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NHMS 2020 Annual Report





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Also in this issue...

Happy Retirement to Mary Pyne!

NHMS Learning Center

Online CME Reporting Instructions



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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

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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. Sally Garhart @ (603) 491-5036 or email sgarhart@nhphp.org.

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G. Kenton Allen, MD, MBA
NHMS President

*...that mission
being to bring
together
physicians
across
specialties to
advocate for
the well-being
of our patients,
our profession,
and the overall
betterment of
public health*

NHMS Welcomes 189th President

NHMS Inauguration November 14, 2020

I'm truly humbled by the opportunity to serve as the 189th President of the New Hampshire Medical Society and certainly feel the gravity of living up to the standard and expectation that have been set by the New Hampshire Medical Society Presidents in the past.

I myself began my association with the Medical Society as a medical student representative in 2009. I left New Hampshire for my residency training and then returned afterwards and have since served as a young physician representative, the Vice President, and then most recently as the President-Elect. Through these years of being a part of the Medical Society council I've had the opportunity and blessing to see firsthand what it's meant to be effective as a President and a leader of the Medical Society. Those common themes of success, the most prominent themes, I'd distill down to dedication, the ability to address current events, and having relevant passions that fit into the mission of the New Hampshire Medical Society - that mission being to bring together physicians across specialties to advocate for the well-being of our patients, our profession, and the overall betterment of public health.

Now, it's this last point, the individual relevant passions that past Presidents have brought that's been the most impressive to me. It's been most impressive because although those passions have differed, they've all been successful in being able to achieve something significant around them, most recently, with Dr. Klunk in his efforts around the social determinants of health and the formation of the Health Equity Advisory Council. Prior to that was Dr. Lafortune-Greenberg in her efforts promoting vaccination programs across the state. Before that Dr. Harrigan and her passion around physician leadership resulted in the formation of the Physician Leadership Development Program in conjunction with UNH.

It's these three themes that I aim to bring to my own presidency in the coming year. First, with regard to dedication, that starts with my family and it's through the support of my wife Rachel that I'm able to dedicate myself to the Medical Society and help promote this mission in the year to come. Rachel has been my partner and confidant in every important endeavor I've embarked upon in my adult life. It's her support and input that has allowed for some of those to result in success. Rachel herself is a nurse. Her first job out of nursing school was to work in the refugee camps in the conflict in northern Uganda and Sudan. After she met me she followed me to Boston. While I was in training, she worked for Boston Healthcare for the Homeless for four years and while doing so earned her public health degree in Disaster Management in addition to carrying our second child during those same years. We, together, founded a healthcare consultancy that brought our entire family to the Middle East to help prepare Cleveland Clinic Abu Dhabi for their opening to clinical operations.

Most recently Rachel supported me in founding Doc2Doc Lending and currently serves as our Director of Operations where she is overseeing our growth, currently at 2.5 million dollars in our portfolio and having reached doctors across 22 states, 26 specialties, and representing more than 50 academic institutions.

I really emphasize Rachel's accomplishments because not only is it her support of our family that allows me to dedicate myself this year, but Rachel is really the first line of defense for some of the ideas that you're about to read and I'm sure the Council will hear throughout the year. We vet

these over the dinner table and it's through Rachel's thoughtfulness, experience, and intellect that those ideas are shaped into final products.

Now, the second point - preparing for current events and being able to effectively address current events. There really couldn't have been a better case study written for this than the early part of 2020. Through the leadership of Dr. Klunk, Jim Potter, Mike Padmore, the entire Council, and staff, the Medical Society was able to ensure that the voices of physicians in the state were being heard as policies were being developed and evolving rapidly.

Although this year should not be quite as unexpected, certainly the ongoing efforts around the COVID response will continue to evolve. Even over the next couple months we will see the roll out of a massive vaccine initiative. As that is being rolled out, the Medical Society has already become involved in helping to ensure that success. As the prevalence in our communities continues to trend and shift, the Medical Society is going to act to make sure that the voices of physicians are heard both as representative of our profession and our patients. We'll continue to look for you, the community of physicians in the Medical Society membership, to share your experiences and challenges so that we can advocate in a way that's most effective. Please reach out to us and continue to let us know what you're seeing and where the pain points are and we will continue to make your voices heard as we address what will be one of the greatest public health challenges of our generation.

I mentioned the relevant passions and the successes around those passions that have been achieved by past Presidents. What I am passionate about and hope to bring to the Medical Society is the engagement of young physicians and how to do that in a way that is meaningful and effective. Figure 1 is to demonstrate that this is something that I believe the Medical Society can and should do.

In this graph, the X-axis is age and the Y-axis is percent of membership or percent of the community. The orange line represents the licensed physicians in New Hampshire. These are categorized into five year age aliquots. You can see just about one percent of licensed physicians in New Hampshire represent the ages of 25 to 30. You can see, expectedly, that between the ages of 35 and 60 there are the highest proportions of licensed physicians in the state. Now, when we compare that to the membership of the New Hampshire Medical Society represented by the blue line, you can see that there is an early spike. We expect that this high prevalence in the early years is because we offer free memberships to our resident physicians and medical school students. But, soon after that the relative proportion of members in these early ages drops as compared to the proportion of licensed physicians.

What we would like to do is improve the engagement of these early career physicians and address this gap. There are three specific ways in which that can be attained in the coming year. The first is by helping to break down some of the barriers of accessing job opportunities for those young physicians who want to practice in the state of New Hampshire, both who are already here and who are coming from outside of the state. Number two is by facilitating opportunities for career advancement of young physi-

cians and using the New Hampshire Medical Society platform to help address that. Lastly, is by offering resources to improve personal and professional financial literacy, particularly for young physicians, which we know is something that is in high demand for those years and is a gap in our medical education training.

Speaking to each of the three means of engagement of young physicians individually, the first is the breaking down of barriers to job opportunities and really for young doctors who want to practice in New Hampshire. Having lived through this myself, one of the main challenges is knowing where those practices are for a given specialty and identifying where the opportunities may lie. The Medical Society has an opportunity to soften some of these hurdles, to help those connections be more readily made, and to help young doctors practice in New Hampshire. It is an issue that we know is front of mind particularly for people in the early stages of their career.

The second mode of engagement is through career development. Many of us know career advancement in medicine is often facilitated through clinical excellence, leadership experience, and research publications or presentations. These depend on what type of practice you practice in. For young physicians, one of the hardest parts is getting

cont. on page 19

Distribution of NHMS Membership and NH Licensed Physicians by Age

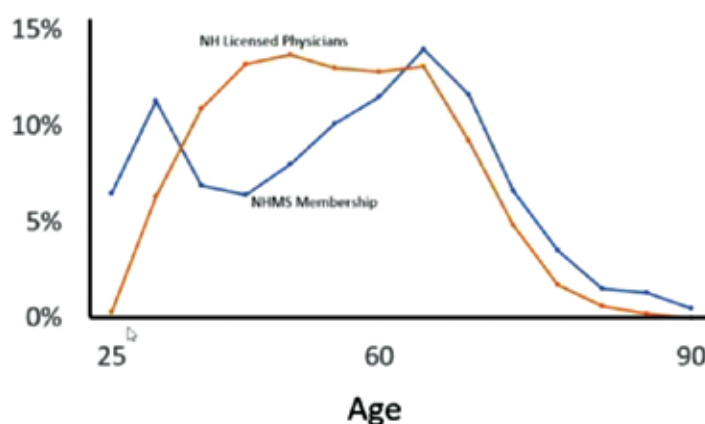


Figure 1



John Klunk, MD
NHMS Immediate
Past President

*I am humbled
to have
been able to
serve you as
President of the
Medical Society;
it has been the
honor of my
professional
career.*

Reflection and Gratitude

Coming to the conclusion of my year as President of the Medical Society, I couldn't help but reflect on what I thought the past twelve months would look like, and contrast that with what actually happened. I think we can all agree that 'unprecedented' might be one of the most overused words of 2020, but truly the events of this past year have been without precedent. Sometimes you can control the narrative, but sometimes you cannot. This was definitely a year where events shaped many of the activities of the Medical Society, the considerations of our Governing Council, and certainly my agenda for my presidential year. And so there is certainly some disappointment for me personally that some of the things I was hoping to accomplish in 2020 got sidetracked, and some of the really cool and fun things you get to do during your presidency were cancelled due to the pandemic.

But the prevailing emotion I feel when I think back on the past year is tremendous pride, in all that we were able to accomplish for physicians and patients in the Granite State, not in spite of a global pandemic, but, in fact, because of it, and awe at the courage and strength of my fellow physicians in the Medical Society and from around the state. Time and time again, I saw you rise to the occasion and answer the call to serve the patients of our state, often at great personal risk. New Hampshire physicians showed up and stood up at every level—state, local, and patient by patient in our practices and our emergency departments and our hospitals. Maybe the other overused word of 2020 is 'hero', but truly, what else could you call a group of physicians who put their own safety aside to respond to the health crisis of our lifetimes?

We were also able to identify racial disparities in COVID-19 outcomes in our state and across our country, which helped renew our emphasis on equity in health, leading to the creation of our Health Equity Advisory Council that will help the Medical Society keep our focus on health equity for years to come. As important as our immediate response to COVID was this year, our longer-term work on creating equity in health is arguably even more critical for our patients and our profession.

Later in this issue, our EVP Jim Potter enumerates the many accomplishments of the Medical Society this past year. I want to highlight a few that I think are particularly noteworthy in the context of the COVID-19 global pandemic, and of which I am especially proud.

When the COVID-19 crisis arrived in New Hampshire, the Medical Society was instrumental in helping support our public health colleagues' recommendation and getting the Governor to his emergency 'stay at home/safer at home' order. There is no doubt in my mind that this saved lives.

The Medical Society was also heavily involved in the Governor's emergency order mandating payers to reimburse telemedicine services at in-person rates, and we developed a suite of telemedicine resources and guidance to help physicians rapidly transition over to virtual care for both patient and provider safety.

We also acted as a key convener as we joined with other healthcare organizations in the state, as well as many businesses around the state, in the Mask Up New Hampshire initiative. In the absence of a state-wide mask mandate, this was probably the broadest and furthest reaching campaign in New Hampshire promoting masks as a simple, inexpensive, and effective way to protect both the mask wearer and those around them, along

with physical distancing and hand-washing.

And finally, we were able to pull off our NHMS Annual Scientific Conference, making the transition in under two weeks from an in-person event with remote access to a fully virtual event, allowing us to still have access to many amazing speakers and learn about the social determinants of health, population health, health equity, trauma-informed care, some of the far-reaching effects of Adverse Childhood Experiences, leadership in a crisis situation, and more. Not only were we able to run the conference in a fully virtual format, but we actually had the highest attendance at our Annual Conference that we've ever had.

I am humbled to have been able to serve you as President of the Medical Society; it has been the honor of my professional career. I returned

time and time again this year to our mission, which despite the crises and at times overwhelming events of these chaotic months served as my true north—"to bring together physicians to advocate for the well-being of our patients, for our profession and for the betterment of the public health." I hope we were able to further our mission this year; with the steadfast work of our staff, our Council, and all of you, I think we did.

Special thanks are due to the NHMS staff—Jim Potter, our tireless Executive Vice President, Mike Padmore, our Director for Advocacy, Mary Pyne our Director of Operations, Mary West our Director of CME and Accreditation, Joy Potter our Manager of Memberships and Meetings, and Catrina Watson our Manager of Specialty Society Services. You are an amazing team and I am absolutely floored by the amount

of great work that such a small staff can do to further physician and patient interests in the state of NH. I would also like to thank our NHMS Governing Council, who provided wise and steady counsel through the year, and this year's executive committee—when the coronavirus came to New Hampshire in March, we convened an emergency meeting to guide the NHMS COVID-19 response and continued weekly meetings for months until things started to quiet down a bit as we came up to the summer. And finally, I would like to thank my wife Melynie and children Gabrielle, 9, and Alexander and Grayson, 7, who supported me through this exhilarating but busy and difficult year, and despite my trying to minimize it in the name of humility, continued to remind me that being the President of the Medical Society is, in fact, a 'big deal'. ■



WANTED

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

OR

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

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

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Michael Padmore,
NHMS Director of Advocacy

The NHMS Learning Center is now offering each course from the conference on an on-demand basis.

NHMS Learning Center

The New Hampshire Medical Society is excited to formally introduce the NHMS Learning Center! This online education platform will allow us to provide a quality on-demand Continuing Medical Education curriculum for the broader New Hampshire medical community and hopefully make your biennial CME audit a little less stressful!

Due to the rising number of COVID-19 cases in New Hampshire, the decision was made to convert our NHMS20 Annual Scientific Conference to a completely virtual format. In order to offer our planned conference program as seamlessly as possible, we operated the entire conference utilizing the NHMS Learning Center. NHMS20 conference attendees were able to view a live stream video of all CME courses, access digital copies of each course's PowerPoint deck, and instantly receive an emailed PDF CME course certificate upon completing each course attestation - all done via the NHMS Learning Center's online platform. Better yet, if an attendee had to miss a live course during the weekend, every person who purchased the conference had on-demand access to all course videos and content after the conference had concluded. We aimed to make this process as easy as possible for everyone and hope to keep improving it year by year.

If you missed the NHMS20 Annual Scientific Conference, do not fret! The NHMS Learning Center is now offering each course from the conference on an on-demand basis. You can purchase each course individually or choose from two course bundles: NHMS20 Annual Scientific Conference Bundle or our \$99 Opioid Competency Course Bundle, which will satisfy the New Hampshire Board of Medicine's three credit biennial opioid prescribing competency requirement. All NHMS members receive a discounted price.

We hope that this education platform will serve as a valuable resource as you work to fulfill your CME requirements. Led by the NHMS Education Committee, we will strive to continue to populate the Learning Center with relevant CME content each year. Please check out the NHMS Learning Center via our website's homepage: www.nhms.org. If it's your first time signing into the Learning Center, you'll be asked to create your free NHMS account. If you have any questions along the way or an idea for a potential CME course, please don't hesitate to call me at 603-858-4744. ■



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Mary Pyne
NHMS Director of Operations

As I retire, I want to take a moment to express my sincere gratitude and thank you for all the support, guidance and encouragement you have provided me over the past three decades.

Personally, I have shared a special bonding with many of you that I will take away with me as cherished memories of our times together.

Professionally, I have gained a lot of knowledge that I will always remember as one of the most satisfying phases in my lifetime.

I wish each and every one of you the very best in both your professional and personal lives.

It has been a pleasure working with you and until we meet again - thank you.



New Hampshire
Professionals Health Program

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:

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

LEARN MORE @ WWW.NHPHP.ORG

Online CME Reporting Instructions

This year we have transitioned to an online CME reporting system.

If your license is up for renewal in 2021, you'll need to submit your CME report by February 28. Late submissions will be charged the \$100 late fee instituted by the NH Board of Medicine in January 2020. (This late fee also applies if credits are earned outside of your two calendar-year cycle.)

If your license renews in 2022, you have the option to set up an account now and submit credits as you earn them.

The online CME portfolio can be accessed at www.nhms.org/CMEPortfolio.

Physicians who have not yet registered their existing account through our website will be brought to the sign in page. Simply click "Register Now", enter the email address that NHMS has on file for you and click "Register Account". You will be asked to create a username and password and then should be ported directly to your CME portfolio.

Once logged in to the site, you may also access your CME portfolio by clicking My Account, Manage My Account and then choosing CME Portfolio from the account actions list.

We hope you find the system fairly intuitive but detailed instructions can be found at <https://www.nhms.org/cme-reporting>.

The Silent Chapter In Memoriam

Spencer Brody, MD
Laconia, NH

Douglas Cedeno, MD
Meriden, NH

Julie Crocker, MD
Peteborough, NH

William Kois, MD
Newburyport, MA

Burton Nault, MD
Concord, NH

William Phippen, MD
Concord, NH

Robert Pilon, MD
Stratham, NH

James Shea, MD
Manchester, NH

David Snow, MD
Bow, NH

John Vignati, MD
Laconia, NH

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Oge Young, MD
NHMS Past President

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 Buddy

His limp little body bathed in meconium was delivered through an incision in his mom's uterus. He was not breathing, almost lifeless, but for his slow heart-beat. After clamping and cutting his umbilical cord, he was wrapped in a warm towel and gently carried to the isolate where a pediatric colleague and two nurses worked hard to resuscitate him.

The pitifully small, calcified placenta was expelled, her uterus repaired and then her abdomen closed in deafening silence, as we awaited a cry. My young patient and her boyfriend could muster only quiet tears. Their baby boy had clearly outgrown his placenta, days or even weeks before his birth, nothing that she could have known. I apologized that he was struggling so, but assured them he was in good hands, hoping and even praying, that we would hear some kind of sound from across the room.

The answering service had called at 4:05 AM that morning. My weekend of work had been busy with many deliveries, several miscarriages and even a ruptured ectopic pregnancy. Finally home, I had hoped to catch a few hours of sleep in my own bed before starting the week. The excited voice of the young woman on the phone belonged to an obstetrical patient of a family doctor for whom I was covering.

She called with the onset of contractions, not knowing to notify someone when "her water broke" hours before. She described the color of the fluid as dark. I asked her with some urgency in my voice to go to the labor floor where I would meet her. Less than fully awake, my head cleared with a quick shower and a brisk walk through the woods to the hospital.

Upon her arrival, the nurses had attached a fetal heart monitor to her belly which showed no variation in the baby's heartbeat and late decelerations. Both suggest chronic hypoxia and a distressed baby. I explained the need for an emergency C-section. An anesthesiologist and pediatrician were immediately summoned and the operating room prepared. Within 20 minutes of us meeting, her baby boy was born.

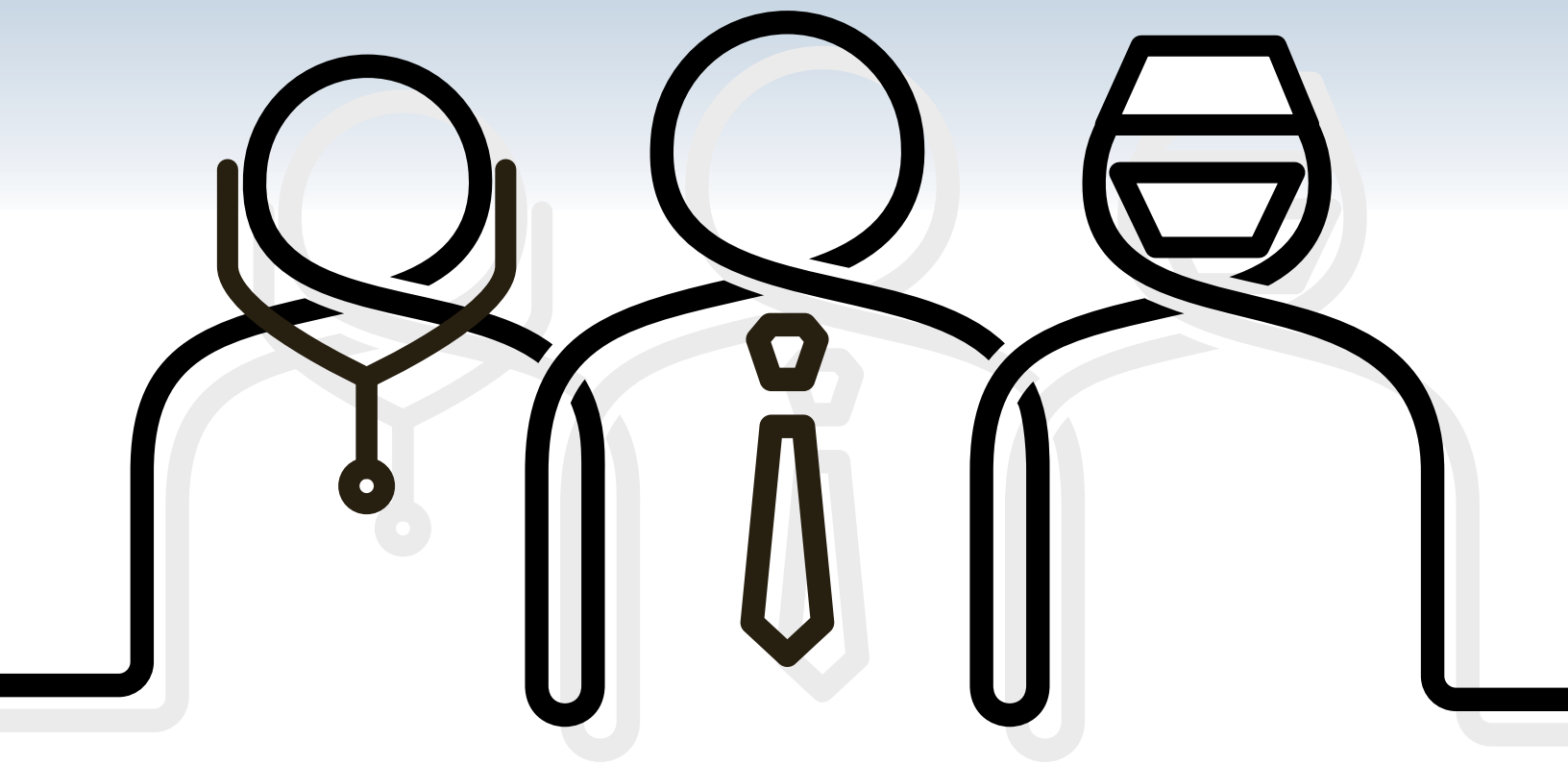
Unfortunately, he did poorly. After stabilizing him on a ventilator and treating his seizures, he was transferred to Dartmouth's Neonatal Intensive Care Unit. Only with superb care did he survive, but with obvious early neurologic deficits. I learned, months later, he had returned home, requiring intense support.

Regrettably, I never saw the young couple or their son after her brief hospital stay. Litigation was initiated by the boyfriend's family, but dismissed when the couple separated. My four hour deposition with the plaintiffs' lawyer was longer than I had known the family. I always wished that I could have seen her again, possibly even cared for her during another pregnancy. I wanted to say how sorry I was about her son, and ask about his life.

Years later, I was surprised when the baby boy's grandmother introduced herself to me. She was a nurse at Concord Hospital, caring for one of my surgical patients. I was taken back when she thanked me for saving her grandson's life. She had cared for him the two years he lived. "Buddy" never walked or talked and required special feedings daily, but she had "never known so much love." She held his photo. Her daughter had married and had two healthy children. She was a nurse and worked on labor and delivery in another community.

I thanked her for letting me know that she was Buddy's grandmother, and for sharing with me her comforting words, a poignant reminder that the meaning of a life is not always measured in years or accomplishments. ■

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James G. Potter
NHMS Executive Vice President

*Part One of
their findings...
...focuses
on how the
coronavirus
has affected
physicians'
practices and
their patients.*

2020 Executive Vice President's Annual Report

The year 2020 has been such a caboodle of unprecedented twists and turns stemming from the COVID-19 pandemic that forced many physician practices and hospitals to cease non-urgent surgeries and shift to telemedicine visits during the early months of the outbreak. Restarting practices and procedures has had its own challenges in the current environment. Undoubtedly, impacts of this epidemic will be felt long after this coronavirus is tamed, as the 1918 Spanish flu pandemic shaped approaches and attitudes well into the 1920s. The following are highlights of the Medical Society's activities in this most extraordinary year.

COVID-19 Pandemic Response

Due to the unprecedented nature of this coronavirus, the Medical Society's executive committee met on a weekly basis over the first four months of the pandemic to provide direction and input in the Granite State's public health and physician practice policy, as well as support of the efforts of physicians in NH government.

Several publications were developed including the **COVID-19 Weekly Update** online newsletter providing coronavirus news aggregation, announcements and resources. Other NHMS guides for personal protective equipment (PPE), telehealth vendors, private carrier telehealth coding, and telehealth reimbursement policies, as well as COVID prior authorization policies and clinician wellness resources. The Medical Society also hosted a webinar series on physician practice financial relief sources and substance use disorder (SUD) treatment during COVID-19.

Mask Up New Hampshire

The Medical Society also convened a coalition of local chambers of commerce, the NH Hospital Association, NH AARP and over 30 other business, civic, educational and advocacy groups to establish the **Mask Up New Hampshire** campaign in June to reinforce mask wearing, physical distancing and enhanced hygiene practices. The successful goal of the campaign was to flatten COVID-19 infection rates and help keep them relatively low



HELP KEEP NEW HAMPSHIRE HEALTHY. WASH YOUR HANDS OFTEN.

CLEAN HANDS ARE CARING HANDS



#KeepNHHealthy

over the summer, offering schools the greatest chance to open with multiple options for students. The *Mask Up New Hampshire* “Get Involved” resources offer a campaign toolkit, social media graphics, email signatures, flyers and email templates, as well as state and national guidance to help mitigate infections.

Working with the NH Retail Association, NHMS also held online meetings or conference calls with a dozen national retail chains and grocery stores in the state to urge that they implement mandatory masking policies for customers. The Medical Society also testified before several town governments to promote masking wearing policies. In November, the Governor issued a state-wide mandate in addition to eleven New Hampshire towns that developed ordinances require masking.

COVID-Related Engagement & Education

In November, the Medical Society agreed to a contract with the NH Department of Health and Human Services to provide engagement and education activities for the *NH Crisis Standards of Care Plan* that will feature a series of live and on-demand webinars for clinicians and specific public audiences. The NH Crisis Standards of Care State Disaster Medical Advisory Committee (SDMAC) includes 13 physicians from across the Granite State.

In addition, the Medical Society has been raising funds to promote a COVID-19 vaccine engagement and education project that intends to convene stakeholders to help coordinate consistent messaging and activities for the distribution of COVID-19 vaccine and counter anticipated anti-vaccine misinformation, as well as to assist with implementation of the state’s new vaccine registry.

COVID-19 Policies Impacted by NHMS

- Persuaded Governor Sununu to issue ‘stay-at-home’/‘healthier-at-home’ #17 executive order.
- Assisted in development of the telemedicine executive order #08, reimbursement of telephonic only as well as video at in-person rates for NH Medicaid and private carriers, related policies on telehealth services, and Medicaid reimbursement policy for pediatric well child visits via telemedicine.
- Issued voluntary policies for *Postponing of Elective and Non-Urgent Procedures for COVID-19 Mitigation and Principles for Transitionally Resuming Non-Urgent Procedures during COVID-19 and National Specialty Guidance* that helped to preclude mandatory state government actions.
- Several presentations to the Governor’s Office for Emergency Relief and Recovery (GOFERR) for needed relief assistance for physician practices and health systems from the federal CARES Act.
- NH Board of Medicine emergency standing orders

for re-licensure and medical school testing.

- NH Board of Pharmacy emergency regulations for controlled drug prescriptions.

Association & Learning Management Systems Implementation

The Medical Society also began implementation of a new Association Management System (AMS – including database, website and financial management systems) through NOAH AMS and Learning Management System (LMS) through Blue Sky’s Path LMS. The new systems will allow single sign-on for all New Hampshire licensed physicians and PAs, and include integrated microsites for state specialty societies managed by NHMS and member-only sections, resources and pricing for products and services.

In addition to streamlining and integrating the back-end systems, the overhaul is intended to allow the New Hampshire biennial CME audit, required for all New Hampshire licensed physicians, to move online from a historically paper process. NHMS administers this CME audit by statute for the NH Board of Medicine. Negotiations are ongoing with the state to also include the mandatory physician and PA survey through the CME audit. It will also allow NHMS events, such as our annual scientific conference, to be converted into on-demand enduring CME.

The 2020 NHMS Annual Scientific Conference (NHMS20) held in mid-November, was scheduled to be a hybrid event at the Wentworth by the Sea Hotel - offering both an in-person meeting (with masking, distancing and hygiene safeguards) and remote simulcasting, plus access to the CME package through December 31. However, a surge in COVID-19 community spread cases in early November forced the meeting – which had sold out in-person spaces a month in advance – to a remote-only event. Despite the last minute transition, there were a record number of participants.

In addition to 14 hours of highly-rated continuing medical education sessions, Drs. Jonathan Ballard and Benjamin Chan were presented the Medical Society’s Distinguished Service Award for meritorious service and outstanding contributions to the medical profession and the betterment of public health during the COVID-19 pandemic. Governor Chris Sununu provided the introduction for the awards.

Public Health Outreach Initiatives

Tick-Borne & Insect Diseases

Partnering with the NH Bureau of Public Health, we have established an 8-member physician advisory council to develop a 1-hour CME on prevention, early identification and early intervention of tick bite infections based on changes to the draft ISDA/AAN/ACR

[cont. on page 18](#)

clinical practice guidance, as well as a 15-20 minute public education program delivered by physicians. A study committee was approved by the legislature that will include at least a half dozen physicians.

Adolescent Immunizations

Partnering with the NH Bureau of Public Health and NH School Nurses Association, a letter and information packet has been developed to be distributed to fifth grade parents on adolescent immunizations (meningococcal, human papillomavirus (HPV) and tetanus, diphtheria, and pertussis (Tdap) vaccines). A 15-minute presentation given by physicians is also under development to be given to parent-teacher associations (PTA) and other education audiences.

Vaping Unveiled

Partnering with Breathe New Hampshire (formerly NH Lung Association), we have trained a cohort of ten physicians to be able to give 35-40 minute presentations to middle school, high school and parent audiences on the perils of vaping. <https://www.breathenh.org/programs/vaping-unveiled/resources>

MAT Waiver Training

The Medical Society has been contracted by the NH Department of Health and Human Services (DHHS) to offer 8-hour MAT waiver courses (over 700 practitioners trained to date over the last 3 years) and assist health systems with MAT capacity planning, and has developed an hour-long continuing education program aimed at nurses and medical support team members about implementation of MAT and behavioral health wrap around services.

Physician Leadership

Through our Bowler-Bartlett Foundation, the NHMS charitable, educational and scientific 501(c)3 organization, the Medical Society established the New Hampshire Physician Leadership Institute (PLI) with a grant from The Physicians Foundation. The goal of the Institute 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 Hamp-

shire's Peter T. Paul College of Business and Economics.

We currently have 47 physicians participating in the first three cohorts of the program. Temporarily suspended under the first four months of the pandemic, the class meets mornings once a month for four hours. The first year's 10 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 10 sessions focuses on more of the "hard or analytical" skill sets, such as quality management, financial and managerial accounting, communications and executive presence.

Participants will receive up to 80 hours of CME credit 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. For the program brochure, curriculum outline, faculty list and additional information, visit our website at <https://paulcollege.unh.edu/physicianleadershipnh>.

We are also currently in the process of expanding our Physician Leadership Institute to add programs and services to promote physician leadership in the Granite State in 2021-22 including:

- Physician Financial Fitness for Life (with Baystate Financial)
- Media Training
- Legislative Advocacy Training
- Physician Executive Coaching Network
- Promoting Physician Involvement in Leadership New Hampshire (LNH), and
- An Executive MBA with the University of New Hampshire Paul School of Business (tentatively scheduled to be launched in the fall of 2021)

Finally, I'd like to close by thanking our great staff team – Mary Pyne, Joy Potter, Catrina Watson, Mary West, Mike Padmore and Dan McCarthy.

Having worked at the Medical Society for 33 years, Mary Pyne will be retiring at year's end and will be greatly missed. We fondly wish her well as she rides off into retirement on snowmobiling trips over the winter with friends and family.

On behalf of the Medical Society, thank you for your ongoing support. We couldn't do it without you. ■

the first opportunity at a leadership role or that first opportunity for a presentation to be made, or research to be published. Over the coming year, the Medical Society is going to help facilitate those opportunities for young physician members to help get that first rung on the ladder so to speak. We'll do this by continuing the work of Deb Harrigan with the New Hampshire Physician Leadership Development Program and continuing to include young physicians in the matriculation to that program. In our Medical Society publications we are going to include a young physician focus to help recognize the impact that young physicians are having in our state and certainly would welcome your experiences in those rising stars, those young physicians in your own institutions who are making an impact on the state level so that we can help promote those accomplishments.

At next year's NHMS Annual Scientific Conference, at The Omni Mount Washington Resort, we will be including a significant number of young physician presenters as part of the agenda. There is some really exciting research and work being done by these young physicians and next year we are hoping to highlight the achievements that they are having.

Lastly we'll continue to identify, at the state level, committees and opportunities for leadership for those young physicians who want to become more engaged and get additional leadership opportunities. As I mentioned earlier, we will certainly look to you to help us identify these physicians. Please be in touch with me or Jim Potter as we would be really excited to connect with them ourselves.

Now, the last part is about financial literacy. I mentioned this as a passion of mine and I will give a little bit of a background as to exactly how this became a niche that I fell into myself. I will start by sharing my own experience financially as a young physician. It is something that we don't talk a lot about but, as I mentioned, is really front of mind particularly for young physicians. I graduated with \$225,000 in student loan debt. Rachel and I had two daughters and were living in Boston in not a great part of Jamaica Plain. Our rent was \$2,000 a month and my salary was \$54,000 a year. This isn't dissimilar from what we know is the current position of a medical student who graduates with an average of just over \$200,000 in debt. The average resident salary currently is just about \$60,000 a year.

For Rachel and I, when we did the math of what it would take financially to keep our personal and pro-

fessional lives moving forward, growing a family, and continue our advancement of our careers, we had to supplement my salary. When we went to banks we were viewed as high risk because of the amount of debt I carried relative to my income and at the time I had a relatively immature credit score.

This is why Doc2Doc lending was founded to offer capital to doctors particularly early on in their career by looking beyond these traditional metrics and offering more favorable rates. As we opened Doc2Doc, we found that this experience is shared by more young physicians than you would expect. As I alluded to earlier, in just over 18 months, we have lent 2.5 million dollars across the entire country.

A lot of these stories of borrowers are really moving and similar to my own. As part of that process we speak to each individual applicant in our platform. This has been hundreds of conversations between physician members and physician borrowers and through those conversations there have been common themes that have come up across specialties, across geographies, but specific to the experience of being a young physician and the financial challenges in the education and knowledge gap related to personal and professional finance.

We know that the demand for this type of education is on the rise. There are physician communities that are centered around financial literacy where some of these have one in every five physicians in the country as members. The opportunities and requests for speaking engagements for young physicians, residents, and medical students around this has been exponentially increasing including through my own role.

In the coming year, what I hope to do is address some of these common themes in ways that are meaningful and engaging to the young physicians in our state, to help make what we do through the Medical Society even more relevant to those folks early on in their career.

In closing I want to thank you all for this opportunity to serve as President of the Medical Society. I look forward to many opportunities to engage with one another throughout the coming year. Please reach out to me personally and to the Medical Society staff with your thoughts and experiences as we continue to advocate on your behalf around issues that are relevant in the coming year. ■

New Hampshire

MEDICAL SOCIETY

ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

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Concord, NH
Permit No. 1584

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

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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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