp.org.

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G. Kenton Allen, MD, MBA
NHMS President

*Please join us
for a weekend
of education
and fun at
the majestic
Omni Mount
Washington
Resort!*

President's Perspective

The 2021 NHMS Annual Scientific Conference

The NHMS Annual Scientific Conference will take place at the majestic Omni Mt. Washington Hotel in Bretton Woods, NH, on November 5-7, 2021. Please consider joining us in-person to meet with colleagues, participate in scientific presentations and enjoy the beauty of New Hampshire's White Mountains. In-person sessions will be in full compliance with CDC and NH DHHS guidance regarding group interactions.

For those unable to participate in-person, the Scientific Conference will again offer the option to attend virtually. The feedback we received last year following the first ever virtual conference was overwhelmingly positive and this year we have worked to make the experience even better, including automated uploading of CME credit to the NHMS CME tracking system.

The theme of this year's conference is "Trending Topics in Medicine 2021" and will include presentations ranging from physician wellness to the ongoing COVID-19 pandemic response. Several of the conference presenters represent the young physician demographic in our state.

We will again be offering three hours of CME on opiate abuse and substance abuse issues, satisfying the requirements established by the NH Board of Medicine. These presentations will be held on Sunday morning.

Lastly, we will offer an opportunity for an early morning fun run/walk. We hope that this will be an opportunity for camaraderie, education and fun in one of our state's most prized locations.

Please consider joining us for this weekend of education and fun in the magnificent setting of the Omni Mt. Washington Hotel in Bretton Woods, NH. ■



New Hampshire MEDICAL SOCIETY

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Preliminary Agenda

NHMS21: Trending Topics in Medicine

Offering 14 Hours of CME with In-Person, Remote Livestream and Enduring Learning Options

Omni Mount Washington Resort, Bretton Woods, NH

Friday PM, November 5 – Sunday AM, November 7

Friday, November 5

- | | | | |
|----------|--|----------|--|
| Noon | NHMS Council meeting | 12:15 pm | Lunch & NHMS General Session
Kenton Allen, MD, NHMS President
James Potter, NHMS Executive Vice President |
| 1:30 pm | COVID-Related Diagnostic Testing, Sequencing and the "RECOVER" Wastewater Study
Joel Lefferts, PhD | 2:00 pm | Therapeutic Cannabis: Promises & Pipedreams
Seddon Savage, MD |
| 2 – 5 pm | NH Orthopaedic Society Program | 3:00 pm | Tele-ICU, Using Technology
Kate Riddell, MD |
| 2:30 pm | Long Term COVID-19 Effects
Apara Dave, MD | 4:00 pm | Creating a Sustainable Medical Career
Kristin Yates, DO |
| 3:30 pm | Sleep, Play, Zoom
Steve Cauble, MD | 5 – 8 pm | Bowler-Bartlett Foundation Silent Auction |
| 4:30 pm | Clinical Post Pandemic Challenges
TBA | 6:00 pm | President's Reception |
| 5:45 pm | Reception | 7:00 pm | President's Inaugural Dinner
Passing of the Presidential Medallion
Kenton Allen, MD and Eric Kropp, MD |
| 6:30 pm | Dinner | | |

Saturday, November 6

- 6:30 am **Bowler-Bartlett Fun Run/Walk (free T-shirt)**
- 8:30 am **Diversity Impact**
Marie-Elizabeth Ramas, MD
- 9:30 am **Understanding Fiscal Health Risk Factors and What You Can Do to Avoid Them**
Michael Genetti – Baystate Financial
- 11:15 am **Tick Borne Illnesses in NH**
Apara Dave, MD

Sunday, November 7

The following 3 credits are compliant with NH RSA 318-B:40 - opioid education requirement.

- 8:00 am **Reducing the Opioid Crisis**
Richard Barth, MD
- 9:00 am **Opioid Management**
Jason Yong MD, MBA
- 10:00 am **Medical Legal Issues of the Opioid Crisis**
Zwade Marshall, MD
- 11:00 am **Program Ends**

The Maine Medical Education Trust designates this live activity for a maximum of **14 Hours** of *AMA PRA Category 1 Credit™*. Sunday's courses qualify for the 3 CME credit requirement for opioid medication education (ME PL 2015, Ch 488 & NH RSA 318-B:40). The Maine Medical Education Trust is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

No refunds after October 30, 2021. Refunds before October 30 are subject to a \$25 processing fee.

Registrations must be postmarked before September 15, 2021 to receive early bird rate.



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**For Reservations information visit:
<https://www.nhms.org/2021conference>**



310 Mount Washington Hotel Road, Bretton Woods, New Hampshire 03575
Reservations Phone: (603) 278-1000 (be sure to mention NHMS for discounted rate)

Register Now at <https://nhms.org/2021conference>

Or, if you prefer a paper option please complete this form and return to:
NHMS, 7 North State St., Concord, NH 03301

Name _____

Spouse/Guest _____

Address _____

Email _____

Phone _____

I will attend: In person ☐ Remotely ☐ Prices are the same for both in person and remote options.

Early bird (postmarked before Sept. 15):

All 3 Days: **NHMS Member** \$399 ☐

Nonmember \$519 ☐

Allied Health Professional \$399 ☐

Guest \$300 ☐

On or After Sept. 15:

All 3 Days: **NHMS Member** \$469 ☐

Nonmember \$619 ☐

Allied Health Professional \$469 ☐

Guest \$300 ☐

Registration includes Friday dinner, all meals Saturday and Sunday breakfast for attendees and registered guests only. Guests will not be granted CME credit.

Total Due: _____ (Please make check payable to NH Medical Society.)

Saturday AM Fun Run/Walk – FREE _____ # of Adults

T-shirt size(s) _____ S _____ M _____ L _____ XL

No refunds after 10/30. Refunds before 10/30 are subject to \$30 processing fee.

Need any special accommodation? Please call 603.224.1909 or NH Toll Free 800.564.1909

If special arrangements are required for an individual with a disability, please contact Joy.Potter@nhms.org

For hotel accommodations at a discounted rate, visit: <https://www.nhms.org/2021conference>
Conference pricing does not include hotel stay.



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*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

Doctoring is What I Do, Not Who I Am

"Hi, my name is Kristin Yates and I am the Ob/Gyn Doctor." This is how I greet most patients for the first time.

It has never really felt natural to me to introduce myself as "Dr. Yates", even now that I have been an attending physician for more than five years. To be fair, for the first several years of my career, it felt uncomfortable to refer to myself as "Dr. Yates" because part of me felt like a total fraud. But as I began to make strides to overcoming my self-doubt and I realized that imposter syndrome was just a normal part of being human, I realized that my aversion to being called "Dr. Yates" was about way more than just awkwardness.

Like many women physicians, I have been mistaken for a nurse or student countless times throughout my career. While I have certainly been irritated about this, I have come to recognize that other people's inability to presume that I am their physician has very little to do with me or my ability to care for them. What I do know is that if they were to need me for a gynecologic or obstetric emergency, their preconceived notion would have no impact on my ability or willingness to save their life.

The fact of the matter is I am not a doctor. I am a human being. Doctoring is what I do, not who I am. This distinction is very important to me because it is what has made medicine sustainable and fulfilling.

As an Ob/Gyn, there are countless opportunities for my ego to get in the way. I could worry about patient reviews, malpractice, being the best surgeon, if patients are requesting me in the office, if I am the most productive, if I am the most up to date on the literature and on and on it goes. All



of these things feel very important to physicians because that's how we are trained to think. However, when I was on the verge of leaving medicine, none of these things were what kept me going.

It was the service. I began to understand that my purpose was being only partially fulfilled in medicine, and that I was also passionate about guiding young physicians to a career that was meaningful and balanced. This purpose led me to becoming a certified life coach for physicians.

My clients struggle with self-doubt, imposter syndrome, overwhelm, and some of them consider leaving medicine altogether, not unlike where I was just a few short years ago. My hope is that through my courses, coaching programs and retreats; more women physicians will stay in medicine as they are meant to, confident, fulfilled and joyful.

I have found that starting with the

simple fact that we are more than "just doctors" seems to be a very therapeutic foundation. Stripping away that long sought-after title and realizing our own humanity is both terrifying and liberating. What's left is the recognition of what brought us to medicine in the first place with space for our hobbies, desires and yearning for fun.

We become whole once more. Doctors that feel whole are happier and more confident, which ultimately leads to happier patients and improved patient outcomes. Seems like a "no-brainer" to me.

Dr. Yates will be speaking at this year's NHMS Annual Scientific Conference, Nov. 5-7. You can register at <https://www.nhms.org/2021conference>. The CME package is available for both in-person and remote purchasers – online for 55 days after the conference through the NHMS Learning Center. Pay now and then view remotely and/or complete at your leisure before December 31st. ■



GET HELP NOW!

The NH Professionals Health Program (NHPHP) is a confidential resource available to all NH licensed physicians, PAs, dentists, pharmacists, nursing licensees, veterinarians, chiropractors, dietitians, licensed drug and alcohol counselors, mental health practitioners, midwives, optometrists, podiatrists and psychologists 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. Molly Rossignol at (603) 491-5036.

LEARN MORE @ WWW.NHPHP.ORG



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



Congratulations to Dr. Paul Pender and his team of David Robator, Jack Barron and Tim Cardoza for winning the Dr. Henry Robbins Trophy!

For more photos check out the NHMS golf tournament album on the NHMS Facebook page.

NHMS Annual Golf Tournament – A Huge Success!

A big thank you to those who braved the heat for our resumed annual golf tournament at Concord Country Club to benefit the Bowler-Bartlett Foundation. We hope to see you all next year! Stay up to date with all NHMS events at www.nhms.org."

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1st Place team and Harold Robbins Trophy Winner: Dr. Paul Pender, Jack Baron, David Robator and Tim Cardoza (9 Under)

2nd Place team: Deb Liebel, Mike Liebel, Lora McMahon and Bob Boucher

3rd place team: Drs. Eliot Foley, Richard Waite, and Jim Wolcott and Pat Bourgault

Longest Drive Women's: Dr. Christine Hand

Longest Drive Men's: Tyler Brown

Hole-in-one Contest Sponsored by First Command Financial Services: no winner

Female Closest to the Pin: Beth Catenza

Male Closest to the Pin: Tom Buchanan

Ninth Hole Closest to the Pin - Men: Tim Cardoza

Sixteenth Hole Closest to the Pin - Women: Laura McIntosh

High Score Team: Shawn Riley, Lorri Woodward, Matt Cooley & Derick Aumann (11 over)

Time to share.



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NHMS has teamed up with AARP NH on a social media campaign to encourage COVID-19 vaccination in the state, and particularly, to encourage patients to use their healthcare providers as a resource for factual information. Each post includes the link to <https://www.vaccines.gov/> where you can find a vaccination site near you. Please like and share the posts to help spread the word! <https://www.facebook.com/NHMedicalSociety>



Oge Young, MD

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

The Soul of Medicine

Leslie was a 36 year-old Dartmouth medical student when she took part in her first childbirth. We were working together during her third year Ob/Gyn Clerkship at Concord Hospital. Sitting at the edge of the bed with our patient pushing, she placed the flat of her hand over the baby's head, holding it back firmly to prevent tearing. Slowly a head emerged. With gentle downward traction, an anterior shoulder came out from underneath the pubic symphysis. Fluid poured from the corner of the baby's mouth as his chest was compressed by the birth canal. Then lifting the head, his posterior shoulder delivered keeping our patient's perineum intact.

Cries erupted with the baby's first breaths, the mom's instant relief and the dad's complete wonderment. Tears filled Leslie's eyes as she gathered the slippery, warm infant in her hands, umbilical cord still attached, and placed the baby on the bare chest of his mom. Almost immediately, his crying ceased, as he heard the heartbeat he had grown accustomed to for months in his mom's belly. The placenta delivered uneventfully.

Following what had been a typical long first labor, the father announced, "Finally it is over!" I whispered to Leslie, "It's just beginning..." The room quieted with joy. Leslie laughed, but with tears still soaking her cheeks. The couple seemed touched by her response to their birth.

As we walked to the nurse's station to write a brief delivery note, Leslie (not her real name) apologized for her uncontrollable tears. I assured her that I liked seeing students cry at a birth. I loved knowing that she was moved by that moment. I offered that the greatest joys in medicine are when we feel deeply connected to others. She paused, and then shared that her tears were surely of joy, but also of sadness. She was nearing the age of forty, unmarried, without a partner, facing 5-10 more years of training. She felt sad that she might never have the opportunity to birth her own child.

Leslie was the oldest of eight children from a struggling Black American family, the first in her extended family to attend college. At an Ivy League



school, she was encouraged during her final year to attend ‘corporate recruiting.’ She would have been a desirable candidate, but instead, she chose a job in social work, knowing first hand the economic and racial disparities in impoverished communities. After ten years of frustration, disappointments and constant concerns about the funding of her program, Leslie decided to apply to medical school. Her decision was in part precipitated by the death of a young pregnant woman whose undiagnosed pre-eclampsia resulted in a cerebral hemorrhage.

Dartmouth Medical School awarded her a full scholarship. She was a mature, hardworking medical student, who, at the end of four years, matched in a highly regarded Ob/Gyn residency. Leslie was such an outstanding resident, she was offered the opportunities of a fellowship or to stay on the staff of her university program as a generalist. She elected to return to her community where she has eeked out a solo practice caring for underserved women. We have never lost touch. She has not married, but she is smothered by the love of her siblings, many nieces and nephews (some whom she delivered) and, of course, her patients.

A few years ago, she sent me a review article on “Vitrification,” recent technology to preserve an older woman’s fertility by harvesting her eggs when she is young, and then using them later to achieve pregnancy.

Attached to the paper was a note saying, “Hey, do you remember our conversation after my first delivery? Where was this when I needed it? Just kidding! I love my life.” She thanked me for the six weeks of our Ob/Gyn clerkship, giving me credit for opening the door to her present life. I responded by sharing words that were once said to me. “There are times when a door is opened, but it is up to us to walk through it.”

While new technology is exciting and our expanding fund of medical knowledge is gratifying, it is in our relationships with others - students, colleagues and our patients, that we find the ‘soul of medicine.’ ■

NHMS Welcomes New Members

Glenn B. Adams, DO
Jayne Tarkleson Berube, DO
Jared A. Blum, MD
Ralph P. Broadwater, MD
Elizabeth E. Cooley, MD
Prouskesh Ebrahimpour, MD
John E. Ford, MD
Jeffrey J. Johnson, MD
Paul Kamins, MD
Mederic W. Leblanc, MD
Alan D. Lein, MD
Javad Mashkuri, MD
Christopher J. Mills, MD
Elisabeth Anne Moore, MD
Mark A. Morgan, MD
Carla R. Nordstrom, MD
Maude Oetking, MD
Amber R. Schmidt, DO
Elizabeth R. Sweeney, DO



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Have you earned 100 CME credits yet?

Read This if Your License Expires in 2022!

- Licensees renewing on June 30, 2022 must report 100 CME credits earned between **January 1, 2020 and December 31, 2021**, including 3 pain management/addiction disorder credits if you have a NH DEA license.
- There is now an **online reporting system** for your CMEs. You can start reporting now! Go to www.nhms.org/cmeporfolio and log in or follow steps 3-5 on the back of this issue if you have not yet registered your account.
- Unless excused by the Board of Medicine for good cause shown, **a late fee of \$100 will be applied if a physician fails to complete the 100 credits within their two-year cycle or fails to report those credits prior to the February 28th reporting deadline.**



Questions? Contact Mary West at mary.west@nhms.org

Baystate Financial will be presenting at this year's NHMS Annual Scientific Conference, Nov. 5-7. You can register at <https://www.nhms.org/2021conference>. The CME package is available for both in-person and remote purchasers – online for 55 days after the conference through the NHMS Learning Center. Pay now and then view remotely and/or complete at your leisure before December 31st.

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Benjamin Mitchell



Susan Weidner Cooke
M ED, CLTC



Michael Genetti
CLU, ChFC

Watch for us in the **WEEKLY PULSE** communication featuring timely info from the Baystate Corner.

Securities, investment advisory and financial planning services offered through qualified registered representatives of MML Investors Services, LLC, Member SIPC. 200 Clarendon Street, 19th Floor, Boston MA 02116. (617)585-4500 CRN202208-269900

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Results Management



Failure to diagnose is one of the most frequent allegations in malpractice claims. A direct relationship exists between this allegation and the lack of a comprehensive, reliable test/consult tracking system. Juries believe that if a test or consultation was important enough for a physician to order, then it is important enough to ensure the results are received.

Results Management Policy

Practices should develop a comprehensive written results management policy that outlines the steps and expectations of their results management process.

Results Management Process

- **Test/Result Tracking Process:** Diagnostic tests ordered by providers must be tracked. Ordered tests should be logged, and after a pre-determined period of time, if a report has not been received, steps should be taken to follow up with the patient or testing facility.
- **Reporting:** If the practice uses an electronic system, reports will be automatically routed to the provider who ordered the test. Paper reports must be physically given to the provider for his/her review. Prior to filing paper reports, they must be reviewed, initialed, and dated by the provider reviewing them.
- **Patient Notification:**
 - o Inform patients of all normal and abnormal test results. Teach the patient the adage: “No news is NOT good news.” Tell the patient to expect

notification within two weeks of test completion, and if not notified, to call the office to obtain results.

- o Establish a policy that requires only providers or clinicians to notify the patient of critical results such that questions posed by the patient can be addressed and follow-up treatment explained.
- o Note discussion and patient understanding in the patient’s medical record.
- o Do not depend on follow-up appointments to convey results as patients may miss or cancel appointments.
- **Patient Follow Up:** The provider will recommend changes in the patient’s treatment plan based on the results of diagnostic tests. Review of test results, changes to the treatment plan, and follow-up of recommendations should be documented in the patient’s medical record.
- **Unsolicited Test Results and Consult Reports:** Unsolicited reports carry a high risk for patient harm as too frequently, abnormal results “fall through the cracks.” To reduce the risk associated with unsolicited reports, review all unsolicited test results and consultation reports, and if abnormal, contact the sender to confirm patient intervention.

Effective Patient Referral Process

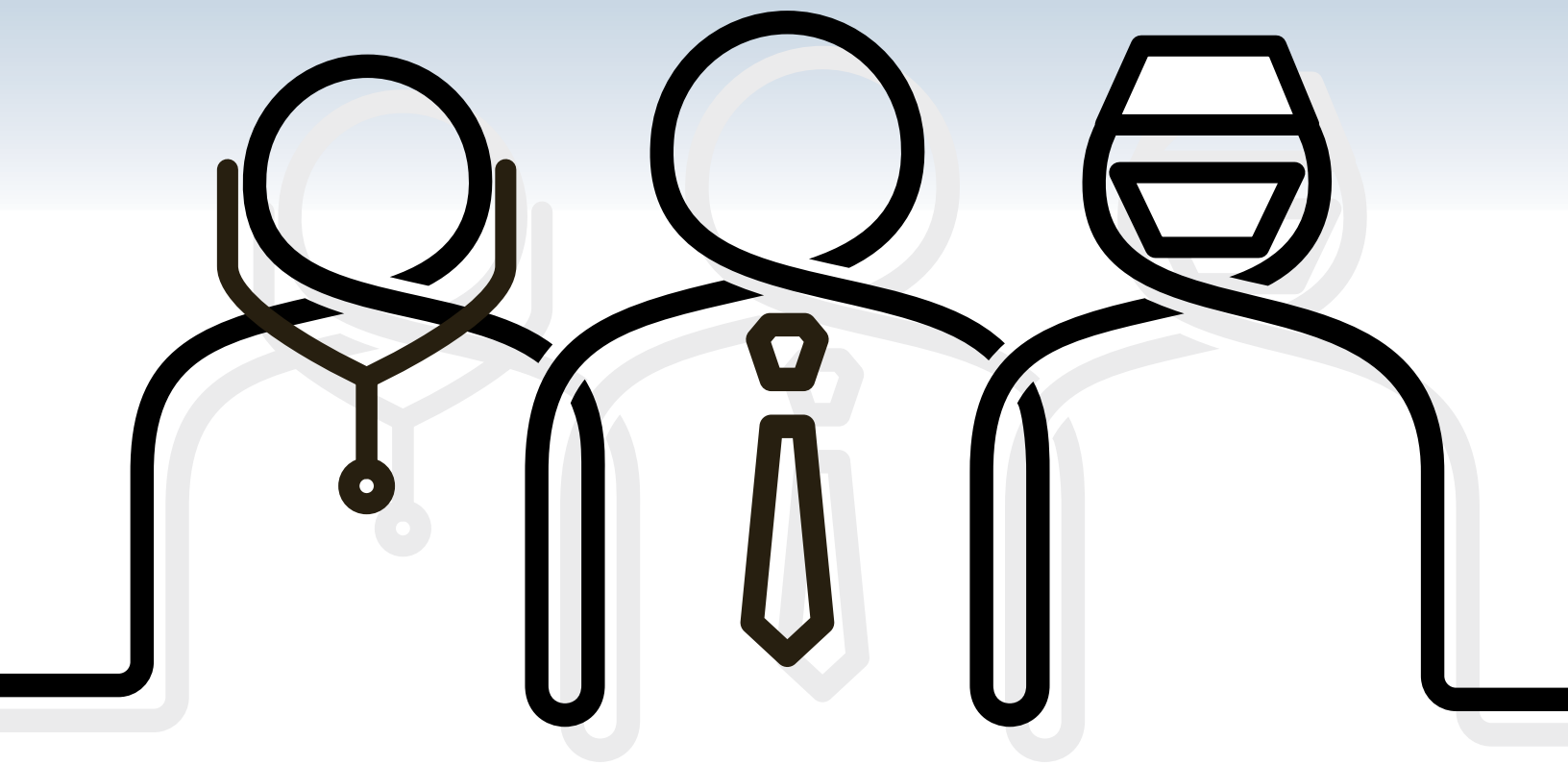
“The failure to send the patient for consultation, the failure of a patient to go to a consultation, or the failure to act on the consultant’s recommendations are the basis of many legal actions against physicians.”¹ As with test tracking, office staff should have a system to log all referrals, track receipt of consult report and follow up of reports not received. ■

¹ Thomas, M. O., Quinn, C. J., & Donohue, G. M. (2009). *Practicing Medicine in Difficult Times: Protecting Physicians from Malpractice Litigation*. Sudbury, Mass.: Jones and Bartlett Publishers.

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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James G. Potter
NHMS Executive Vice President

*...as the
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pandemic
surges, more
people may
be turning
to alcohol
to cope with
unprecedented
uncertainty and
stress.*

New State Contract to Educate Patients on Alcohol Misuse *Volunteers sought for advisory counsel to steer efforts*

The Medical Society has been awarded a \$100,000 contract with the State of New Hampshire to expand awareness among physicians, nurses and other hospital practitioners of the importance of addressing alcohol misuse, by providing messaging and distribution of existing materials statewide. We are currently seeking volunteers for an advisory counsel to help identify existing content and messages for this campaign.

Thank you to Dr. Seddon Savage for helping champion this issue with the Governor's Commission on Alcohol and Other Drugs to make this opportunity possible.

Our work over the past year during the pandemic with a large swath of community, business, education and public health leaders, along with the incredible work done by our many epidemiologists across the Granite State, has propelled the medical profession as sought after voices of authentic and credible health information in a historically troubled, shifting and challenging time.

Given these destabilizing times, it's not surprising that alcohol consumption has soared since the beginning of the COVID-19 pandemic. As published in JAMA, Nielsen reported a 54 percent increase in alcohol sales over the previous year, while 75 percent of Americans reported drinking more during COVID-19 surges.¹ According to the study, as the COVID-19 pandemic surges, more people may be turning to alcohol to cope with unprecedented uncertainty and stress. Women, in particular, exhibited a



41% increase in alcohol consumption over a 2019 baseline.¹

“Historically, alcohol use and related harms are more prevalent in men than in women. However, emerging evidence suggests the epidemiology of alcohol use is changing in younger cohorts.”² The dramatic spike in alcohol consumption has been seen in both men and women, and a recent study published in the BMJ confirmed the closing male-female gap in indicators of alcohol use and related harms with the ratio now nearly one to one.³ The effects of increased alcohol consumption and the most important consequences on the health of the population during the social isolation and stressors of the current COVID-19 pandemic is an issue that needs enhanced physician-patient engagement. In the United States, excessive alcohol use is responsible for 95,000 deaths a year, according to the Centers for Disease Control and Prevention, and likely to increase given the current trends.³ In fact, BMJ published research found that alcohol-related deaths grew by 20 percent in 2020, over the number in 2019, in Britain.⁴

The objectives of this campaign are to help expand practitioner awareness of alcohol misuse, including:

- The harms of unhealthy alcohol use and its contribution to

other psychosocial challenges;

- How to effectively approach topics related to alcohol use with patients;
- The value of screening, brief advice/intervention, and pharmacological treatments, in addition to psychosocial therapies, in addressing harmful alcohol use; and
- Referral sources and processes to access specialty care for Alcohol Use Disorder (AUD).

In addition, the project’s goal is to create messaging from existing resource materials to encourage physicians, nurses and other hospital practitioners to better:

- Identify patients’ alcohol misuse;
- Advise patients on healthier behaviors regarding alcohol use;
- Treat patients with AUD and/or refer patients to specialty AUD treatment services; and
- Follow up with patients regarding alcohol use and provide support for recovery.

Information for patients will also be developed, including:

- Safe drinking guidelines;
- Medical and behavioral health risks associated with alcohol misuse;
- Patient resources to change

their alcohol use patterns;

- AUD screening tools;
- Skills to provide brief advice/intervention;
- Best practices for treating AUD including pharmacological treatments and psychosocial therapies; and
- How patients can locate or be referred to AUD specialty treatment and recovery support services.

The time commitment for the AUD advisory council is expected to be 4-6 Zoom meetings over the 2021 fall and early winter months, providing existing resources noted above. If you would like to be considered to serve on this AUD advisory council or learn more about it, please contact me at james.potter@nhms.org or 603-224-1909. ■

¹ Changes in Adult Alcohol Use and Consequences During the COVID-19 Pandemic in the US. JAMA Network Open. 2020;3(9):e2022942. doi:10.1001/jamanetworkopen.2020.22942. 09/29/20. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770975>

² Birth cohort trends in the global epidemiology of alcohol use and alcohol-related harms in men and women. BMJ Open 2021;6:e011827. doi: 10.1136/bmjopen-2016-011827. <https://bmjopen.bmj.com/content/6/10/e011827>

³ Centers for Disease Control and Prevention. (2021, January 14). Deaths from excessive alcohol use in the U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html>

⁴ Deaths from alcohol hit record high during 2020, show figures. BMJ 2021; 372 doi: <https://doi.org/10.1136/bmj.n317> 02/03/21



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