

VITAL SIGNS



MASSACHUSETTS
MEDICAL SOCIETY

Vital Signs is the member publication of the Massachusetts Medical Society.

VOLUME 25, ISSUE 3, APRIL 2020

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Caring for the Most Vulnerable in the Age of COVID-19

BY VICKI RITTERBAND, VITAL SIGNS STAFF WRITER

Jim O'Connell, MD, is worried. The president of Boston Health Care for the Homeless Program knows COVID-19 will soon hit the homeless population, and it will hit hard. While his nonprofit has been working around the clock to prepare — shifting from primary to urgent care operations only; setting up tents for testing, isolation, and quarantine; repurposing a section of its facility to care for coronavirus patients; even enlisting staff and volunteers to sew protective masks — he fears it's not enough.

"If you take the public health measures promulgated across the country — social distancing, self-quarantine, sheltering at home, staying out of public places, regular hand washing — and apply them to the homeless population, they are ridiculously undoable," said Dr. O'Connell. "Our homeless patients have always taught us about the weaknesses in our mainstream health care system. I fear the virus is going to spread like wildfire through the homeless community."



Jim
O'Connell, MD.

Dr. O'Connell is joined by others in his concern for society's forgotten. Public health experts, advocates for the underserved, and policymakers are grappling with how to ensure that our communities' most vulnerable — people with low incomes, seniors, prisoners, communities of color, those with disabilities, immigrants, and others — are not disproportionately hurt by the pandemic.

But the obstacles to health equity in the time of coronavirus seem almost insurmountable: How do you practice social distancing in a large homeless shelter or an overcrowded prison? What if you are undocumented, symptomatic, and afraid to show up at a testing site? How do low-wage workers, already teetering on the economic edge, avoid public transportation, feed their kids who depend on school breakfast and lunch, and stay home if they are ill? And if you don't have a computer, how do you access a telemedicine appointment for your out-of-control diabetes?

Infectious disease specialist Simone Wildes, MD, chair of the MMS's Committee on Diversity and vice chair of the Committee

on Public Health, says that the pandemic is particularly dangerous for those with overlapping vulnerabilities, such as some low-income minority groups who are more likely to suffer from conditions like heart disease and diabetes and who may not be privy to good information. "If they do have symptoms, they may not know to seek medical attention promptly and they also may experience the illness more severely," she says.

MMS President Maryanne Bombaugh, MD, MSc, MBA, FACOG, applauds the disparate efforts that have been made across the state to help some of society's most disadvantaged. But she believes that a more comprehensive approach is needed. "It's wonderful that places like Boston are doing so much, but how do we ensure that someone who happens to live in a poor community in southeastern Massachusetts, for example, can get help? How can we approach this in a holistic way that helps everyone, not just someone who happens to luck out and live in a community that can help in these kinds of public health emergencies?"

Triaging the Needs

At this point in the pandemic, advocates for the underserved are trying to triage the most critical needs. On March 20, the state-wide Emergency Task Force on Coronavirus and Equity, co-chaired by Sandro Galea, MD, MPH, DrPH, dean of Boston University School of Public Health, issued its top four policy recommendations to help address some of the health inequities COVID-19 is likely to exacerbate:

- **Expand earned sick time** so that more types of workers are covered for longer periods of time and for additional reasons (e.g., need to quarantine or care for a loved one)
- **Ensure immigrants have safe access to testing and treatment** and do not have to be concerned about their immigration status
- **Pass a moratorium on evictions, foreclosures, and termination of public benefits**
- **Make sure everyone has access to safe quarantine** by identifying appropriate sites and using state and federal resources to secure them

Dr. Galea, who has long sounded the alarm on the health inequities caused by food insecurity, inadequate housing, and other social determinants, says the pandemic throws these injustices into stark relief: "We are reaping what we have sown," said

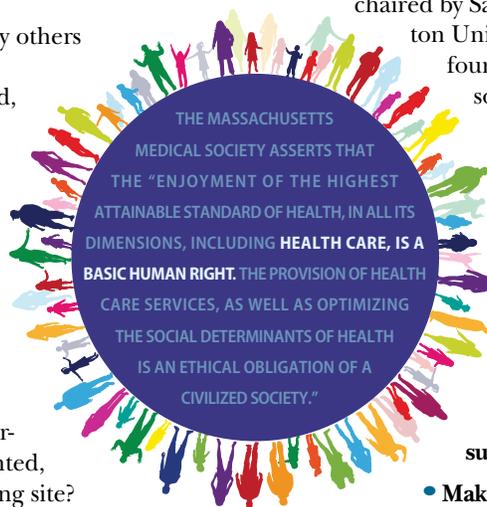


Illustration by
Chris Twichell

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PRESIDENT'S MESSAGE

Dear friends and colleagues,

We are immersed in what history will surely document as one of the most daunting periods of medicine our world will ever know. While we trained for challenges that seemed unimaginable and we hoped against all hope we'd never encounter a public health crisis of this scope and scale, we can be comforted by the fact that the finest medical society in the world and the dedicated physicians who comprise it are making a critical impact as collaborators, educators, and advocates who strive to protect the health of our patients and our communities.

In this issue of *Vital Signs*, we will look at how the Massachusetts Medical Society is responding to COVID-19 and continues to lead the response to combat the pandemic in Massachusetts and beyond.

Additionally, this issue provides important updates regarding the historic policy adopted by the MMS one year ago when our organization asserted that the enjoyment of the highest attainable standard of health, in all its dimensions, including health care, is a basic human right. We were the first state medical society to adopt this important policy, which was subsequently adopted by the AMA, and its impact has had profound implications for our work and goals

We will introduce you to some of the ways in which our belief that health care is a basic human right intersects with some of our strategic initiatives plans.

On behalf of the Massachusetts Medical Society, I want to thank you for your unwavering dedication to your patients and our community.

We will face struggles and opportunities in the weeks and months ahead. The journey to recovery and healing from this pandemic will be achieved because of all of you — our outstanding physicians, medical students, and medical society staff. You are the heart of our organization and its work... and are the reason that best outcomes occur from every challenge we encounter.

All my best,

— Maryanne C. Bombaugh, MD,
MSc, MBA, FACOG



Dr. Galea. “The challenges of equity have to stay on our minds at all times.”

Working to Reduce Inequities

The MMS has been engaging on many fronts to address the harms COVID-19 poses to the underserved. Efforts include the following:

- Connecting the American Civil Liberties Union and Prisoners' Legal Services of Massachusetts with medical experts to provide advice on precautions to reduce the spread of the virus in jails and prisons
- Advocating for greater flexibility for take-home methadone prescriptions, enabling patients to avoid crowded clinics
- Monitoring the situation of patients who are involuntarily committed to substance use treatment under Section 35 of Massachusetts state law

Another top priority of the MMS is helping practices prepare to deliver care via telemedicine, according to Brendan Abel, the MMS's director of advocacy and government relations. “This will help so many vulnerable populations — the elderly and people with pre-existing conditions, for example — by making sure they can get care without being exposed to further illness.” In addition to assisting practices, the MMS has also successfully advocated for relaxing the rules governing how to set up a telemedicine relationship between patient and clinician as well as reimbursements for these services. (To learn more about MMS activities to support its members during the pandemic, see “Responding to COVID-19.”)

Dr. Bombaugh hopes one positive outcome of the pandemic is that it brings to the forefront the urgency of addressing the social determinants of health on a wider scale. “This is showing us exactly why we need more public health funding. Let's hope this is a moment that causes us to finally do things differently,” she said.

COVID-19 Outbreak

The Massachusetts Medical Society has been closely monitoring the COVID-19 outbreak since it was first reported.

Clinicians are encouraged to familiarize themselves with the latest guidance from the Centers for Disease Control and Prevention (CDC) and the Massachusetts Departments of Public Health (MA DPH) concerning current epidemiology, prevention recommendations, and clinical management for patients with COVID-19 infection.

The MMS has created a resource for information as it becomes available. Find current guidance, educational materials, planning toolkits, and more at massmed.org/covid-19.

We are also publishing a special COVID-19 e-newsletter that will provide you and your patients the latest trusted information and tools. We will use this channel, and others, to relay important updates to you. Sign up for this essential e-newsletter at bit.ly/PlanningPreparedness.

In addition, the officers of the Society determined that all meetings hosted by the Medical Society or MMS staff at MMS Headquarters or the regional offices must be conducted virtually.

We understand that this public health situation is fluid, and this decision regarding meetings will be re-evaluated in the coming months.

VITAL SIGNS is the member publication of the Massachusetts Medical Society.

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Vital Signs is published by the Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451-1411. Circulation: controlled to MMS members. Address changes to MMS Dept. of Membership Services. Editorial correspondence to MMS Dept. of Communications. Telephone: (781) 434-7110; toll-free outside Massachusetts: (800) 322-2303; fax: (781) 642-0976; email: vitalsigns@mms.org.

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Responding to COVID-19 by Removing Barriers to Telehealth, Expanding Communication, and Continuing Advocacy

BY SANDRA JACOBS, SENIOR EDITOR/WRITER

As the historic COVID-19 pandemic grows, physicians across the Commonwealth are confronting an unknown foe while navigating a dramatically changing care delivery system. The Massachusetts Medical Society is helping members respond by bringing them the latest information and tailoring its advocacy after the state rapidly removed barriers around telemedicine.

On March 17, all members received the first *Planning and Preparedness: Responding to the Coronavirus* e-newsletter. This timely and frequent MMS e-newsletter includes the latest information and tools for the state's physicians, other health care providers, and patients. A button to subscribe to the *Planning and Preparedness* e-newsletter can be found on massmed.org.

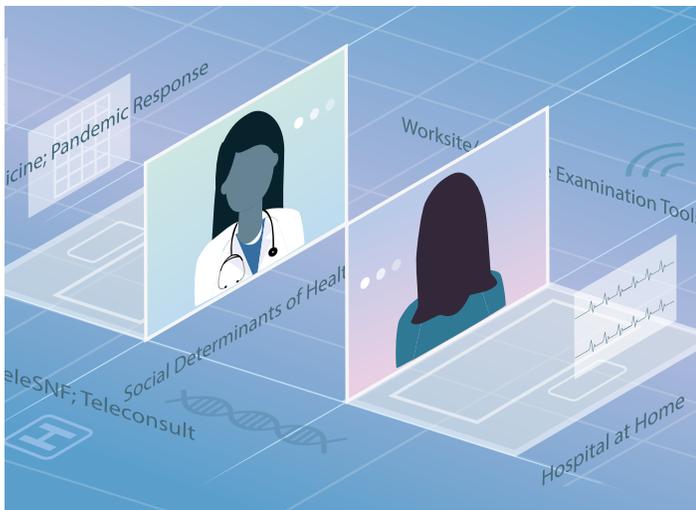


Illustration by Chris Twichell

MMS also launched the [MMS COVID-19 webpage](#), which is updated regularly with epidemic status and resources from public health authorities and other trusted sources. The MMS COVID-19 webpage also links to the *New England Journal of Medicine's* full collection of clinical reports, management guidelines, and commentary.

“Through *Planning and Preparedness*, the MMS will issue regular updates with breaking news on many fronts: public health, regulatory, payer relations, and practice management,” said Maryanne C. Bombaugh, MD, MSc, MBA, FACOG, president of the MMS. “Our goal is to provide MMS members and others with timely, authoritative information that will help physicians to provide effective care to their patients, while planning for their own safety and the safety of their teams.”

Frequent and Direct Communication with State Leaders

Since early March, the MMS has engaged in near-daily conversations with the state Department of Public Health (DPH), Board of Registration in Medicine (BORIM), and Department of Insurance (DOI), and it has worked closely with the office of Governor

Charlie Baker to ensure that the collective voice of physicians is being heard and to provide needed clinical expertise at this critical time.

As early cases were being documented, the Medical Society requested and was granted an opportunity for members to hear directly from DPH leaders. More than 1,300 members dialed into a March 17 phone call with DPH Commissioner Monica Bharel, MD, MPH; Lawrence Madoff, MD, medical director of the DPH Bureau of Infectious Disease and Laboratory Sciences; and Catherine Brown, DVM, MSc, MPH, state epidemiologist. The wide-ranging call included conversations regarding testing for COVID-19 and personal protective equipment shortages.

Board of Registration Acts on Telehealth and Expedited Licenses

Following strong urging from the MMS seeking greater clarity and flexibility in telemedicine regulation and policies, BORIM adopted an emergency policy in mid-March to clarify that it would not require a face-to-face encounter between physician and patient prior to health care delivery via telemedicine.

This clarification — especially in light of an order from Governor Baker requiring broad expansion of telehealth coverage by all insurers — should give physicians confidence in using telehealth for clinically appropriate medical services both related and not related to COVID-19. A subsequent executive order by Governor Baker allowed for the provision of telemedicine to patients across state lines.

BORIM also outlined a new pathway for expedited review for out-of-state physicians seeking Massachusetts physician licensure to provide medical care during this state of emergency. Requests from a physician office to expedite physician licensure can be sent to emergency.medical.license@mass.gov.

At the federal level, the MMS is working to direct personal protective equipment to Massachusetts from the Strategic National Stockpile, as well as to secure emergency funding for physician practices facing economic challenges.

Securing Coverage and Reimbursement

The MMS has continued its advocacy on the payer front seeking clarification on coverage and reimbursement of telehealth services and the elimination or reduction of administrative burdens including prior authorizations, possibility of audits, denials of appeals, and quality measure reporting.



PLANNING and PREPAREDNESS

RESPONDING TO THE CORONAVIRUS (COVID-19)
RESOURCES FOR PHYSICIANS AND PATIENTS

In response to membership questions regarding COVID-19 coverage and reimbursement (including for telehealth), the [MMS COVID-19 webpage](#) provides a comprehensive listing of payers' information and links. It also includes an extensive section on telehealth and virtual care, with tips on implementation and guidance on visits, and an FAQ to answer virtual care prescribing questions.

For questions on telehealth implementation, vendor selection, coding and billing, and payor updates, please contact the MMS Physician Practice Resource Center at (781) 434-7702 or pprc@mms.org.

Climate Change and Health in Massachusetts: The MMS Takes Action

BY ROBYN ALIE, MANAGER, HEALTH POLICY AND PUBLIC HEALTH

Facing the large body of evidence, the medical community is acknowledging the impact of climate change on public health, and the Massachusetts Medical Society is no exception.

“Climate change is a major public health emergency. Its consequences directly affect the practice of medicine in every specialty and are projected to threaten the stability of our health care systems,” writes Renee Salas, MD, MPH, in the *New England Journal of Medicine*.

“Understanding the effects of climate change on human health and health care delivery, especially for the most vulnerable populations, is critical for health care professionals. Moreover, interventions are needed that protect human health and ensure the resiliency of health care systems,” Dr. Salas writes.

MMS policy, adopted in 2016, recognizes the contribution of human activity to climate change and the widespread effects it is having on human health and the environment — effects which are more severe for disadvantaged people and communities in the United States and across the world.

But the urgency has grown. As wildfires in Australia made international news and January set records as the warmest in history, the MMS ramped up its efforts to educate physicians and the public about the health effects of climate change.

MMS Video: “Climate Change and Your Health”

In January, the MMS released a short video featuring members discussing how climate change is affecting the health of people in Massachusetts, first screened during the 2020 Global Health Conference for Medical Students and Residents.

“Climate change is here now and is impacting health now,” states Heather Alker, MD, MPH, chair of the MMS’s Committee on Environmental and Occupational Health, which oversaw development of the video and, in partnership with the MMS Committee on Global Health, sponsored the global health conference. The video can be seen in its entirety on a dedicated website, massmed.org/climate.

The 12-minute video focuses on five major ways climate change is affecting patients in Massachusetts — respiratory and allergic disorders, heat disorders, consequences of extreme weather, infectious disease, allergies, and mental health — and encourages the public to look for solutions in their communities to reduce reliance on fos-



The video features interviews with MMS members, including Matthew Bivens, MD, and Heather Alker, MD, MPH.

sil fuels and to protect themselves from the health effects of climate change.

“What we do in health care goes well beyond giving a prescription or treating someone in the office. It is important for us to be knowledgeable about anything in the environment that can affect our health and the health of our communities,” said MMS President Maryanne C. Bombaugh, MD, MSc, MBA, FACOG. “Health care needs to have a voice in the discussion regarding climate change.”

Medical Students Discuss Local Action

At the conference, medical students and others discussed the global and local impacts of climate change, and opportunities for physicians and medical students to engage in the response.

“Many people are well aware of the burdens climate change places on people in lower-income countries around the world who have been displaced by climate-related environmental changes, such as rising sea levels and drought,” said Rebecca Hamilton, MD, MSc, vice chair of the committee on Global Health, “but fewer are aware of the health effects people in Massachusetts are experiencing and the opportunities for response locally.” In fact, the northeast is warming at a faster rate than other regions of the United States.

NEJM Highlights Climate Crisis and Practice Solutions

The MMS also supported a February 13 CME event for clinicians, Climate Crisis & Clinical Practice Symposium, provided by Harvard Medical School, the Harvard School of Public Health Center for Climate, Health and the Environment, the Harvard Global



The MMS’s Committee on Environmental and Occupational Health oversaw the development of the video “Climate Change and Your Health,” released in January. The video can be viewed at massmed.org/climate.

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Health Institute, and NEJM. NEJM has also developed a dedicated webpage (nejm.org/climate-crisis) hosting a collection of its articles and resources about the effects of climate change on health and on the health care system.

The MMS also joined the Medical Consortium for Climate and Health. In January, the consortium called on the White House to rejoin the Paris Climate Agreement, noting that accelerating progress toward renewable energy and energy efficiency and reducing reliance on fossil fuels will allow people to live more active, healthier lives.

Echoing MMS Policy and looking ahead at engagement on this critical issue, Dr. Bombaugh said, “It’s important for us to be part of a solution going forward.”

Mental Health Parity Moves from Concept to Solutions

BY LEDA ANDERSON, LEGISLATIVE COUNSEL

Mental health parity seems like a simple concept: coverage for mental health care should be equal to insurance coverage for other physical or medical health conditions. In practice, however, achieving parity has proved far more complex. Pending legislation — crafted with strong input and feedback from the Massachusetts Medical Society — seeks to address that.

Consider a common occurrence today: a patient struggling with substance use overdoses is transferred from an emergency department for inpatient care. After only a few days in detox, the insurer applies a rigorous utilization review — having in-house physicians review requests for coverage and to determine whether the recommended treatment will be covered — and, even when it contradicts the physicians’ treatment plan, denies coverage. The patient is then discharged, only to relapse and die of an overdose.

While such utilization management is a tool used in physical and mental health contexts, its application in the latter tends to be far stricter than in the former. Now, lawmakers in the Commonwealth are looking for solutions.

Advancing Legislative Solutions

In February, the Massachusetts Senate unanimously passed a comprehensive bill aimed at reforming mental health care in the state. This proposal came on the heels of a novel proposal from Governor Charlie Baker to increase spending on behavioral health and primary care services by 30 percent over the next three years. Massachusetts is often lauded for our innovative approaches to health care and our continuous quest to improve access to care. At their core, though, both policies recognize a critical shortcoming: for too long, the health care system in Massachusetts has not prioritized mental health care, at the expense of the overall health and wellness of patients.

Not anymore, says Gary Chinman, MD, immediate past president of the Massachusetts Psychiatric Society, which helped to craft the legislation: “This bill is critically important and potentially lifesaving to the residents of Massachusetts living with mental illness.”

Building on Legislative History

To be fair, 20 years ago, Massachusetts committed to parity in mental health by passing a law mandating insurance coverage of specific

mental health conditions and substance use disorders and prohibiting discrimination in such coverage. In other words, insurance plans could not limit or restrict coverage for mental health services any more so than coverage for physical conditions. The Massachusetts parity law came four years after a federal law that prohibited large employer-sponsored plans from placing higher annual or lifetime dollar limits on mental health benefits than on physical health benefits. Subsequently, in 2008, Congress expanded on the 1996 law and required health plans that offer benefits for mental health conditions to cover such conditions in a comparable manner to physical conditions.

In reality, though, there remain significant challenges to achieving true parity for mental health care. Barriers to accessing mental health care are exacerbated by the pervasive stigma associated with seeking mental health care. One such barrier is a lack of insurance coverage: many mental health professionals do not accept patients’ insurance — a complex problem decades in the making. This has often been attributed to low insurance reimbursement rates, which are typically tied to medication management and do not allow psychiatrists to spend as much time with their patients as they believe necessary to provide quality care.

Even when patients have coverage, all too often, restrictions by insurers get in the way of the provision of timely mental health care. For example, prior authorization requests for mental health treatment are often subjected to greater levels of scrutiny, with physicians forced to justify clinically indicated treatment. The recently passed Senate legislation would mandate coverage and eliminate prior authorization by insurers for adults and children seeking treatment for acute mental health crises.

This legislation is poised to make a difference for patients in other ways, including by requiring the state to develop protocols to ensure that anyone under age 22 who enters an emergency room requiring inpatient psychiatric treatment is evaluated within 12 hours and placed in a treatment facility within 48 hours.

Understanding Patient Need

The need for this is dire. Data recently collected by the Massachusetts College of Emergency Physicians shows pediatric emergency “boarders” — children with acute mental health crises who are being boarded in emergency departments — are at an all-time high; it is estimated that almost 20 percent of ED boarders are pediatric patients under 18 years old. More alarming, pediatric patients board an average of 68 hours, 10 hours longer than the average boarding time for an adult patient awaiting an inpatient bed, and 60 hours longer than the average wait time for a medical/surgical boarder.

Reflecting its strong dedication to solutions to advance mental health care, the Medical Society remains committed to advancing the bill and to supporting the Massachusetts Psychiatric Society, its national counterpart, the American Psychiatric Association, and the bill’s champions in the State Senate. “Representatives from all three entities met repeatedly to distill the real, underlying issues affecting access to care and to devise concrete, do-able solutions,” says Dr. Chinman.

While we may still have a long way to go in overcoming the stigma associated with mental health care, this needed legislation makes meaningful progress toward our shared goal of true parity and the recognition that behavioral health services are a critical component in caring for the whole patient.

Charting a Course for Connecting Health with Where and How We Live

BY VICKI RITTERBAND, VITAL SIGNS STAFF WRITER

It began with a basic declaration of principle, approved at the MMS's 2019 annual meeting: health care is a basic human right.

That simple statement, later adopted by the American Medical Association, is what MMS President Maryanne Bombaugh, MD, MSc, MBA, FACOG, calls the Society's "compass" or "north star," and it has been foundational to many of the organization's activities this year. "If this is what we believe, then it should guide every decision we make in the areas of advocacy, education, and practice management support," says Dr. Bombaugh. "We are the first state medical society in the nation that has adopted this principle."

Changing the Way We Think about Health

Education, advocacy, and coalition-building in the area of health inequities has been the primary focus of Dr. Bombaugh's presidency, and thanks to the Society's new strategic plan, which emphasizes longer-term goals that overlap presidencies, the work in this area will continue even after her tenure concludes, she said.

One of the stage-setting educational activities for the effort was the annual oration by Sandro Galea, MD, MPH, DrPH, dean of Boston University School of Public Health, at December's interim meeting. In his talk, *Changing the Conversation Around Health*, Dr. Galea pointed out that despite the remarkable advances in technology and medical knowledge, life expectancy in the United States has dropped three years in a row.

"The role of medicine is ultimately small in generating health," said Dr. Galea. "Health or lack of health is generated by where we live, whether we have access to parks and recreation, our level of loneliness, calorie-rich/nutrient-poor food, terrible early childhood education, homelessness.... We're seeing a retraction in health in the United States because we have lagged behind in supporting the forces that generate health."

Taking Her Message on the Road

Dr. Bombaugh has spent the past year traversing the state, talking to district medical societies and other health care organizations about these social determinants of health, which she sees first-hand in her practice as an obstetrician-gynecologist at a community health center on Cape Cod. But social determinants aren't limited to certain patient demographics, she maintains.

"While factors such as food and shelter are important social determinants, other factors impact our patients' health, including isolation, lack of access to a specialist who takes Medicaid, inability to afford the deductible, and inability to take time off from work to see a physician within a clinic's 9-to-5 hours."

Understanding the Physician's Role

Dr. Bombaugh said she understands some physicians' reluctance to take on these upstream factors impacting health that traditionally have not been part of the doctor's bailiwick or area of expertise. She is sympathetic to the argument that it's one more thing being heaped on plates that are already overflowing.

But physicians don't have to go it alone. "We can work with coalitions and advocacy groups to address these needs going forward," she asserted. The MMS has been active in the Food is Medicine movement in Massachusetts, which is working to improve access to nutritious food to medically vulnerable residents (see sidebar). The Medical Society is also co-leading a related effort to improve nutrition

education for physicians and other health care providers and make patient referrals to food resources simpler.

"I also think that team-based care, which is an important component of the patient-centered medical home model, is an important piece of this," continued Dr. Bombaugh. "We need to have referral sources in place, so if patients are identified as having needs, we have somewhere to send them. We need to remove silos and coordinate and integrate systems — food banks, transportation, etc. Telemedicine also has an important role to play in this."

MassHealth could serve as a model of how to successfully address social determinants of health. Some of the \$1.8 billion in federal funds the state has received to transform MassHealth from fee-for-service to an accountable care model will be used to help patients with housing and food needs (see sidebar).

Creating a Roadmap

With the help of collaborators, including the Boston University School of Public Health, the MMS will co-author a white paper in the coming months that will serve as a roadmap for future activities for various stakeholders in the area of social determinants of health. The paper will draw on research, content from the MMS's educational activities, brainstorming sessions conducted during the 2020 annual meeting's education program, and a society-wide member survey.

Dr. Bombaugh said the paper will be similar to the one on physician burnout that the MMS co-authored in 2019. "Here's what we know, here are the areas we have identified as top priority, and here are the recommendations for what we should be doing," said Dr. Bombaugh.

With the white paper as a guide, the Massachusetts Medical Society and its collaborators should be well-positioned to play an important role in addressing the social determinants that so profoundly affect health.

On the Advocacy Front

Addressing the social determinants of health (SDOH) has been a major emphasis of the Medical Society's advocacy work this past year. With widespread agreement that these factors have a major influence on health, it's now time to transform discussions into laws and regulations, said Brendan Abel, JD, the MMS's director of advocacy and government relations.

"Transitioning from discourse to policy often takes an iterative approach — creating proof-of-concept pilot studies," he said. As an example, Abel pointed to the MMS's work to secure funding for a "food is medicine" pilot that would connect MassHealth patients at risk for or suffering from diet-related conditions to food interventions, such as medically tailored meals. Other SDOH-related efforts that the Medical Society has played a leading role in include the following:

- MassHealth's restructuring to a value-based model that addresses social determinants of health. The MMS will continue to advocate for funding for MassHealth's SDOH efforts when the existing funds expire.
- Expansion of medication-assisted treatment (MAT) to more jails and prisons. The successful legislation resulted in seven additional facilities offering MAT, bringing the total to 10.



Brendan Abel, JD.
Photo by Josh Rosenfeld.

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- An effort to establish supervised injection facilities (SIFs) in Massachusetts, where people struggling with substance use disorder can inject drugs under medical supervision to decrease fatal overdoses. Only Pennsylvania has been successful in implementing a SIF to date.
- Creating a commission to reduce racial disparities in maternal mortality, of particular concern during the opioid overdose epidemic. The bill was voted favorably out of the state's Joint Committee on Public Health and is now with the Joint Committee on Health Care Financing.
- Passage of a law making it easier for 18-year-olds transitioning out of foster care to continue receiving MassHealth benefits.

Stay tuned for the May issue of Vital Signs to learn about the MMS's response to COVID-19 through advocacy.

In Memoriam

We also note member deaths on the MMS website at massmed.org/memoriam.

Paul E. Cochrane, MD, 90; Fitchburg, MA; Tufts University School of Medicine, Boston; died December 25, 2019.

Gerald J. Doyle, MD, 77; Hingham, MA; Albany Medical College; died June 21, 2019.

Pierre Forgacs, MD, 71; Weston, MA; Sherbrooke University Medical School, Canada; died November 15, 2019.

Max Frei, MD, 91; Gardner, MA; University of Zurich Faculty of Medicine, Switzerland; died March 25, 2019.

Alicia S. Gavalya, MD, 89; Brookline, MA; National Autonomous University of Mexico School of Medicine, Mexico; died January 22, 2020.

James B. Hanshaw, MD, 90; Boylston, MA; SUNY Upstate Medical University, Syracuse; died December 19, 2019.

Thomas S. Kaye, MD, 67; Williamsburg, MA; Albert Einstein College of Medicine, New York; died January 27, 2019.

Debra G. Knee, MD, 55; Winchester, MA; Albany Medical College; died January 3, 2019.

Byron S. Lingeman, MD, 91; Wellesley Hills, MA; Indiana University School of Medicine, Indianapolis; died September 9, 2019.

Lawrence J. Malone, MD, 89; San Clemente, CA; Tufts University School of Medicine, Boston; died November 1, 2019.

Jeremy P. Nahum, MD, 80; Cambridge, MA; Albert Einstein College of Medicine, New York; died November 29, 2019.

Vasilios Poulos, MD, 90; Peabody, MA; Saint Louis University Medical School; died December 26, 2018.

Leela Rangaswamy, MD, 78; Greenville, DE; Madras Medical College, India; died January 15, 2020.

Fiore R. Rullo, MD, 93; Attleboro, MA; Boston University School of Medicine; died November 2, 2019.

Donald A. Schwartz, MD, 62; Longmeadow, MA; Harvard Medical School, Boston; died February 1, 2020.

Miles F. Shore, MD, 90; Needham, MA; Harvard Medical School, Boston; died June 20, 2019.

Eudaldo J. Troncoso, MD, 74; Danvers, MA; University of Zaragoza Faculty of Medicine, Spain; died January 27, 2020.

Across the Commonwealth

District News and Events

NORTHEAST REGION

CHARLES RIVER — Annual Meeting. Thurs., April 9, 7:00 p.m. A virtual meeting will be held to elect officers/committee members.

ESSEX SOUTH — Annual Meeting. Thurs., Apr. 2, 6:00 p.m. A virtual meeting will be held to elect officers/committee members.

MIDDLESEX — Annual Meeting. Tues., Apr. 21, 7:00 p.m. A virtual meeting will be held to elect officers/committee members. Delegates' caucus immediately following the district annual meeting.

MIDDLESEX WEST — Annual Meeting. Wed., Apr. 1, 7:00 p.m. A virtual meeting will be held to elect officers/committee members.

NORFOLK DISTRICT — Annual Meeting. Wed., Apr. 15, 6:30 p.m. A virtual meeting will be held to elect officers/committee members and we will hear from David Rosman, MD, MBA, MMS president-elect.

Contact Michele Jussaume or Linda Howard at (800) 944-5562 or mjussaume@mms.org or lhoward@mms.org.

SOUTHEAST REGION

BARNSTABLE — Annual Meeting. Tues., Apr. 7, 6:00 p.m. A virtual meeting will be held to elect officers/committee members. More details to follow via email.

PLYMOUTH AND NORFOLK SOUTH — Joint Spring Annual Meeting. Thurs., Apr. 16, 6:00 p.m. A virtual meeting will be held to elect officers/committee members. More details to follow via email.

Contact Sheila Kozlowski at (800) 322-3301 or skozlowski@mms.org.

WEST CENTRAL REGION

BERKSHIRE — Annual Meeting. Mon., Apr. 13, 6:00 p.m. A virtual meeting will be held. Speaker: David Christiani, MD. Topic: Vaping Associated Lung Injury.

HAMPDEN — Annual Meeting. Tues., Apr. 21, 7:00 p.m. A virtual meeting will be held to elect officers/committee members. More details to follow via email. For more information, contact HDMS at (413) 736-0661.

HAMPSHIRE/FRANKLIN — Annual Meeting. Thurs., Apr. 2, 6:30 p.m. A virtual meeting will be held. Speaker: Dr. Adam Gaffney. Topic: Universal Health Care.

WORCESTER — Annual Meeting. Wed., Apr. 15, 6:00 p.m. A virtual meeting will be held to elect officers/committee members. For more information, contact WDMS at (508) 753-1579.

Contact Cathy Salas at (800) 522-3112 or csalas@mms.org.

Stay up-to-date
with the latest about COVID-19, the virus that causes novel coronavirus disease. NEJM Group has gathered the best information available in one resources at nejm.org/coronavirus.

Illustration by CDC/Alissa Eckert, MS; Dan Higgins, MAMS