

NEW HAMPSHIRE **PHYSICIAN**

A PUBLICATION OF THE NEW HAMPSHIRE MEDICAL SOCIETY

# New Year, New Leadership, New Opportunities



Volume 1 | 2025





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## In this issue...

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My Story, Eric Kropp, MD



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Patrick A. Ho, MD, MPH

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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, 57 N Main St, Concord NH 03301.

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**Cover Photo:** Patrick Ho (center) is installed as NHMS' 193<sup>rd</sup> President on November 16, 2024, surrounded by past-presidents (from left): Eric Kropp, Gary Sobelson, Maria Boylan, Len Korn, Patrick Ho, Travis Harker, Albee Budnitz, Charles Blitzer and John Klunk



**Patrick Ho, MD, MPH**  
**NHMS President**

# NHMS Welcomes 193<sup>rd</sup> President

I wanted to start by expressing gratitude—to the Society’s staff, Board, Council, and members-at-large. It has been an honor to serve on the Board and Council alongside such dedicated colleagues, and to be entrusted with the leadership of the NHMS. Thank you especially to Dr. Boylan, who provided the Society with strong direction and guidance, and has left me with big shoes to fill.

These transitional moments are great opportunities for us to look to the future, set priorities for the coming year, and ensure that we continue to integrate the diverse perspectives of our membership. This year, my presidential platform will focus on increasing access to mental health care in NH. We will look for ways to integrate this initiative with other NHMS public health initiatives and the priorities identified in the previous year.

An estimated 1/3 of the 200,000 Granite Staters who need mental health care do not have access. This number is even worse for children in our state, as half of the children who need mental health care do not get it.

As a consultation-liaison psychiatrist who collaborates with physicians from all specialties, I have seen firsthand that it is not just psychiatrists who feel the impact of a paucity of mental health care resources. Whether it is in the ED, at the bedside, or in our offices, we all have felt the burden of a lack of mental health care resources, and it is our most vulnerable patients who suffer the most.

I firmly believe this crisis is best addressed with system-level, innovative, and upstream solutions. Appropriate and adequate funding for our state partners and mental health care providers, particularly NH Hospital and Hampstead Hospital, is essential. Further, our state requires increased investment in post-discharge resources that can make discharge from mental health facilities more sustainable, also improving post-discharge care. I know that asking to not only continue funding vital programs at the state level, but also asking to invest in new programs, makes for an uphill battle before the Legislature. However, the status quo is unacceptable. We as physicians are uniquely qualified to help think through solutions and support elected officials in their work to tackle this crisis.

This should go without saying—expanding access to mental health care services in NH is not only for our patients, but it is for us too. Physicians are not immune to moral injury, burnout, or the other mental health concerns that may result. We, as physicians, feel so much pressure to hold the health of our patients as the paramount priority, and this cannot come at the cost of our own mental health. Normalizing and dispelling stigma around physicians who ask for help



and seek mental health care will also be a top priority of the NHMS.

Lastly, while these are priorities I intend to focus on, it is often the case that priorities declare themselves, and we cannot consider our policy positions in a vacuum. Since the height of the COVID-19 pandemic, the medical community is experiencing an erosion of public trust, both here in NH and nationally. Many of the legislative and regulatory challenges we face today, in addition to the increased rhetoric aimed at rebuking science and medicine, are likely symptoms of this erosion of trust.

While these historically unprecedented times can feel defeating, and incredibly

overwhelming, we must continue advocating for our patients and our profession, together in unity, particularly when we may feel that other leaders shy away from our centuries-tested expertise. Our voices must be louder than ever, as we are the best ambassadors for medicine. We must

strengthen our resolve and focus on increasing physician-led advocacy.

The NHMS' members are our greatest strength. Getting to stand with such great members makes me very hopeful for the work we will accomplish in the coming year—together. ■

*New Hampshire*  
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Ava Hawkes,  
NHMS Director  
of Advocacy

# A Physician's Guide to NH Legislative Advocacy: 3 Tiers of Engagement

As of early January, the 2025 legislative session is officially underway in New Hampshire, and the House of Medicine already has our work cut out for us.

In addition to HB 1 and HB 2, the bills that capture the entirety of our state budget, close to 1,000 bills have been filed by our 424-member state legislature. As the state's largest physician advocacy organization, the NHMS team, in collaboration and consultation with the Society's Board and Council, has been tracking and engaging bills of interest to the NHMS.

Whether it be efforts by non-physicians to expand their scope, a growing anti-public health and anti-vaccine movement among legislative leadership with corresponding legislation introduced, or proposals to further criminalize health care providers in NH for providing evidence-based care—physician-led advocacy is timely and imperative. Our state's elected officials need to hear from you, the experts with the proper credentials on matters of science, medicine, and public health, to thwart the misinformation and disinformation at the crux of many of these legislative proposals.

In an effort to lighten your load and help make engaging advocacy at the state level feel tangible for our state's busy, and passionate, physicians, I've included my three tiers to consider when engaging advocacy, depending on a physician leader's bandwidth and capacity:



- Tier 2 engagement, plus:
- Testify in person at the NH State House in Concord. Since the COVID-19 pandemic, the Legislature does not permit citizens to testify remotely, only in-person.
- Meet with key legislators, state boards, and agencies on NHMS priorities and initiatives and lend your impactful physician voice.
- Attend stakeholder and strategy sessions on priority bills and policy areas (e.g. ad hoc committees, working groups, coalition calls, etc.).



- Tier 3 engagement, plus:
- Email or call your state representative(s) on important and timely legislation highlighted in member communications.
- Draft and submit written testimony on key legislation to targeted House/Senate committees, chairpersons, leadership, etc. The process for written testimony submission differs from the House v. Senate.

Remember, your NHMS advocacy director is here to help! From how-to's on testimony drafting and submission, help determining your legislator(s) by district, to serving as a second set of eyes to read draft testimony.

- When advocating, remember that you likely wear multiple professional hats (e.g. CMO, member of various boards, constituent, etc.) and can leverage more than one of your networks when organizing advocacy around a bill or policy issue.



- Keep up-to-date with advocacy-focused communications and information-share.
- Follow social media accounts

of NHMS and our partners (e.g. New Futures, NHPHA, DH, etc.).

- Engage and read calls to actions in the Legislative Pulse. Helpful hyperlinks are always included (bill hearings are typically scheduled less than five days in advance).
- Remotely register your position on key bills via the General Court website (under 10 clicks!).
- Join the NHMS Legislative Committee (meets monthly based on availability of members).
- Make a plan to VOTE in local, state, and federal elections! Elections have consequences, especially today as it relates to the priorities of the House of Medicine and the ability for providers to practice medicine.

The first meeting of the year of the NHMS Legislative Committee, chaired by the Society's inaugural president, Dr. Patrick Ho, is scheduled for Wednesday, January 22, 2025 at 6:00 PM via Zoom. Please contact NHMS Staff at [info@nhms.org](mailto:info@nhms.org) or 603-224-1909 to learn more and to be added to the Committee's distribution list. While the road ahead of us this year may be long and, at times, quite challenging, we are in this together. Lean on your physician colleagues, the NHMS as your professional home, and the medical community at large, as we are stronger together. ■



New Hampshire  
Professionals Health Program

## Do You or a Colleague Need Help?

The New Hampshire Professionals Health Program (NHPHP) is a nonprofit organization, independent of other medical organizations and the State of New Hampshire.

NHPHP provides peer assistance services for NH-licensed chiropractors, dentists, dietitians, licensed alcohol and drug counselors, mental health practitioners, midwives, nurse licensees, optometrists, pharmacists, physicians, physician assistants, podiatrists, psychologists and veterinarians who are experiencing difficulties with substance abuse and addiction, psychiatric and/or behavioral health concerns, stress/burnout, work-related conflicts or professionalism concerns that are self-recognized or have come to the attention of an employer or licensing board.

NHPHP provides intake assessments, treatment referrals, and monitoring when indicated, as well as recovery documentation, education, advocacy and support. NHPHP believes that early intervention and treatment offers the best opportunity for a successful outcome and for preventing a health issue from becoming a work issue.

NHPHP is both free and confidential as required by law or regulation.

***For a confidential consultation, please call Dr. Molly Rossignol at (603) 491-5036 or e-mail: [mrossignol@nhphp.org](mailto:mrossignol@nhphp.org)***





Cathy Stratton, NHMS CEO

# New Year, New Opportunities

Dear NHMS members,

As we navigate an evolving healthcare landscape in 2025, New Hampshire faces complex challenges in legislation, healthcare policy, and medical practice. Our success depends on strong physician engagement and cross-specialty collaboration.

As I begin my leadership of NHMS, I see extraordinary opportunities to strengthen physician advocacy and build meaningful partnerships across New Hampshire's medical community.

In early 2024, the NHMS CEO Search Committee hired Starboard Leadership Consulting to identify the skills, experience, and qualities needed to guide the organization forward. Through an extensive search and interview process, including my three interviews with committee members, I learned about the strategic aspirations for NHMS and the issues that matter to New Hampshire physicians. I found myself imagining how my experiences would align with these goals, and I developed tremendous respect for the physicians I met and the challenges faced by medical associations across the United States.

I am now working with the Board, Council, and staff to develop a strategic plan that will build community, identify development opportunities, and expand on NHMS's rich history and legacy. I've received a warm welcome from many of you, and as I meet with stakeholders to discuss 2025 advocacy, programming, leadership, and growth, I'm learning about the unique values and independence that shape New Hampshire policies and practices. I invite you to reach out anytime and visit our new office for coffee—your participation and voice matter to your medical society.

NHMS recently concluded a successful 2024 Annual Scientific Conference, offering up to fifteen (15) continuing medical education credits for in-person attendees, including three (3) required opioid prescribing credits. Along with the time-honored tradition of the Passing of the Presidential Medallion, the Board and Council recognized several outstanding members:

- **The NHMS Lifetime Achievement Award** was presented to two distinguished physicians, **Nick Perencevich, MD** and **The Honorable Gary Woods, MD**, to recognize their substantial contributions throughout their career to the mission and ideals of the New Hampshire Medical Society. Both exemplify the integrity, courage, and leadership that the Society and the field of medicine aspire to uphold.
- **The 2024 NHMS Advocate of the Year Award** was presented to **Jeffrey Fetter, MD**, honoring him as a distinguished physician who demonstrates exceptional commitment to advocating for the Society's legislative and policy priorities. Even in the most unfath-



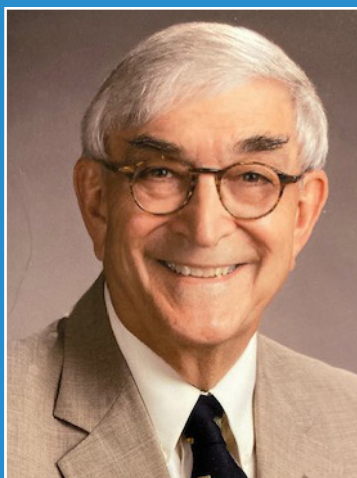
omable circumstances, and in the immediate aftermath of the New Hampshire Hospital Shooting in November 2023, Dr. Fetter is a leader and an unwavering advocate for the prevention of gun violence in New Hampshire.

- **The 2024 NHMS Young Physician of the Year Award** was presented to **Amy Lee, DO** in recognition of significant contributions to their colleagues, the New Hampshire Medical Society, and public health. Through service, leadership, and advocacy, Dr. Lee exemplifies the promise and potential of the medical profession.

Throughout my career—from serving on my rural Maine school board to working with the Maine Medical Association, their PHP, the Maine Chapter of ACEP, and ASMAC—I’ve focused on building thriving communities by creating stronger networks and providing resources for collective growth. I look forward to continuing this work in New Hampshire. Please contact me at [cathy.stratton@nhms.org](mailto:cathy.stratton@nhms.org) with any questions, comments, or to discuss getting involved. ■

## Fun at NHMS’ Annual Scientific Meeting





Nick Perencevich, MD

## Members' Corner

### Physician Oversight in New Hampshire's Medical Board: A Call to Protect Peer Review

I have had the pleasure of calling New Hampshire my home for 37 years, placing personal and professional roots in the Concord-Hanover area—working with Dartmouth Health's surgery department in starting their Concord-based surgical residency rotation (now in its 35th year), and serving on our state's Board of Medicine (BOM) for close to two decades. As such, I've become a familiar face in and around the NH State House, advocating on behalf of public safety, patients, and physicians. In recent months, my advocacy has been focused on the precedent-setting shift away from strong clinician peer-review as the foundation of the NH Board of Medicine's investigative process.

For historical background, the NH Legislature created the NH BOM in 1897. Its mission then, and now, is to protect Granite Staters by carefully certifying credentials, requiring licensees to maintain their skills once a license is granted, and responding competently to all complaints, claims, and lawsuits made against licensees.

Just this past summer, the Legislature created a committee to study the New Hampshire Board of Medicine's functionality today under the purview of our profession's new regulatory state agency, the Office of Professional Licensure and Certification (OPLC). This study committee's convening came on the heels



Resmiye Oral, MD, CAP

## Members' Corner

### Preventing Tragedy: Child Advocacy and Protection Program, Dartmouth Health Children's

Imagine a world where every child grows up free from the trauma of abuse and neglect. A world where all adults understand the signs of maltreatment and have the necessary skills to protect vulnerable children. Unfortunately, this ideal is not yet a reality for some children in New Hampshire. Emergency departments are still confronted with unresponsive infants whose histories of trauma and bruising are overlooked or misinterpreted.

To address this issue, specialists from the Child Abuse Prevention Program (CAPP) at Dartmouth Health Children's have launched an important new educational initiative aimed at strengthening the ability of healthcare providers to recognize, respond to, and report suspected child abuse and neglect.

The new program, titled "Medical Fundamentals of Child Abuse and Neglect", is designed to equip medical professionals with critical knowledge and skills for identifying cases of abuse and neglect. The course aims to address key barriers in the identification and reporting of child abuse, including uncertainty about whether a case is suspicious for maltreatment, a lack of understanding of child protection agencies' roles, and the difficulty of having conversations about abuse with families. Dartmouth Health Children's is making this online two-hour, self-paced course available free of charge and offering two AMA Category 1 CME credits upon completion.

The course covers topics such as the diagnostic workup for suspected abuse, how to consult with experts, and understanding the laws concerning child maltreatment in New Hampshire, how the state's child protection system works, and how to collaborate with New Hampshire's Division for Children, Youth,



## Perencevich, continued

of 2022 Boston Globe headlines and legislative action taken, at the request of the OPLC, to dissolve the BOM's MRSC (medical review subcommittee)—the understaffed and underfunded body, staffed by 12 members (nine physicians from across specialties, one physician assistant, and two public members) tasked with the initial thorough and expeditious review and investigation of all complaints made against NH physicians and physician assistants.

Today, in the absence of an MRSC, the intake and review of nearly all complaints made to the BOM against physicians are overseen by lawyers, not physicians, with no peer-review required. Lawyers are good at evaluating statute violations, but not at determining if a provider deviated from standards of care—which are the vast majority of suits and complaints. Peer-review is a cherished cornerstone process working to

ensure quality medical care. The public is protected from negligent or bad actors, while evaluating the clinical judgement and decision-making of the health care providers in our state. On November 1, the above-mentioned legislative study committee concluded that the current process was acceptable, but recommended that the NHMS work with the OPLC/BOM in recruiting physicians willing to help with investigations.

I, alongside many other physicians and colleagues who previously served on the MRSC, continue to work with the NHMS to find a collaborative path forward with the OPLC and the BOM. And while there seems to be some physician representation in the final stages of the complaint process, the path forward necessitates physician representation at all stages during the complaint process, particularly in the early stages where complaint review and investigation takes place.

My overarching concern is that distrust of the science of medicine, and of us, is now commonplace. And, in NH, there is an active and mobilized movement to under regulate and/or deregulate various occupational licensing boards, including the BOM. We must do everything we can to elevate reason and 127 years of peer review precedent in this discourse around protecting the public's health.

My hope is that my physician colleagues will pay close and thoughtful attention to the next steps taken by the OPLC, the BOM, and the Legislature, to ensure peer review of complaints against their colleagues and advocate accordingly. Historically, the functioning of our state's BOM and our complaint process has been open and transparent, trusted by both licensees and the public. We must work together and be vigilant to keep it that way. ■

## Oral, continued

and Families (DCYF). The program also includes recognition of abuse and neglect, the diagnostic work up in cases where maltreatment is a concern, and how to consult with Dartmouth's CAPP 24/7 for help in uncertain situations. Videos in the course will show real-life examples of healthcare providers navigating these complex situations, as well as detailed instructions on reporting responsibilities, which are critical but often inconsistently followed.

The program is being made available to the entire physician community in New Hampshire, as well as APRNs and PAs who care for children. As trusted figures in the lives of children, healthcare providers are in a unique position to recognize the signs of abuse and intervene to protect children and support struggling families.

We know that gaps in knowledge and skills can have serious consequences for children in our communities, and, as physicians, it is our collective responsibility to address these gaps. The program represents an opportunity to enhance the

quality of care for vulnerable children and improve outcomes for families in crisis.

For more information on the course and to register, visit: <https://dh.cloud-cme.com/course/courseoverview?P=0&EID=146312>. ■

# Save the Date

NH Medical Society  
Annual Scientific Meeting

**November 7-9, 2025**

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Eric Kropp, MD

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

# My Story:

## The Physician's Instruments: Stethoscope, Scalpel, and Bass Guitar

### Tuning up

What do a high school gymnasium, The Druid's Arms Pub, a wedding on Rye Beach, and the 2024 New Hampshire Medical Society's Annual Conference have in common? For most people, nothing. But for me, they're all places I've played bass guitar with different bands, each marking a unique chapter of my life. From auditoriums and clubs to backyards, bars and charity events, each of these venues represents a chapter in my life's journey.

While they may seem far removed from the practice of medicine, these experiences have played an important role in shaping a piece of my identity. They have helped me maintain balance in my life, defining me as more than just a physician, and shaping the way I connect with patients, colleagues, friends, and family.

### Checking boxes, losing touch

Think back to the medical school application. We dutifully checked off all the expected boxes: academic excellence, clinical and research experience, leadership and community service. Extracurricular activities such as athletics, clubs, hobbies, arts and music, were valued as markers of a well-rounded physician.

Yet, when preparing for my first med school interview, the admissions coach dismissed my bass guitar playing as irrelevant. "It's not the sort of thing they're looking for in a doctor," he said. Piano, violin, clarinet—those were ideal. But bass guitar? Not cultured, not refined. I was told to leave it out.



Eric Kropp and No Copay at NHMS



Looking back, I wonder how many of us let go of those activities along the way and why? Had they been truly fulfilling, or had we only done them to play the admissions game? Perhaps we convinced ourselves we'd outgrown them. Or when the residency schedule became grueling and the responsibilities of a mortgage and family obligations took over, did we concede, 'I just don't have the time'?

## More than a physician

Medicine has a way of consuming your identity. Somewhere along the way, we start to believe that it's all we are. When we let go of the activities that once gave our lives color and texture, we risk losing sight of who we are beyond the white coat. Maybe it's time to revisit some of those youthful passions, whether or not we believe they "fit" with our professional identity.

Music has a unique ability to transcend language and cultural barriers, bringing people together and deepening human connection. It fosters creativity, emotional connection, and even sharpens cognitive skills. For physicians, cultivating these traits enhances both patient care and self-care, inside and outside the clinic. Nourishing the musician within makes me a better physician.

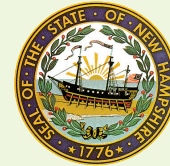
## Finding your rhythm

We should celebrate the identities outside of medicine that make us who we are. Perhaps your paint set has dried up, your hiking boots are buried in the back of the closet, or that half-filled poetry book, its pages waiting for ink, sits forgotten on the shelf. Whatever creative spark lies dormant within you is worth rediscovering.

For me, picking up the bass guitar again isn't just nostalgia. It is a way of embracing a piece of myself. It's about forging deeper connections with my community, my family, and most importantly, myself. It is a terrific stress reliever, and honestly, just plain fun!

Medicine demands a lot from us, but we have the power to decide how much we're willing to give. By holding on to the passions that make us feel whole, whether it's music, art, or another creative pursuit, we can find balance. A life in medicine may be defined by stethoscopes and scalpels, but there's always room for rock and roll.

Eric Kropp, MD is a solo family physician in Concord, NH, past President of NHMS, family man, and bassist in the multi-physician rock cover band "No Copay." (original source unknown). It has been a motto that has sustained me and buoyed me ever since. ■



## 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.

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Please contact [Anne.Lajoie@ssa.gov](mailto:Anne.Lajoie@ssa.gov) or call (603) 271-4138 for additional information.



Amy Lee, DO

## Physician Advocacy: Learning the Ropes as a Resident

I am an Obstetrics and Gynecology (Ob/Gyn) resident physician training in New Hampshire. The role of advocacy as an Ob/Gyn is an aspect that drew me to the specialty, and I knew going into training that I wanted to develop advocacy skills. Coming from out of state, I quickly realized New Hampshire has a unique political landscape with rich learning opportunities—so, before launching myself into the legislative session, I sought education and mentorship through the New Hampshire Medical Society (NHMS).

I became a Resident Representative and signed onto the Legislative Committee and Reproductive Task Force. In committee meetings, I gained valuable insight into the timeline of the legislative season, the lifecycle of a bill, and the types of bills that relate to healthcare. I enjoyed participating in meetings that explored all the potential implications of proposed legislation. I listened to thoughtful discussions about how best to engage with bills. I also worked one-on-one with the NHMS Director of Advocacy Ava Hawkes to draft compelling, evidence-based testimony.

This experience provided the guidance I needed, and I eagerly embarked on an exciting legislative season. I testified and wrote letters on multiple bills, aligning with the NHMS stances.

One of my most memorable experiences was testifying on behalf of NHMS regarding CACR23, which would have allowed New Hampshire residents to vote on an amendment to the state constitution enshrining the right to abortion. During this testimony, I emphasized giving the decision to the people, as well as the significance of abortion care in attracting resident physicians, retaining trained doctors, and delivering evidence-based care to NH residents.

I also recruited obstetric attending physicians and nurse midwife colleagues to testify against HB1010, which would have permitted Certified Professional Midwives to perform dangerous out-of-hospital multiple births, breech births, and trial of labor after cesarean deliveries without guidelines or restrictions on the distance from a transfer facility.

Most recently, I served on the panel “Dispelling Myths of Abortion Care and Reproductive Health” at the NHMS Annual Conference. I appreciated the curiosity of society members and the engaging discussion.

These experiences were enriching and influential to building my budding practice as a physician-advocate. Looking ahead, I’m excited for a broad range of advocacy events in the upcoming season. Some of my goals include:

- Organizing a New Hampshire Legislative Day, where Ob/Gyn residents can engage with legislators in Concord.
- Collaborating with legislators to address gaps in maternal health care for patients with substance use disorder.

For anyone looking to engage in advocacy this legislative season, it is truly remarkable how the NHMS supports you. While it can be intimidating to stand up and testify, collaborating with the NHMS can help build your skills and confidence to take that first step to the podium. Personally, I’m always seeking to improve my communication with legislators and refine my testimony. I know that colleagues at the NHMS will workshop with me, helping to frame patient stories and medical knowledge into persuasive arguments. **I encourage other young physicians to step out of their comfort zone and give it a try! ■**



## Complaints and Feedback – Patients in Ambulatory Settings

Patient satisfaction is often used as a performance measure for healthcare quality. Patient satisfaction has implications on reimbursement, patient safety, brand reputation, and competition with similar health-care organizations.

Practices can receive feedback about their services via satisfaction surveys, complaints, compliments, or online comments/reviews. Whether positive or negative, the information should be used to evaluate your processes and environment. Tracking and analyzing feedback can provide valuable information about improving patient care and satisfaction.

Seeking feedback demonstrates to your patients and their families that you value their opinions and are receptive to their needs. Using feedback as an opportunity for improvement demonstrates to your healthcare staff that increasing patient satisfaction is an important part of their care delivery.

### Complaints

When a patient's or family's expectations are not met, they may choose to voice a complaint verbally, in writing, or online. Whatever the complaint, your practice should listen and respond in a timely manner to the concern and make the patient feel valued and responded to.

Practices must be cautious about how they respond to online comments/reviews. Patient privacy laws, such as HIPAA, prevent healthcare providers from disclosing a patient's protected health information. An appropriate response might be to acknowledge their concern and state that you would be happy to address their concern if they contacted your office directly.

While it may be acceptable for administrative support staff to address minor complaints such as long wait times or difficulty obtaining convenient appointment times, it is important to establish guidelines to identify when to immediately involve management. When the complaint is related to clinical care, the physician should be made aware of the complaint and involved in the resolution.

When a patient sends a written complaint to your practice, it is appropriate to respond to the complaint

in writing in a timely manner. Investigating a complaint should include a review of the patient's medical record as well as gathering input from the clinical or administrative staff who were involved in the patient's care. After your review, determine your response to the concerns expressed. Be sure to thank the patient for sharing their concerns and explain any steps you have taken to address them. Your response letter should not be filed in the patient's electronic health record but should be kept in a separate quality improvement file.

If a patient complaint involves allegations such as inappropriate care, misdiagnosis, negligence, or a threat of litigation, or notification of a patient complaint to a Board of Licensure, contact your medical professional liability carrier as soon as possible for them to assist you.

### Tracking, Trending, and Monitoring Complaints

In order to evaluate the data:

- Aggregate data for comprehensive analysis.
- Bring the results back to your clinical, administrative support, and providers to identify trends and prioritize opportunities for improvement.
- Try to align your quality improvement initiatives with your strategic aims.
- Initiate the changes using an evidence-based approach, such as Plan-Do-Study-Act (PDSA).



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### 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.*

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