NEW HAMPSHIRE PHYSICIAN
A PUBLICATION OF THE NEW HAMPSHIRE MEDICAL SOCIETY

NHMS 2021 Annual Report

Volume 6 | 2021

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In this issue...

EVP 2021 annual report

The Life of a Malpractice Claim, and Aging

Your Final Frontier

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

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Eric Kropp, MD
NHMS President

NHMS Welcomes 190th President

NHMS Inauguration November 6, 2021

It is truly an honor to serve as the 190th president of the New Hampshire Medical Society.

Our recent past presidents have left me with some big shoes to fill, but that trepidation is lessened by the Medical Society's track record of being highly supportive in developing physician leadership. During my five years on the Medical Society council, I have learned from and at times been awed by the skill, nuance and persistence with which my colleagues advocate for New Hampshire physicians and our shared values.

Regrettably, the COVID pandemic has fueled fear and extremes of divisiveness and misinformation like nothing in our recent memory. Thinking back just a few years to Dr. Lafortune-Greenberg's work on vaccine advocacy, I don't think any of us could have imagined it was just the tip of the iceberg compared to the magnitude of the obstacles we face today in the name of public health. Our immediate and penultimate past presidents, Dr. Allen and Dr. Klunk both demonstrated committed strategies, maintaining respect for the opinions of others, yet holding steadfast to the principles and self-interests of the Medical Society and its members. Dr. Harrigan's legacy in promoting the skills of physician leadership will only become more important as the growth of the industrial complex of healthcare continues unabated.

Physician burnout

We all know how pervasive "burnout" (or moral injury, distress, exhaustion — it goes by many names) was among physicians before COVID, and it continues to worsen. We may well be on the verge of an epidemic of professional turnover as the added strain of the pandemic forces the hand of distressed physicians. In a recent MGMA poll of more than 900 practices, one third of them had a physician unexpectedly retire early or leave clinical practice in 2021. And in a separate physician survey, more than half said that COVID has changed their short term employment plans with 20% considering retiring early, and 15% considering leaving practice entirely.

The next phase of well-being will require action that embraces not only the core values of our profession...but also respects our own human limitations.

The negative impact on patient care due to burnout has also been widely recognized.

The repercussions are not limited to the workplace, however. Relationship problems, alcohol and substance use disorders and depression are underrecognized and even stigmatized by our own culture of perfection and resilience. The suicide of Dr. Lorna Breen early in the COVID pandemic brought some short lived media attention to the tragic rate of physician suicide, (estimates of 300-400 per year, twice that of the general population and the highest of any profession). The well-being of physicians as a foundational value of our profession is something that I care deeply about strengthening over the next year.

Well-being 1.0

I find it useful to think about our current state as well-being 1.0. This stage, as described in a recent Mayo Clinic Proceedings article[1], is one of knowledge and awareness. The awareness of the factors that contribute to the current occupational distress in medicine have been widely reported, studied, and understood for years. We have come to recognize that burnout is the result of systems issues. These are the administrative, operational and regulatory decisions that accelerate the strain on clinicians and impede our capacity to provide optimal patient care.

While there is some catharsis in yelling from the rooftop about the EHR, misguided quality metrics or the third party middlemen standing between you and your patient, this alone is not enough to turn the table on the issue. And unfortunately, in this stage, the solutions have been targeted at the affected individuals, not the system. Tips and tricks for charting to accommodate an inefficient EHR, an emphasis on team approaches to shift burdens to other individuals, or mindfulness based stress reduction to strengthen resilience were proffered by organizations unable to reconcile the competing interests of profitability and well-being.

Well-being 2.0

We as physicians need to advance into well-being 2.0 with action. We need to lead the translation of knowledge and awareness into systemic change, ourselves included. We must dispel the isolated suffering, cultivate self-compassion, and commit to creating a community of mutual support. Physicians and administrators should foster collaborative relationships to foster sustained progress toward balancing organizational interests (i.e., profit), with professional fulfillment and the meaning and purpose of doctoring. The care of the patient should take center stage in healthcare once again.

We didn't get to this place overnight. We got here by accepting one miserable thing at a time (or one check-box, one administrative task, one payment concession, one prior authorization, etc.). But just as the things that broke healthcare happened one at a time, we can also break the cycle of learned helplessness one thing at a time. Well-being 2.0 is going to take introspection and gumption. Our actions shall uphold our professional values, honor self-compassion, and respect boundaries. If we each contribute one thing to physician-led action, that will put us on the pathway to being our own agents of change. I offer my own story not as a prescription, but as an illustration of one way that one physician turned angst into action.

One Story

As a hospital employed family physician a half dozen years out of residency, to say things were not looking good for my well-being is an understatement. But a leap of faith carried me to where I now maintain the self determination to affect my own well-being. In the 2021 vol. 2 issue of NH Physician Magazine, I wrote in some depth about how the Direct Primary Care (DPC) model of my solo practice in Concord has afforded me the opportunity over the last six years to actually accomplish what I had envisioned as my calling in family medicine -- caring for a diverse panel of patients, with a broad scope of practice where the physician-patient relationship is primary, and the middlemen and third party payers stay out of the exam room.

The transformation was not without its challenges, but the end result has been more satisfying and rewarding than I imagined possible. I employ one amazing full time nurse, Heather, and my wife, Meredith, is the office manager. Together we set healthy boundaries that permit us to meet our professional challenges, and raise our families. I am very grateful that my three kids generously allow me to also share my time with the Medical Society.

Community Support

This story also illustrates the readiness of the Medical Society to support the next stage of physician well-being. Some called this a disruptive innovation, but I thought of it as the one thing that just might save me. When I described what I was trying to accomplish, to provide high quality care with a simple, low cost solution, in a way that restored my own well-being, it was clear that our values were aligned. As only the fourth physician to attempt DPC in New Hampshire, there was no local precedent, let alone a clear definition of this model or practice. But with the counselling of Mike Padmore and Jim Potter, and the support of the legislative committee and our intrepid physician legislators, we passed a bipartisan bill. New Hampshire became the 27th state to enact a law defining Direct Primary Care and its oversight by the Board of Medicine. Pressing forward not only allowed me to thrive in my own practice, but cleared a regulatory hurdle to facilitate this solution for others.

There are countless individuals making strides in their own spheres of influence. I aim for the Medical Society to develop systems to support the sharing and development

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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
She

She was added to my packed morning schedule: "early pregnancy, bleeding." I did not know her. She described heavy bleeding the night before and severe cramps, passing large clots and some tissue. There was only light flow now and her cramps had subsided. Her story and her exam were consistent with a completed miscarriage. A follow up pelvic sonogram showed an empty uterine cavity confirming the diagnosis.

I expressed sorrow for her loss. She looked disappointed, but asked nothing. I made clear that it was not her fault, that most miscarriages are the result of an egg or a sperm having the wrong number of chromosomes, simply a chance of nature. Her loss had nothing to do with what she had done or not done.

Further, I explained that miscarriage occurs commonly, about one in four pregnancies. That if she were to talk to women who have had several children, she would learn that many of them have also lost early pregnancies. The one blessing of her miscarriage was that she achieved pregnancy. Her next pregnancy likely would be a good one.

She finally broke her silence, quietly telling me that she and her husband had been trying to have a baby for five years. Every month her hope evaporated with the onset of another painful menstrual period. During her time of trying to have a baby, she had hosted three baby showers for cousins and another for her best friend. So typical of her New England upbringing, she had not shared with anyone that she too wanted to have a baby. Relatives and friends had often asked why she was not having children.

Taking a deep breath, once more, I expressed how sorry I was. Having a baby should not be so hard. Most women just expect to get pregnant when they decide to have children. Having worked with infertile couples for years, I was aware of how painful and lonely the place is from where she came. I offered to evaluate and maybe treat her infertility.

For the first time, tears filled her eyes. She said her mom, never a smoker, had been diagnosed with Stage IV lung cancer two months ago, the month she had conceived. She had been so grateful that her mom would die at least knowing she was pregnant. More remarkable, her mom's mother had died of cancer when her mom was pregnant with her. We sat together in a long moment of silence. No words of comfort came. Finally I said, "I am so sorry."

She was to call me should she have any more heavy bleeding, cramps or fever, and to return in a week. Far behind in my schedule, I saw the remainder of my morning patients, reminded that our calling is not just to fix patients with medications or surgery. Healing sometimes comes from just being present, affirming another human's suffering. ■

Michael E. Genetti, CLU, ChFC
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Aging – Your Final Frontier

MIT AgeLab researchers have broken down life into four 8000-day (approximately 22 year) periods. The first three stages they label Learning, Growing and Maturing. Although variable from person to person, the experiences and expectations during these stages have been fairly well defined from generation to generation. It is only the fourth stage (age 66 to 88), a fairly new reality, that is bringing this generation of retirees into uncharted territory. Dr. Coughlin says about retirement that it "is now an entire life stage waiting to be written."

"Now that we have achieved what humankind has tried to achieve since it has walked – living longer – we really don't have a good idea of what to with all that additional time."
Dr. Joe Coughlin, PhD, Director, MIT AgeLab

In our continuing efforts to bring unique learning opportunities to NHMS members through our joint endeavor with NHMS, *Fiscal Fitness For Your Life*, we extended to all NHMS members an invitation to our *Client Engagement Series* presentation *8000 days: Understanding Life Through the Eyes of the MIT AgeLab*.

In this presentation, *Hartford Fund's* Sr. VP of Applied Insights, John Diehl, who works closely with the leadership team at the MIT AgeLab, was able to share with us revealing statistics regarding the aging process. It was amazing how three simple questions…and your answers to them…will define the quality of life you will experience throughout the fourth 8000-day period of your life:

Who will change my lightbulbs?

How will I get an ice cream cone?

Who will I have lunch with?

While the questions may indeed be simple, your answers to them will focus your attention on the evolving stages of the aging process:

Where will I be living?

How will I access transportation?

With whom will I be spending my time? OR who will I socialize with?

The conclusions drawn from MIT AgeLab research find that the answers to these questions will change over your years in retirement, based upon which one of the four phases of retirement you are in:

1. **The Honeymoon Phase**, characterized by the ability and time to fully enjoy both financial and physical well being
2. **The Big Decision Phase**, characterized by the recognition your lives will change and the emergence of a new set of concerns (e.g., cost of home maintenance, leaving behind sources of "earned" income) as well as priorities (e.g., proximity to your children's families)
3. **The Navigating Longevity Phase**, characterized by limitations, and the need to design strategies for declining health, reduced mobility, and the erosion of your social support network. Events begin to control you, rather than you being able to control events. Having a healthy attitude for accepting life's unwanted challenges is key to being able to enjoy this phase of the aging process
4. **The Solo Journey Phase.** For many, this is the most challenging aspect of aging and how you plan for it will determine whether it is a frightening or fulfilling experience. It is the letting go of independence, and the need to have a multi-faceted strategy for the receiving of care. ■

Registrants for the webinar received access to MIT AgeLab's 8000 Days white paper and workbook. If you did not participate in the webinar, but would like to receive this material, contact Joy Potter, NHMS Manager of Membership and Meetings, at joy.potter@nhms.org.

Registered representatives and investment adviser's representative of MML Investors Services, LLC. (MMLIS) Member SIPC. Supervisory office located at 200 Clarendon Street, 19th & 25th Floors, Boston, MA 02116. 617-585-4500. CRN202401-1022647

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

2021 NHMS Annual Scientific Conference

THANK YOU

to all of our sponsors & attendees for making NHMS21 a success!

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Congratulations to the NHMS21 Winners

Saturday Endurance raffle – Judith Austin-Strohbehn, MD

Game Card winner – William Danford, MD

Sunday Endurance raffle – Eliot Foley, MD

NHMS past and current presidents, L. to R., Drs. Charlie Blitzer, Gary Sobelson, Eric Kropp, Albee Budnitz, Kenton Allen, and Oge Young.

L. to R., Drs. Richard Nelson and Elizabeth Clardy with Carol and Dr. Gary Sobelson.

Saturday morning's fun run/walk participants.

Save the date!

Annual Scientific Meeting

October 28-30th, 2022

Join us for another great weekend of learning at the Wentworth By The Sea! Book your accommodations early to receive your special $229.00 per night rate! For reservations, call (866) 384-0709 and ask for the "NHMS22" rate.

NHMS 50-year members Drs. Patricia Andrews and James Butler.

The Life of a Malpractice Claim

The statute of limitations for medical malpractice claims in New Hampshire is three years from the negligent care, or three years from discovering that the negligent care caused injury. Minors may file a suit within two years of reaching the age of majority.

- Notice: A patient experiences an unanticipated outcome, a patient complains about their care, you receive a letter from a patient's attorney requesting money, or you are served with a formal Complaint commencing a court action.
- Unanticipated Outcomes:
  - Patient injury during a procedure
  - Significant medication error
  - Patient fall with injury on your premises
  - Misdiagnosis/untimely diagnosis, particularly with carcinomas
  - Cardiac arrest or death following normal outpatient exam or ED visit
  - Returns to the OR
  - Death of patient soon after your care
  - Wrong site, wrong patient, wrong procedure
  - Suicide attempt following psychiatric treatment
  - Lack of informed consent
- Reaction: Contact your system risk manager or your malpractice insurance company, providing details of the outcome or complaint or forwarding the attorney letter or formal filing.
- Incidents Intake: Events you report to the insurer are recorded and evaluated to determine whether early investigation or other action is warranted. If the incident requires no action, then the file is closed for the time being.
- Claims Intake: Attorney letters requesting money and court Complaints are recorded as claims by the insurer and evaluated for standard of care, causation, and damages. Initial dollar amounts are set as reserves approximating the risk exposure posed by the claim and the early costs to defend it. An investigation is commenced by the claims representative and, if required, defense counsel is retained to act as your attorney.
- Claims Defense: Defending you in a claim includes a review by medical and other experts, witness interviews, deposition testimony, and information and document exchanges with the opposing attorney. After the investigation and, if a pending lawsuit, court-supervised discovery of the evidence, the determination is made whether to settle or continue defending you.
- Panel Hearing: If pending in court, the claim is heard by a screening panel comprised of a person with judicial experience, a health care provider, and an attorney. The panel reviews evidence offered in a mini-trial and decides whether (i) you breached the standard of care, (ii) your breach caused an injury, and (iii) the patient was at fault too. Depending on the votes of the panel members, the decision can be shown to a jury at trial.
- Settlement: If the determination is made to settle the claim, your claims representative will work with you, your defense counsel, your system, and the patient's attorney to agree to a dollar amount and terms that include confidentiality.
- Trial: If the determination is to defend you through trial, then the attorneys work with the judge to select a jury and present the evidence. As the defendant in the case, you can expect to testify on the witness stand and attend the entire trial, which can take weeks to months. After your defense counsel and the patient's lawyer have presented their evidence, the jury answers the same questions answered by the panel, above, and also awards money to the patient if they find you were negligent. ■

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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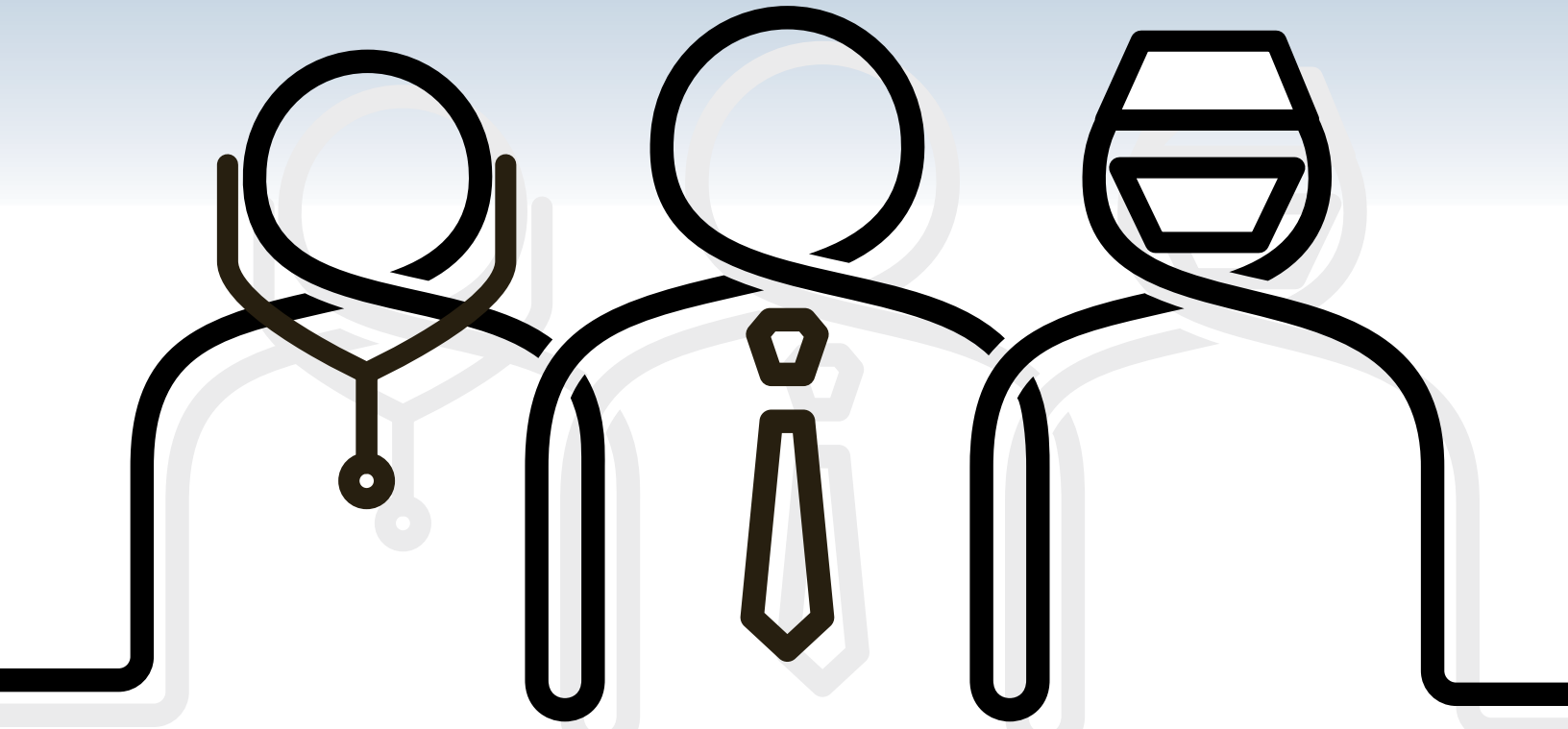

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James G. Potter
NHMS Executive Vice President

2021 Executive Vice President's Report

The year 2021 continued with the challenges and chronic stresses from the COVID-19 pandemic for the Granite State medical and surgical community. The following are highlights of the Medical Society's activities in this most extraordinary ongoing time.

NH Supreme Court Victory over CRNA Attempt to Utilize Medical Title

The Medical Society worked with the NH Society of Anesthesiologists and Board of Medicine to develop a declaratory ruling that was later affirmed this spring by the NH Supreme Court unanimously agreeing that health care professionals using the term "anesthesiologist" must be licensed physicians and meet all of the requirements to practice medicine in the Granite State.

The New Hampshire Supreme Court noted, "The record before the Board of Medicine included, among other things, studies, surveys, and licensure requirements highlighting similarities and differences between CRNAs and anesthesiologists and the public's understanding of that distinction. It is evident that those materials formed the foundation for the Board of Medicine's conclusion that anesthesiology is a subset of the practice of medicine and professionals who refer to themselves as 'anesthesiologists' must hold a license to practice medicine."

We wish to thank the medical profession for supporting the court challenge with amicus briefs, including the American Medical Association and American Society of Anesthesiologists, as well as the American Board of Medical Specialties and American Board of Anesthesiology. Eleven New Hampshire medical specialty societies also urged that the errant policy statement by the NH Board of Nursing misusing medical titles be reversed. The Medical Society's effort was supported by a $60,000 grant from the AMA's Scope of Practice Partnership.

The year 2021 continued with the challenges and chronic stresses from the COVID-19 pandemic for the Granite State medical and surgical community.

Practitioner and Patient Alcohol Misuse Education Project

The Medical Society has been awarded a $100,000 contract with the state to expand awareness and patient education of the importance of addressing alcohol misuse among the medical and nursing communities. The contract is unique in that it is collaboratively working with the nursing and hospital stakeholders to develop and disseminate this information given increased alcohol use and hospitalizations stemming from the COVID-19 pandemic.

COVID-19 Pandemic Response

The Medical Society also has a pending contract with the state for a $3.7 million contract for distribution of CDC funds to assist and support independent pediatric and primary care practices with implementation and continued promotion of COVID-19 immunizations among a broad interest of stakeholders. NH is the last state in the nation to implement a vaccine registry, causing delays in HL7 messaging protocols for bulk uploads of patient immunization information to the NH Immunization Information System.

To supplement our response to the pandemic, the Medical Society raised $100,000 from medical practices and private insurers to convene, since December 2020, for eight consecutive months, weekly NH COVID-19 Vaccine Alliance online meetings in collaboration with the NH Division of Public Health Services (Department of Health & Human Services), Hospital Association and Business & Industry Association for interested stakeholders to help promote vaccine confidence, support accurate and consistent vaccine messaging, and foster coordination in the vaccine's allocation.

Jointly developed with NH Division of Public Health Services, the following goals to guide these efforts:

1) Promote public buy-in for COVID-19 vaccines to increase NH immunization rates;
2) Act as a force multiplier to support the state's COVID-19 vaccine communication and allocation plans;
3) Counter misinformation on the COVID-19 vaccines; and
4) Foster broad clinician and facility use of NH's Immunization Information System (IIS).

Stakeholder partners have ranged weekly from 100 to nearly 500 participants, including New Hampshire medical, nursing and other healthcare professional societies and practices, hospitals and healthcare systems, urgent care practices, corporations, chambers of commerce and small businesses, insurance carriers, pharmacies, consumer advocacy and non-profit organizations, university and school systems, clergy and churches, and other groups supporting COVID-19 vaccinations.

During the fall, the project morphed into a broader "VaxWell New Hampshire" in collaboration with the NH Public Health Association in development of annual "evergreen immunization promotion" plans for various vaccine regiments with the lessons learned from the pandemic on how to involve much broader stakeholder groups for community-based engagement.

Together, working regularly with our state epidemiologists and DHHS chief medical officer (who are members of the NHMS governing council), and other DHHS staff and elected officials, the Medical Society has hosted more than 60 additional webinars/Q&A sessions

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with teachers, clergy, county health departments, consumer advocacy groups, chambers of commerce and business leaders, as well as the #MaskUpNewHampshire and #SleeveUpNH campaigns, which has included FAQs, releases, OpEds, joint masking goal statements and brandable toolkits, email and social media graphics, news releases and other resources to promote COVID-19 vaccinations and mitigate community transmission.

Collectively, these efforts in helping bring together various community sectors and the state government have assisted in the state's ranking at or near the top of several vaccination indices. As a result of these advocacy collaborations, NH-DHHS has awarded the Medical Society several contracts to continue to promote vaccinations and support medical practices in distributing the COVID-19 vaccines as the allocation process moves from a predominantly public to private endeavor over the summer months for those more vaccine hesitant and ambivalent, as well as a professional awareness campaign for alcohol misuse.

Additional Physician Resources developed include: NH COVID-19 Weekly Update (e-newsletter coronavirus news aggregation, announcements and resources); NHMS Personal Protection Equipment (PPE) Options Guide; NHMS COVID-19 Private Carrier Telehealth Coding Guide; NHMS COVID-19 Telehealth Reimbursement Guide; NHMS COVID-19 Prior Authorization Guide for Private Insurance Carriers; NHMS Telehealth Vendor Options Guide; Clinician Wellness Resources during COVID-19; a NH Physician Economic Survey; and a webinar series on physician practice financial relief sources and substance use disorder (SUD) treatment during COVID-19.

Association & Learning Management Systems Implementation

The Medical Society has been implementing an overhaul this year of its new association management systems (AMS – including database, website and financial management systems) through NOAH AMS and Learning Management System (LMS) through Blue Sky's Path LMS. New functionality planned for 2022 includes adding state specialty society microsites managed by NHMS.

In addition to streamlining and integrating the back-end systems, the overhaul has allowed us to speed up by more than a couple months the NH biennial CME audit (100 CMEs, including 3 opioid prescribing competency CMEs) required for all physicians to move to online reporting from a historically paper process. NHMS administers this CME audit by statute for the NH Board of Medicine.

The NHMS21 Scientific Conference set new records for both in-person and simulcast participation held on November 5-7 at the Omni Mount Washington Resort in Bretton Woods, with Dr. Eric Kropp inaugurated as the 190th Medical Society president. In addition, participants and those desiring can earn additional general and opioid prescribing credits via our NHMS20 CME package through the end of the year as on-demand, online CME through the NHMS Learning Center.

This year we also re-instituted NH Medical Society's Annual Golf Tournament on Monday, June 20, at the Concord Country Club as a physician social activity and fundraiser raising about $15,000 to benefit the Bowler-Bartlett Foundation's public health initiatives, historic preservation and leadership development programs.

Physician Presence in New Hampshire Legislature

In the last election cycle with the support of state specialty society political action committees (PACs), the Medical Society embarked on a larger role in recruiting and actively supporting physicians for state elected office. The goal of the next election cycle is to expand physician presence in the Commerce Committees, historically dominated by insurance interests. Physicians in the New Hampshire legislature include:

Dr. Tom Sherman (District 4-D) - Senate Health & Human Services (HHS) and Transportation Committees

Dr. William Marsh (Carroll-8-D) - Vice Chair, House HHS Committee

Dr. Jerry Knirk (Carroll-3-D) - House HHS Committee

Dr. Richard Osborne (Grafton-7-D) - House HHS Committee

Dr. Gary Woods (Merrimack-23-D) - House HHS Committee

Dr. Jim Murphy (Grafton-9-D) - House HHS Committee

It should be noted that Dr. Marsh, a retired ophthalmologist, recently changed his party affiliation in response to Republican caucus positions on the COVID-19 pandemic stating, "I cannot stand idly by while extremists reject the reasonable precautions of vaccinations and masks which made that happen, and so I have reluctantly changed my party affiliation. I urge others to consider what is happening and come to their own conclusions."

Public Health Outreach Initiatives

Tick-Borne & Insect Diseases

Partnering with the NH Bureau of Public Health, an 8-member physician advisory council developed a one-hour CME on prevention, early identification and early intervention of tick bite infections based on recently released ISDA/AAN/ACR clinical practice guidance, as well as a 15-20 minute public education program delivered by physicians. A study committee established by the legislature includes most of the physicians of the advisory council.

Adolescent Immunizations

Partnering with 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).

Working with a coalition of stakeholders, a 15-minute presentation given by physicians is also in development to be given to parent-teacher association (PTA) and other education audiences for this immunization age cohort.

Vaping Unveiled

Partnering with Breath New Hampshire (former 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

Opioid Use Disorder (OUD) Treatment

The Medical Society continues to be contracted by the NH Department of Health and Human Services (DHHS) to offer 8-hour MAT/MOUD waiver courses (over 700 practitioners trained to date over the last four years). We also developed, in June, a 90-minute continuing education session for nurses and other medical support staff to assist hospitals in implementing broader MAT/MOUD screening and treatment services. In addition, development is underway for CME sessions for physicians interested in prescribing buprenorphine for under 30 patients.

Physician Leadership Institute

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

We currently have 75 physicians who have participated in the program with a fourth cohort begun this month, including 35 in this calendar year. 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 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. 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 pro-

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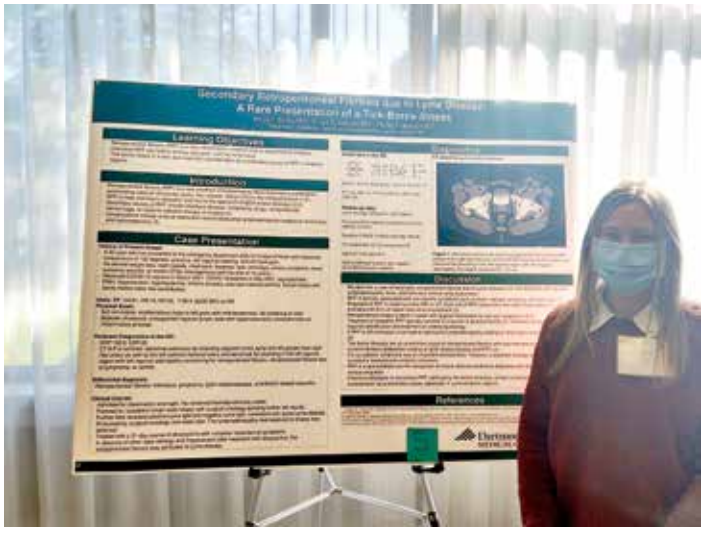
Resident, Student Abstract Competition at the October 29 NHACP Annual Scientific Conference



2020 Executive Vice President's Report, cont. from page 17

cess of expanding our Physician Leadership Institute to add programs and services to promote physician leadership in the Granite State later in 2022 to include:

- Advocacy and Media Training;
- An Executive MBA with the University of New Hampshire Paul School of Business;
- LifebridgeTM Physician Wellness Program through the generous donation of $47,000 from the dissolution of the Strafford County Medical Society; and
- A three-part continuing education series on a physician's financial wellness with Baystate Financial that we plan to launch next summer.

The physician financial wellness continuing education program – undertaken at the direction of Dr. Kenton Allen, 2021 NHMS president – will use a case study to introduce physicians, at various phases of their careers, to tools they can use to manage and significantly increase their cash flow, while reducing risks that can jeopardize their ability to gain and maintain their financial wellbeing. For later-stage career physicians, it will help them assess financial risk factors associated with transition from active practice to active retirement, and how they can successfully address estate planning issues.

Finally, I'd like to close by thanking our great staff team – Jane Tewksbury, Joy Potter, Catrina Watson, Mary West, Mike Padmore and Jennifer Mazzei.

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

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of these individual ideas and experiences to achieve broader, sustained success through changes at both the institutional and regulatory levels.

One Action

The next phase of well-being will require action that embraces not only the core values of our profession, such as patient care, and altruism, but also respects our own human limitations. Individual physicians may have strong commitments to their closest fellow physicians, but the days of crossing paths while rounding at the hospital are behind us, and social media has revealed its ugly flaws over the last two years. So finding effective ways to step out of our silos and reconnect meaningfully is going to be a challenge, but I know we're up for it. And it can start with just one small thing. Whether it is your own idea or something you read, something simple or outrageously ambitious, share it! Nurture it. Direct it towards action. Together we can drive the change we want to see. Perhaps it will help "just" one physician at a time as in my experience, or it might be the tipping point for a true revolution in healthcare. But maybe, just maybe, you'll figure out the one thing that is the secret of life, as a wise old cowboy once said.

I am deeply grateful for the opportunity to serve as your president and look forward to all the positives that the next year will bring. ■

[1] Mayo Clin Proc. Oct 2021;96(10):2682-2693 | https://doi.org/10.1016/j.mayocp.2021.06.005

NHMS Welcomes New Members

Sarah Almas, MD
Daniel P. Croitoru, MD
Chelsea Anne Dixon-Dionne, DO
Kanchana Ganeshappa, MD
Adrienne Leigh Gerhart, DO
Melissa B. Hanrahan, MD
Gregory A. Imbrie, MD
Sally Kraft, MD, MPH
Gabriele K. Lieberg, MD
Ryan E. Little, MD
Naureen Mirza, MD
Philip V. Savia, JR, MD
Ashok A. Shah, MD
David W. Styren, MD
Natalie Michele Villa, MD
Christopher John Voscopoulos, MD
Terra Cassandra Wilkins, MD
Kathleen M. Zaffino, MD
Chun-Rui Ray Zhao, MD

The Silent Chapter: In Memoriam

Horace S. Blood, MD
Concord, NH

Walter C Griggs, MD
Norwich, VT

Kenneth A Rotner, MD
Durham, NH

Peter C. Scriven, MD
Sun City, AZ

Stewart Stringfellow, MD
Laconia, NH

New Hampshire
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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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