

NEW HAMPSHIRE **PHYSICIAN**

A PUBLICATION OF THE NEW HAMPSHIRE MEDICAL SOCIETY

# Advocating for Medicine of the Future



Volume 1 | March 2026





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- Looking Back on 2025 – NHMS CEO Cathy Stratton, CAE

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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.

### \*Congratulations to the new Board and Council members!

**Cover Photo:** NHMS current and past presidents at the inauguration of Dr. Marie-Elizabeth Ramas as NHMS President: (from left to right) Gary Sobelson, Albee Budnitz, Marie-Elizabeth Ramas, Oglesby Young, Patrick Ho, Leonard Korn, and Eric Kropp.

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NH Academy of Family Physicians (NHAFF)

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Marie-Elizabeth Ramas, MD  
President, New Hampshire  
Medical Society

*"Your lived experience,  
your conviction,  
your expertise—they  
matter now more  
than ever."*

## **President's Message**

### **Aligned in Purpose. Anchored in Principle. Advancing Together.**

To understand why I am calling this moment pivotal, it may help to understand the urgency that shaped me. I am a first-generation Haitian American, raised in New Hampshire, the first physician in my family, and someone who has always believed that every challenge has a solution that honors both mission and margin. That belief has guided me through federal commissions, national boards, public policy, and now into executive leadership. It informs how I advocate, how I lead, and most importantly, how I mother my three extraordinary children, who remain my deepest "why."

Today, the "why" of our entire profession feels at risk. Physicians across New Hampshire—and across the country—are confronting escalating moral injury, burnout, and shrinking clinical autonomy. The pressures are heavy, but they are also clarifying. They remind us that if physicians want a say in the future of medicine, we must show up to shape it.

This is the moment when unity becomes not a sentiment, but a strategy. Unity does not mean uniformity. It means moving with shared purpose, even from different perspectives and specialties. Whether we practice in primary care or surgery, academia or public health, we are bound by a calling to heal our patients, our communities, and our profession.

This year, I am calling us to move with intention: Aligned in Purpose. Anchored in Principle. Advancing Together.

Aligned in Purpose means remembering why we entered medicine. We are more than the codes we enter or the authorizations we chase. Our value is not transactional; it is human. The Medical Society must be a place that protects that truth—but that requires your participation. Your presence is its power.

Anchored in Principle means we cannot retreat from the hard conversations, not when the integrity of patient care, the ethical practice of medicine, and the autonomy of the clinical voice hang in the balance. We must insist—clearly, consistently, unapologetically—that physicians be heard in every room where decisions about medicine are made. We cannot do this if our seats at the table are empty. Your lived experience, your conviction, your expertise—they matter now more than ever.

Advancing Together means rejecting isolation as the status quo. Physicians cannot lead from exhaustion. Your joy, agency, and wellbeing must be essential vital signs of the profession. Community only forms when we build it—through mentorship, collaboration, and honest dialogue about what medicine must become.

So here is my charge to you: Reignite your "why." Let it call you back to the center of this work. Then bring that "why" into the Medical Society. Show up. Speak up. Get involved. Our profession cannot withstand the current headwinds unless we move in collective purpose. The New Hampshire Medical Society is not simply an organization. It is becoming a movement—one defined by courage, courage, and human connection. And movements only rise when their members do.

So I ask you: Will you rise with us? Will you bring your "why" and put it to work? Because when we stand together, we do more than endure.

We lead. We heal. We transform. ■



## Past President's Message

### Closing Reflections: A Past President's Year in Review

Getting to serve as the president of our Medical Society over the past year has been one of the highest privileges of my career. The first thing I think about when I reflect on this past year is just how fast a year can fly by, especially one that was so action-packed. Our medical society has seen amazing growth within this past year, while staying true to our mission “to bring together physicians to advocate for the well-being of our patients, for our profession, and for the betterment of public health.”

Advocacy has always been at our core, and in this past year we made sure to continue this important work. In a year that felt like a more challenging legislative environment than any we have encountered before, over 1,100 bills were introduced. Despite the volume of legislation, our members and our legislative committee worked tirelessly to identify the bills that would be the most impactful to our practice of medicine. I am so proud that our members were always willing to step up to advocate to build a better practice environment for the Granite State and kept our profession and our patients at the center of this work. Even though the outcomes did not always turn out how we might have hoped, we made sure to always stand up for and stand by our principals.

It was so heartening and encouraging to see how passionate and energized our members can be in the service of advocacy. Our members drive the work of the NHMS, and our members really are our strength. Every day over the past year, I found myself so amazed by everything that our members do. In addition to caring for our patients, we have members who serve as legislators or serve in leadership positions in their workplaces or communities. Our members really do it all. This is why it felt so natural to also focus our energy on creating and sustaining a NHMS that meets the first part of our mission, “to bring together physicians.”

The NHMS has brought our state's physicians together for over 200 years now, and it was great to see how much our members still love getting together and being part of this community. Our members have always used our annual meeting as a chance to meet colleagues from around the state, but putting on new events like our night out at the ballpark and wine tasting showed me that our members always appreciate more chances to get together! Even if it isn't in person, our new webinar series demonstrated how much our members value connection and learning in new and innovative ways.

Renewing our focus on both parts of our mission this past year has really shown me that the two parts of our mission can have tremendous synergy. Advocacy brings us together as physicians who all care so deeply about our patients and our profession—and our advocacy efforts make the most impact when we do it together. When we unite our voices and our efforts, we have seen that good things can happen. Not only does this create community within our state's house of medicine, but it also makes our unified voice one that becomes very hard to ignore.

As I leave this office, I am so proud of everything that we have built over the past 234 years, and I am proud to have played a small part in our continued success. This past year highlighted that there will always be advocacy work to be done—but the NHMS and its members will always be willing to join together to take this work on. ■



Patrick Ho, MD, MPH  
Immediate Past President,  
New Hampshire Medical  
Society

*“When we unite  
our voices and our  
efforts, we have  
seen that good  
things can happen.”*



## 2025 Award Recipients



**Advocate of the Year** - This award is given to a physician whose advocacy advances the Society's legislative and policy priorities, strengthens the medical profession, and promotes the health and well-being of patients and communities across New Hampshire.

2025 Recipient: **Frances Lim-Liberty, MD**

**Lifetime Achievement** - This award recognizes a physician whose career contributions and leadership exemplify the integrity, courage, and commitment central to the mission of the New Hampshire Medical Society.

2025 Recipient: **Oglesby (Oge) Young, MD**

### **Outstanding Community Partner -**

This award recognizes an organization for exceptional leadership and commitment to public health advocacy in New Hampshire, making a meaningful impact on communities through integrity and collaboration.

2025 Recipient: **New Futures**

### **Outstanding Community Partner -**

This award recognizes an individual for exceptional leadership and commitment to public health advocacy in New Hampshire, making a meaningful impact on communities through integrity and collaboration.

2025 Recipient: **Kate Frey**

### **Distinguished Contribution Award -**

This award honors a staff member for their long-term dedication, professionalism, and meaningful contributions to the New Hampshire Medical Society and the communities it serves.

2025 Recipient: **Catrina Watson**

## *How would you like to receive your NH Physician Magazine?*

In the past, all active NHMS members have received their copy of the NH Physician Magazine by mail, but we are changing this in 2026! Now, you can receive a physical copy by mail or a digital copy by email, and you can always download a copy from the NHMS website.

**To set your preferences, please scan the QR code or visit the URL below to take the survey:**



**Survey URL:** <https://www.surveymonkey.com/r/6Z79S6X>



# CEO's Perspective

## Looking Back on 2025

As we close out the year, I want to take a moment to reflect on a few things I am celebrating and to share my gratitude with all of you.

### Leadership

I am pleased to be surrounded by so many outstanding physician leaders, both current and past. As Dr. Partick Ho completes his term as President, he joins an esteemed list of leaders who have helped strategically guide the Medical Society. I want to extend my sincere appreciation for his leadership and commitment to developing a three-year strategic plan for NHMS. This roadmap highlights the organization's commitment to strengthening our advocacy team, building community and deepening member engagement. I am deeply grateful for Dr. Ho's partnership and for the steadfast support of our Board and Council. Thank you for your dedication and service.

NHMS's new President, Dr. Marie Ramas, is building on the organizational success of the past year, bringing increased focus on our membership community and commitment to advancing the profession.

### Our Partners and Team Members

The work of NHMS is truly a collective effort. NHMS and our members are integrated into New Hampshire's communities, state administration, committees, and legislature, and healthcare coalitions. Advocacy work is team work and we are very grateful to our healthcare coalition partners, corporate supporters, hospitals, and lobby team. Our partners bring perspectives and unique expertise to our programs, meetings, and mission. Thank you for all you contribute.

### NHMS Staff

We are a small but dedicated team supporting a wide range of committees, programs, publications, grants, and specialty societies. Each staff member brings years of experience, professionalism, and a deep commitment to serving the physicians of New Hampshire. Thank you – Catrina Watson (specialty societies), CJ Buys (publications, public health grants, membership data), and our newest member Amy Moffett (ACCME, wellbeing, corporate partner relations).

### Our Members

And finally, to our members: the work you do—in your communities, on committees and boards, and with local, state, and national policy makers—is vital to preserving and advancing patient care in New Hampshire. The Medical Society remains dedicated to building a strong, connected community that supports you and amplifies your voice. Thank you for being part of NHMS. I look forward to all that we will accomplish together in the year ahead. ■



Cathy Stratton, CAE  
CEO, New Hampshire  
Medical Society

*"The Medical Society remains dedicated to building a strong, connected community that supports you and amplifies your voice."*





Cathy Stratton, CAE  
CEO, New Hampshire  
Medical Society

*“When physicians advocate, they do so to protect the physician–patient relationship, ensure clinical decisions are guided by evidence and training, and promote systems that allow patients to receive safe, high-quality, and timely care.”*

## Advocacy Update

### Why Physician Advocacy Matters — And Why Your Membership Makes the Difference

Every day in New Hampshire, physicians advocate for patients – in the exam room, with insurance providers, and within their communities. But many of the decisions that shape patient care lie beyond any individual clinical encounter. Payment policy, scope of practice laws, workforce shortages, public health infrastructure, prior authorization requirements, and access to timely care are all decided in legislative and regulatory arenas where physicians must have a strong, unified voice. That is patient care that can’t be neglected and truly has lasting impact.

#### Advocacy Is Patient Care by Another Name

Advocacy is often misunderstood as politics. In reality, it is an extension of professionalism and patient-centered care. When physicians advocate, they do so to protect the physician–patient relationship, ensure clinical decisions are guided by evidence and training, and promote systems that allow patients to receive safe, high-quality, and timely care. Physicians have important knowledge and experience that elected officials need in order to make informed decisions.

From opposing policies that create unnecessary barriers to care, to supporting legislation that strengthens public health and workforce sustainability, physician advocacy is about safeguarding the conditions that allow medicine to be practiced well.

#### Why a Collective Voice Matters

Individual physicians carry credibility. But when physicians speak together—through the New Hampshire Medical Society or through their specialty Medical Society—their influence multiplies. NHMS brings together physicians from across the state, specialties, practice settings, and career stages to:

1. Develop informed, consensus-driven policy positions grounded in clinical expertise and ethics
2. Engage lawmakers and regulators with a trusted, nonpartisan physician perspective
3. Respond rapidly to emerging legislative or regulatory threats
4. Educate the public and policymakers about the real-world impact of healthcare policy

When I’m at the State House, I hear policymakers repeatedly remark that hearing directly from physicians, especially when those voices are aligned, changes the dialogue and can influence how decisions are made.



## Advocacy You May Not See—But Benefit From

Much of advocacy work happens behind the scenes. It includes hours of testimony review, coalition-building, data analysis, relationship development, and negotiation. While it may not always make headlines, this work produces tangible results that physicians experience every day.

## Membership Is the Foundation of Effective Advocacy

Advocacy is only as strong as the physicians behind it. Membership provides the credibility, resources, and reach that allow a medical society to engage effectively on behalf of the profession and patients.

Your membership:

- Amplifies the physician voice in legislative and regulatory discussions

- Supports expert advocacy staff who track issues, build relationships, and represent physicians year-round
- Creates a forum for physician input, ensuring advocacy priorities reflect real clinical experience
- Signals to policymakers that physicians are engaged, organized, and paying attention

Medical societies provide a space where these voices come together, strengthening advocacy positions and ensuring policies account for the full continuum of care. Your membership strengthens the profession, protects patients, and helps shape the future of healthcare in New Hampshire. In short, membership transforms individual concern into collective action.

**“Alone we can do so little; together we can do so much.”**

— Helen Keller ■

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P. Travis Harker, MD, MPH  
NHMS AMA Delegate

*"The discussions reflected a profession grappling with rapid change and political threats to the integrity of our profession and the health of our people."*

## **AMA Update**

### **AMA Interim Meeting Centers on Advocacy and the Future of Medicine**

The American Medical Association (AMA) Interim Meeting focused on advocacy, ethics, and the evolving challenges facing the medical profession. In his first address as AMA Chief Executive Officer, Dr. John Whyte emphasized unity and moral clarity as the foundation for medicine's future. He underscored both the obstacles ahead and the opportunities presented by technological innovation—including artificial intelligence—to enhance care and support physicians in practice.

One of the most debated issues was the future of Affordable Care Act (ACA) subsidies. Delegates reaffirmed the AMA's strong support for these subsidies, noting that loss of coverage would jeopardize patients' health and destabilize medical practices and hospitals nationwide. The AMA's stance reflects its ongoing commitment to preserving access to care and supporting the stability of the healthcare system.

In other business, the AMA announced the discontinuation of the *AMA Journal of Ethics* due to declining readership. However, this change will not mark the end of ethics scholarship within the organization. Future ethics content will be integrated into *JAMA* and the *JAMA Network* journals, allowing wider dissemination of critical ethical discussions. The House of Delegates also directed the AMA to maintain its ethics internship program, which has long fostered the development of emerging scholars in medical ethics.

Dr. Mehmet Oz, now Administrator for the Centers for Medicare and Medicaid Services (CMS), addressed the House of Delegates and received a measured but respectful reception where delegates listened but didn't applaud. While many delegates disagreed with the majority of his presentation—especially concerning federal spending cuts to Medicaid and proposals to replace nurses with AI technology—members valued the opportunity to engage directly with federal leadership. Despite our differences he encouraged us to raise our voices in support of our patients and profession, and our AMA is continuing to do that by pushing back on ideologically driven rather than science-based policy recommendations.

Delegates also addressed persistent challenges facing international medical graduates (IMGs). Delays in visa processing have disrupted residency starts across the country, including in New Hampshire. Compounding the issue, recent changes to the H-1B visa program—requiring employers to pay \$100,000 for IMG employment post-residency—have created significant financial and procedural barriers. The AMA voted to advocate for a return to previous, more equitable processes that support timely and affordable employment pathways for immigrant physicians.



The meeting also examined the ongoing workforce impacts of the Supreme Court's *Dobbs* decision on the futures of the physician workforce. Delegates heard evidence of declining residency applications not only in obstetrics and gynecology but also in family medicine, internal medicine, pediatrics, and emergency medicine in states where abortion bans are

present not only for concern for learning skills and caring for patients, but also for concern that they would have access to lifesaving treatment themselves in those states if obstetrical emergencies arise.

From access to care and immigration policy to reproductive rights and technology's role in medicine, the

AMA Interim Meeting underscored the association's steadfast commitment to physicians and patients alike. The discussions reflected a profession grappling with rapid change and political threats to the integrity of our profession and the health of our people. We are determined to lead with both moral clarity and advocacy strength. ■



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Grants Manager

*"We hope to use the information from this survey to help you and your patients facing chronic health conditions take advantage of the chronic disease resources that are available in New Hampshire."*



**Read the NHMS  
Public Health blog!**

## **Public Health Corner**

### **Results and Conclusions from The NHMS Chronic Health Programs Survey**

As part of our goal to help physicians and our members advance public health in New Hampshire, NHMS worked with the New Hampshire Department of Health and Human Services (NH DHHS) to gain some information about how providers help their patients manage their chronic health conditions and what resources you're using for this. As part of this, we created the NHMS Chronic Health Programs Survey, which identified programs that aim to help patients with chronic health conditions and assessed how familiar providers are with these programs and what steps could be taken to increase provider familiarity and usage.

#### **Featured Programs:**

##### **Physical Activity programs:**

- Arthritis Foundations Aquatics Program
- Enhance Fitness
- Tai Ji Quan: Moving for Better Balance
- Walk With Ease

##### **Chronic Disease Prevention & Self Management programs:**

- Diabetes Self-Management Education & Support
- National Diabetes Prevention Program
- Blood Pressure Self-Monitoring Program
- Cooking Matters
- Chronic Disease Self-Management Resource Center

##### **Other Services & Team-Based Care programs:**

- Self-Measured Blood Pressure Monitoring
- Medication Management with a pharmacist
- Medical Nutrition Therapy
- Tobacco Cessation

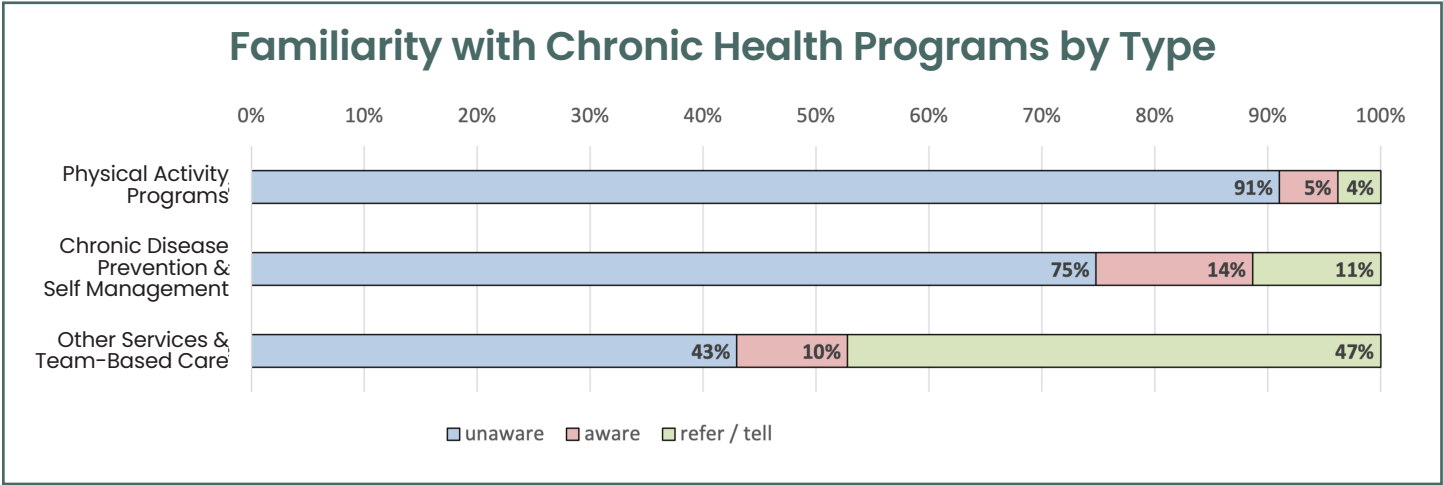
The first part of the survey assessed how familiar providers were with thirteen programs related to chronic disease treatment and prevention that are available in New Hampshire. For each of the programs, respondents selected whether they and their team/practice were:

- unaware of the program,
- aware of the program but didn't refer patients to it or tell patients about it, or
- aware of the program and did refer patients to it or tell patients about it.

Respondents were most familiar with Other Services & Team-Based Care programs, while most were unaware of Physical Activity and Chronic Disease Prevention & Self Management programs. Similarly, 83% of respondents who were familiar with Other Services & Team-Based Care



programs were referring to / telling their patients about the programs, while respondents who were aware of Physical Activity and Chronic Disease Prevention & Self Management programs were less likely to mention them to their patients (42% and 45%, respectively). Still, this highlighted the importance of ensuring that providers knew the programs available to their patients.



The second portion of the survey looked at what would make providers more likely to refer their patients to a program. The most common responses were:

- knowing where programs were located (79.3%),
- information on cost and insurance coverage (72.4%),
- patient education materials (51.7%),
- electronic systems to send referrals and communicate with program staff (43.5%),
- data/evidence on how programs affect health outcomes (33.1%), and
- feedback from patients on their experiences (28.3%).

Providers also specifically mentioned wanting specific information about the availability of programs in rural areas, free resources to hand to their patients, and information targeted to them as primary care providers, including information on how to refer to the programs.

We then asked whether they would be interested in hearing more about any of the featured programs, and 63% of respondents said that they were interested. They specifically highlighted Enhance Fitness, Tai Ji Quan: Moving for Better Balance, Walk with Ease, Cooking Matters, and Chronic Disease Self-Management Program as the programs they were most interested in learning more about. These five programs were highlighted in the NHMS Pulse newsletter in May and June 2025, to give providers a quick overview of the program and some resources they could use to learn more about and refer patients to the programs.

From these results, we identified a series of future steps to help increase providers’ awareness and usage of chronic health programs like the ones featured in the survey. Long-term solutions included developing electronic systems to make referrals easier and increasing the availability of these programs in rural areas of the state. Short-term solutions involved curating or creating resources for providers and patients around these programs, especially highlighting their availability, location, cost, results, and patient feedback.

We hope to use the information from this survey to help you and your patients facing chronic health conditions take advantage of the chronic disease resources that are available in New Hampshire. We’re already working with NH DHHS to highlight blood pressure management resources through a series of articles by NHMS members; these and can be found on the NHMS website’s Public Health blog at <https://www.nhms.org/news/public-health>.

Thank you to NH DHHS for the funding and support, and to the 159 providers who responded to the NHMS Chronic Disease Programs survey – we appreciate your insights! ■



Catrina Watson  
New Hampshire Medical  
Society Director of  
Specialty Societies

*"Email Catrina  
Watson at  
Catrina.Watson@  
nhms.org for  
information on  
joining your  
specialty society's  
local chapter!"*

## New Hampshire Specialty Societies What's New for Your Specialty Societies

As the year begins, specialty societies are gearing up for another hectic legislative season—ready to defend the values and principles that define their professions and organizations.

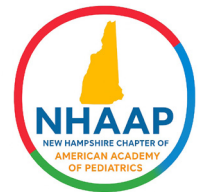
Please remember that every voice, every vote, and every membership counts. Our solidarity will help shape the coming year. Together, let's ensure that physicians and patients—not the legislature—control their healthcare.

A few dates of interest to put on your calendars:

**NH Psychiatric Society (NHPS)** will hold its annual Scientific Meeting March 27, 2026 at Hotel Concord. Topics include: mental health and climate, neurodegenerative diseases, monoclonal antibody treatments for Alzheimer's Disease, legislative updates from APA, and Dupont Group.



**NH Chapter of American Academy of Pediatrics (NHAAP)** Annual CME is being held May 8, 2026 at Hotel Concord. Topics include: social media use, pediatric opioids, pediatric nutrition/obesity, AI, genetics, and adolescent gynecology.



**NH Academy of Family Physicians (NHAFP)** Registration has just opened for NHAFP CME 2026, May 1-3, 2026 at North Conway Grand. We are extremely excited to welcome AAFP President, Sarah Nosal, MD, FAAFP.



**NH Chapter of American College of Emergency Physicians (NHACEP)** has announced its annual ski day at Ragged Mountain, February 9, 2026. Non-members are encouraged to join but can still attend!



**NH Chapter of American College of Physicians (NHACP)** is at a bittersweet crossroad where we will soon be saying goodbye to current Governor, Kenton Powell, MD, FACP, and welcoming incoming Governor, Elaine Silverman, MD, FACP. The NHACP Annual Scientific Meeting will be held October 23, 2026 at Hilton Garden Inn, Lebanon, NH.



**NH Osteopathic Association (NHOA)** is preparing for our collaborative conference with the NH Society of Physician Associates. The Winter Symposium will be held January 30-February 1, 2026 at Grand Summit Attitash.





**NH Orthopaedic Society (NHOS)** held its annual CME event in conjunction with NHMS, on November 7 at Omni Mt. Washington. Stay tuned for the date of their upcoming dinner meeting in May.



**NH Society of Eye Physicians and Surgeons (NHSEPS)** have been working on a pilot program to increase access to care in rural NH. Society Immediate Past President, Kim Licciardi, MD, spoke at the NHMS conference.



**NH Society of Anesthesiologists (NHSA)** held its annual meeting in Manchester and created a member engagement plan, which includes holding meetings around NH to enable more members to participate. Watch your email for more details and dates.



**The Former Hillsborough County Medical Society** has announced the 2026 dinner event! Join us for an evening of networking, great food, & education with Delaney Ruston, MD, on May 21. Family/guests are welcome! Delaney Ruston is a physician and acclaimed filmmaker (Screenagers) and author (Parenting in the Screen Age: A Guide for Calm Conversations). ■

## What will your retirement look like?

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25-PM-02592 (09/25)

# Thank you to our 2025 Annual Scientific Conference Corporate Partners



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## 2025 Annual Conference

# NHMS Around Town



## 2025 Council Retreat





Michael Genetti, CLU ChFc  
Baystate Financial

*"The environment in which you make important personal financial decisions is quite different than that for making decisions within the scope of your profession."*

## Finding a Way to Move Forward in Times of Uncertainty

The current turmoil rippling through today's medical and health care communities will significantly impact the future financial stability of the profession and organization, as well as the individuals who look toward those professions and organizations to secure their financial security.

Our experience in working with clients is that, while many may have done yeoman's work to articulate their priorities and objectives, the challenge remains as to how to get to that articulated future. Part of getting to that articulated future involves creating a financial infrastructure to make it possible. To accomplish that, you need to make decisions, and then you need to act on those decisions.

There are formidable obstacles to making decisions, and more importantly to acting on those decisions. The environment in which you make important personal financial decisions is quite different than that for making decisions within the scope of your profession. Professionally, your education, training, peer consultation, along with institutional policies, procedures, and protocols, facilitate informed decision-making and coordinated action steps for implementation. When it comes to the support systems for making informed personal financial decisions, there is an entirely different reality. While resources do exist, they are not easily or readily recognizable or accessible, without spending a significant amount of time and energy.

While qualified retirement plan sponsors have attempted to step into the breach by providing some form of online tools, focused on retirement calculations, the reality remains that many in the medical and health care communities are not accessing professional assistance in this extremely important area of their lives.

The few hours that you may spend interviewing one or two potential advisors is a small price to pay to ultimately establish a professional relationship, which will provide you the insight and guidance necessary to move forward in making knowledgeable decisions and implementing appropriate strategies to help you build out the financial infrastructure necessary to bring into reality the hopes and expectations you have for your future. ■

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*Securities and investment advisory services offered through qualified registered representatives of MML Investors Services, LLC. Member SIPC. OSJ: 1 Marina Park Drive, 16th Floor Boston MA 02210. 617-585-4500. CRN202810-9596355.*



**Handoff Communication** is crucial in healthcare to ensure the continuity and safety of patient care. It involves transferring patient-specific information from one caregiver to another or from one team to another. Effective handoff communication is essential to prevent medical errors and ensure patient safety.

### **Importance of Patient Handoffs:**

Patient handoffs are vital for safe transitions and continuity of care. Unstructured handoffs can lead to patient harm and increase medical errors. Inadequate handoffs can result in delays in patient care, inappropriate treatment, medication errors, wrong-site surgery, and other avoidable patient harm.

**Current State of Risk:** Communication failures are a leading cause of significant patient events, including Sentinel Events. The 2023 Joint Commission Sentinel Event Data Review highlights that inadequate staff-to-staff communication during handoffs is a major contributor to these events. Eighty percent of medical errors involve miscommunication during patient handoffs.

**Typical Patient Handoffs:** Risks can occur during changes in the level of care, short-term transfers of care, and discharge. Examples include moving from long-term care to the ED, outpatient to inpatient settings, and inpatient to home with follow-up.

### **Challenges in Patient Handoffs:**

Handoffs are challenging due to their high frequency, lack of structure, ineffective communication skills, distractions, interruptions, and lack of time and staff. Common reasons for handoff communication failures include inappropriate timing, insufficient resources, noisy locations, and inadequate information.

### **Improving Patient Handoff**

**Communication:** To improve handoff communication, it is essential to prioritize high-quality handoffs, develop/update handoff policies, standardize critical content, prepare reports ahead of time, tailor the process to the users and environment, use standardized tools, and involve all team members, including the patient and family.

**Communication Skills:** High-quality handoffs require excellent communication skills between the sender and receiver. Both parties should seek, give, verify, and validate information, use clear language, and avoid unclear terms and abbreviations.

**Educating Key Players:** Training for new staff and annual education for existing staff are crucial. Emphasize the importance of quality handoff information, teach effective handoff skills, and address factors like stress, fatigue, and cultural variations in communication.

**Planning the Handoff:** Plan the handoff by coordinating resources, allowing adequate time, performing at the bedside, minimizing distractions, and encouraging patient and family participation.

**Using Standardized Tools:** Standardize critical content and tailor the handoff protocol to its users and environment. Examples of tools include ISBARR, I-PASS, and ISHAPED.

### **Monitoring the Handoff Process:**

Monitor the success of the handoff process, evaluate adverse events, and use data to identify opportunities for improvement.

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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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*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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