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A PUBLICATION OF THE NEW HAMPSHIRE MEDICAL SOCIETY

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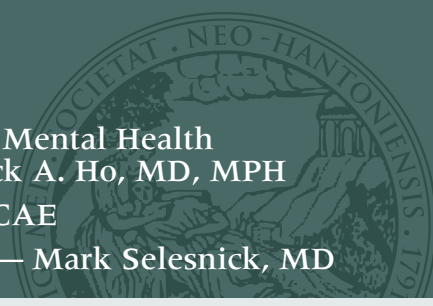
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*Opinions expressed by authors may not always reflect official NH Medical Society positions. The Society reserves the right to edit contributed articles based on length and/or appropriateness of subject matter. Please send correspondence to “Newsletter Editor,” Two Capital Plaza, Ste 401, 57 N Main St, Concord NH 03301.

Cover Photo: NH Physician Leadership Development Program participants Rodney Sparks MD, Jocelyn Caple MD, Stephen Bishop MD, and Cynthia Paciulli MD (left to right) complete a group exercise where they discuss different traits and communication styles and how often they use them.

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Patrick Ho, MD, MPH
NHMS President

"Broadly to us as physicians, the complex association between mental health conditions and other medical conditions may make intuitive sense. For many of our patients though, this may not be as immediately apparent."

President's Message

The Brain is Part of the Body: 5 Things to Know About How Chronic Mental Health Conditions Contribute to Other Chronic Medical Conditions

In my role as a consultation-liaison psychiatrist, I most often see patients in settings outside of a mental health clinic. My subspecialty exists at the intersection of psychiatry and other medical specialties, so whether it's on the general medical/surgical floors or in the emergency department, my patients may not have come to the hospital intending to see a psychiatrist. I and other consultation-liaison psychiatrists often find ourselves working more in the "liaison" role rather than the consultative one, educating patients and other care teams about how chronic mental health conditions and other chronic medical conditions may affect one another.

Broadly to us as physicians, the complex association between mental health conditions and other medical conditions may make intuitive sense. For many of our patients though, this may not be as immediately apparent. This makes education a critical intervention, and sometimes one of the most impactful ones we can offer. When we consider that many patients in New Hampshire may not be able to easily access psychiatric care, it becomes even more crucial to ensure that we do not miss opportunities to educate our patients in any care setting. Patients may be very curious about how their mental health can affect their chronic health conditions, or vice versa. Here are five things that your patients should know:

Chronic Mental Health Conditions and Other Chronic Medical Conditions are not Mutually Exclusive

In the course of patient care, we may screen our patients for or suspect mental health conditions due to our history and physical examination. While counseling and education are always part of our practice, we sometimes find that we need to do more convincing with our patients when it comes to mental health conditions. This may be especially true in the context of our patients who already suffer from chronic medical conditions. To some of our patients, it may seem arcane or surprising that some symptoms may be due to a mental health condition independent of other chronic medical conditions. Despite our best efforts, mental health conditions continue to be stigmatized. Explaining the connection between the mind and the body, and between mental health conditions and chronic medical conditions, can be part of our greater effort to address and dispel stigma.

Chronic Medical Conditions with Comorbid Chronic Mental Health Conditions Leads to Shorter Life Expectancy

A large cohort study by Momen et al from 2022 published in JAMA Psychiatry found that patients with both chronic medical conditions and chronic mental health conditions had an increased risk of dying and a shorter life expectancy than the general population, patients with only chronic medical conditions, and patients with only chronic mental health conditions. This means that to reduce the risk of mortality for

patients with chronic medical conditions, it is important to address any comorbid chronic mental health conditions as well.

The Relationship is Bidirectional

It is well established that patients with chronic medical conditions have a higher risk of developing mental health conditions such as depression. However, it is important to counsel our patients that untreated mental health conditions can also lead to chronic medical conditions such as heart disease, diabetes, osteoporosis, or Alzheimer's disease, among others. This can also increase the risk of stroke. This may be for a variety of reasons, including having challenges in engaging in healthy behaviors, or even physiological changes arising due to mental health conditions.

Chronic Mental Health Conditions and Chronic Medical Conditions Worsen One Another

Patients who have both chronic medical and chronic mental health conditions may display more severe symptoms of both. This may make it more difficult to treat either the mental health conditions or chronic medical illnesses without also addressing the other concurrently. The good news is that:

Help is Available

For patients interested in treatment for mental health conditions, it is important to know that treatment of mental health conditions is far from "one size fits all." This treatment often involves a multidisciplinary approach with a patient's primary care team and a mental health team. The mental health team may involve a

psychiatrist or counselors, and may occur in a variety of settings including outpatient clinics (virtually or in person), community mental health, or hospital-based care.

While access to mental health care has been a perpetual challenge in New Hampshire, this is not a unique challenge to us. Estimates suggest that between half to two thirds of all patients in the US who need mental health care do not get it. Lack of recognition of mental health symptoms in the context of chronic medical conditions, while likely only part of the problem, certainly contributes to undertreatment. As physicians, we have an important role to play in both educating patients about the interplay between chronic medical condition and mental health conditions. This may be the first step in helping our patients obtain mental health care! ■

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Cathy Stratton, CAE
NHMS CEO

*"Community.
Leadership.
Collaboration.
These aren't just
values — they are
how we connect,
grow, and make
progress together."*

CEO's Perspective A Vision for the NHMS Community

Throughout my life, I've returned to New Hampshire time and again—to hike, to ski, and most importantly, to reflect. Crossing the border from Maine into New Hampshire, I've sought out the perspective that only a 4,000-foot summit can offer. Standing at the top of a mountain, even for a few minutes, fills me not just with awe, but with clarity and joy.

It is an incredible honor to now stand in the shoes of those who have led the **New Hampshire Medical Society** since its founding in **1791**. I often wonder: could the original incorporators have imagined the vast medical, clinical, and technological advancements their successors would achieve? More importantly, how can their legacy guide us today?

As I begin this new chapter with you, I see **four guiding principles** that shape my vision for the Medical Society:

1. Start with the End in Mind

Every hike has a destination—whether it's a scenic summit overlook or a meandering trail. Having a clear mission and vision helps me stay focused, especially when the path ahead is steep or uncertain. As CEO, I want to understand both the medical and political landscape and to work alongside members to advocate for the future we want to see in patient care and the medical community.

Through collaboration with the NHMS Board, Council, and staff, we are building opportunities for members to learn, engage, and grow—together. From conferences to leadership development, we are designing programs that not only meet today's needs but also prepare our members for what lies ahead.

2. This is not a Solo Journey

Even when the path feels solitary, we are never truly alone. There are always trailblazers who have come before us—clearing the way, marking the trail, and making our journey safer and more direct. We stand on their shoulders, and in turn, we have the opportunity to guide and inspire those who follow. Community. Leadership. Collaboration. These aren't just values — they are how we connect, grow, and make progress together. When we engage with others in our profession, we create space for innovation, support, and shared purpose.

At NHMS, we're working to make it easier for our members to find and surround themselves with people who both challenge and support them.

3. Pace Yourself

Rushing to the summit can lead to burnout—or worse, injury. On the trail, I'm deliberate and measured, but I've found that pacing myself in the workplace is a greater challenge. There is so much vital work to be done: supporting physicians, advocating for patients, and navigating a complex and ever-changing landscape. Each effort is connected and, like pieces of a puzzle, all are essential to the larger picture.

Over the past 10 months, I've attended specialty society meetings, participated in medical staff gatherings, advocated at the legislature, and

worked to develop meaningful programs for our members. With more than 148 bills impacting physicians and the practice of medicine, legislative advocacy has understandably been a major focus.

As the pace slows at the state house, I look forward to shifting my attention outward - visiting hospitals, connecting with members, and listening to the stories and needs that guide our work forward.

4. Celebrate the View

When you reach a summit, you pause, take in the view, and reflect on the journey that brought you there. Over the past 234 years, 195

physician presidents have led the New Hampshire Medical Society - each bringing vision, resilience, and a commitment to our shared mission. Each has uniquely shaped the organization we are today.

This is a year of great change and growth. At NHMS, we are focused on expanding learning opportunities, fostering professional and social connections, and strengthening member-to-member communication. In the months ahead, we will continue bringing members together to learn, to collaborate, and to celebrate the work we do.

Because the climb matters, we must take time to appreciate how

far we've come. We will honor our leaders, recognize our advocacy accomplishments, and continue building the growing network of physicians who power this community. This is your Medical Society. Your community. I invite you to join us on the journey and the new perspective this provides us all.

You can find more information on the NHMS website events page. I look forward to connecting with you at an upcoming event—or on our new community platform.

With gratitude and excitement,
Cathy Stratton, NHMS CEO ■



We want you to help shape the future of NHMS!

Leadership: The Nominating Committee is accepting nominations for several Board and Council positions. Nominate yourself or a colleague for a leadership position.

Committees: NHMS Committees are open to all members. Let us know if you are interested in participating and contributing to work groups that are helping to shape the voice of physicians and the future of medicine.

Contact info@nhms.org for more information



Cathy Stratton, CAE
NHMS CEO

with lobbyist Maura Weston

"This year was about protecting what matters most — professional integrity, patients, and the future of healthcare in our state."

Advocacy Update

This Legislative Session in Review

As the New Hampshire Medical Society (NHMS) wraps up a legislative session that included many highly charged healthcare bills, our efforts to advocate for physicians and patients alike have been nothing short of essential. With nearly 150 healthcare-related bills on our watch list, NHMS' work this year focused on building relationships with elected officials, protecting the integrity of the physician-patient relationship, and supporting sound public health policy.

When this session began, we worked very hard to improve communication and build a highly engaged advocacy team. We saw engagement in the NHMS legislative committee meetings increase, and collaboration with NHMS' lobbyists, physician leaders, and key stakeholders was integral to the progress that was made on priority bills this year. Together, we were able to build coordinated responses to the wide range of bills that impacted healthcare and medical care here in New Hampshire. I want to thank everyone who participated, provided testimony, and wrote educational op-ed's. The collective expertise of New Hampshire's physicians was very evident to lawmakers.

Advocacy Themes: Core Priorities for the Year

Throughout the session, NHMS concentrated its efforts around several core advocacy themes:

- **Legislation of Medicine:** Standing firm against efforts to regulate clinical decision-making and ensuring medical standards remain grounded in science and ethics.
- **Protecting the Physician-Patient Relationship:** Opposing legislation that could erode confidentiality, autonomy, or trust between doctors and their patients.
- **Public Health:** Advocating for evidence-based policies to support community well-being and preventive care.
- **Medicaid Payment:** Fighting for adequate reimbursement and fair policies that ensure access to care for vulnerable populations.

A Defensive but Impactful Strategy

From committee hearings to targeted outreach, NHMS used every tool available to educate lawmakers about the work of physicians and the real needs of New Hampshire patients. The Medical Society provided expert testimony, engaged stakeholders, and mobilized its physician members to advocate on key issues. This year was about protecting what matters most - professional integrity, patients, and the future of healthcare in our state. I am proud of what we accomplished, and grateful to every physician who lent their voice and expertise. ■



The NH Physician Leadership Development Program

Empowering Physician-Leaders and Building Skills for a Changing Healthcare Landscape

The New Hampshire Physician Leadership Development Program (NHPLDP)—a collaborative initiative between the New Hampshire Medical Society, the New Hampshire Hospital Association, and the University of New Hampshire’s Paul College of Business and Economics—is now enrolling its next cohort, set to begin in September.

To explore what makes this program uniquely valuable for physicians, we sat down with NHPLDP faculty members Paul Lane, Ph.D., and Jennifer Griffith, Ph.D. Their insights shed light on how the program equips physicians with the leadership skills needed to thrive in today’s complex healthcare environment. The following article highlights key takeaways from that conversation.

Physicians today are facing an evolving professional landscape. Beyond delivering high-quality care, they’re expected to lead multidisciplinary teams, drive organizational change, manage financial and quality outcomes, and navigate increasingly complex systems—all in an environment often marked by rapid change and competing demands. Yet, as Faculty Director Peter Lane, Ph.D. notes, “Their medical training does not prepare them for that. The NH Physician Leadership Development Program [offered through UNH’s Paul School of Business] addresses these challenges head-on.”

According to co-faculty Jennifer Griffith, Ph.D.: “This program helps physicians step into leadership with intention,” offering them “practical, repeatable tools to lead through change, manage conflict, and foster engagement within their teams.”

The curriculum unfolds over four semesters, balancing theory with practical application. Dr. Lane explains, “The first year focuses on assisting participants to understand better who they are as leaders...how to work more effectively with others, how to think strategically, and how to lead change.” In the second year, the focus expands to include sessions on healthcare finance and quality improvement, taught by experienced industry professionals. The result? A toolkit physicians can put into practice immediately.

One of the most striking features of the program is its ability to spark profound self-awareness. Both Lane and Griffith describe participants having “ah-ha moments” that shift their understanding of leadership. Dr. Griffith recalls that many are surprised to learn “how much leadership is about how you show up—not just what you know.” Sessions on emotional intelligence, feedback, and difficult conversations resonate especially deeply. As Dr. Lane adds, “Some big ‘ah-has’ occur when participants realize how their values guide the way they handle conflict.”

What distinguishes this program from general leadership training is its direct relevance to the realities of medicine. Dr. Griffith explains, “The cases, questions, examples, and conversations reflect what physicians actually



Peter Lane, PhD
NHPLDP Faculty Director



Jennifer Griffith, PhD
NHPLDP Faculty

“Leadership in healthcare is essential, and developing those skills doesn’t have to feel abstract or overwhelming. It can be energizing and immediately impactful!”

deal with: competing demands, interprofessional teams, moral distress, burnout.” Dr. Lane emphasizes the value of peer learning: “There is a lot of peer-to-peer learning when you spend four semesters working with other healthcare leaders...They form a mutual support network that lives on after the program.”

The results speak for themselves. Dr. Lane recalls one participant who was highly skilled clinically but unsure how to lead a team. “The program taught them how to understand different team members’ motivations, constructively manage tension, and create a shared sense of purpose.” Dr. Griffith shares another powerful example: “One participant finally addressed a long-standing tension with a colleague. That conversation, which they’d avoided for months, ended up clarifying the core issues and improving the team dynamic.”

To prospective participants, both instructors offer encouragement. “If you’re thinking about it,” says Dr. Lane, “it’s probably because people already see you as a leader, or because you’re ready to grow professionally.” Dr. Griffith adds, “Leadership in healthcare is essential, and developing those skills doesn’t have to feel abstract or overwhelming. It can be energizing and immediately impactful!”

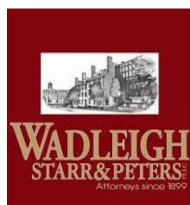


Beyond the curriculum, both Lane and Griffith express deep respect and admiration for the physician-leaders they teach. Dr. Lane calls them his “favorite students to teach,” citing their intelligence, curiosity, and commitment to learning. Dr. Griffith reflects, “They care a lot, and they want to get things right, even when the path isn’t clear. Leadership in medicine is deeply human work.”

Ultimately, this program is not just about teaching leadership—it’s about transforming how physicians see themselves, their teams, and their impact. As Dr. Griffith so eloquently puts it, “Leadership development matters because it ripples outward in every direction.” ■

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**Now Enrolling for
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New Hampshire Physician Leadership Development Program

The program is targeted to practicing physicians and advanced healthcare leaders who have taken on increasing levels of responsibility in their careers and aspire to be outstanding leaders. The NHPLDP is beneficial to leaders with diverse backgrounds in health care, including within care delivery, policy, administration, and global health.

Ideal candidates will possess:

- A desire to help shape the future of healthcare
- A willingness to learn and grow as healthcare leaders
- A drive to influence the practice of medicine within your practice or health system

For more
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SCAN ME



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

— PARTICIPANT, 2018-2020 COHORT

Program Eligibility Requirements:

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- 3-5 years experience and an interest in executive leadership.