

VITAL SIGNS



MASSACHUSETTS
MEDICAL SOCIETY

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Addressing Physician Mental Health Receives New Understanding and Less Stigma

BY SANDRA JACOBS, VITAL SIGNS EDITOR

While recent years have been punishing to physician mental health and overall well-being, an increased focus on this crisis has spurred action. As a result, stigma is starting to decrease and barriers are lowering for physicians seeking and receiving help in Massachusetts, report leaders of MMS Physician Health Services (PHS).

"Our numbers are up in terms of the number of calls we are receiving," says Mark Albanese, MD, medical director of Physician Health Services, an MMS corporation. "This is not surprising. People have finally gotten to the point of starting to overcome some of the obstacles that might have prevented physicians from asking for help."

A nonprofit corporation founded by the MMS, PHS aids physicians who have health conditions and personal and professional challenges, including alcohol and substance misuse, burnout and stress, psychiatric and mental health concerns, emotional trauma, and medical, physical, or neurocognitive conditions potentially impacting the practice of medicine.

PHS annually supports about 400 Massachusetts medical students and physicians who are experiencing health-related and other challenges that have the potential to impact their work. Those who are referred to or seek out PHS receive an assessment and confidential guidance and direction toward the most appropriate and helpful resources, which may include peer support, referral to treatment, and, for some, monitoring in conjunction with an Occupational Health Monitoring Agreement.

Mental Health Exceeds Substance Use as a Reason for Seeking Help

Historically, alcohol or substance misuse has been the leading reason for PHS referral. But in 2023, mental health (including burnout and stress) was the most common presenting problem, accounting for 30% of referred and self-referred individuals. Substance use was the second most frequent presenting problem (25%), followed by problematic workplace behavior and communication (24%).

Increasingly, physicians are also seeking out PHS on their own, Albanese says. In 2023, self-referrals accounted for 37% of initial, confidential consultations; 34% were referred by an individual's medical leadership or organization. Other referrals came from training programs (9%); health providers such as primary care providers, psychiatrists, and therapists (6%); the state Board of Registration in Medicine (5%); and attorneys (4%). Another change is that more women are now seeking out PHS than previously.

Increased Acknowledgment of Need Drives Reduction in Stigma

The obstacles to mental health care have long roots within a culture of health care in which physicians traditionally don't ask for help for themselves, abetted by the licensing and stigma repercussions of doing so, says Albanese, a psychiatrist and addiction specialist on the faculty of Harvard Medical School who served for 25 years on the PHS Clinical Advisory Committee before joining PHS staff.

But he sees "good news" of late. He points to the recent improvements in two processes that deterred physicians from seeking help. For example, the Massachusetts Board of Registration in Medicine has updated the licensing and relicensing application questions related to health conditions. The questions are now less stigmatizing and intrusive, and they support involvement with PHS. In the same vein, Massachusetts soon after became the first state in which physicians, hospitals, health systems, and local health plans worked together to destigmatize health questions in credentialing and recredentialing applications. Both changes resulted from significant advocacy by the MMS and like-minded partners.



Illustration by Sioux Waks

PRESIDENT'S MESSAGE

Dear Friends:

I've enjoyed the President's Message in *Vital Signs* as another opportunity to communicate with our membership during my year in office. As I reflect on all we accomplished together, I am quite proud and excited for our Medical Society's future in the trusted and capable hands of my friend and colleague, Dr. Hugh Taylor, our new president.

As the year sped to an end, culminating with the 2024 Annual Meeting, I thought a lot about how fortunate I was to have an incredible team with which to work, including fellow members and the MMS leadership and staff.

The Annual Meeting allowed us not only to enjoy the company of colleagues but also to consider resolutions and set organizational policy that will help guide our advocacy work around issues that are critical to our patients and to the future of medical practice. Our House of Delegates brought forth valuable and diverse opinions and perspectives.

Those voices, and the voices of the 25,000 physicians and students in our ranks, will help ensure that our new and reaffirmed policies reflect MMS values and our commitment to delivering optimal care for all patients and allow us to continue our critical work in addressing today's myriad challenges, from workforce shortages, to barriers to access to care, to a compromised health care system infrastructure.

This issue of *Vital Signs* importantly focuses on mental health for both patients and physicians. It is my hope that we all pay close attention to our own mental health and that of our patients and loved ones and do not hesitate to make use of the many resources the MMS can provide.

In closing, I thank each of you for your commitment to patients, to each other, and to our Medical Society and for being an integral part of one of the most rewarding years of my lifetime.

Regards,

Barbara S. Spivak, MD
president@mms.org



Addressing Physician Mental Health

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Importantly, Dr. Albanese says there is a greater understanding — especially in the C-suite — of the administrative burdens on physicians, the crushing stressors of the pandemic, and its lingering repercussions. “Health care leadership in general now gets it,” he says. “There’s an acknowledgement that there wasn’t three, four, or five years ago. The message wasn’t reaching the C-suite.”

Since 2018, the Massachusetts Medical Society and Massachusetts Health & Hospital Association have joined forces on a joint task force to address burnout. The task force, which has recently expanded to include allied clinician groups, meets regularly to raise awareness about burnout and advocate for change within their own organizations and beyond.

Acknowledging Physician Trauma

Albanese notes an increasing acknowledgement that medical professionals, along with the rest of society, have been through this shared, global traumatizing time. “At least here in the Northeast, we are more open to talking about being traumatized, being burnt out. It wasn’t so long ago that it wasn’t talked about,” he says. “But [even here], we never would have used the word ‘traumatized’ 10 years ago [to describe physicians].”

Executive Director Paul Simeone, PhD, MA, joined PHS in April 2023, directly from Southwest Florida’s Lee Health system, where he was vice president and chief medical executive of Behavioral Health. A clinical psychologist, he previously taught at Harvard Medical School and other institutions for 30 years and served as associate director of Outpatient Psychiatry at the Cambridge Health Alliance.

Programs such as PHS, Simeone says, should be regarded as a public utility, with the purpose of providing confidential, highly skilled, and compassionate services to doctors and their families and contributing to a healthy physician workforce. “The medical community, particularly physicians, the Board of Registration in Medicine, and hospital systems rely upon us for consultation,” says Simeone. “They would be bereft without our services.”

Preparing for the Next Generation of Physicians

Two active, long-standing PHS committees are conduits for learning about emerging needs for medical students and trainees. The Medical School Advisory Committee is a forum for medical schools to exchange information on student health, wellness, and professionalism and to help develop strategies to educate and assist students who have, or who are at risk of having, problems with substance use, behavioral issues, or physical health. The Graduate Medical Education Committee provides a forum to enhance awareness of PHS for training programs and, similarly, assists trainees who have, or are at risk of, behavioral or physical health problems or professional concerns.

“Our focus is to review our whole program and update where we need to in preparation for the next generation of physicians,” Albanese says. “They bring their own worldview to health care. We want to serve those who are just coming out of med school.”

Physician Health Services (PHS): Learn more at massmed.org/phs or email PHS@mms.org. To refer a colleague or yourself, call PHS confidentially at (781) 434-7404. You will speak with a mental health professional who will explain the PHS role, confidentiality, independence from BORIM, and next steps. Consultations are free, confidential, and voluntary. More information is available in the [PHS 2023 Annual Report](#).

See recent MMS advocacy on physician burnout and well-being [here](#).

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Massachusetts' New Behavioral Health Wellness Examination: Guidance and Resources for Physicians from the MMS

BY SANDRA JACOBS, VITAL SIGNS EDITOR

As the April 1, 2024 date for implementing Massachusetts' new Behavioral Health Wellness Examination neared, the Massachusetts Medical Society was aware of the need for accurate, comprehensive information about the new exam.

In response, the Society organized experts in all facets of the exam and its logistics to present a free webinar, "Reviewing Massachusetts' Behavioral Health Wellness Examination."

The examination concept was created with the passage of the state's Mental Health ABC Act: Addressing Barriers to Care, passed in mid-2022, after a long-brewing mental health crisis was exposed and exacerbated by the COVID-19 pandemic. The ABC Act required insurers to cover an "annual mental health wellness exam" for commercially insured and MassHealth patients, with the goal of improving patient access to mental and behavioral health care.

During the well-attended webinar, moderated by then-MMS President Barbara S. Spivak, MD, senior leaders from the Massachusetts Division of Insurance (DOI), the Massachusetts Association of Health Plans, and Blue Cross Blue Shield of Massachusetts provided clear overviews and specifics that included the roles of health care professionals and insurers, including reimbursement logistics and the expected benefits for patients.

"It's just as important to screen for mental health issues as for physical ones. I hope we'll make it routine. It's good to offer this service to our patients."

— Dr. Hugh Taylor, newly elected MMS president

Hugh Taylor, MD, a family medicine physician and, at the time, president-elect of the MMS, explained the exam's specifics and how it was developed. His involvement began soon after the ABC Act passed. "The state DOI sought input from the MMS and others to put the Act into practice," he says. "I volunteered to do that." Dr. Taylor participated in developing the framework for the visit and also in proposing, along with others, the CPT code and diagnosis codes.

The webinar was held by the MMS in partnership with the Massachusetts chapters of the American College of Physicians, the American Academy of Family Practice, the American Academy of Pediatrics, and the Massachusetts Psychiatric Society.

To help physicians participate in administering the exam, the MMS has developed [a new resource page where you will find essential information](#) including the following:

- Recording of the recent webinar "[Reviewing Massachusetts' Behavioral Health Wellness Examination](#)"
- [MMS Validated Behavioral Health Screening Tools](#) for patients of all ages
- [MMS Selected Referral Resources](#)
- Relevant bulletins from the Massachusetts Division of Insurance and links to the Commonwealth's identified procedure code, diagnosis code, and modifier

"I see it [the exam] as a great way to let our physicians become aware [of behavioral health wellness]," says Taylor. "It's just as important to screen for mental health issues as for physical ones. I hope we'll make it routine. It's good to offer this service to our patients."

For questions, please email the MMS Physician Practice Resource Center at pprc@mms.org.

Massachusetts Opens Front Door to Behavioral Health

BY MICHELLE DALAL, MD, FAAP, DIPABLM, CHAIR, MMS COMMITTEE ON MENTAL HEALTH AND SUBSTANCE USE



Dr. Michelle Dalal

Massachusetts' [Roadmap for Behavioral Health Reform](#), first announced in 2021 during the Baker Administration, is a five-year blueprint for expanding ways in which people can obtain effective and equitable mental health and substance use care locally.

Post-COVID, the state, as well as the rest of the country, grappled with the impact of the pandemic on the behavioral health of adults and children. Recent data

from the [Kaiser Family Foundation](#) finds that from April 27 to May 9, 2022, 33.0% of Massachusetts adults reported experiencing symptoms of anxiety and/or depressive disorder, but their need for counseling or therapy went unmet in the prior four weeks, compared to the US average of 28.2%.

The passage of An Act Addressing Barriers to Care for Mental Health, [Chapter 177 of the Acts of 2022](#), included support for the Roadmap as well as reinforcement and aid for numerous mental health and substance use initiatives for individuals and families. These include, but are not limited to, offerings within schools and carceral facilities; programs for suicide prevention; a public awareness campaign concerning [Extreme Risk Protection Orders](#), also known as "red flag laws"; addressing emergency department boarding; and enforcing federal and state mental health parity laws.

The Roadmap was launched in 2023, promising effective treatment and improved equity, including culturally appropriate care, by enhancing and supplementing existing services and patient-doctor relationships. Two new programs, the [Behavioral Health Help Line \(BHHL\)](#) and [Community Behavioral Health Centers \(CBHCs\)](#), essentially created a "front door" to care.

The BHHL is considered the entry point for people without existing connections to behavioral health and looking for outpatient, urgent, and crisis care. The BHHL is free, available to all Massachusetts residents — even those without insurance — and can be accessed 24/7 by calling or texting (833) 773-2445 or via chat through masshelpline.com. Information on the BHHL and the 988 Suicide and Crisis Lifeline can be found on the Medical Society's [website](#).

In addition, 25 CBHCs, also launched in 2023, are now open daily in the Commonwealth. These alternative settings to emergency departments are designed to provide access for walk-ins, scheduled appointments, and crisis care. The crisis services are available 24 hours a day, every day, including holidays. Mobile Crisis Intervention services of the CBHCs are for anyone, with or without insurance, experiencing a mental health or substance use crisis. Professionals work at a CBHC or travel to an individual's location to assess and provide immediate help and make plans for the next steps in care.

For information on adding behavioral health care into your practice, the MMS offers this report: "[Integrating Mental Health and Substance Use Care in Your Practice Models, Challenges, and Recommendations](#)."

MMS Conference Offers Hope and Solutions Amidst Growing Climate Challenges, the AI Revolution, and Physicians' Changing Roles

BY SANDRA JACOBS, VITAL SIGNS EDITOR

Insights and opportunities, along with promises and perils, for physicians of today and tomorrow were in the spotlight of the second "Future Health: Best Practices for Advancing Care," the signature conference presented on March 22, 2024, by the Massachusetts Medical Society and supported by the *New England Journal of Medicine*, *NEJM Catalyst*, and *NEJM AI*.

Kicking off a central focus for the day was the opening keynote, "Responsible AI and Health Equity," presented by Maia Hightower, MD, MBA, MPH, founder and CEO of [Equality AI](#). "Responsible AI is a team sport," Dr. Hightower said, encouraging physicians to get involved in the use and development of AI tools and in their institutions' governance of them. "We all have a role to ensure that this [AI] future really does provide value for everyone. The

promise is unprecedented to improve quality and value," she added, noting that it also saves time on clinical notes and reduces physicians' administrative burden. "AI can help you reconnect with patients on an eye-to-eye level and in a way we haven't done for perhaps 15 years."

The three panels that followed — on Climate Change, the Role of the 2030 Physician, and Artificial Intelligence (AI) — were explored with a focus on equity and featured nationally known leaders and Massachusetts experts. Editors from *NEJM* Group publications served as moderators. Engaging exchanges included questions from a live audience of physicians, trainees, and students who attended at MMS headquarters and online.

A standout feature this year was the Product Theater, in which two companies demonstrated new technologies: "Emerging Class of Medicine: Prescription

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Top left: Maia Hightower, MD, MBA, MPH, receives rousing appreciation for her expansive and actionable keynote presentation, "Responsible AI and Health Equity."

Top right: Dr. Hightower (left) responds to questions from audience members presented by MMS President Barbara S. Spivak, MD (right).

Center, left to right: The "AI in Medicine: Future of Diagnosis" panel included Adam Rodman, MD, MPH, FACP, co-director, Innovation in Media Education Delivery Initiative, Beth Israel Deaconess Medical Center; Marzyeh Ghassemi, PhD, assistant professor, Electrical Engineering and Computer Science and Institute for Medical Engineering & Science, Massachusetts Institute of Technology; Isaac Kohane, editor-in-chief of *NEJM AI* and chair of the Department of Biomedical Informatics, Harvard Medical School; and Arjun Manrai, PhD, deputy editor of *NEJM AI* and assistant professor of biomedical informatics, Harvard Medical School.

Bottom, left to right: "The 2030 Physician: Our Role in Health Care, Systems, and Society" speakers include Andrew S. Karson, MD, MPH, interim president UMass Memorial Medical Group; Sandhya K. Rao, MD, chief medical officer and senior vice president for health and medical management at Blue Cross Blue Shield of Massachusetts; and Kathleen C. Lee, MD, associate editor, *NEJM Catalyst* and associate chief transformation officer and associate vice president, Penn Medicine.



Photos by John Gillooly

WHAT ATTENDEES SAY ABOUT 2024 FUTURE HEALTH BEST

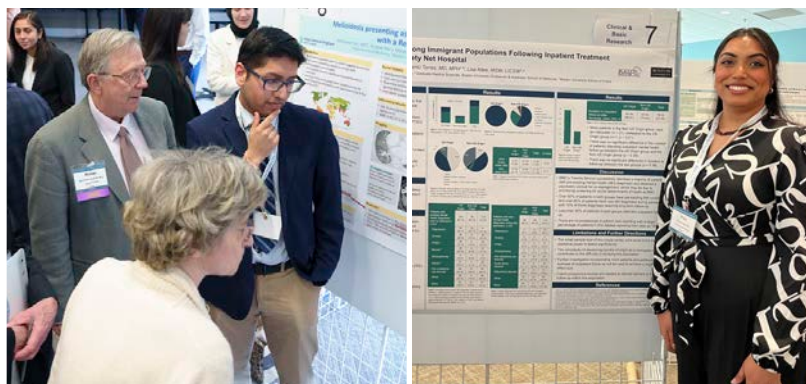
“The program was incredible, very thought-provoking. It was hopeful at a time right now when providers are struggling to do their work. ...”

— Juan Jaime de Zengotita, MD — medical director of quality and health equity at Fenway Health, Boston

“Everything talked about today regarding artificial intelligence and the EMR efficiency — and the need to help physicians to avoid ‘pajama time’ — was very interesting. I’m really looking forward to that part of AI.”

— Sarita Bajracharya, MD — internal medicine, Hyannis, MA

For more attendee comments, see [video](#).



MMS Conference Offers Hope and Solutions

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Digital Therapeutics,” sponsored by Click Therapeutics and “Moneyball in Health Care: The Need for Real AI — Actual Intelligence,” sponsored by Caresyntax. “The hands-on demonstrations of new products and technologies were exciting and on the cutting edge, not what everyone is exposed to unless they attend a cutting-edge program,” said pediatric cardiologist Lorraine Schratz, MD, one of 10 MMS members who made up the conference’s advisory and planning group. “The networking also was very good.”

In conjunction with the conference, the MMS hosted the 15th Research Poster Symposium, with 61 posters accepted from 100 abstracts submitted by medical students and trainees. After a few years’ hiatus, this event, sponsored by the MMS and its Resident and Fellow Section and its Medical Student Section, celebrated the research and discovery of our youngest members. [See the full list of winners and judges.](#)

At the well-attended lunch and learn session, “Alternative Paths in Medicine,” moderator Ted A. James, MD, MHCM, FACS, chief of breast surgical oncology at Beth Israel Deaconess Medical Center, guided physician panelists who described their career changes from clinical work to new careers in the biopharma industry, consulting, entrepreneurship, and career/life coaching.

“Today was entertaining, fun, and thought-provoking,” summed up MMS President, Barbara S. Spivak, MD, in closing remarks. “An incredible day from the first talk to the end.”

The MMS is grateful for the support of our founding Future Health Best conference sponsors, Blue Cross Blue Shield of Massachusetts and Coverys, and more than 30 additional sponsors and supporting organizations that helped to bring this year’s conference to fruition.

If you missed “Future Health: Best Practices for Advancing Care – 2024,” it is [now available as an online CME course](#) that includes the opening keynote and panel discussions on “The Impact of Climate Change on Our Patients” and “The 2030 Physician: Our Role in Health Care, Systems, and Society.”

Top, left to right: Panelist Sandhya K. Rao, MD, chief medical officer and senior vice president for health and medical management at Blue Cross Blue Shield of Massachusetts; Olivia C. Liao, MD, FACS, MMS vice president; Hugh Taylor, MD, MMS president-elect; Barbara S. Spivak, MD, MMS president; Maia Hightower, MD, MBA, MPH, keynote speaker; and Lois Dehls Cornell, MMS executive vice president.

Center, left to right: “The Impact of Climate Change on Our Patients and Health Systems,” panelists include Gaurab Basu, MD, MPH, director of education and policy, Harvard Center for Climate, Health, and the Global Environment; Caleb Dresser, MD, MPH, director of healthcare solutions, Harvard Center for Climate, Health, and the Global Environment and assistant director, Climate & Human Health Fellowship, Beth Israel Deaconess Medical Center; Gregg Furie, MD, MHS, medical director for climate and sustainability, Brigham and Women’s Hospital; instructor of medicine, Harvard Medical School; Brita E. Lundberg, MD, CEO and founder of Health Equity Institute and Lundberg Health Advocates, LLC; Marissa Hauptman, MD, MPH, FAAP, chief medical advisor, Bureau of Climate and Environmental Health, Massachusetts Department of Public Health, and co-director, Pediatric Environmental Health Center and Region 1 New England Pediatric Environmental Health Specialty Unit, Boston Children’s Hospital; and Caren Solomon, MD, MPH, deputy editor, *New England Journal of Medicine*, and associate professor of Medicine, Harvard Medical School, Brigham and Women’s Hospital.

Bottom: At the Research Poster Symposium, medical students and trainees share their research with conference attendees.

Mental Health First Aid: Helping Those Experiencing a Mental Health Crisis

BY ANDREW CHUN, MD, MPH



Dr. Andrew Chun

The ongoing mental health crisis in the United States has been [well-documented](#). Severe shortages of mental health clinicians have limited access to care for [millions of Americans](#), as [more than 50 percent of counties do not have a practicing psychiatrist](#). However, early recognition of and intervention for mental health problems can [ultimately save lives](#). One responsibility of the MMS Committee on Mental Health and Substance Use is to provide resources on mental health and substance use in alignment with the Society's strategic initiative to "[a]ssess vulnerable populations and determine where the MMS can have the strongest impact on access to appropriate care. ..."

One way to prepare community members to recognize and respond to signs of a mental health problem or substance use disorder is [Mental Health First Aid \(MHFA\)](#), an eight-hour training course that is available through instructors certified as a First Aider in the MHFA adult and/or youth curriculum. In this evidence-based program managed by the [National Council for Mental Wellbeing](#), trainees learn about different types of mental illnesses, including depression, psychosis, and substance use, and acquire skills to assist individuals experiencing a mental health crisis. MHFA training uses role play and simulations to help its trainees recognize mental health symptoms, provide initial support, and calmly guide a person toward appropriate professional resources. Health professionals unfamiliar with this content, as well as support staff, first responders, and other community members, may benefit from this skill set.



A [systematic review](#) of the effectiveness of MHFA found trainees had improved knowledge and recognition of mental health disorders, along with greater confidence and likelihood to assist an individual with mental health problems. A [smaller study](#) found that MHFA may help address stigma and improve mental health literacy in underserved, immigrant communities, which often experience higher barriers to accessing care.

Given the profound impact of the COVID-19 pandemic on youth mental health, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association have [declared a national state of emergency](#) in child and adolescent mental health. [Youth MHFA](#) provides training specific to supporting adolescents aged 12 to 18. This modified version discusses typical adolescent development, disruptive behavioral disorders, and eating disorders. Physicians may share this youth course with parents, teachers, and school administrators, who are often the first to notice mental health problems in children and adolescents.

MHFA training can be arranged through [local training providers](#) for both physicians and non-physicians interested in this program, including support staff and community members.

For more information, see [mentalhealthfirstaid.org](#).

Andrew Chun, MD, MPH, is a resident in the adult psychiatry program at MGH/McLean Hospital and the resident representative to the MMS Committee on Mental Health and Substance Use.

Get to Know Your New MMS President: Dr. Hugh Taylor

BY SANDRA JACOBS, VITAL SIGNS EDITOR



Dr. Hugh Taylor

Hugh Taylor, MD, a board-certified family physician, has practiced at Beverly Hospital since moving to Massachusetts' North Shore more than 40 years ago. Originally from Connecticut, he graduated from Harvard College and Harvard Medical School and completed a family medicine residency at the University Hospitals of Cleveland. He lives with his wife in Ipswich, MA.

Dr. Taylor experienced the value of organized medicine very early in his career when members of the Ohio Academy of Family Physicians came to Cleveland to advocate successfully for this newly minted family physician to be allowed to practice obstetrics within an academic Cleveland hospital. When he later returned to Massachusetts, he got involved in the Massachusetts Academy of Family Physicians and became its president in 1996 for a two-year term.

As a member of the Massachusetts Medical Society since 1983, Dr. Taylor's MMS involvement and leadership have included past presidency of the Essex South District Medical Society; membership on the MMS Board of Directors and Alliance Charitable Foundation; and service as chair or [vice chair of multiple MMS committees and task forces](#). He has also served as a delegate to the AMA House of Delegates from the American Academy of Family Physicians.

On May 10, Dr. Taylor became the 142nd President of the Massachusetts Medical Society. Prior to his inauguration, he shared his thoughts with *Vital Signs* on the importance of organized medicine and what's ahead for the MMS.

VS: What initially drew you to family medicine?

Dr. Taylor: I decided early in medical school to go into primary care because I liked the idea of working in the community. I chose to go into family medicine after spending a month in Scotland studying their medical system. I was impressed that everyone there had a family doctor and had quick access to medical care.

VS: Has being a family medicine physician changed during that time?

Dr. Taylor: The long-term relationship — doing preventive as well as acute care — hasn't changed. Initially, I did obstetrics as part of my practice, and I was rounding daily to see my patients who were admitted to the hospital. Fewer of us in family medicine are still doing that. So, the biggest difference now is that I am doing only office practice. The biggest change there is that we can do a lot more for our patients now. I especially appreciate the much more effective treatments — in psychiatry and diabetes care, for example.

VS: How did you first get involved with the MMS and other groups in organized medicine?

Dr. Taylor: The support I received during my residency from the Ohio Academy of Family Physicians showed me the power of organized medicine. When I moved to Massachusetts, I got involved in the Massachusetts Academy of Family Physicians. After serving a two-year term as its president beginning in 1996 and then chair of its legislative committee, I found that for physicians to make progress in the legislative realm, we needed to work with the MMS, so I decided to become a delegate to the MMS from my district, Essex South.

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Get to Know Your New MMS President

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VS: What are the profession's biggest challenges right now, and how can organized medicine address them?

Dr. Taylor: Patients' access to care is the first main challenge. Patients find it hard to get to physicians and the care they need for a whole slew of reasons: lack of manpower, cost of care, and the structure of our insurance system, among others. For instance, high-deductible plans disincentivize people from coming in.

The second main challenge is physician autonomy. Physicians no longer feel we have enough ability to control our lives and our practices. Three-fourths of doctors are employed and have too little control over the conditions we work under. Prior authorization is a huge problem; it has metastasized to the degree that we and our staffs spend way too much time on it.

There is a lot that the MMS is doing about these problems. To name a few: The MMS currently has a bill being considered by the Legislature that would try to bring prior authorization requirements under control. Regarding electronic medical records, which many of us find slow us down rather than help us be more efficient, I chaired a task force within the MMS looking for ways to make them more user friendly. The MMS also has a task force with the Massachusetts Health & Hospital Association to reduce physician burnout, and we support initiatives on Beacon Hill to do so. We also support a bill to limit the use of patient deductibles for out-patient care.

VS: What are other top priorities for the MMS in the year ahead?

Dr. Taylor: What I really want to accomplish is to make all doctors aware that the MMS is the first place to go for physicians' issues. We've recently created a new strategic plan to help us do this. Our challenge now is to take the plan off the page and make it a reality: to help our patients and physician members as well as the Society.

VS: How do you spend your spare time outside of medicine?

Dr. Taylor: I love hiking and taking long walks with my dog. I also run two or three days per week, go to the gym, and bike. In summer, I have a small sailboat moored close to my home for short outings. I also have a son and grandchild in New York and a son in Denver, so my wife and I enjoy time visiting them.

VS: Your CV lists reading as a hobby. What's on your summer reading list?

Dr. Taylor: Right now, I'm reading *The Power Broker: Robert Moses and the Fall of New York*, by Robert Caro. I loved his biography of Lyndon Johnson, and I hope he is able to finish the fifth volume! This past year, I also read *The Covenant of Water* by Abraham Verghese, a physician novelist. I recommend it.

VS: You have been an active mentor in the MMS's pilot mentorship program. What's your overall message to early and mid-career physicians?

Dr. Taylor: Congratulations on picking this profession. It's great. I've never regretted it. And I do hope younger physicians can find joy in practicing medicine while we are working to overcome the many obstacles we face. I have found that medicine becomes even more of a pleasure as time goes on. I love seeing the patients I've known for 20 or 30 years.

It also really does help physicians of any age to get together with each other, to share ideas, and to give each other support. I strongly encourage younger physicians to join the Medical Society, to enjoy the social connections, educational offerings, and networking of the MMS, and if so inclined, to get involved in the House of Delegates and look for other ways to make a difference.

Interviewed by Vital Signs Editor Sandra Jacobs. Answers have been edited for brevity and clarity.

Member News & Notes



Dr. James L. Baker

James L. Baker, MD, MPH, is author of the new book [*This Monstrous Obsession: Hard Lessons Learned about Addiction*](#), released May 7, 2024. It tells the story of his youngest son who struggled with heroin addiction starting as a teenager but later found recovery with pharmacotherapy. However, he ultimately relapsed after a car accident and surgery and died from an overdose at age 23. The book highlights a parent's fight to help his child and provides understanding about addiction treatment. Dr. Baker is a palliative care and pain management specialist affiliated with UMass Chan Medical School. He is a consultant with MCSTAP, the Massachusetts Consultation Service for the Treatment of Addiction and Pain; served as inaugural chair of the MMS Committee on Mental Health and Substance Use; and is a strong legislative advocate for opioid treatment, including opioid prevention centers, the 2018 Massachusetts CARE Act, and the federal Medication Access and Training Expansion Act.



Dr. Mark Goldstein

Mark Goldstein, MD, has authored [*How Technology, Social Media, and Current Events Profoundly Affect Adolescents*](#), to be published by Oxford University Press in June 2024. The book analyzes adolescent issues through a biopsychosocial perspective, examines current social issues, and reviews how the COVID-19 pandemic and the war in Ukraine have impacted children. His coauthor and spouse, Myrna Chandler Goldstein, was the author of [*The Massachusetts Medical Society at 20th Century's Close: An Oral History of One Organization's Struggles in Support of Patient Care*](#). Dr. Goldstein is the founding chief emeritus of the Division of Adolescent and Young Adult Medicine at Massachusetts General Hospital and associate professor of pediatrics at Harvard Medical School.

Do you have news to share about yourself or a colleague? An achievement or accomplishment? A new role? Please email vitalsigns@mms.org.



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IN MEMORIAM

Samuel Bergman, MD; 79; Hancock, ME; Boston University School of Medicine; died April 2, 2024.

Kathy L. Chrismer, MD; 67; Paxton, MA; University of Rochester School of Medicine and Dentistry; died December 16, 2023.

Masahisa (Bill) Hijikata, MD; 87; Lynnfield, MA; Keio University School of Medicine, Tokyo; died January 31, 2024.

Ernesto Y. Jose, MD; 85; Sudbury, MA; Universidad Nacional del Litoral, Rosario, Argentina; died February 18, 2024.

David L. Levy, MD; 95; Swampscott, MA, and Boynton Beach, FL; Tufts University School of Medicine; died March 6, 2024.

Kirwan T. MacMillan, MD; 95; Atkinson, NH, and previously of Bradford, MA; Tufts School of Medicine; died May 26, 2024.

Raymond "Ray" Leo Harrington Murphy Jr., MD; 91; Chestnut Hill and Wareham, MA; New York University School of Medicine; died February 26, 2024.

Kollegal S. Murthy, MD; 84; Longmeadow, MA; Bangalore Medical College in Bengaluru, India; died May 6, 2024.

Stephen G. Pauker, MD; 81; Weston, MA; Harvard Medical School; died February 16, 2024.

Vincent Russo, MD; 84; Newbury, MA; Boston University School of Medicine; died March 27, 2024.

Howard A. Trachtenberg, MD; 88; Hartland, VT; New York University School of Medicine; died September 23, 2023.

Jeremiah O'Brien Young, MD; 87; Milford, MA; Boston University School of Medicine; died April 21, 2024.

[Virtual Live Webinar](#)



MASSACHUSETTS
MEDICAL SOCIETY

The Impact of War on Health, Human Rights, and the Environment

Thursday, June 13, 2024
12:00–1:30 PM ET

War causes injury, disease, and premature death. It adversely affects mental health. It violates human rights. It damages civilian infrastructure and forcibly displaces populations. It contaminates the environment. Join our webinar, where distinguished faculty will make presentations and engage in discussions that explore the impacts of war on health, human rights, and the environment. Attendees will gain heightened awareness and specific knowledge to understand and help address these impacts of war.

Moderator: Eric Goralnick, MD, MS
Keynote Speaker: Barry S. Levy, MD, MPH
Panelists: Ira Helfand, MD
Sean Kivlehan, MD, MPH
Julie Levison, MD, MPhil, MPH
Sofia E. Matta, MD, FAPA, FASAM
Michelle Niescierenko, MD, MPH
John Roberts, MD, MPH, FACEP
Tamara Worlton, MD, FACS, FASMBS

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