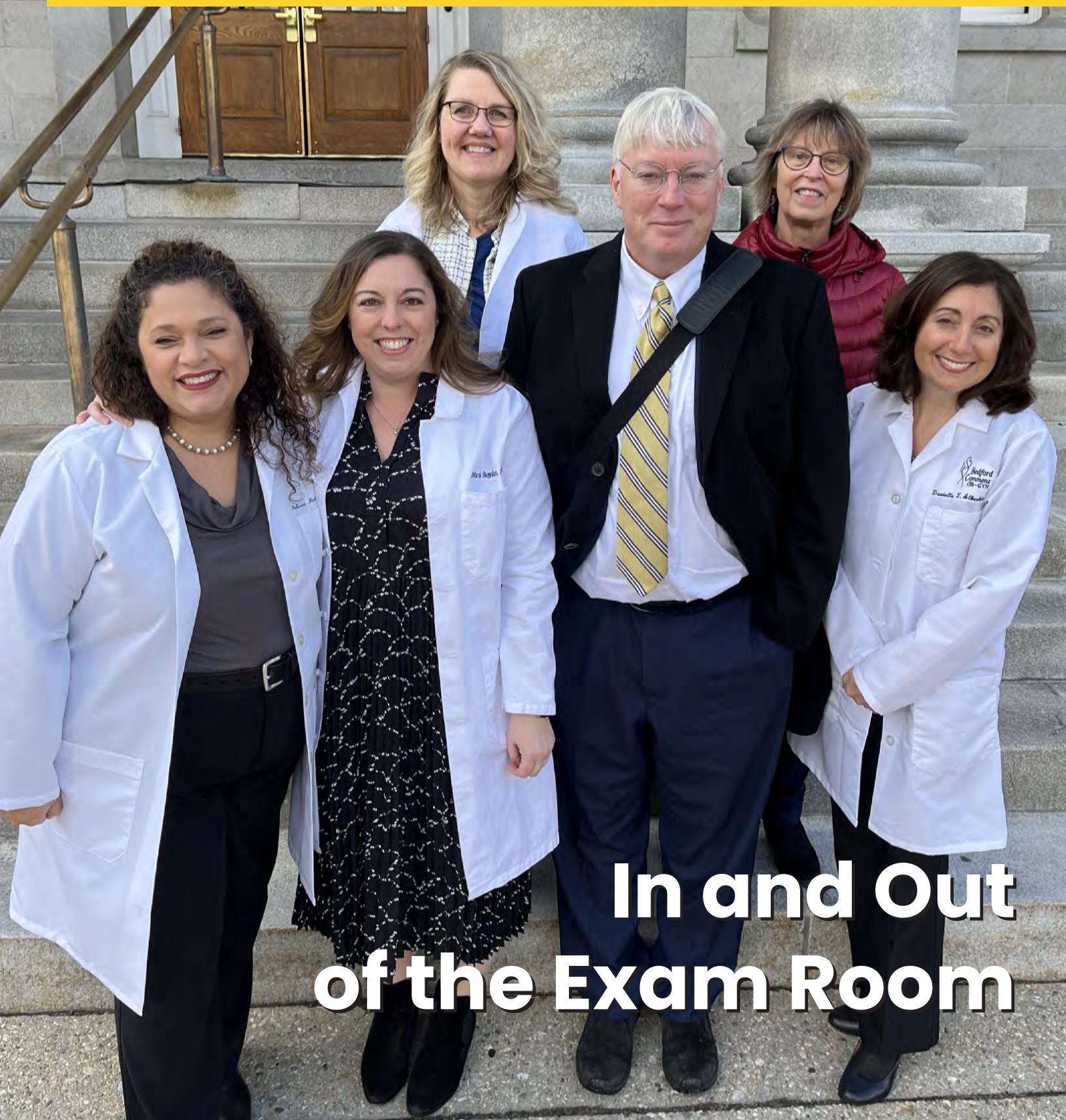


NEW HAMPSHIRE PHYSICIAN

A PUBLICATION OF THE NEW HAMPSHIRE MEDICAL SOCIETY



In and Out of the Exam Room



PRESCRIPTION HELP

for the entire family.

This Program is **NOT** Insurance.

Pharmacy Coupon | Prescription

Coupon MBR ID: Enter Year & Time

(Example: Year 2024; Time 9:14; Enter ID 2024914)

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%.

PATIENT INSTRUCTIONS: This card/coupon is pre-activated and can be used immediately. Present this card/coupon to any participating pharmacy to receive a discount on prescription medications.

PHARMACIST INSTRUCTIONS: Submit as a primary claim (cannot be processed as secondary) using the following pharmacy processing information. For processing questions and comments please call the Pharmacy Helpline below.

Customer Service: 877-321-6755 Pharmacy Helpline: 800-223-2146 This is a point-of-sale discount program.



This program is not insurance.



NO INSURANCE? • HIGH DEDUCTIBLE? • LARGE CO-PAYS?

PROGRAM HIGHLIGHTS

- Save up to 80% on prescriptions
- Free pharmacy coupon card
- Discounts on brand & generic drugs
- Accepted at over 68,000 pharmacies nationwide
- No restrictions & HIPAA compliant



For more information contact:
MaryWest@nhms.org

LEARN MORE AT

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and get your Free Prescription Savings Coupon Card

Proud Supporter of:



**Children's
Miracle Network
Hospitals**

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

In this issue...

NHMS at the State House

My Story: A Glimmer of Hope

NHMS Supports Substantial Healthcare Reform



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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," Two Capital Plaza, Ste 401, 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, 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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Maria Boylan, DO
NHMS President

Protecting our Patients in and out of the Exam Room

I've had a busy first few months as president of NHMS, getting more involved in healthcare advocacy and tackling the numerous healthcare bills we're facing this legislative session. Part of the job of the NHMS Council, with the help and expertise of the legislative committee, is to weed through these bills and prioritize the most important topics to put our efforts and energy behind. We identified the most pressing issues facing New Hampshire physicians and our patients this year as:

- Access to reproductive and abortion care
- Protecting gender-affirming care
- Prior authorization reform
- Building up the healthcare workforce
- Gun violence prevention

Although some of these issues may be controversial from a political perspective, it's our job as physicians to advocate for our patients and to speak as experts on science and medicine. Most importantly, it's our job to preserve the physician-patient relationship by keeping the government out of our hospitals and exam rooms.

When it comes to reproductive care, I've treated many women and families faced with difficult decisions regarding their pregnancies. One couple, in particular, found out their very-wanted second baby was diagnosed with Down Syndrome and later in pregnancy developed hydrops fetalis. I think about how hard it must have been for this couple to weigh their options and decide to have a D&E when they found out their baby wouldn't survive. But I am also thankful their options weren't limited by unnecessary laws restricting their rights to appropriate care. Unfortunately, these options are under constant legislative attack.

I am also thankful to have the privilege of caring for many patients of the LGBTQ community. Transgender health is not something I was taught in medical school, but I've made it a priority over the last few years to learn how to better care for my transgender patients. I can't help but worry as I see the rights of these individuals — and our rights as physicians to treat them — being stripped away. This community of patients is being targeted and attacked with harmful legislation that will deprive them of the care they need and deserve, while labeling gender-affirming care as abuse. Our transgender patients struggle with higher rates of depression, anxiety, and suicide — something I've seen firsthand — and access to medical care that affirms gender identity is critical to supporting their mental health.

Prior authorization reform is also a key initiative for improving patient care and outcomes. On top of managing a panel of 2,000 patients, I have to battle insurance companies on a daily basis. Like countless other physicians, I spend many hours appealing authorization denials and advocating for the appropriate imaging and medications my patients need. This process often leads to unnecessary delays in care and denial of life-saving medication. For example, I recently found a new heart murmur at a routine physical. While this patient had no other signs or symptoms of heart failure, I felt it was necessary to order an echocardiogram. A week later we received an authorization denial from the patient's insurance carrier. For this particular patient, I spent an hour and a half on the phone, and was transferred to four different representatives, before getting the opportunity to schedule a time,

at a later date, to chat with a peer physician on behalf of my patient. The following week, the echocardiogram was approved. It turned out the patient had a severe mitral valve abnormality that required immediate treatment and surgery. Had my patient's condition gone untreated much longer, she could have gone into heart failure. This broken system must be fixed.

It's especially painful to spend hours on the phone with insurance companies when we've all been facing staffing shortages since the pandemic. I experience this firsthand in my own hospital and practice every day. Emergency rooms don't have enough staff to take care of the hundreds of patients that come through daily. Nurses must manage more patients during their shifts. Some hospitals are paying inflated salaries for travel nurses, while others are shutting down units like maternity floors. By working with our hospital colleagues and legislators, we can support legislation that will invest in programs to fill these gaps,

which will improve access to care, as well as quality of care, for our patients.

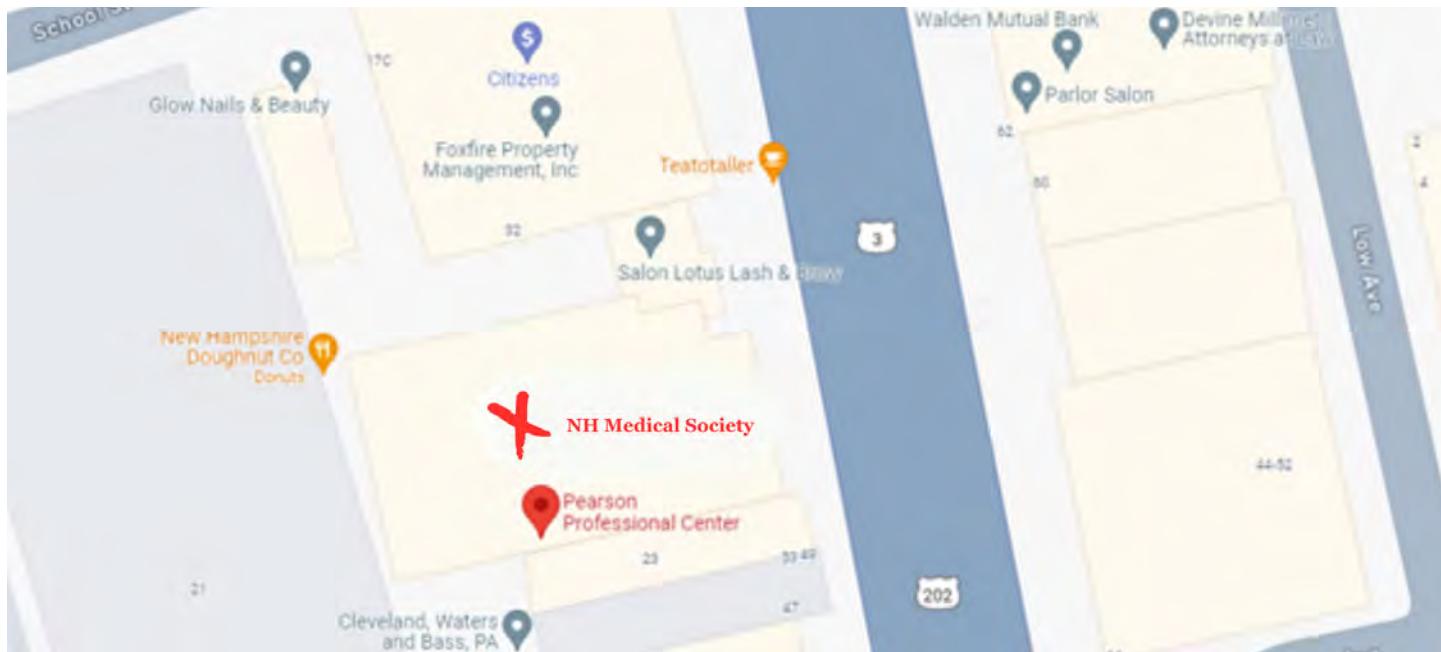
Lastly, I want to leave you with a story about a patient I cared for with severe depression. He struggled for several years with bipolar depression, resulting in an involuntary emergency admission and an arrest for threat of violence in his home. He had a therapist but needed to get into a community mental health center that had a year-long wait list. In the meantime, we tried several antidepressants and anxiety medications. I sought out consultation from my psych colleagues, who helped me trial other medications. The medications seemed to be working for him, so much so that at our last visit, he was the happiest he'd ever been and was hopeful about his future. He committed suicide just a few weeks later — with a shotgun he legally owned. I can't help but think there was something I could have done better to prevent his death, and that if he didn't have immediate access to a weapon, he

may have taken the time to call for help first.

Day in and day out, like many other physicians, I'm faced with these important healthcare issues that leave me feeling helpless and demoralized. As if this job isn't hard enough, we're being legislated, our medical practices dictated, and the way we provide care restricted — and all of it has a negative impact on our patients.

The most impactful thing we can do is use our power and our voices to speak up for changes in the system. We need to fight for changes that will protect all of our patients' rights, as well as their access to full-spectrum, quality health care. We need to fight for changes that will decrease the burden of prior auths and improve our healthcare workforce. And we need to fight for changes that will keep our patients safe from harm.

I hope you will join us as NHMS advocates for these critical issues. ■



NHMS has moved!

Two Capital Plaza, Ste 401, Concord NH 03301

(Stay tuned for news of an open house when renovations are complete.)



**Ava Hawkes,
NHMS Director
of Advocacy**

NHMS' Strong and Unified Presence at the State House

Since the Legislature convened in early January, the Society has been steadfast in its engagement of legislation that is important to the House of Medicine. From championing prior authorization reform and efforts to address our state's health care workforce shortage, combatting dangerous scope expansion legislation, to pushing back against policies that seek to insert government into exam rooms with your patients – I, alongside countless NHMS members and advocates, have maintained a presence at the New Hampshire State House. With the legislative crossover (the date by which bills originating in each chamber, House and Senate, must be approved and sent to the other chamber) deadline of April 11th rapidly approaching, our next magazine publication will provide a clearer picture of the fate of legislation NHMS is monitoring and engaging.

In addition to our efforts at the State House, the Society continues to welcome partnership opportunities and legislative updates with our state's residency programs, Geisel School of Medicine faculty and student organizations, our community partners in Concord and around the state, and beyond. If there is a partnership opportunity that you believe the Society should be aware of, please do not hesitate to reach out to me via email at ava.hawkes@nhms.org.

Interested in getting involved or testifying on legislation in coordination with NHMS? Please contact me at ava.hawkes@nhms.org with your interest to testify or questions about the Society's positions on current legislative initiatives.

NHMS 2024 Legislative Priorities Update

The following is a general overview of pertinent pieces of legislation from the current session that impact some of the legislative priority areas identified by the NHMS Council as the governing body. As 1,000+ pieces of legislation were filed, this is not an expansive list of bills, but important highlights as of late February. Please keep an eye on the NHMS Legislative Pulse email for timely updates.

- **Reproductive health care**

Since the fall of *Roe* in the summer of 2022, NHMS has gone on record strongly supporting vital protections, for providers and patients, for the provision of reproductive health care, which includes abortion-care. This includes the Society's adoption of policy, similar to that of the AMA, acknowledging the current attacks on reproductive health care and abortion-care access in New Hampshire and around the country.

Both CACR 23 and CACR 24 (constitutional amendment concurrent resolutions), sought to enshrine reproductive rights in New Hampshire's state constitution, giving voters the opportunity to affirm that their right to personal reproductive autonomy shall not be infringed. Both CACRs were defeated as they lacked the necessary 2/3 majority vote in both the House and Senate. *The Society supported these measures.*

SB (Senate Bill) 575, legislation that sought to provide various legal protections related to the performance of or support of legal reproductive health care services, including prohibiting the state's government officials from cooping with any out of state investigation into legally protected health care activity, was defeated 14-10 in the Senate in February. *The Society supported this bill.*

HB (House Bill) 1248, a bill that sought to ban abortion-care at 15-days, was successfully defeated in the House in February. *The Society opposed this bill.*

• Scope of practice expansion

This session, we have seen a litany of various policy initiatives, in the House and Senate, that seek to dangerously expand the scope of practice for non-physicians. While, thankfully, some measures have been defeated, we still have a ways to go in combatting bills that are still active in the Legislature.

HB 1427 sought to allow the regulation and licensing of "deputy physicians," formerly referred to as "assistant physicians," and would have allowed them to avoid traditional residency training. Similar legislation was brought forward and defeated in 2019. Thankfully, this bill was defeated in the House in February. *The Society opposed this bill.*

SB 440 seeks to significantly expand the scope of practice for optometrists, including the performance of eye surgeries using scalpels, lasers, and other surgical modalities by optometrists. This bill unanimously passed the Senate and is now headed to the House for the second half of the legislative process. NHMS, the NH Society of Eye Physicians and Surgeons, and the AMA opposed this legislation while in the

Senate. This is still an active piece of legislation that will require engagement from our members as it moves through the process.

HB 1222 seeks to eliminate the requirement for collaborative agreements for physician assistants and allows for independent practice. *The Society and the AMA opposed this bill.* This is still an active piece of legislation that will require engagement from our members as it moves through the process.



Dr. Oge Young, Dr. Maris Toland, and Resident Physician Amy Lee outside the House Chamber following testimony on reproductive health care legislation.

• Gun violence prevention measures

Every year, in both the House and Senate, gun violence prevention legislation is brought forward. As NHMS acknowledges gun violence as a public health crisis, alongside the American Medical Association (AMA), the Ameri-

can Public Health Association (APHA), the Association of American Medical Colleges (AAMC), and the U.S. Centers for Disease Control and Prevention (CDC), the Society has continued its support for a number of gun violence prevention measures in New Hampshire including, but not limited to, waiting periods, background checks, the establishment of extreme risk protection orders, and ensuring that the state complies with federal NICS reporting.

Legislation in the Senate that sought to implement waiting periods (SB 577), background checks (SB 571), and extreme risk protection orders (SB 360) were defeated by votes of 14-9 in February. *The Society supported these bills.*

Following the devastating shooting at NH Hospital in November 2023, legislation was brought forward in the House (HB 1711) seeking to ensure New Hampshire's compliance in the federal NICS reporting, where New Hampshire would join the majority of states in reporting mental health data for firearms background check purposes. This bill would also provide for processes for the confiscation of firearm following certain mental health-related court proceedings and for relief from mental health-related firearms disabilities. *The Society supports this bill.* This is still an active piece of legislation that will require engagement from our members as it moves through the process.

Stay in Touch and Get Involved – Your Voice Matters!

If you are interested in getting involved in the Society's advocacy work or if you have any questions, please do not hesitate to reach out to me at (603) 406-5270 or ava.hawkes@nhms.org. ■



Political Determinants of Health ECHO

Policies to Advance the Health & Economic Prosperity of NH Communities

Course Description

Each year the legislature debates proposed bills that can advance or jeopardize the health of the people of the Granite State. The executive branch – the Governor, Executive Council, and agencies - also decides on funding and programming that impacts health. This ECHO will examine legislation and executive action on key current issues and consider together how we can best advocate to assure that NH policies advance the health of Granite Staters. Your voice can make a difference!

Provided by Dartmouth Health in grateful partnership with *NH Hospital Association, NH Medical Society, NH Nurses Association, UNH Institute of Health Policy and Practice, New Futures, NH Fiscal Policy Institute*

Who Should Attend

People who care about the health and prosperity of New Hampshire communities including:

- Community leaders
- Legislators, policy shapers
- Healthcare workers
- Employers, workers
- Healthcare consumers
- Others with interest

Schedule

Sessions will be from 8-9am EST starting Thursday February 22nd and will continue every other week through May 30th. You do not need to attend every session.

Topics expected to include:

<ul style="list-style-type: none">• Our Current Political Landscape• Cannabis Legalization• Workplace Violence• Patient Choice in Healthcare	<ul style="list-style-type: none">• Public Health Systems• Digital Health Equity• Workforce and Economy• Wrap Up
---	---

See registration site for dates and session order

Questions?

Email: ECHO@hitchcock.org

Website:

<https://go.d-h.org/project-echo>

Registration Information

To register, visit: <https://iecho.org/public/program/PRGM1699639099139PNU64RSKW4>

Sessions are free of charge. Registration remains open for the duration of the program.

See website for continuing education details.

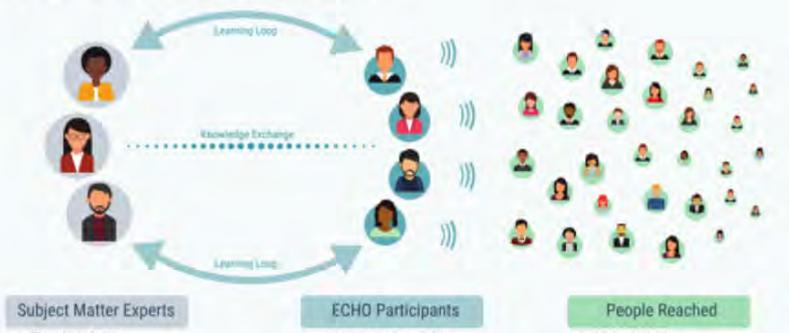
What is Project ECHO?

Project ECHO (Extension for Community Healthcare Outcomes) is a telementoring model. Virtual technology is used to support case-based learning and provide education. This will assist participants to care for more people, right where they live.

Benefits

- Participants learn from experts.
- Participants learn from each other.
- Experts learn from participants as best practices emerge.

Moving Knowledge, Not People



Medication Safety in the Office Practic

One in nine malpractice cases involves a medication-related error, and half of those errors occur in an ambulatory setting.¹ Safe medication practices can reduce the risk of errors and resulting malpractice claims.

Culture of Safety

Promoting a culture of safety and continuous process improvement is one of the most effective means of ensuring medication safety. Staff must feel empowered to report errors or concerns without fear of retribution.

Safe Medication Management

A comprehensive medication management policy should be reviewed annually by physicians and include:

Medication Reconciliation: The process of ensuring that the patient's medication regime, including over the counter, herbs, and supplements, is accurately reflected in the medical record and aligned with physician orders. Current drug reference manuals should be accessed to ensure appropriate prescribing, as well as drug-drug interactions, allergies and contraindications.

Secure Storage: Of prescription pads, printers and medications. Refrigerated medications should be stored separately from other biologicals, specimens, or food, and temperature monitored daily to ensure proper storage conditions.

Sample Medications: Medical Mutual's practice tip "Medications: Distribution of Sample Medications in the Practice Setting" provides detailed information on how to receive, store, and distribute sample medications.

Dangerous Abbreviations: Prohibited; see the Institute for Safe Medication Practices (ISMP) list of dangerous abbreviations in the Resources section.

Safe Injection Practices: Including management of "sharps."



Patient Identification Using two identifiers prior to medication prescribing or administration.

Update Patient Health Status/History: Including weight, allergies, and medication reactions annually and prior to prescribing new medications.

Prescription Refill Process Including time interval for office visit for subsequent refill

Safe Use of Multi-dose Vials

Verbal/Telephone Orders

Prescribing:

- **Electronic Prescribing:** Electronic prescribing reduces risks associated with illegible writing or altered prescriptions and is required in some states, particularly for controlled substances. For more details on developing safe opioid prescribing processes, see Medical Mutual's practice tip "Opioids: Avoiding Risks When Prescribing".

- **Indication for Use:** If a medication has more than one use, include indications for use on the prescription. This is especially important for handwritten prescriptions for medications with look-a-like and sound-a-like names.

Patient Education: Patients should have a clear understanding of what medications they are taking, including the dose and the reason they are taking the medication, side effects, etc. Education is provided, and patient comprehension should be documented in the patient's medical record.

Monitoring: Monitoring patient response/compliance with medications using lab tests or other means is important when prescribing and managing high-risk/alert meds, controlled substances, or new medications.

Resources

Medical Mutual's practice tips:

<https://www.medicalmutual.com/risk/practice-tips>

¹**Medication-related Malpractice Risks.** <https://www.candello.com/Insights/Candello-Reports/Medication-Related-Report>

List of Error-Prone Abbreviations. Institute For Safe Medication Practices. (2021, February 5). <https://www.ismp.org/recommendations/error-prone-abbreviations-list>

Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families. AHRQ
<https://www.ahrq.gov/patient-safety/reports/engage-teachback.html>

List of High-Alert Medications in Acute Care Settings. ISMP <https://www.ismp.org/sites/default/files/attachments/2018-08/highAlert2018-Acute-Final.pdf>

Notice

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



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.

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 Appledore 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 2024 and ends June 2026.

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

Applications now being accepted!

Program start date: TBD September 2024

Location: The class sessions will be delivered using a combination of synchronous Zoom sessions and day long in-person sessions 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

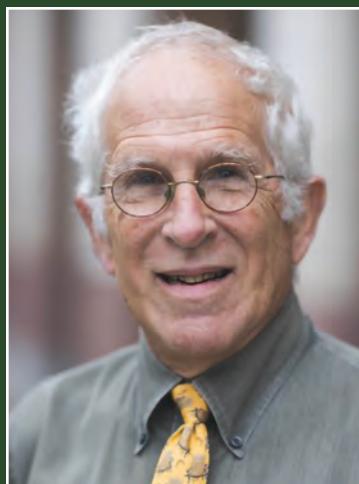
TO REGISTER OR FOR MORE INFORMATION PLEASE CONTACT:

The New Hampshire Medical Society
Two Capital Plaza, Ste. 401
Concord, NH 03301

Phone: 603.224.1909 fax: 603.226.2432
Hours: M-F 8am-5pm
Email: PhysicianLeadershipNH@nhms.org
paulcollege.unh.edu/physicianleadershipnh



P. Travis Harker, MD, MPH



Donald Kollisch, MD
Family Physician, Hanover

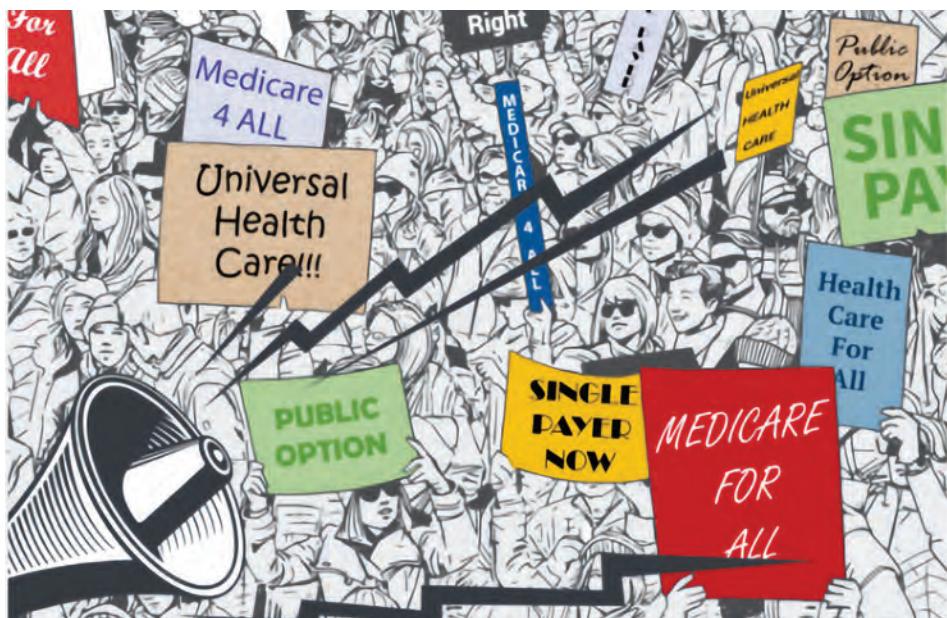
Members' Corner

NHMS Supports Substantial Healthcare Reform

Physicians in New Hampshire are a wonderful Northern New England breed. We have granite determination and grit, blended with compassion and commitment to both individuals and community. Therefore, we not only use our skills and wisdom to care for the patient who is in front of us, but also recognize that social forces beyond our patients' control have major impacts on their health. One of these is the financial structure of paying for medical care, a structure that we all agree is broken, bloated, unfair, and rife with misuse.

Therefore, we should not be surprised with the reassuring results of a November 2021 survey of NHMS members which explored some of our attitudes. 74% of us agreed with the statement **"I would favor a simplified payer system in which public funds, collected through taxes, were used to pay directly for services to meet basic healthcare needs of all citizens."** Such a system would restore the relationship between doctor and patient by getting the insurance company out of the middle. It would provide coverage for the 6-7% of NH residents without insurance and alleviate the burden of co-insurance and deductibles, which is significant for another 25%. The majority of us favor such a system, whether we are primary care doctors or specialists, whether we are old or young, or if we are employed or in private practice.

Further, 72% of us agreed with the statement **"I would generally support NH Medical Society advocacy supporting Medicare For All"**. Medicare as it exists is far from perfect - it doesn't cover everything, and its deductibles and co-insurance are a major burden for many. But we all know that many of our patients simply cannot wait until they reach age 65 in order to have some coverage. We all also know that the privatization of Medicare (including by Medicare Advantage) is disproportionately depleting the Medicare Trust Fund with no improvement of patient outcomes.



Based on these survey results reflecting the membership's beliefs and wishes, the NHMS Council voted in February 2022 to pass the following resolution:

BE IT RESOLVED that the New Hampshire Medical Society expresses its support for universal access to comprehensive, affordable, high-quality health care through a simplified payer system in which public funds, collected through taxes, are used to pay directly for services to meet basic healthcare needs, and be it further RESOLVED that the New Hampshire Medical Society will support such a simplified payer system provided it meets these core criteria and principles:

- a) Promotes universal, equitable coverage for all US residents;
- b) Provides comprehensive and high quality coverage for all medically necessary or appropriate services;
- c) Prioritizes affordability for all;
- d) Reimburses physicians and health care practitioners in amounts that are sufficient, fair, predictable, transparent and sustainable;

e) Allows for collective participation by physicians and other practitioners in negotiating rates and program policies;

f) Reduces administrative costs and burdens on clinicians;

g) Creates a legal environment that fosters high quality patient care and relieves clinicians from practicing defensive medicine; and

h) Is funded through a publicly financed system

This resolution enables the NHMS to support a simplified payer system in addition to other policy solutions and strengthens our advocacy efforts for health system reform.

We think that our membership should be proud of New Hampshire physicians and of the Medical Society for taking such a strong and clear stand on behalf of our patients and our state. If you are interested in exploring these issues further, please consider joining the NHMS Single-Payer Interest Group, which meets monthly. Contact donald.o.kollisch@dartmouth.edu for details. ■



2024 NHMS Golf Tournament **June 24 at Concord Country Club**

Enjoy a scramble style golf tournament with your fellow physicians at one of NH's best golf courses.

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Oge Young, MD

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

Members' Corner

Poetry of the Common Place

"Nothing will sustain you more potently than the power to recognize in your humdrum routine, the true poetry of life- the poetry of the common place, of the ordinary person, of the plain, toilworn, with their loves and their joys, their sorrows and their griefs." (Sir William Osler)

Mary (not her real name) and her husband came to my office with infertility. They had used no birth control for over four years without a conception. Worrisome was her history of a severe pelvic infection years before, requiring hospitalization and treatment with intravenous antibiotics. An evaluation included a hysterosalpingogram. The radiopaque dye filled a normal uterus and her fallopian tubes bilaterally but did no spill from the ends of the tubes. Distal blockage of a tube (hydrosalpinx) is a common result of pelvic inflammatory disease

At the time, IVF (in vitro fertilization) was prohibitively expensive and yielded only a 15% take home baby rate. Those of us who surgically treated infertility operated on these patients, hoping to restore their fertility. After removing all the scar tissue in Mary's pelvis, I finally was able to reopen her tubes with a procedure called 'bilateral cuff salpingostomies.'

The pregnancy rate following this operation was only 50%, at best, because of the flattened epithelium of the fallopian tubes after a severe infection. Also, there was a significant risk of an ectopic tubal pregnancy following the surgery, which left the tubes open, but still scarred.

Miraculously, Mary returned to my office a few months later pregnant! Thankfully, an early ultrasound showed that her pregnancy was in the uterus, not in one of her tubes. Her pregnancy was uncomplicated, and months later she gave birth to a healthy baby girl, Anna (also not her name). Tears flowed as Anna's cries filled the room.

Unfortunately, Mary never achieved another pregnancy. Sad and upset one day, she confronted me with the issue of abortion, asking me how I could provide such care for my patients, while attending so many births (days and nights) and working so hard to treat infertility. I learned later that she was a devoted volunteer at the small Pregnancy Center, where she encouraged women to keep their pregnancies.

In spite of our differences over abortion, she continued to see me. Every year I looked forward to hearing about Anna's life. Anna became an outstanding student-athlete. I saved a few articles from the sports section of our local paper featuring Anna and sent them to Mary with a note.

Then, one day Mary presented to my office with Anna, distraught. Anna was now 17 years-old and pregnant. Mary said she and Anna had talked things through and Anna wanted to have an abortion. She asked me if I would perform the procedure in the privacy and safety of my office. I was happy to provide them this care.

Mary continued to share stories of Anna every year. Anna graduated from high school, and then college, majoring in social work. She married her high school boyfriend and they had three healthy children- three grandchildren whose lives have richly blessed Mary.

Years later, in the quiet of my office, Mary simply said that it was her love and respect for Anna that changed her feelings about abortion. As physicians, we are so privileged to connect deeply with some of our patients - 'in the poetry of life ... their loves and joys, their sorrows and griefs.' ■

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Nancy Husarik, MD

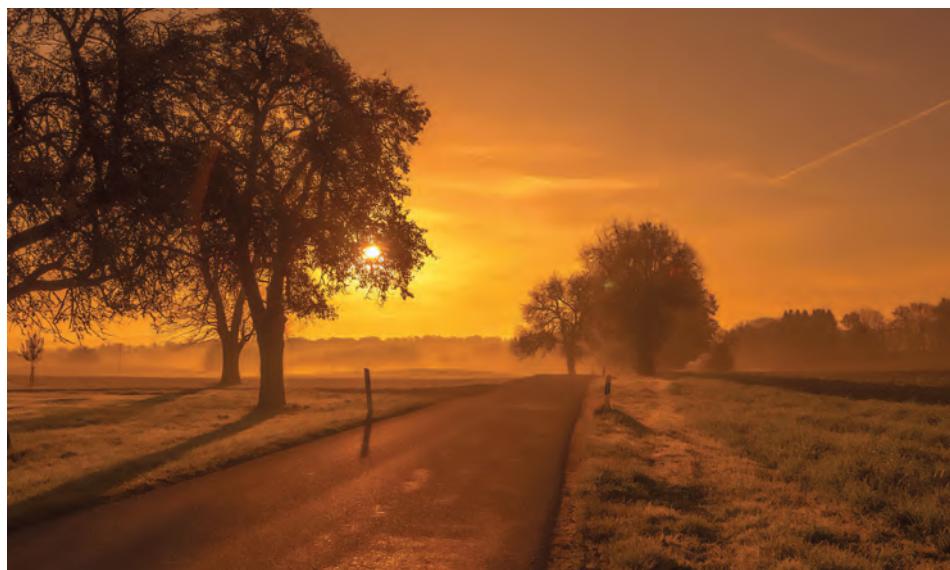
"My Story" is a collection of wellness success stories from New Hampshire physicians.

My Story: A Small Glimmer of Hope

I could write about despair and overwhelm and hopelessness, as these have been dominating my thoughts for some years. But now, I am learning to choose to think more often of hope. Before I joined the Beyond Burnout Coaching program, I was feeling pretty certain there was no hope for improvement. However, spending a few hours with colleagues every week for a couple months, learning together how to reframe our thoughts about how we experience difficult situations, has given me a glimmer of hope. We hear 'it takes a village' to do the most challenging things. I am learning that such may be the hope for burnout in healthcare. Sharing struggles together, validating each other in a safe space, and working through a way to shift our reactions to actions we choose, gives me some hope. Through these personal connections and interactions, we learned that making even small shifts in our thoughts could change our feeling in response and allow us to choose to act in a more positive and purposeful way.

I used to dread driving to the clinic each morning, feeling defeated before I even started. So many thoughts swirling - how much work was in my EMR inbox; did I miss something critical; what bad news would I have to deliver to a patient; all the difficulties and challenges that would come with the day clouded my days from the start. One morning after one of our sessions, on my drive in to the clinic an amazingly beautiful sunrise completely overtook my view. Using what we learned, I decided to enjoy the beauty instead of dreading the day. And, while recognizing that the day would likely bring challenges, I could choose to think about the day differently, which allowed me to feel grateful for the beauty. Now I notice bits of beauty most mornings. This gives me a different way to frame my days. Does that change the amount of work or number of patients on my schedule or the nature of healthcare? Of course not. But if I am able to choose, even in such a small way, to feel better about my days, then that is a small glimmer of hope.

And, if a village of us can have some hope, perhaps we can, together, share that hope and work to make some positive changes within the system. ■



My Story: A Lesson on Devotion

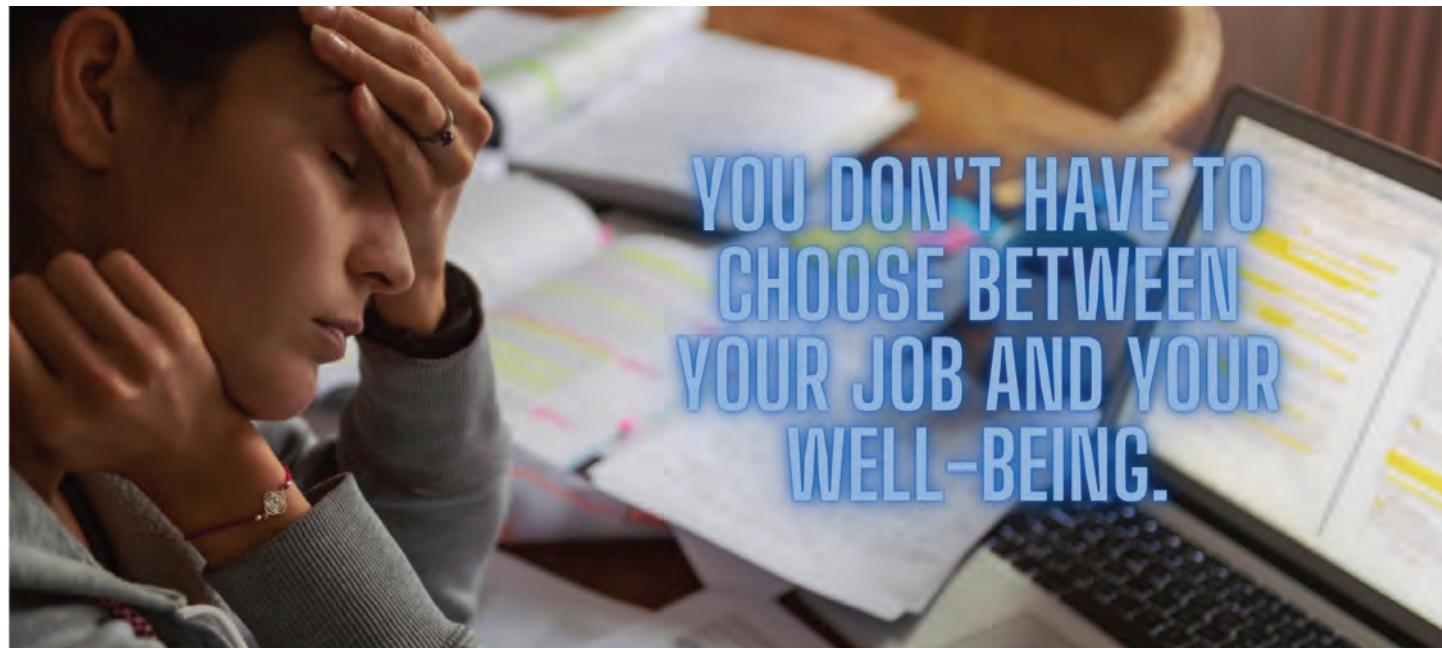
By Maria Boylan, DO; NHMS President

As a family practice doctor, I know all too well the feelings of burnout. I carry a panel of nearly 2,000 patients and work full time, on top of taking on leadership roles within my health care organization. I struggle constantly with trying to balance the time I spend with my patients versus the time I have to spend doing in-basket work. I often spend hours late at night or on my days off catching up on charting, responding to patient portal messages, completing forms, doing refills, and following up on lab and test results. I constantly feel like I can't keep up with the demands of my job but with the added guilt of feeling like I'm not doing enough for my patients.

I joined the pilot group of the NHMS physician burnout program last year because I was reaching a point where a job that I love and take so much pride in was turning into something I was dreading. On top of the comradery I experienced bonding with a group of physicians like myself, I've gained an amazing mentor and teacher with Penni Perri. I've learned there are strategies and work that can be done to help fight this moral injury that we experience as physicians day in and day out.

There is a common thread of why we became physicians- we want to help people. With the training we've gone through, it's been embedded into us to work hard, make no mistakes, achieve perfection. It is a foundation of learning that has made us successful but also set us up for failure. One of the biggest things I've learned from the program is that I can only change a small amount of what happens within my practice or hospital, but I have control of my own thoughts, actions, and responses. And by doing so, can start to chip away at the things internally that make me feel demoralized and burnt out.

I'm a lifelong learner and through this program I've realized that not only do I need to devote my learning to medicine but also to myself. I need to learn how to provide the best self-care and improvement so that I can continue to provide the best care to my patients without sacrificing my own happiness and well-being. This program is helping me get back to a place where I can learn to love my job again. ■



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or email: hello@penelopeperri.com



Christine Arsnow, MD
Concord Pediatrics, P.A.

We are nearing the end of our three-year contract with the NH Department of Health and Human Services for the Expanding COVID-19 Vaccination Program among NH Provider Practices. Unfortunately, that does not mean the end of COVID-19. We asked our subrecipient practices to weigh in on their vaccination experiences. Below are two responses.

Practice strategies for addressing vaccine hesitancy

Most primary care providers have received education about the best strategies for addressing vaccine hesitant patients. It is important to honestly and respectfully address patient concerns while emphasizing the safety and efficacy of vaccines. This is a process that can be rewarding but requires a great deal of emotional energy. Primary care providers have a vast, but finite amount of patience for these conversations. Addressing physician burnout is a crucial component of addressing vaccine hesitancy.

In order to build a trusting relationship between a patient and their PCP, our practice gives patients the ability to make preventative appointments with the same provider. We have longer visit times so the provider can feel calm and focused on her patient. We allow providers some flexibility in their schedules to reduce burnout and renew the emotional energy required to have these conversations. Evidence shows that most patients who are vaccine hesitant are not firmly anti-vaccine. Providers can educate these patients to make decisions that benefit themselves and the public, but we need support to continue these efforts. ■



Jennifer MacKenzie, MD
Pembroke Wellness Center

Reducing Barriers

As COVID seemed to be dwindling in the minds of many patients, I didn't think there would be as high a need for boosters this year. Initially, our office ordered a conservative quantity of boosters, but quickly found that almost everyone who got their yearly flu vaccine was also interested in a COVID booster. We ended up having to order several batches of vaccines for my office with very few left over. We are part of a small community and recently had a 55+ community open in town. There is a combination of independent, assisted living and memory care units available. As patients were moving in to the location, they were looking for a physician closer to home. My practice being just a couple minutes away made it an ideal choice. The fact that I also go to the facility to see assisted living patients and the memory care patients was also very convenient for many. It came to our attention during the winter months that patients were coming in looking for flu and COVID boosters. Initially the facility had coordinated a vaccine clinic with a local pharmacy, but somehow, they only had a very limited number of vaccines to give out so many patients ended up unvaccinated. Though we were able to catch most of my patients and get them vaccinated, I know there were many others in the facility that missed out. In hopes of avoiding this next year, we coordinated with the nursing staff to provide

a vaccine clinic for this upcoming fall season. They have pre-ordered 120 flu and COVID vaccines through our office and anticipate these will all be given out to the facility residents whether they are my patients or not. We are striving to reduce barriers to COVID and flu vaccines for anybody that want them, especially in a community that is prone to rapid spread and outbreaks. I think providing a convenient day and time where we come to them will be effective and efficient for everyone. ■



GET HELP NOW!

The NH Professionals Health Program (NPHP) is a confidential resource available to all NH licensed physicians, PAs, dentists, pharmacists, nursing licensees, veterinarians, chiropractors, dieticians, licensed drug and alcohol counselors, mental health practitioners, midwives, optometrists, podiatrists and psychologists who are experiencing difficulties with:

- alcohol, drugs or other substances of abuse
- depression, anxiety or other mental health issues
- professional burnout or work-related conflict
- marital or family life matters

For a confidential discussion call Dr. Molly Rossignol
at (603) 491-5036.

LEARN MORE @ WWW.NHPHP.ORG



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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.Prehem@ssa.gov

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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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*The Bourget Family:
(l to r) Bob, Lori,
Robyn and Jill (on
video conference
from Florida)*

Because of genetic testing, they're all breast cancer survivors.

After two breast cancer diagnoses in the family, including Patty, the matriarch, Robyn, Lori, Jill and Bob Bourget all got genetic testing. Surprisingly, Bob—not Patty—turned out to be the carrier of the offending BRCA II gene. Sadly, Patty lost her battle in 2013.

Three more individual diagnoses later and the rest are all breast cancer survivors because of early detection and a prophylactic surgery.

Genetic testing saves lives.

If you have a patient with a family history of cancer, encourage them to visit NewEnglandCancerSpecialists.org/High-Risk or scan the QR code at right to learn more. It could very well save their life.



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