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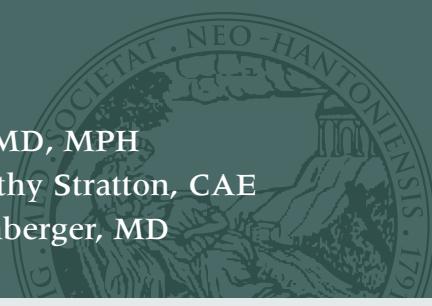


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- Looking Ahead to our Annual Scientific Conference – Patrick A. Ho, MD, MPH
- Beyond Membership: Finding a Professional Home – NHMS CEO Cathy Stratton, CAE
- On Transitioning to Medical Practice After Training – Mathew S. Lemberger, MD



### New Hampshire Medical Society

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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:** NHMS members enjoy the August 2025 Wine Tasting Evening, an event that raised funds to support residents' and students' participation in NHMS.



**Patrick Ho, MD, MPH**  
**President, New Hampshire**  
**Medical Society**

*"Being able to earn CME credits while connecting with old and new friends in one of our state's most iconic places is an opportunity that you won't want to miss."*

## **President's Message**

### **Looking Ahead to our Annual Scientific Conference**

With our annual scientific conference coming soon in November, I wanted to offer a preview of what we can expect from this year's conference. Our conference will be held at the Omni Mount Washington Hotel from November 7-9. The theme of this year's conference will be "Building Bridges: Integrating Behavioral Health for Better Outcomes." From the perspective of available mental health care services, New Hampshire has long been underserved. This has been particularly accentuated over the last few years, as the COVID pandemic exacerbated the crisis of patients boarding in emergency departments while awaiting mental health services. With the stress on our mental health care apparatus, many of our colleagues across all medical specialties had noticed an increase in patients with mental health care needs and without adequate treatment.

In response to this great need, our state's mental health care services have evolved over the last few years. This year's NHMS conference will focus on mental health care. We are planning a slate of CME presentations focusing on different elements of mental health care that are useful for physicians practicing in any specialty. Topics will include mental health care in emergency settings, updates on the legal statutes around involuntary hospitalization, caring for "difficult" patients in medical settings, navigating mental health in transgender communities, and discussions on how community mental health centers (CMHCs) and Certified Community Behavioral Health Clinics (CCBHCs) may integrate with teams from other medical specialties. With these topics, we hope to build opportunities for collaboration and to impart attendees with knowledge about our state's mental health care resources.

While the focus will be on mental health care, we also plan to have a number of general sessions and panels. These will include discussions on effective public health advocacy, rural healthcare, updates to Medicaid in this dynamic political environment, and adaptive leadership strategies for a complex healthcare landscape. As physician advocates and leaders in our practice settings and in our state, these topics will help to solidify and enhance foundational knowledge and skills for the work that we do each day.

Our conference will also make it possible for attendees to obtain three opioid treatment CME credits with sessions on prescribing for patients with substance use disorders, integration of mental health and substance use treatment in hospital settings, as well as a keynote address about maternal mental health and perinatal addiction.

In addition to this exciting slate of presentations, I wanted to make sure to highlight one of my favorite parts of our annual scientific conferences—connection and collegiality. We don't often get chances to meet our colleagues who might work in different specialties and different parts of the state, and being able to make these connections is one of the most

invaluable parts of our conference each year. With our conference being held at the beautiful Omni Mount Washington Hotel, there isn't a better setting for sharing bites, drinks, and memories with our colleagues from around the state. Our Awards Dinner on Friday night and Presidential Dinner on Saturday night will both feature great food and entertainment, and we look

forward to the inauguration of Marie Ramas as the New Hampshire Medical Society's 194th president!

Our annual scientific conference is one of the things that I look forward to every year and is, in my opinion, one of the best things that we do for our state's physicians. Being able to earn CME credits while connecting with old and new friends in one of our state's

most iconic places is an opportunity that you won't want to miss. Please sign up for the conference today, and book your hotel room soon as these will go fast! This is a great way to introduce new physicians to the New Hampshire Medical Society, so encourage your colleagues to come as well. I'm really looking forward to this year's conference, and I hope to see you all there! ■

# SAVE THE DATE!



**2025 NHMS Annual  
Scientific Conference**

**Omni Mount Washington Resort  
November 7-9, 2025**



**Cathy Stratton, CAE**  
CEO, New Hampshire  
Medical Society

*"We are building a place where physicians are supported, connected, and empowered to lead change and improve healthcare for all."*

## **CEO's Perspective**

### **Beyond Membership: Finding a Professional Home**

In a profession where burnout is real and the stakes are high, having a trusted community—a professional home—is not just beneficial, it's essential. At the New Hampshire Medical Society (NHMS), we are striving to be more than a membership organization. We are building a place where physicians are supported, connected, and empowered to lead change and improve healthcare for all.

As I mark my first anniversary as CEO of NHMS, I reflect with deep appreciation on the Society's 234-year legacy of leadership, advocacy, and service to New Hampshire's citizens and physicians. (Stay tuned for our upcoming fall webinar on medical history to explore this rich heritage!) I have the privilege of working with physicians who are not only dedicated clinicians, but also passionate advocates, community leaders, and mentors.

This past year has underscored just how complex—and ever-evolving—our healthcare ecosystem is. But one truth stands out: the need for strong, local networks where physicians can connect authentically, share knowledge, and support each other. That's why, at the beginning of August, we launched a brand new NHMS Community Platform—a digital platform that fosters meaningful connections, collaboration, and professional growth.

This represents just one step forward on our path to amplify physician voices, expand member resources, and nurture a thriving professional community. But at its core, it's also an invitation—to pause, reflect, and ask yourself: what's fueling me right now?

Is it the impact you have on patients? The thrill of lifelong learning or clinical innovation? The pride of professional recognition? Or maybe it's those simple yet powerful moments when you feel aligned with your purpose and connected to your peers. Whatever it is, we want NHMS to be the place where you can rediscover it.

When physicians are fueled, they thrive. And when they thrive, so do patients, teams, and the healthcare system as a whole. We invite you to log in to the NHMS Community today. Explore groups, share insights, find resources—and reconnect with what fuels you.

You can access the community through the NHMS website under the 'Membership' tab or by scanning the QR code to the right. ■



## Check out the New Hampshire Medical Society Community!

We are just getting warmed up – and you're invited! This is your chance to help shape the new community platform.

- Login with your NHMS credentials
- Take a tour of the platform
- Get involved with the growing list of community groups





Cathy Stratton, CAE  
CEO, New Hampshire  
Medical Society

*"NHMS will continue working with lawmakers and partners this fall to ensure that physician voices are front and center in policy and legislative debates."*

## Advocacy Update 2025 Legislative Session: Key Impacts on Physician Practice

New Hampshire's 2025 legislative session presented significant challenges for physicians, particularly in the areas of telehealth, reproductive care, medical treatment for minors, reimbursement, and more. The New Hampshire Medical Society (NHMS), working closely with members and coalition partners, engaged on numerous bills throughout the year. Below is a summary of the legislation that most directly affected physician practice. (Note: This is not a comprehensive list of all bills impacting medicine in New Hampshire.)

### Telehealth

#### *SB 252 – Criteria for Telemedicine Care*

- **Effective August 23, 2025**
- Expands telemedicine prescribing authority for non-opioids and opioids in Schedules II–IV to physicians, PAs, and APRNs.
- Supports improved health care access for incarcerated individuals.
- Clarifies that prescribing spectacle or contact lenses still requires an in-person exam.

[SB 252 Chaptered Final Version](#)

### Reproductive Care

#### *HB 606 – Right to Appropriate Reproductive Care*

- **Effective September 13, 2025**
- Affirms a patient's right to receive appropriate reproductive care for medical conditions, even if resulting in sterilization.
- Requires physicians to honor voluntary sterilization requests, regardless of age, marital status, number of children, or provider's personal beliefs.

[HB 606 Chaptered Final Version](#)

### Medical Care for Minors

#### *HB 377 – Gender-Related Medical Procedures*

- **Effective January 1, 2026**
- Prohibits new "gender-altering" procedures and prescriptions for minors.
- Permits continuation of treatment begun prior to January 1, 2026.

[HB 377 Chaptered Final Version](#)



## **HB 712 – Breast Surgery for Minors**

- **Effective September 30, 2025**
- Limits breast surgery for minors to cases involving malignancy, injury, infection, malformation, or reconstruction following treatment.

[HB 712 Chaptered Final Version](#)

## **Controlled Substances**

### **SB 254 – Controlled Substance Inventories**

- **Effective August 16, 2025**
- Aligns New Hampshire's controlled substance inventory requirements with federal law (21 U.S.C. §1304.11(c)).

[SB 254 Chaptered Final Version](#)

## **Physician Workforce & Titles**

### **SB 285 – Title Change from Physician Assistant to Physician Associate**

- **Effective June 17, 2025**
- Updates state law terminology to "physician associate."
- Makes no substantive changes to scope of practice or regulatory authority.

[SB 285 Chaptered Final Version](#)

## **Vaccines**

### **HB 524 – Vaccine Access**

- **Effective January 1, 2026**
- Proposed dismantling of the NH Vaccine Association, shifting vaccine billing directly to providers.
- **Defeated in committee.**

[SB 524 Chaptered Final Version](#)

## **Maternal Health**

### **SB 246 – "Momnibus 2.0"**

- Enacted as part of the 2025 state budget.
- Expands maternal mental health initiatives, including screenings, provider access, and a perinatal psychiatric consultation line.

[SB 246 Chaptered Final Version](#)

## **Looking Ahead**

NHMS will continue working with lawmakers and partners this fall to ensure that physician voices are front and center in policy and legislative debates. We encourage all physician members to get involved by participating in our Legislative Committee meetings. Watch for announcements of upcoming meetings in future NHMS Pulse newsletters—we look forward to your participation. ■



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P. Travis Harker, MD, MPH  
NHMS AMA Delegate

*"Over the past 3 months, the AMA has ramped up our advocacy on behalf of our patients and our profession with the numerous changes coming out of Washington."*

## New Hampshire Medical Society AMA Update

Over the past 3 months, the AMA has ramped up our advocacy on behalf of our patients and our profession with the numerous changes coming out of Washington. Under the leadership of AMA President Dr. Bobby Mukkamala, we have focused our efforts on the issues facing us all. Our AMA has been actively combating misinformation, supporting vaccine science, and advocating to reverse the 3% Medicare rate cut that took effect in January and the Medicaid cuts and changes to student loan policy that were part of the "Big Beautiful Bill."

In addition to the headline grabbing topics that are mentioned above, the AMA has been active on a many other topics as well, a few of which are highlighted here. With the looming expiration of the telehealth bill, the AMA supports HR 4206, the "Creating Opportunities Now for Necessary and Effective Care Technologies" (CONNECT Act) which will extend and improve upon the telehealth flexibilities that many of us have incorporated into our practices. The AMA has also supported work by the House Ways and Means Committee to expedite completion of the pending prior authorization regulation from CMS. The AMA is also actively supporting S712, the "Connected Maternal Online Monitoring Act" (Connected MOM Act) introduced by our own Sen. Hassan with Sen. Cassidy from Louisiana. This bill would expand Medicaid coverage for remote devices such as pulse oximeters, blood pressure cuffs, scales, and glucose monitors in an effort to improve maternal and child health outcomes.

You can learn more and get involved with 3 of our big grassroots efforts focusing on prior authorization, drug price transparency and Medicare payment reform by following the link [physiciangrassrootsnetwork.org](http://physiciangrassrootsnetwork.org).

Lastly, the AMA's interim meeting is coming up in November, where policy issues will be discussed and voted on. AMA members are actively working on submitting resolutions for consideration and they will be posted online in the coming weeks. Please take a look at topics being discussed and, if you have thoughts on how our NH Delegation should vote, please reach out to Dr. Travis Harker ([ptravisharker@gmail.com](mailto:ptravisharker@gmail.com)) and Dr. Alan Hartford ([achartford@gmail.com](mailto:achartford@gmail.com)). ■



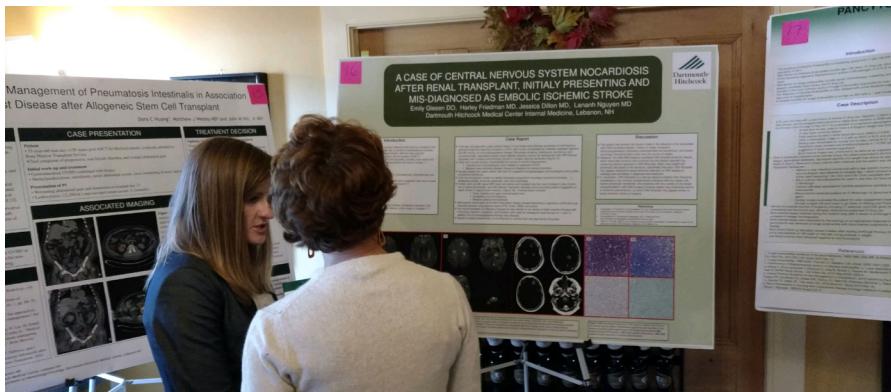
**PHYSICIANS  
GRASSROOTS  
NETWORK**



## New Hampshire Chapter Scientific Meeting 2025

Join your colleagues in internal medicine at the next scientific meeting of the New Hampshire Chapter of the American College of Physicians, being held October 17, 2025 at Hilton Garden Inn, Lebanon, NH.

<b>Where:</b>	Hilton Garden Inn, 35 Labombard Rd, Lebanon, NH 03766
<b>When:</b>	October 17, 2025
<b>What:</b>	<ul style="list-style-type: none"><li>● Hot breakfast</li><li>● Engaging educational presentations such as M&amp;M, Ageism, Dementia, Hyperbaric Medicine, AI and Wearables, and Obesity CME, MOC</li><li>● Networking</li><li>● Lunch</li><li>● Exhibitors</li><li>● Poster competition</li><li>● Town hall</li><li>● Governor's dinner (additional fees apply)</li></ul>
<b>Who should attend:</b>	You & everyone you know!





Mathew S. Lemberger, MD

*"Rather than "a point of central arrival," the transition to medical practice after training might best be seen as a story that will continue to undulate and carry one eventually to situations and "things beyond resemblance."*

## Resident Article

# On Transitioning to Medical Practice After Training

In his poem "Prologues to What Is Possible," Wallace Stevens speaks of a mindset like that of a solitary maritime traveller being ushered along on a seemingly self-directed anthropomorphized sea "So that he that stood up in the boat leaning and looking before him / Did not pass like someone voyaging out of and beyond the familiar." As with much of Steven's best writing, we are invited to consider the interplay between reality and the imagination as it pertains to one confronting an allegorical quest ahead into uncharted territory.

As an early-career psychiatrist, I find new meaning in Stevens' lines. After completing my fellowship training in Child and Adolescent Psychiatry at Marshall University's Joan C. Edwards School of Medicine in May 2024, I am now approaching my one-year anniversary as an attending psychiatrist at Dartmouth Hitchcock Medical Center. Embarking on the journey of independent medical practice felt in some ways akin to the scenario described in Stevens's poem vis-à-vis finding oneself in the midst of sailing toward an unknown destination.

In the course of the many grueling years of training physicians undertake to achieve proficiency in their career, we learn experientially to trust in our hard-earned acquired knowledge base and the process of clinical reasoning we have cultivated through countless hours of studies and practice. "Gripping their oars, as if they were sure of the way to their destination," we are borne by the waves of our clinical acumen as we learn to navigate turbulent passages in an ever unfolding mission to provide excellent care to our patients.

There is no shortage of turbulence in managing the psychiatric care of young people often beset by trauma and the vicissitudes of a chaotic world. Running my own private clinic and supervising fellows in the setting of academic medicine has afforded me a unique opportunity to glance back even as I look forward. Through clinical teaching, I have faced impasses and discovered opportunities in the transposition of practical insight into words and example that, one hopes, will help to guide bright trainees toward an improved practice.

Despite all of our best preparation and the well-intentioned guidance of our professional training, "The this and that in the enclosures of hypotheses," the complexities inherent in providing medical care may at due times leave one questioning their compass and the very stars by which they navigate. Seeing that there is no benevolent ocean ushering us toward a knowable outcome, we must accustom ourselves to the uncomfortable as we adopt responsibility for conjuring solutions to

human problems that are often without simple answers.

Rather than “a point of central arrival,” the transition to medical practice after training might best be seen as a story that will continue to undulate and carry one eventually to situations and “things beyond resemblance.” In place of “an ease of mind,” we inevitably come face-to-face with clinical circumstances beyond the comfort of the familiar

briefly encountered at the pinnacle of our training—the true start of our journey. Yet in these moments of uncertainty, we make “a fresh universe out of nothingness” in how we proceed.

Years ago, I dreamt of carving out a vocational path that would allow me to entwine a love of music with a career rooted in the reduction of human suffering. The road to this point was often precarious, but

ultimately led me to focus on mental healthcare for youth, with a particular interest in the role that active creativity could play in mitigating the effects of early childhood trauma. Thus far, I have experienced “unexpected magnitudes” and remain grateful for the chance to be on this journey toward all that is still possible. ■

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Patrick Ho, MD, MPH

*"I like the community of people that you get to work out with, that someone else creates the programming, and that there are lots of ways to scale things if I'm tired from work, or ways to make things harder if I'm feeling good."*



JD Storn, Patrick Ho, Gillian Sowden, and Bryan Hybki (left to right)

## Member's Corner: Fitness Rounds: AM Crossfit for Fitness and Community

Physical fitness can take many forms. For myself and four other NHMS members and DHMC physicians, attending the early morning 5 AM or 6 AM Crossfit classes at a local gym helps us to stay in shape while maintaining a connection to each other and a strong community outside of our work.

Crossfit is a type of exercise that typically combines weightlifting, gymnastic movements, and cardio into a fitness regimen that is intended to be constantly varied, high intensity, and functional. For me, this just translates into getting a really good workout in where I get to work on elements of fitness that are areas of weakness, such as gymnastics and cardio, while still getting to work on weightlifting (which I always enjoy more.) Starting Crossfit early in medical school, I have always favored the 6 AM classes because I learned quickly that in medicine, one can never assume that the day's workflow will always go smoothly and allow me to dedicate time to physical fitness after work. This gives me a way to ensure that I would get a workout in, and serve as a reminder for the rest of the day that I am capable of doing difficult things. Importantly, it allowed me to make connections and have a community outside of the hospital. This has been true everywhere that I have lived since starting Crossfit 13 years ago.

JD Storn, an emergency physician at DHMC, agrees with this sentiment. JD says he "joined Crossfit in about 2017 in my 4th year of medical school after realizing that I'd really gotten out of shape after the first three years." He also describes it as an "excellent general physical fitness regimen that keeps me in shape to be able to ski, climb, ride, and play with my kids without getting too tired or injured. The class structure and coaching means that I just have to clock out an hour of the day,

and don't have to think about planning when I'm in between shifts or post nights. It presents new challenges all the time, yet is easily scalable down if I'm not feeling 100%. Lastly, and perhaps most importantly, it's a great community of support, and I have made many new friends both here and across the country while travelling." JD often attends either the 5 AM or 6 AM class as his schedule allows.

The community aspect of Crossfit has certainly been one of the biggest benefits, and is something that is cited often in conversation with my colleagues. Bryan Hybki (affectionately known as "Bry Bry" to his peers), an addiction psychiatrist at DHMC, joined Crossfit in 2021 and says that he "really loves the friends and community he has found with Crossfit" and the accountability that this has added to his fitness. To him, this makes it easy so that "you just

need to show up." Bry Bry is a fixture at the 5 AM class.

Jesse Columbo, a vascular surgeon at DHMC who started Crossfit in 2016 during his residency, agrees and describes additional benefits. "I like the community of people that you get to work out with, that someone else creates the programming, and that there are lots of ways to scale things if I'm tired from work, or ways to make things harder if I'm feeling good."

Like JD, Jesse also splits time between the 5 AM and 6 AM classes depending on his schedule.

Gillian Sowden, a psychiatrist at DHMC, joined in 2018 and points out that the structure of Crossfit helps her track her fitness goals. She notes "I love that you can track your progress and see yourself getting stronger" and that her routine has not gotten stale over the years. "I love the variation in workouts and

encouragement from the coaches. Each day is different, so you never get bored." Gillian often attends the 6 AM classes.

In New Hampshire, there are 23 Crossfit gyms distributed all over the state. Take our word for it—if you are in the market for a new fitness routine that comes with a great community, check out your local Crossfit gym! You might even run into a few of our fellow NHMS members. ■

NHOA & NHSPA  
WINTER SYMPOSIUM  
  
GRAND SUMMIT  
ATTITASH

01/30/26 - 02/01/26



# Save the Date

Topics include: POCUS, supplements, case studies, child abuse detection, ENT, neuropsych development, inflammation, antibiotics, obesity med update, workplace violence, and much more...

# NHMS Around Town



# A Risk Management Plan for New Hampshire Physicians is Good Medicine!

New Hampshire medical practices face an increasingly complex risk environment with new regulations, laws, insurance plans, compliance and privacy standards, civil rights guidance, cyber-security, opioid prescribing limitations, employer responsibilities, and the list seemingly goes on and on. Unmanaged risk is the kind of thing that could keep you awake at night. The solution is a Risk Management Plan. Taking on a few stray and fragmented risk management activities is not a substitute for an actual structured and methodically developed risk management plan to ensure patient safety, comply with state and federal regulations, and minimize legal and financial liabilities. Below is a detailed framework for creating a risk management plan for physicians in New Hampshire, outlining key components and actionable strategies.

## **1. Risk Identification**

The first step in developing a true risk management plan is identifying potential risks specific to the practice and the New Hampshire healthcare environment. A few of the common clinical risks include medication errors, patient compliance with preventative care and recommended screening tests, misdiagnoses, surgical complications, and patient falls (to name just a few!). Non-clinical risks encompass cybersecurity breaches, especially with the rise of electronic health records (EHRs), and non-compliance with regulations like HIPAA or New Hampshire's opioid prescribing rules. Rural practices may face additional risks, such as limited access to specialists, hospitals, or challenges in coordinating care. Conduct a thorough risk assessment by reviewing incident reports, patient complaints, and near-misses. Engage staff in brainstorming sessions to identify vulnerabilities, and consult New Hampshire Board of Medicine guidelines to ensure regulatory risks are addressed.

## **2. Risk Analysis and Prioritization**

Once risks are identified, analyze their likelihood and potential impact. For example, medication errors may be frequent but low-impact if caught early, while failure to check the Prescription Drug Monitoring Program (PDMP) before prescribing opioids carries high legal and patient safety consequences. Use a risk matrix to categorize risks by severity and probability, prioritizing those with the greatest potential for harm or liability. In New Hampshire, where the opioid epidemic has led to strict regulations, non-compliance with prescribing laws should be a high-priority risk. Similarly, cybersecurity threats, such as ransomware attacks on EHRs, require urgent attention due to their potential to disrupt care and violate patient privacy.

## **3. Risk Mitigation Strategies**

Develop targeted strategies to mitigate identified risks. For clinical risks, implement standardized protocols, such as double-checking high-risk medications, tracking when patients are due for preventative or screening tests and notifying patients when the recommended tests should be performed, or using surgical checklists. To address opioid prescribing risks, mandate PDMP checks, utilize patient contracts as appropriate, limit initial prescriptions to seven days as required by New Hampshire law, and train staff on recognizing substance misuse. For cybersecurity,



**Robert Best &  
Melissa Hanlon  
Sullivan & Hollis**

*"By prioritizing clinical safety, regulatory compliance, staff training, and continuous improvement, physicians can reduce liabilities and enhance patient care."*

adopt encrypted EHR systems, conduct regular software updates, and train staff on phishing prevention. Enhance patient communication by using plain language, providing written instructions, and confirming understanding, especially in rural areas with varying health literacy levels. Establish clear informed consent processes, documenting discussions about risks, benefits, and alternatives for all procedures. For telemedicine, ensure compliance with state and federal regulations by using secure platforms and obtaining telemedicine-specific consent.

#### **4. Staff Training and Education**

A risk management plan is only effective if staff are well-trained. Conduct regular training on clinical protocols, regulatory compliance, and patient safety. In New Hampshire, physicians must complete 100 hours of continuing medical education (CME) every two years, so integrate risk management topics—such as opioid prescribing, infection control, and HIPAA compliance—into CME activities. Train staff on proper documentation, emphasizing the importance of timely, accurate, and comprehensive records to defend against malpractice claims. Role-play scenarios like handling difficult patients or reporting adverse events to build confidence. Rural practices, which may have limited staff, should cross-train employees to ensure coverage and consistency.

#### **5. Incident Reporting and Analysis**

Establish a clear process for reporting and analyzing incidents, near-misses, and patient complaints. Create a non-punitive reporting culture to encourage staff to flag issues early. Use a standardized incident reporting form that captures details like date, time, individuals involved, and outcomes. Conduct root cause analyses (RCAs) for significant incidents to identify underlying issues and prevent recurrence. For example, if a patient experiences an adverse drug reaction, an RCA might reveal gaps in allergy documentation or PDMP checks. Share findings with staff and implement corrective actions, such as updating protocols or providing additional training. In order to protect incident reports and RCAs, establish a comprehensive Quality Improvement Plan that complies with the requirements of NH RSA 151:13-a so that the information is gathered and analyzed as part of the quality assurance process and is therefore privileged and not subject to discovery in the event of litigation.

#### **6. Monitoring and Continuous Improvement**

Regularly monitor the effectiveness of the risk management plan through audits, performance metrics, and patient feedback. Audit patient charts to ensure documentation meets New Hampshire's legal standards and review PDMP compliance rates. Track

incident reports to identify trends, such as recurring errors in a specific department. Solicit patient feedback through surveys to gauge satisfaction and uncover communication gaps. Update the risk management plan annually or when new regulations, technologies, or risks emerge. For example, the growing use of telemedicine in New Hampshire requires ongoing evaluation of virtual care protocols to ensure compliance and security.

#### **7. Legal and Insurance Considerations**

Secure adequate malpractice insurance tailored to the practice's specialty and risk profile. New Hampshire does not mandate specific coverage levels, but high-risk specialties like surgery require robust policies. Review insurance terms annually, ensuring coverage for emerging risks like telemedicine or cybersecurity breaches. Understand tail coverage to protect against claims filed after policy termination. Consult legal counsel to ensure compliance with state laws, particularly for opioid prescribing and patient privacy. Maintain open communication with insurers to report potential claims early, reducing litigation risks.

#### **8. Emergency Preparedness**

Incorporate emergency preparedness into the risk management plan, addressing natural disasters (e.g., New Hampshire's severe winter storms) and public health crises. Develop contingency plans for power outages, EHR downtime, or staff shortages, especially in rural areas with limited resources. Train staff on emergency protocols and maintain up-to-date contact lists for local hospitals, specialists, and emergency services.

#### **Conclusion**

A comprehensive risk management plan for New Hampshire physicians requires proactive identification, analysis, and mitigation of risks, tailored to the state's regulatory and geographic challenges. By prioritizing clinical safety, regulatory compliance, staff training, and continuous improvement, physicians can reduce liabilities and enhance patient care. Regular monitoring, robust documentation, and adequate insurance further strengthen the plan, ensuring resilience against evolving risks. Implementing these strategies fosters a culture of safety, protects practices, and supports high-quality healthcare delivery across New Hampshire's diverse communities.

Robert Best and Melissa Hanlon are attorneys and partners at Sulloway & Hollis. Their practices focus on representing and defending physicians and healthcare clients. For more information regarding risk management strategies, please contact Sulloway & Hollis at 603-223-2812 or [Rbest@Sulloway.com](mailto:Rbest@Sulloway.com). ■

## When employees use mobile devices to access patient information

The widespread use of mobile devices in healthcare offers fast and convenient access to patient information, but also poses significant security risks to protected health information (PHI). Organizations must ensure that patients' PHI remains secure and regulatory guidance is followed. Recent statements by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission now allow texting for patient orders with the use of appropriately configured secure texting platforms, emphasizing the need for robust security measures.

## Conduct a Risk Assessment

Evaluate the use of mobile devices within your organization to identify how PHI is accessed and transmitted. Determine if your electronic health record (EHR) has messaging capabilities and what security measures are in place. Analyze what type of patient information is currently being communicated on mobile devices to assess if there may be information that should have been entered into the legal medical record but was not.

## Device Management

Decide whether to provide devices to physicians and staff or allow the use of personal devices (BYOD). Each option has advantages and disadvantages and requires policies and procedures to ensure proper handling of PHI.

- **Organization-Owned Devices:** Providing devices with secure messaging software can be expensive, but this option gives the organization more control and ensures that information is shared through HIPAA-compliant platforms. Provide encrypted, HIPAA-compliant devices to staff, ensuring strict usage policies and user agreements.
- **Bring Your Own Device (BYOD):** Allowing staff to use their personal devices is a less expensive option, but does increase the risk of unauthorized access to PHI and data breaches. If allowing personal devices, ensure there are additional strict security processes to help mitigate the increased risks of unauthorized access to PHI.

## 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.

## HIPAA Compliance

When accessing and sharing PHI via mobile devices, physicians and staff members are obligated to safeguard patient information. Implement and enforce policies to protect PHI when accessed via mobile devices, ensuring all practices meet HIPAA standards.

## Policy Development

Create comprehensive policies addressing secure messaging platforms, texting practices, texting orders, security measures, and usage protocols. Ensure all practices meet federal and state statutes and regulatory requirements.

## Additional Security Practices

Implement practices such as immediate reporting and remote wiping of lost or stolen devices, removing network access from personal devices upon employment termination, and aligning text message retention policies with medical record retention standards.

## Infection Control

Educate staff on infection risks associated with mobile devices and enforce proper hand hygiene practices. Consider policies restricting mobile devices in procedural rooms.

## Training

Incorporate mobile device policies into HIPAA and security training, emphasizing protection against malware and phishing attempts.

By addressing these areas, healthcare organizations can enhance the secure use of mobile devices while maintaining compliance and patient safety.

## Resources

CMS. (2024, February 8). Texting of Patient Information and Orders for Hospitals and CAHs. DHHS. HealthIT.gov. (2019). You, Your Organization, and Your Mobile Device. (ONC). DOI: <https://www.healthit.gov/topic/privacy-security-and-hipaa/you-your-organization-and-your-mobile-device>

The HIPAA Journal. (2024, February 24.) Is Texting in Violation of HIPAA? DOI: <https://www.hipaajournal.com/texting-violation-hipaa/>

New Hampshire

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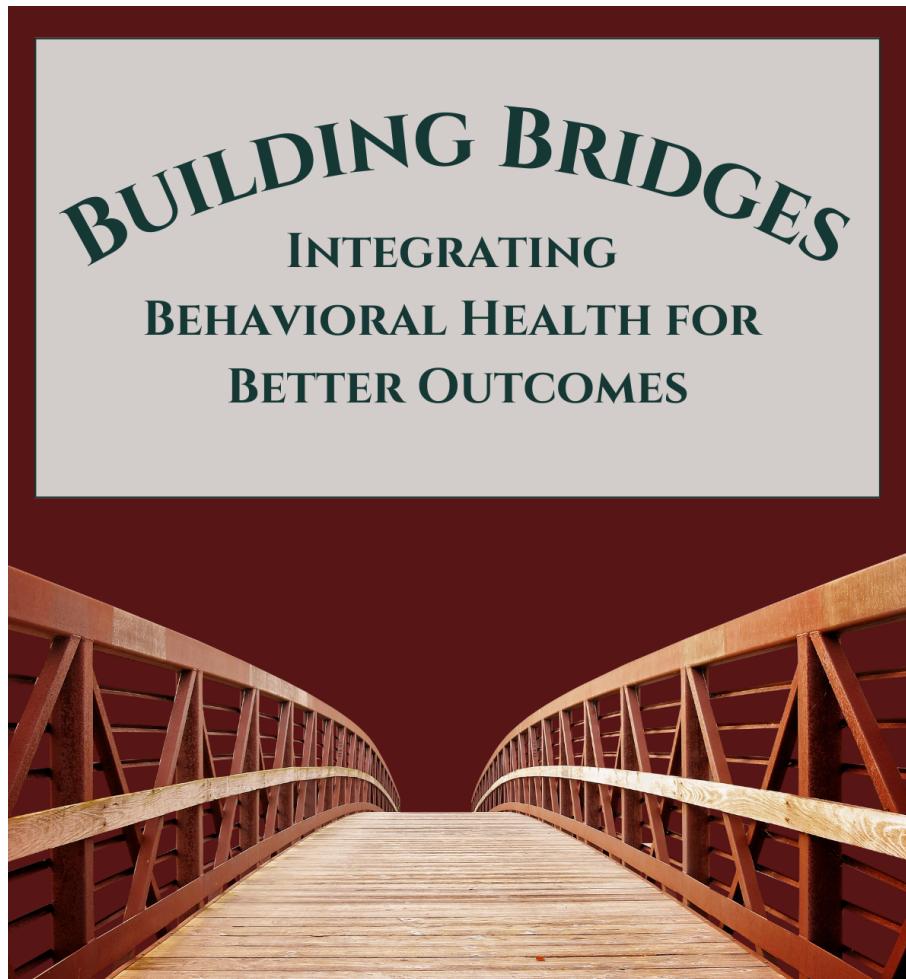
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