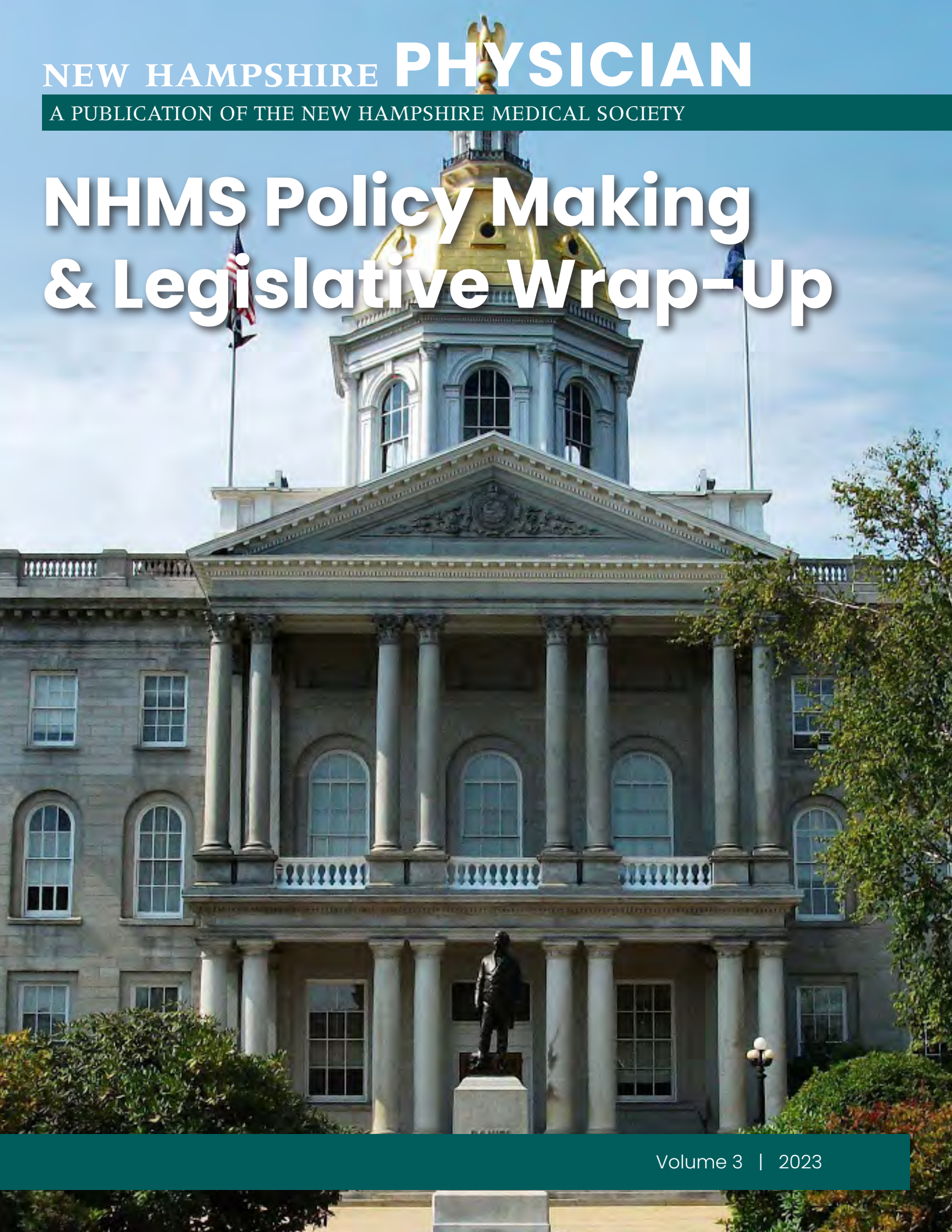
NEW HAMPSHIRE PHYSICIAN
A PUBLICATION OF THE NEW HAMPSHIRE MEDICAL SOCIETY

NHMS Policy Making & Legislative Wrap-Up



Volume 3 | 2023

Save up to 80% on prescriptions with New Hampshire Rx Card.

This Program is **NOT** Insurance.

Pharmacy Coupon | **Prescription**

Coupon MBR ID: Enter Year & Time
(Example: Year 2023; Time 9:14; Enter ID 2023914)

RxGRP: NHRX

RxBIN: 610709

This coupon has no expiration date and is reusable on Brand and Generic Rx's. Savings can be as high as 80%.

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NHRxCARD
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www.nhrxcard.com

Program Highlights

Save up to 80% on prescriptions | Free pharmacy coupon card | Discounts on brand & generic drugs
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For more information contact:
Mary.West@nhms.org

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Proud Supporter of: Children's Miracle Network Hospitals®

This drug savings program grants funds to CMN Hospitals to help children within their local communities.

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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 "NH Physician Editor," 7 N State St, Concord, NH 03301 or email mary.west@nhms.org.

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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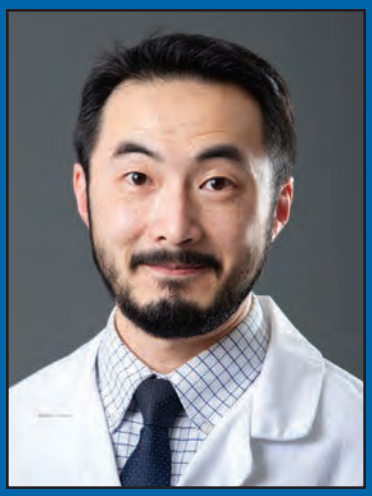
• NH College of Obstetricians and Gynecologists	Oge Young, MD
• NH Orthopaedic Society	Anthony Mollano, MD
Invited Guest: MGMA Representative	Dave Hutton



Eric Loo, MD
NHMS President

and

Michael Padmore, NHMS
Director of Advocacy

If you have strong opinions on a particular piece of in-state legislation, we strongly encourage you to reach out...

President's Perspective

Clarifying the NHMS Policy Making Process

Because NHMS's NH Physician magazine has moved to a quarterly publication schedule, this will be my last article for the membership. I have partnered with our advocacy director, Mike Padmore, to cover this final topic as I think it is of particular importance for the Society's general membership. I hope to provide you with some insight into the current process, and how I hope the process will evolve over the next few years.

Engaging our physician membership in health-related legislative and regulatory advocacy has always been a priority for the NH Medical Society. 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 public health. As our website says, "Uniting together as physicians and healthcare advocates with one voice, we play an important role in helping to shape the future of medicine."

In the course of the annual legislative cycle, the NH Medical Society tracks when a piece of relevant legislation is filed. As a first step, Mike Padmore will typically engage with NHMS representatives in the specialty area where the legislation is focused. For example, if a bill is filed relative to psychiatry – NHMS works with the NH Psychiatric Society's leadership and engaged NHMS members in the psychiatric field to understand their perspective on the bill. In addition, Mike will consult any published literature or policies adopted by the American Medical Association or relevant national specialty organizations as a

Leadership of NH Psychiatric Society, along with psychiatric residents and fellows after Advocacy 101 Training, where they learned how to share their stories with state representatives and senators, toured the State House and LOB, sat in on bill hearings and some testified for the very first time.

resource to help guide decision making. After this initial consultation, Mike brings this feedback to the NHMS Legislative Committee, for discussion and Medical Society positioning on the bill.

If you have strong opinions on a particular piece of in-state legislation, we strongly encourage you to reach out to Mike Padmore (Michael.Padmore@nhms.org) to help facilitate getting your voice heard at the legislature. Even if your opinion differs from the position officially being taken by the medical society, we can help our members to get their opinions heard.

Aside from positions on specific legislation – the NH Medical Society also adopts broader policy stances on a variety of different issues. Presently, policy proposals are introduced by members of the NHMS Council, where they are discussed internally at monthly council meetings and then voted upon. It is difficult to say if the current process creates policy positions that truly reflect the views of our membership. As part of the governance reform initiative that has started this summer, we will work toward ensuring broader member input into the development of societal policy stances. One anticipated change will be to post draft policy proposals on the NHMS website, with an email invitation to NHMS members for open commentary. We hope this will allow us to collect more feedback from a wider audience and give our members more transparency into the process.

NHMS is a membership organization that (among other things) gives physicians a platform to be heard in the legislative and regulatory space. Due to the nature of the organization, we will fundamentally do a better job when the membership is informed and engaged. Please keep an eye out for proposed changes to the bylaws and governance structure of the Society later this fall and do consider attending the annual scientific conference. This year our annual conference will be held at the Omni Mount Washington Resort from November 3-5. The theme of the meeting will be focused on 'personalized medicine', and I think we have a great roster of speakers lined up. In addition, we will also present and vote upon the first round of proposed updates to the societal bylaws. I sincerely look forward to seeing you there.

Best wishes for a happy and healthy summer,
Eric Loo.■

Mike Padmore

the Medical Society worked hard to have a strong presence of physicians testifying as to why this program was so important to our health care system...

2023 NH Legislative Priorities

The New Hampshire Medical Society (NHMS) has tracked and been active on 143 individual pieces of legislation during the 2023 legislative session of the New Hampshire General Court. I'm proud to report that we had more than 250 physicians provide testimony either in person or via phone or email. The following are several priority bills that the Medical Society was engaged on over the course of this year. To view the complete report, please visit https://www.nhms.org/news/legislative-wrap-up.
Please let us know if you have any questions. If you are interested in getting involved with our advocacy work, don't hesitate to call or email NHMS Director of Advocacy, Mike Padmore, at (603) 858-4744 or Michael.Padmore@nhms.org.

SB263 - Extending the New Hampshire granite advantage health care program and reestablishing the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program
NHMS Position: Support Result: Added into state budget

SB263 aimed to permanently reauthorize the Granite Advantage Health Care Program (also known as Medicaid Expansion). The program extended Medicaid coverage to a subset of low-income individuals who had not previously been covered prior to the program's creation in 2014. The Senate passed SB263 unanimously 24-0 but after being debated in the House – the House Finance Committee voted to retain the bill. The House favored a 2-year reauthorization rather than extending the program indefinitely. This set up a negotiation between House and Senate leadership, who both agreed the program should be reauthorized but needed to find agreement on the time frame. After a couple weeks of negotiation, both sides agreed upon a 7-year reauthorization which would be added into the State's budget bill (House Bill 2). Over the course of the session, the Medical Society worked hard to have a strong presence of physicians testifying as to why this program was so important to our health care system and the patients we serve.

NHMS President, Dr. Eric Loo, testifies at the hearing for SB173.

SB58 - This bill authorizes a law enforcement officer to arrest a person without a warrant for interfering with the provision of medically necessary health care services.
NHMS Position: Support Result: Signed by the Governor

Over the last few years NHMS has worked in collaboration with the NH Hospital Association to identify how we could help NH health care workers who experience violence in a health care setting. SB58 was the product of a study committee that was dedicated to figuring out a solution to this problem. This bill states that an arrest can be made if a "peace officer has probable cause to believe that the person to be arrested has committed a misdemeanor or violation, and, if not immediately arrested, such person will not be apprehended…while in the care of a medical professional on the premises of a residential care or health care facility, through actual or threatened violence, interfere in the provision of heath care services that a licensed medical professional has determined to be medically necessary." We hope that this new law will allow for police to remove individuals from the health care setting who become violent towards a health care worker and are interfering with medically necessary health care services.

HB575 - This bill prohibits the state and its political subdivisions from purchasing, promoting, or distributing any vaccine or pharmaceutical product that has not been tested with voluntary, human, clinical trials.
HB557 - This bill removes the rulemaking authority of the commissioner of health and human services on immunization requirements beyond those diseases identified in statute.
NHMS Position: Oppose Result: Defeated

We joined NH Department of Health and Human Services and many other health care entities in testifying against these bills on the basis that they would hinder the NH Department of Health and Human Services' ability to adopt evidence-based immunizations policies and requirements. After hearing from dozens of physicians and other health care workers, the House HHS Committee voted for a recommendation of Inexpedient to Legislate for both bills. This recommendation was upheld by the House floor so both bills were defeated and cannot come back next session.

SB173 – This bill attempted to give the NH Insurance Department's Commissioner more authority in defining qualified payment amount, out-of-network rate, and the dispute resolution process for determining such rates or compensation.
NHMS Position: Oppose Result: Defeated

NHMS opposed this attempt from the NH Insurance Department to amend the existing New Hampshire law that protects patients from out of network balance bills. HHS and CMS have definitively recognized that our state balancing billing law meets all federal requirements. We saw no compelling need to amend the law and give the NH Insurance Department's Commissioner unilateral discretion to determine an out-of-network rate based upon the Commissioner's determination of what is "in the public interest." There is not one state in the country that has a comparable state law to govern out of network rates for physicians. NHMS President, Dr. Eric Loo, offered testimony during the Senate HHS Committee's public hearing. Upon hearing Dr. Loo's testimony and others in opposition – this bill was defeated for this session.■

WANTED

NH Licensed Physicians to perform consultative examinations in your office for the Social Security Disability program. Perform as many, or as few exams per week, or month as you like. Disability exam training is provided, as are free dictation services and secure web portal access to transact your reports. All exam scheduling is provided by the NH DDS. No billing is required and payment is processed upon receipt of the report. You are not rendering a disability determination but providing current medical evidence for disability claim adjudication. Please contact Anne.Prehemo@ssa.gov or call (603) 271-4138 for additional information.

OR

NH Licensed physicians specializing in Internal Medicine, Neurology, Orthopedic, General or Family practice interested in providing part-time or full-time staff medical consultant services for the NH Social Security Disability program in Concord. This position requires the successful completion of a federal background check and a minimum of 24 hours of on-site SSA disability program training per week, before a successful candidate can work remotely. There is no patient contact, so insurance is not a requirement. Please contact Anne.Prehemo@ssa.gov or call (603) 271-4138 for additional information.

SPECIALTY SOCIETY EVENTS

SAVE THE DATE!

NH Psychiatric Society

August 26, 2023

Discover the Piscataqua's Heritage...

Come aboard for a tour of the NH Seacoast's waterways on a 1963 60' Deltaville Deadrise.

NH Chapter of American College of Emergency Physicians

Cruise Lake Sunapee

September 21, 2023, 2-4 pm.

Enjoy a great meal and network with your colleagues. Learn what NHACEP has been doing!

New Hampshire Osteopathic Association

September 22, 2023

Portsmouth Country Club

Topics: Pharmacology; Anxiety and Depression; Marijuana Use by Physicians and Patients: The Past, Possibilities, and Problems; Current Statistics on Addiction; Pediatric Mental Health; ADHD

ACP New Hampshire Chapter

2023 Annual Scientific Conference

October 27, 2023

Hilton Garden Inn, Lebanon, NH

Topics: NASH Cirrhosis: Nephrosis; Health Equity: The Haves and Have Nots; M&M; Palliative Care and Serious Illness Conversations: Osteoporosis: Poster Competition; Town Hall; *Governor's Dinner (additional registration and fee applies)*

American Society of Anesthesiologists

NHSA Annual Conference

September 30, 2023

SNHU Event Center, Manchester, NH

NH Orthopaedic Society

At NHMS Conference

November 3, 2023

Omni Mt. Washington, Bretton Woods, NH

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- Claims Analytics
- Risk Mitigation
- Medicare Contractual Risk Protection
- And more

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NHMS Welcomes New Members

Chadani Ayer, MD
Zachary John Baselle, DO
Alexandra Evangelou Charos, MD
Hannah I. Chaudry, MD
Jim K. Copenhaver, MD
Steven Descoteaux, MD
Elizabeth Andre Disney, MD
Jiazuo H. Feng, MD
Jessica Fortin, MD
David Gellis, MD
David R. Greatorex, MD
Rafael Jose Grossmann, MD
Sina Haeri, MD
Rachel R. Hamilton, DO
Laura Horton, MD
Vidhi Jadeja, MD
Steve Joselow, MD
Andrew Robert Kim, MD
Yanping Kong, MD
Florence Lai, MD
Frances B. Lim-Liberty, MD
Jennifer Jing Ling, MD
Andrew P. Loehrer, MD
Daniel Nicoli, MD
Bridget L. Olsen, MD
Michael J. Pedro, MD
Adolfo Moises Pena Salazar, MD
Thomas Randall, MD
John Allan Rice, MD
Brian J. Rosen, MD
Adam Joshua Schein, MD
Jonathan S. Shaw, MD
Sohaib Siddiqui, MD
Matthew R. Sullivan, MD
Benoit Tano, MD
John William Thompson, MD
Richard Trierweiler, MD
Sean Uiterwyk, MD
David Tadeu Wang, DO
Kimberly Wheeler, DO
Stephen Wiener, MD
Elisabeth Brayton Wilson, MD
Ihab M. Ziada, MD

University of New Hampshire
Peter T. Paul College of Business and Economics

New Hampshire Physician Leadership Development Program

THE NH PHYSICIAN LEADERSHIP DEVELOPMENT PROGRAM

is a collaboration between the New Hampshire Medical Society, the New Hampshire Hospital Association and nationally recognized thought-leaders from the University of New Hampshire's Peter T. Paul College of Business and Economics and College of Health and Human Services.

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

The New Hampshire Physician Leadership Development Program is designed to:

- Build on physician learning styles by providing longitudinal learning experiences through a case-based curriculum.
- Encompass learning highly relevant to physician life experiences.
- Accommodate physicians' busy lives by scheduling a combination of early morning Zoom sessions and full-day in-person sessions over 2 years.
- Develop practical insights and skills directly applicable to practice opportunities and challenges.
- Strengthen physician leadership skills across disciplines and practice settings.

paulcollege.unh.edu/physicianleadershipnh

THE NEW HAMPSHIRE PHYSICIAN LEADERSHIP ADVISORY COUNCIL

The NH Physician Advisory Council provides input and oversight to the Physician Leadership Development Program and includes the following members:

Jocelyn Caple, MD
Program Director and Chair, Advisory Council
Interim President & CEO, Valley Regional Hospital

Charles Blitzer, MD *Wentworth Health Partners Seacoast Orthopedics & Sports Medicine*

Travis Harker, MD
Appledor Medical Group

Deborah Harrigan, MD
Skyhaven Internal Medicine and Frisbie Memorial Hospital

Arul Mahadevan, MD
Wentworth-Douglass Hospital

Lisa Marrache, MD
VA Healthcare

Neil Meehan, DO, FACEP
Exeter Health Resources

"This program really brings up issues and behaviors that I have been able to identify and use immediately in my position as President of the Medical Staff. These are the things that challenge me as a leader, and it is helpful to gain skills and practice those skills."

— PARTICIPANT, 2018–2020 COHORT

Who Should Attend

The program is targeted to practicing physicians who have taken on increasing levels of responsibility in their careers and aspire to be outstanding leaders. The program begins September 2023 and ends June 2025.

Ideal candidates will possess:

- A desire to help shape the future of healthcare
- A willingness to learn and grow as clinician leaders
- A drive to influence the practice of medicine in their practice or system.

Benefits of Participating

Upon completion of the Physician Leadership Development Program, participants will have the skills and expertise to:

- Put into relevant context the importance of physician leadership in the emerging health care delivery system.
- Develop the tools needed to become effective health system leaders and make a difference.
- Apply new skills and advice from instructors and colleagues for a specific project from their practice.

The Maine Medical Education Trust designates this live activity for up to 80 AMA PRA Category 1 Credits™ per program. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Maine Medical Education Trust, New Hampshire Medical Society, New Hampshire Hospital Association and Peter T. Paul College of Business and Economics, University of New Hampshire.

The Maine Medical Education Trust is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education for physicians.

UNH's Graduate School has recently approved the waiver of up to two MBA elective courses (a total of 6 credits out of the 48 required for the degree) to MBA candidates who have successfully completed all requirements of the NH Physician Leadership Development Program, including the project. This will reduce costs and time to degree for any NHPLDP graduates who choose to pursue the MBA within five (5) years of NHPLDP completion.

Program Eligibility Requirements

- Commitment to complete the entire two-year curriculum.
- 3-5 years experience beyond residency and an interest in leading service lines or other units.

Costs, Dates, Location and Registration Tuition

Year 1 and Year 2: $3,900 per year

Application deadline: August 18, 2023

Program start date: September 27, 2023

Location: The class sessions will be delivered using a combination of synchronous Zoom sessions and day long in-person sessions held held seven times over 2 years.

The Peter T. Paul College of Business & Economics
University of New Hampshire
10 Garrison Avenue
Durham, New Hampshire

Cancellation Policy

Cancellations will be accepted without charge if written notice is received by the New Hampshire Medical Society office by the following cancellation schedule.

DAYS PRIOR TO PROGRAM	ASSOCIATED CANCELLATION FEES
31 Days or more	Full Refund
30–15 Days	75% of Program Fee refunded
14 Days or less	0% of Program Fee refunded

This program was made possible by a generous restricted educational grant from The Physicians Foundation. For more information, please visit physiciansfoundation.org

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

New Hampshire Hospital Association

University of New Hampshire

TO REGISTER OR FOR MORE INFORMATION PLEASE CONTACT:

The New Hampshire Medical Society
7 North State Street
Concord, NH 03301-4018

Phone: 603.224.1909 fax: 603.226.2432
Hours: M-F 7am–5pm
Email: PhysicianLeadershipNH@nhms.org
paulcollege.unh.edu/physicianleadershipnh

By Luigi F. Meneghini, MD, MBA

US Medical Head, Diabetes at Sanofi US

luigi.meneghini@sanofi.com

There are a number of ways that clinical testing for autoantibodies can be done...

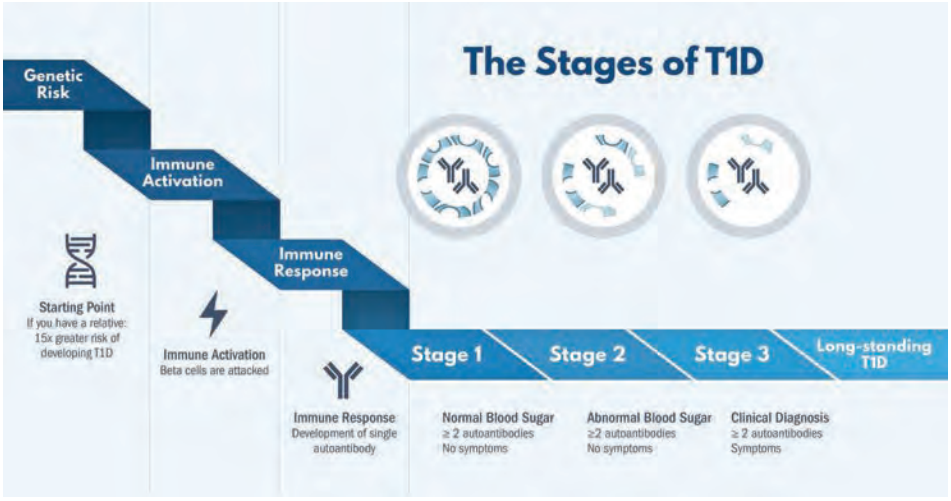
The Type 1 Diabetes Autoimmune Journey

Reader's Digest for Clinicians

Type 1 diabetes (T1D) is an autoimmune attack that destroys insulin-producing beta-cells eventually resulting in hyperglycemia and in most cases, lifelong insulin replacement therapy. While the lifetime risk of T1D is around 0.3% in the general population, the risk increases anywhere from 8-15 fold in first-degree relatives of a person with T1D[1,2]. Despite this, 80-85% of individuals that present with T1D do not have a family history of the condition, although many of them carry a high genetic risk, as identified by certain HLA Class II antigens, and other high-risk genetic loci[2]. Although the peak incidence of T1D occurs in children between the ages of 10-14 years, over half of newly diagnosed individuals are adults[3].

The autoimmune attack in T1D is characterized by the appearance of specific islet autoantibodies (AA) in the bloodstream, including IAA (insulin), GADA (Glutamic Acid Decarboxylase), IA-2 (Islet Antigen-2), ZnT8 (Zinc Transporter 8) and ICA (Islet Cytoplasmic Antibody)[4]. Clinicians have used AA testing to differentiate between T1D and other forms of diabetes in individuals presenting with hyperglycemia. In individuals without a history of diabetes however, the identification of two or more of any of these 5 antibodies defines the diagnosis of Stage 1 T1D[5]; 44% of these individuals will develop clinical T1D by 5 years and carry a lifetime risk that approaches 100%. Interestingly, the peak incidence for the development of autoantibodies in children that develop clinical T1D by age 15, occurs between 9 months and 2 years of age[6].

Stage 2 T1D is defined by the presence of two or more AA in addition to dysglycemia, which are glycemic measures very similar to those that define pre-diabetes in type 2 diabetes. Individuals in Stage 2 T1D carry a 74% chance of developing clinical T1D over the ensuing 4 years[7]. Stage 1 or stage 2 T1D are sometimes referred to as "early-stage" T1D. Stage 3 T1D is clinical T1D, characterized by hyperglycemia in the diabetes range (A1C ≥ 6.5%, Fasting Plasma Glucose ≥ 126 mg/dl, Random



Plasma Glucose ≥ 200 mg/dl with symptoms of hyperglycemia). Stage 3 T1D is treated with insulin replacement, which can be done by injection or infusion through regular or smart pumps (automated insulin delivery systems).

Screening for autoimmune T1D until recently was done as part of research programs that were assessing the natural history of T1D and/or testing interventions at various stages to prevent progression of the condition. There are a number of ways that clinical testing for autoantibodies can be done. Some options may include testing through commercial labs, such as Quest or LabCorp, through research programs such as TrialNet or ASK (Autoimmunity Screening for Kids), or T1Detect through the JDRF (Juvenile Diabetes Research Foundation). Sample collection can be done through venipuncture (for example from commercial labs), fingerstick blood letting or dried blood spot from a small fingerprick, either at home or in the office. When two or more AAs are detected in the screening process and confirmed by repeat testing, assessment for dysglycemia may be used to forecast near-term risk of developing clinical diabetes and identify T1D stage[5]. Methods may include an oral glucose tolerance test, A1C testing, fasting plasma glucose or random plasma glucose assessments; continuous glucose monitoring (CGM) is also being evaluated for this purpose[8]. Although consensus on frequency of glycemic monitoring is being drafted, individuals in "early-stage" T1D should receive metabolic assessments periodically and can also be provided with glucose meters to periodically check fasting and post-prandial blood glucoses[8]. Screening and monitoring individuals in "early-stage" T1D has been shown to reduce the risk of presenting with DKA (diabetic keto-acidosis) at diagnosis from 30-40% down to less than 10-15%[9,10,11,12]; it may also allow the families and health care professionals to better manage the transition to clinical (stage 3) T1D. ■

1. Maahs DM, et al. Endocrinol Metab Clin North Am. 2010;39(3):481

2. Bonifacio E. Diabetes Care 2015; 38: 989

3. Rogers, et al. BMC Med 2017; 15: 199

4. Arvan P, et al. Cold Spring Harb Perspect Med 2012; 2: a007658

5. ADA Standards of Medical Care in Diabetes. Diabetes Care 2023; 46 (Supplement 1): S19–S40. https://doi.org/10.2337/dc23-S002

6. Ziegler A, et al. Diabetologia 2012; 55; 1937

7. Ziegler AG, et al. JAMA. 2013; 309: 2473

8. Sims EK, et al. Diabetes 2022;71:610–623. https://doi.org/10.2337/dbi20-0054

9. Rewers M, et al. Presented at: European Association for the Study of Diabetes 2019 Annual Meeting; Poster 279

10. Ziegler AG, et al. JAMA. 2020;323(4):339

11. Barker JM, et al. Diabetes Care. 2004;27(6):1399

12. Larsson HE, et al. Diabetes Care. 2011;34(11):2347

By Albee Budnitz, MD

Retired internal and pulmonary medicine doc

Breathe NH Board and program committee member

All the tobacco industry really needs to do is make profit, whereas the health care system must address these nuances...

Tobacco on the Forefront

As an organization created "for the betterment of public health" and obviously an area of my bias, we, the NHMS, must keep tobacco in the forefront of our agenda. The Council updated our formal tobacco policy this year, and that is a start. Tobacco related diseases, including tobacco use disorder (TUD) have remained the number one cause of preventable death in the United States, for more than 50 years. Yes, huge, and commendable progress has been made over this time, especially in reducing smoking prevalence. As to the betterment of public health, only vaccines have done more over the last century. But, as in so many other areas of our "health care" system, inequities and disparities remain for tobacco related disease and TUD, as relates to regulation (local and federal), education, and treatment and certain segments of the population.

The tobacco/vape industry continues to put out disinformation and misinformation about their products and intentions. The industry leads in innovations, with literally hundreds, even thousands of new products, many of which are, indeed, nuanced as to their harm reduction compared to combustible tobacco products. All the tobacco industry really needs to do is make profit, whereas the health care system must address these nuances and, in a fair, data driven, scientifically sound way relative to efficacy, safety, and public health. United States regulation of the industry is far behind that of other countries, partly because of the need to follow due process and partly because of aggressive and misleading tobacco/vape industry marketing.

All tobacco control folks agree that kids, youth, young adults, non-smoking adults and those pregnant should NOT use any tobacco/nicotine product, especially those that are inhaled – combustible, heated or "vaped" (actually aerosolized, and that's another story). Progress has been made in youth use of tobacco products, the large majority of which remains "vapes", down from > five million in 2019 to approximately half that in 2022. But data show that those still using, are using MUCH more frequently, indeed, are highly addicted. From a lung health standpoint, any product inhaled is harmful. From a brain health standpoint, nicotine and any addicting substance is much more toxic to the developing brain, age < 26 years; and if starting with nicotine from any source, it is also known that this is a gateway to other addicting substances as well as nicotine inhaled, which works much more quickly than from the GI tract. "Dual" use of combustible and vaped tobacco products is at least as harmful as combustible use alone. So, the "nuance" is that for smokers unable to quit using ALL FDA approved treatments, switching 100% to e-cigarette aerosol is less harmful than ongoing combustible tobacco/cigarettes use. But again, inhaling any substance can be harmful, as seen with the vaped Vit E acetate diluted THC, which resulted in acute lung injury (CDC called it EVALI) – an epidemic which ended interestingly in February 2020, just as COVID started.

Obviously, I could go on and on, but will not! What can we do? The NHMS education committee, staff and volunteer members, and I hope to develop a "library" of 20-40 minute "tobacco/nicotine" modules on all aspects of "tobacco/nicotine" – history, products, use, epidemiology, health effects, treatment, advocacy.

Stay tuned; and thanks for tuning in. ■

Strategies for Effective Communication

While communicating effectively leads to improved patient relations and improved patient outcomes, there are times when providers and staff encounter difficult conversations with patients. Studies have shown that providers rate as many as 15–30% of their patient encounters as "difficult."

Factors such as personality disorders, multiple and poorly defined symptoms, non-adherence to medical advice, and self-destructive behaviors can lead to providers perceiving patients as difficult. Providers should consider screening these patients for underlying psychological conditions, such as depression, anxiety, and previous or current exposure to abuse, which may be contributing factors to the difficult encounters.

Some studies have suggested that providers are more likely to misdiagnose "difficult patients," in comparison with patients who engage in neutral or non-disruptive behaviors, regardless of the complexity of the care.

Patients frustrated with insurance coverage, high deductibles, long wait times, and other issues may choose to take out their frustrations on office staff. Staff not only need to know the technical aspects of their job but also how to approach patients in a manner that helps build a relationship where they can work together to address these issues.

Strong communication skills are necessary to effectively deal with difficult patient encounters. Providers and staff members who feel increasing pressure to do more with fewer resources may wonder how they can find time in their busy schedules to improve their communication skills. Studies have shown that effective provider/patient communications increase patient treatment adherence, which can lead to improved outcomes and may reduce the time necessary to deal with these issues.

Identifying how your attitudes and behaviors contribute to conflict in the workplace is a good first step in improving communication skills. Common factors such as negative bias towards specific health conditions, poor communication skills, and situational stressors may lead to communication breakdowns. Being aware of factors that affect your ability to communicate effectively is an important first step in overcoming these obstacles.

According to an article published in American Family Physician, "Empathy requires understanding the patient's circumstances and perspective. Empathic listening skills and a non-judgmental, caring attitude are necessary to improve patient trust and adherence to treatment. This approach may decrease unnecessary diagnostic testing and reduce the risk of malpractice accusations."[1] Employing empathy can help to diffuse difficult patient encounters. Another article addressing difficult patient encounters notes that "empathetic listening skills and a nonjudgmental, caring attitude are necessary to improve patient trust and adherence to treatment."[2]

Once an organization identifies a communication model they want to use, it is important that staff be given the opportunity to practice the skills they have acquired.

Resources

[1, 2.] Managing Difficult Encounters: Understanding Physician, Patient, and Situational Factors Rosemarie Cannarella Lorenzetti, MD, MPH; et al American Family Physician website March 15, 2013 Volume 87, Number 6

Medical Mutual Insurance Company of Maine'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.

Five Options to Manage Your Medical School Loans

Learn how to create a plan to manage your med school debt, starting with these five repayment options.

1. Consolidation
A Direct Consolidation Loan allows you to consolidate (combine) multiple federal education loans into one loan with a single monthly payment instead of multiple payments.
Direct Consolidation Loans typically have a fixed interest rate based on the weighted average of the interest rates of the consolidated loans. Repayment terms range from 10 to 30 years, depending on the loan amount. For income-driven repayment plans (see below), you'll need to either have Direct Loans or consolidate into a Direct Consolidation Loan.

2. Plans Based on Your Income
Income-driven repayment (IDR) plans adjust a borrower's payments by reducing their monthly payment amounts according to their income. Monthly payments are calculated as a portion of the borrower's discretionary income, with repayment periods ranging from 20-25 years. For physicians in residency or fellowship, an IDR plan can make monthly payments more manageable based on your current salary. Learn more at https://www.laurelroad.com/income-driven-repayment/pros-and-cons-of-income-driven-repayment-plans/.

3. Public Service Loan Forgiveness (PSLF)
Under PSLF, borrowers working in the public or nonprofit sector may be eligible for loan forgiveness after 10 years of qualifying payments. If you're employed with an eligible public service organization, including federal, state, or local government agencies or a qualifying nonprofit, and make 120 qualifying payments, the remaining balance may be forgiven. For physicians working at nonprofit hospitals or in public health, this option could help you reach potential student loan forgiveness sooner.

4. Refinancing Medical School Loans
Refinancing provides the opportunity to pay off your original student loans by obtaining a new loan with different repayment terms and a potentially lower interest rate. Each lender has its own criteria for determining eligibility and rates, such as your credit history, total monthly debt payments, and income. Remember, if you refinance federal loans with a private lender, you'll no longer be eligible for federal programs, including federal loan forgiveness and forbearance. Learn more at studentaid.gov.

5. Student Loan Forbearance
Student loan forbearance allows you to temporarily postpone loan payments or temporarily reduce the amount you pay, but you're still responsible for paying the interest that accrues during the forbearance period.

For medical residents with federal loans, you may have the option to put your payments on hold for an extended period of time during training, although you will have to request it every 12 months. Keep in mind that interest may continue to accrue during forbearance, so this option could cost you more in interest over the life of your loans.

In Summary
When you're managing medical student loans, you'll want to explore all your options, including special options for medical professionals, to help you make informed decisions on how to pay off your debt, maintain your lifestyle, and ultimately get closer to financial peace of mind.

To learn more about what option is best for you, schedule a free 30-minute consultation with a GradFin[1] student loan specialist. Get started at www.laurelroad.com/partnerships/nhms.

[1.] *GradFin is a brand of KeyBank N.A.*

NHMS 2023 Annual Scientific Conference:
Personalized Medicine

Omni Mount Washington Resort, Bretton Woods, NH

Friday, November 3 – Sunday, November 5

In-Person, Remote Live Stream, and Enduring Learning Options

https://www.nhms.org/events/nhms-annual-scientific-conference

Registration is Open!

Friday, November 3

8:00 am	Check-In/Registration
8:00-10:00 am	**BayState Financial Workshop**
9:00-10:00 am	**Council Meeting** or **Novo Nordisk Workshop**
10:00-10:15 am	**Welcome/Opening Remarks** Eric Loo, MD, President
10:15-11:15 am	**Subject TBD** Laura Tafe, MD
11:15 am-12:15 pm	**Indication Based Testing for Rare Disease** Nidhi Shah, MD
12:15-1:30 pm	Lunch and optional **Novo Nordisk Workshop**

1:00-4:00 pm – Orthopedic Track – Reagan Room

1:30-2:30 pm	**Panel & Discussion Pros/Cons Telehealth - Who will it work for? Who won't it work for? How to charge? Where is telehealth going?** Moderator: Mike Padmore; Panelists: Patrick Ho, MD, MPH; Vic Goetz; Richard LaFleur, MD
2:30-3:30 pm	**Physician Leadership: The Skills You Already Have as a Doctor are What You Need** P. Travis Harker, MD, MPH
3:45-4:45 pm	**Considerations and Strategies for Recruiting and Retaining the Workforce You Need Today and in the Future** Mary Bidgood-Wilson, FNP, CNM and Stephanie Pagliuca
6:00 – 7:00 pm	**Networking Reception** Michael Mazola – Music entertainment

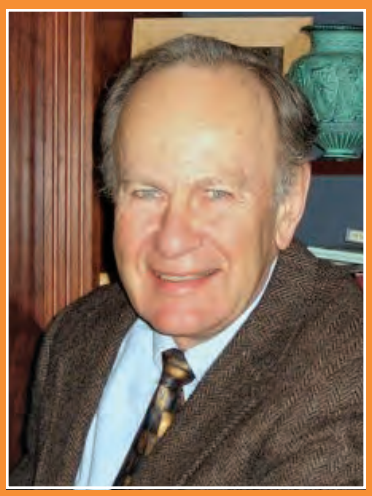
Saturday, November 4

8:00-9:00 am	**Beyond Burnout: Pathways Toward Healing** Penni Perri, MSW, CEAP
9:00-10:00 am	**Panel & Discussion - Prior Auth/Medical Necessity** Moderator: Mike Padmore Panelists: Kate Skouteris, Michelle Newman and Anthony Mollano, MD, FAAOS
10:45-11:45 am	**The Evolution of Cancer Treatment: Past to Present, the state of clinical trials** Ralph Falk, MD
12:00 pm	**Working Lunch and General Session: "*Personalized* Medicine" and 50-year Member Recognition** Eric Loo, MD, NHMS President
1:30: 2:30 pm	**Pediatric Hematology/Oncology** Dr. Angela Ricci
2:45-3:45 pm	**The Patients' Genome, the Prescription and the Chip Card** Lionel Lewis, MA, MD
3:45-4:45 pm	**Health Equity in Personalized Cancer Medicine** Frederick Lansigan, MD
6:15 pm	**President's Reception**
7:00-11:00 pm	**President's Inaugural Dinner & Passing of the Presidential Medallion Eric Loo, MD to Maria Boylan, DO**

Sunday, November 5

8:00-9:00 am	**Pain Management and the Role of the Laboratory** Lynn Brunelle, PhD, DABCC
9:00-10:00 am	**Managing Pain with Opioids in the Setting of Substance Use Disorder** Bryan Hybki, MD
10:00-11:00 am	**Neonatal Withdrawal Syndrome: Supporting Families with Substance Use Disorder** Angela Yerdon McLeod, DO

No refunds after Friday, October 20, 2023. Refunds before October 20th are subject to a $35.00 processing fee.



By Richard E. Johnson, MD, FACS
retired Dartmouth-Hitchcock surgeon

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 mary.west@nhms.org

Members' Corner

Opinion: NHMS Reproductive Health Positions

In March, the NH Physician (Vol 1/2023) arrived in my mailbox, and I read with concern the 2023 Legislative Preview, learning that the New Hampshire Medical Society had "resolved" seven items that support a pro-abortion position. I subsequently learned that these statements were taken from the 2022 AMA meeting and now appear on the Society website as "NHMS Policy Position Subject: Reproductive Health Services". As you read these seven statements, it is abundantly clear that it is politically pro-abortion, calling abortion a "human right". While the reader and I might differ on when human life begins, my primary purpose in writing this piece is to question the wisdom of the Society in taking such a strong pro-abortion position.

Let me explain:

1. The New Hampshire Medical Society has as its Mission "to advocate for the well-being of our patients, for our profession, and for the betterment of public health". Every physician who accepts the care of a pregnant woman understands that they are to advocate for the care and health of two individuals. Even with intrauterine surgery and EXIT procedures there is the rare case when one life is sacrificed for the other (a medically necessary abortion), putting the pregnant woman in the conflicting role of guardian for her child and the decision maker for herself. "Shared decision-making" is mentioned only once in this policy position, and there is no wording that would indicate a physician should be concerned about protecting the unborn child. By taking the AMA position, it appears that the Society is protecting non-medically necessary abortions without any restrictions…making it a political rather than a medical issue.

2. One of the New Hampshire Medical Society's Values is "Inclusiveness-We will seek out and respect individuals with diverse perspectives and opinions to enrich our work." As I understand it, the NHMS Council (the governing body of the Society) made the decision to include these seven abortion positions as an official policy position of the New Hampshire Medical Society. By doing so, the Society is implying that it is speaking for the membership at large.

But it goes further than that. Under Policy & Advocacy is the statement: "At NHMS, we provide a unified voice for physicians in the state of New Hampshire." The Society is therefore implying, to the public and to all physicians (members or not), that this "Policy Position" is being given out with a "unified voice". However, this pro-abortion position does not represent the practice, the beliefs, or the moral compass of many New Hampshire physicians. It would be equally improper for the Society to advocate for partisan issues of any party.

For New Hampshire Medical Society to be a valid voice of New Hampshire health care professionals it should speak truth into public health issues without taking sides in divisive political issues. This will result in a larger membership and a healthier and respected New Hampshire Medical Society.■

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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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