This issue’s Member Spotlight shines on the new President of the Hartford County Medical Association, Valerie J. Vitale, MD. An otolaryngologist based in Bristol, Dr. Vitale has been involved in physician leadership for some time. She shared some thoughts with Action News about the changing healthcare landscape and the importance of physician participation in decision-making.

Dr. Vitale first became involved in organized medicine after she completed her residency at Columbia-Presbyterian Medical Center: she joined CSMS, the Hartford County Medical Association (HCMA), the Connecticut ENT Society, and the American College of Surgeons as she began private practice.

As Chief of Staff at Bristol Hospital from 2006-2009 and a current member of the Bristol Hospital Board of Directors, as well as serving in a variety of leadership positions for HCMA, Dr. Vitale has seen first-hand the changes in healthcare. “The business of medicine is making a lot of decisions for patients, and for physicians,” she noted. It’s no longer enough to assume that “somebody else” will address these concerns, and physician involvement in decision-making is critical, particularly for younger physicians.

Dr. Vitale identified several goals for her year at the helm of HCMA, adding that “it’s a short term and a steep learning curve.”

HCMA wants to grow its membership and ensure it is meeting the needs of physician members. Many physicians think that their advocacy concerns are already being addressed through their group practices, specialty societies, or hospital employers. While those entities may be helpful on some issues, they may not be able to advocate for you and your patients as broadly as the county and state societies can.

In 2014, CSMS members Ted Long, MD, Shady Henien, MD, Ali Khan, MD, MPP, and David Hass, MD conducted a multisite survey of Connecticut residents and fellows on their attitudes toward health policy and physician advocacy. The survey results, published in the May 2014 issue of Connecticut Medicine, showed that although 89% of respondents felt that health policy was important, only 21% felt confident about their knowledge of health policy.

The Young Physicians’ Leadership Curriculum (YPLC) was developed to address this need for health policy education across a variety of specialties, and has three core pillars: health policy education, leadership development training, and financial/estate planning for young professionals.

Building on a 2013-2014 lunchtime lecture series at Yale, residents and fellows will learn about a range of health policy topics, including healthcare finance and cost-conscious care, healthcare policy, the insurance marketplace, physician advocacy, and the Affordable Care Act.

In support of the leadership development training component, CSMS and the YPLC group applied for and received a competitive grant from the Physicians Foundation to develop and implement a two-day leadership summit. The leadership summit weekend is scheduled for April 25-26, 2015, and will feature Yale School of Management faculty leading discussions on topics such as negotiating skills, effective decision-making, organizational analysis, and understanding concepts of influence and power.
**Message from the Executive Vice President/CEO**

**Working For You**

In the upcoming General Assembly session, CSMS will work with legislators and regulators to make sure that patient care remains in the hands of the treating physicians, who have and continue to focus on the patient’s care.

While CSMS believes that health information technologies can improve access to care, these technologies should not be a replacement in networks for local practicing physicians. CSMS has also been adamant that more legislation and regulation are needed to ensure patients have timely, transparent information about health insurer networks; standards need to be in place that further guarantee adequacy of networks for patient access to medically necessary care.

A recent study by the American Medical Association and the Rand Corporation confirmed that obstacles to quality patient care are a significant source of stress for physicians. The study findings suggest that the factors contributing to physician dissatisfaction could serve as early warnings of deeper quality problems developing in the health care system.

CSMS believes that health information technology (HIT) can be a supplement to physician decision making, but it is certainly not a replacement. In fact, the AMA/Rand study found concern that existing HIT “interferes with face-to-face discussions with patients, requires physicians to spend too much time performing clerical work and degrades the accuracy of medical records by encouraging template-generated notes.”

Recognizing this, along with the cost of the technology, CSMS will work to promote legislative and regulatory remedies that allow physicians to benefit from and not be limited by state and federal implementation of health care and health system reform tied nationally to the ACA, and locally to any SIM related projects and initiatives. CSMS believes that as technology evolves, the focus should be on how physicians can best adapt the technology in their respective practices rather than adopting technology without the needed flexibility.

REFERENCES

**Member Spotlight: Valerie Vitale, MD**

Dr. Vitale is also a proponent of boards working together on shared goals and concerns such as SGR, value-based payments, population health, and related issues. “We can’t keep doing what we’re doing. Our physician members need us to keep moving forward,” she said.

On a related topic, she personally advocates reaching out to allied health professionals and working together to develop joint ownership of care:

“Working competitively puts our patients at risk. There are many different paths to patient care, and there is room for everyone on the patient care team. The model may change, but there will always be a need for the broader perspective, experience and education that physicians provide to the team.”

With regard to the upcoming legislative session, Dr. Vitale understands that it can be challenging for physicians to engage in advocacy. “There’s definitely a need for it, but also a little guilt,” she noted. With the legislative hearing process structured with the potential for hours of downtime, “there can be a feeling that time would be better spent on patient care.” Yet physician advocacy is critical, particularly in areas like Certificate of Merit, APRN, definition of surgery, “scope creep” and other complex issues.

Dr. Vitale first caught the medical bug in 5th grade during a unit on the human body. Her interest in medicine grew, and she went on to volunteer as a candy striper at age 14. “That was back when candy strippers did a lot – closing wounds, incising finger abscesses, things like that.” To confirm her interest in medicine, Dr. Vitale took a step back and earned her undergraduate degree in chemical engineering from MIT where she met her husband (also a physician). She worked as a chemical engineer at Bechtel, and also did biomedical research on dementia at Burke Rehab/Cornell-NYH. She earned her MD at Baylor College of Medicine in Houston, TX and completed her residency at Columbia-Presbyterian Medical Center. As residents Dr. Vitale and her husband made a commitment to have dinner together whenever possible, even if that meant the hospital cafeteria. The tradition continued as they began to build their practices, and their family grew to include three daughters. The oldest is now a fashion designer in Manhattan; the middle daughter is an apprentice at Ballet Arizona; the youngest, still at home, is interested in Computer Science but may follow her mother into medicine.

After 21 years in private practice, Dr. Vitale knows that medicine is more than just science – it is the care of patients. For her, medicine “is a profession, not a job, and I’d like to keep it that way.”
Connecticut State Medical Society and CMIC present:

**Physician Supervision of Residents and Midlevel Providers**

**Summary and Learning Objectives:** This workshop is designed to identify the risks of physician supervision of mid-level providers and medical residents. The rapid increase in the number of mid-level providers and the decreasing availability of residents has prompted this important case review and discussion. By completion of this educational program, attendees will be able to:

- Discuss the process in which a scope of practice is established for Mid-level Providers and Residents
- Identify the components of delegation and communication methods
- Identify the methods of supervision and documentation required for a successful program

For online registration, please visit us at www.csms.org/physsup

Instructor: Diane C. Fernald, RN, JD  
Ms. Fernald is a Partner in the Springfield offices of Morrison Mahoney, LLP. She is a graduate of the American International College (BS), Western New England College (MBA) and Western New England College of Law (JD). In addition, Ms. Fernald is a Registered Nurse and a licensed Nursing Home Administrator.

Connecticut Medical Insurance Company (CMIC) is accredited by the Connecticut State Medical Society to provide continuing medical education for physicians. CMIC designates this live activity for a maximum of 1.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For more information, contact Rhonda Hawes, 203-865-0587 x122, rhawes@csms.org.

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Connecticut State Medical Society and CMIC present:

**Tracking, Following and Documentation**

**Summary:** Tracking and following up with patients persists as a serious risk exposure for physician practices. Long seen as an issue involving internal administrative processes, there are emerging risks linked to technology that may accentuate the prospective of liability. This presentation will address both traditional and emergency “track and follow” risk exposures and conclude with a discussion of strategies to reduce the prospect of medical malpractice litigation associated with this aspect of clinical care management.

**Learning Objectives:**

- Examine tracking and following circumstances that have resulted in medical malpractice claims.
- Identify emerging technology trends in tracking and following that have increased liability exposure.
- Discuss strategies for tracking and following that reduce risk exposure.
- Discuss eDiscovery duties for every user and owner of Information Technologies.

For online registration, please visit us at www.csms.org/trackfollow

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**WEDNESDAY, APRIL 22, 2015**

**6:00PM-8:00PM**

Connecticut State Medical Society  
North Haven, CT

**THURSDAY, APRIL 2, 2015**

**6:00PM-8:00PM**

Connecticut State Medical Society  
North Haven, CT

Dinner will be served  
No Fee.

Registration required in advance.
**HIPAA on the Home Front**

Connecticut physicians are aware of the seemingly never-ending stream of HIPAA violations. It seems that a hardly a week goes by where a health care practice or entity isn’t hit with a fine for violating HIPAA. While HIPAA fines are fairly commonplace, state court cases involving HIPAA are relatively uncommon. However, in November of 2014, the Connecticut State Supreme Court handed down a ruling relating to HIPAA that could have a significant impact on Connecticut physicians.

The case of **Byrne v. Avery Center for Obstetrics and Gynecology** involved a patient, Emily Byrne, who sued the Avery Center for Obstetrics and Gynecology (Avery Center) that released her medical records to a third party without her authorization.

Ms. Byrne received treatment as a patient at the Avery Center. They gave notice and documentation to her which stated they would not disclose her Protected Health Information (PHI) without her authorization. She explicitly told the center not to reveal any information to a gentleman by the name of Mendoza. Sometime later, Avery Center received a subpoena requesting Byrne’s medical records subject to a paternity suit between Byrne and Mendoza. Subsequently, the Avery Center mailed a copy of her medical file to probate court in accordance with the subpoena. Avery Center did not inform Ms. Byrne about the subpoena nor obtain any authorization from Ms. Byrne to disclose her PHI. She claims she was subsequently harassed by Mendoza since viewing her medical records, and brought suit against the Avery Center, primarily on the grounds of negligence and negligent infliction of emotional distress.

Under HIPAA, there is no allowance for a private right of action. In other words, HIPAA does not allow private individuals or patients to sue others specifically for violating HIPAA. Using this rationale, the trial court dismissed Ms. Byrne’s suit on the grounds that neither HIPAA nor its regulations allow for a private cause of action. The trial court noted that it is well-settled that HIPAA does not provide a private right of action and therefore ruled that HIPAA preempts any action dealing with the confidentiality and privacy of medical information.

On appeal, the Connecticut Supreme Court reversed this decision. The Court pointed out that while HIPAA and its regulations state that they shall supersede any contrary provision of state law, ordinary state causes of action (such as negligence claims) are not preempted just because they impose liability “over and above that authorized by federal law.” The Court concluded that “to the extent it has become the common practice for Connecticut health care providers to follow the procedures required under HIPAA in rendering services to their patients, HIPAA and its implementing regulations may be utilized to inform the standard of care applicable to such claims arising from allegations of negligence in the disclosure of patients’ medical records pursuant to a subpoena.”

The Byrne ruling recognized that Ms. Byrne was not permitted to bring a private suit against Avery Center for a violation of HIPAA. However, this case clarifies that HIPAA’s ban on private suits does not necessarily foreclose legal action, and that HIPAA does not preempt a patient’s claims for negligence and negligent infliction of emotional distress. The Court further recognized that HIPAA may be the appropriate standard of care to determine whether negligence was in fact present. In other words, Ms. Byrne may be able to prove her negligence and negligent infliction of emotional distress claims using Avery Center’s violation of HIPAA as the basis of proof for these claims. While the Court was careful to state that they did not decide that negligence claims can arise from a breach of HIPAA, the potential exists for Ms. Byrne to make these claims.

What does this mean for physicians? The Byrne case is not novel—other jurisdictions have made similar findings and paved the way to use a HIPAA violation as a basis for a state law claim. However, as this is a Connecticut Supreme Court case, the case will have precedential importance for future Connecticut cases of the same or similar topic. This case also serves as a reminder on two fronts. First, healthcare professionals need to be extremely careful in responding to subpoena requests that ask for PHI. Without obtaining the proper consent or authorization from the patient, physicians could be exposing themselves to negligence claims as in the Byrne case. Second, this case serves as a lesson for physicians to review their Notices of Privacy Practices and make sure they are adhering to the language contained in these Notices. Two of Ms. Byrne’s lesser-discussed claims, breach of contract and negligent misrepresentation, were that the practice failed to adhere to the requirements outlined in their Notice of Privacy Practices.

As noted, HIPAA does not provide a private right of action. Cases such as Byrne demonstrate, however, that plaintiffs are attempting to use HIPAA as the standard of care in an effort to prove state law violations such as negligence. This case ups the ante when it comes to HIPAA compliance. Compliance with HIPAA will not only save your medical from facing potentially large monetary fines, but could be your best defense in negligence or other state law actions.

This article was prepared with assistance from CSMS Legal Intern Kristen Hejna.
The 2014 Interim Meeting of the AMA House of Delegates Meeting was held in Dallas, Texas on November 7-11, 2014. The Interim Meeting is the shorter of the two yearly AMA meetings, where resolutions are restricted to advocacy, medical ethics and matters pertaining directly to physician practice.

The CSMS resolution entitled “Burdensome Impact of Medicare’s Face-to-Face Form Requirements” had the support of the New England Delegation and was reaffirmed as AMA policy. The House continued to support geographic adjustments to telemedicine payments, which was actively supported by the Connecticut Delegation. Other major policy decisions included referral of the modernization of the AMA’s “Code of Medical Ethics,” after extensive input from the Reference Committee and House itself. Other major issues included: expert lectures on Ebola, adoption of principles of maintenance of certification, a presentation by VA Secretary Robert A. McDonald asking for physicians’ help on caring for veterans, passage of public health policy on Ebola and e-cigarettes, AMA support for the interstate compact to streamline medical licensure, new policy calling for adequate networks for patient access and choice, renewed request for the suspension of meaningful use penalties by CMA among numerous other issues.

A full summary of the meeting can be found on the AMA website: ama-assn.org.

All members of the Connecticut delegation were active in the affairs of the AMA Interim Meeting.

Congratulations to Shady Henien, MD who successfully campaigned for the position of National Chair-Elect of the Resident Fellow Section (AMA-RFS). This is a very important position in the House, as it is the main focus of representation of all resident and fellow members of the AMA. Dr. Henien also was re-elected as the section delegate to the HOD and had two resolutions passed in the RFS Assembly. Andrew Goldsmith, medical student from UCONN attended, as did Yale Residents Kavitha Gopalrattanam, MD, Kevin Woodson, MD, Jasmin Lebastchi, MD, Louie Ganguangeo, MD, Alex Norcott, MD (currently serving as co-chair with Dr. Henien of the CSMS RFS), Jessica Deslauriers, MD (who was on the RFS Rules Committee) and Julio Alvarenga, MD.

Al Herzog, MD (D-Hartford) a member of the Council on Long Range Planning and Development was on the House Reference Committee F, participated on a Panel on Health Trends and was active in the American Psychiatric Association (APA) section council. Ted Zanker, MD (D-New Haven) continued his support of the APA section council meetings and testified on several resolutions at the HOD meeting. Michael Carius, MD (AD-Fairfield) organized our delegation seating at the House as our “Delegation Whip,” chaired the New England Delegation (NED) Reference Committee on Constitution and Bylaws (CCB), attended the Section on Emergency Medicine and testified on several resolutions before the House. Seyed Aleali, MD (D-Fairfield) was re-appointed to the Council on Legislation for which congratulations are due. Donald Timmerman, MD (AD-Middlesex) represented us at the Organized Medical Staff Section (OMSS) and on the NED reference committee J as well as at the meetings of the AAFP.

Gary Price, MD, (AD New Haven) chaired NED Reference Committee B on advocacy and led our testimony on access and equity in telemedicine payments. Bollepalli Subbarao, MD (AD-Hartford) was active in the APA and supported the delegation. Michael Deren, MD (D-New London) was elected chair of the Surgical Caucus and testified on behalf of the caucus.

Other Connecticut physicians who participated in the meeting were Neil Brooks, MD (D-AAFP) who sat on the House Reference Committee on CCB, Katherine Harvey, MD (Yale Resident) who is a member of the Council on Ethical and Judicial Affairs (CEJA), Michael Aronow, MD (AD-American Orthopaedic Foot & Ankle Society), Steven Fleischman, MD (ACOG Vice Chair and Delegate), and Courtland Lewis, MD (D-American Association of Hip and Knee Surgeons).

A large number of resolutions were discussed and passed by the House in a very expeditious manner at the business portion of the HOD meeting which lasted only 4 hours total, thus ending the meeting a half day early! This was a testament to our Speaker and Vice Speaker as well as all the members of the House.

The entire delegation wishes to thank the dedicated staff of the CSMS for their assistance in organizing the meeting and helping all the delegation members in a variety of tasks. Special thanks to CSMS SVP for Government Affairs Ken Ferrucci who attended the meeting.

This article was adapted from the AMA Interim Meeting Report to the CSMS Council, prepared by CSMS Councilor Michael Deren, MD.
The Connecticut General Assembly begins the 2015 “long session” on January 7, and will run through June 3, 2015. The CSMS Legislative Committee and CSMS Government Affairs staff have been busy preparing for the session:

- The 2015 Legislative Agenda has been posted on the website; CSMS members are encouraged to look over this and other information available online (https://csms.org/physician-advocacy/).
- Agenda highlights include Professional Liability Insurance and Reform; Contracting, Transparency and Fairness; Physician Workforce Issues; and Proactive Public Health Initiatives
- The special Legislative E-News will be distributed weekly once the session is underway; please be sure that CSMS has your current email address so you can stay up-to-date on developments at the Capitol.
- Earlier this fall, the Bipartisan Roundtable on Hospitals and Healthcare invited CSMS President Bob Russo, MD to address them on the topic of healthcare transformation. Dr. Russo was also asked to testify at State Comptroller Kevin Lembo’s hearing on facility fees.

CSMS members can advocate for their patients and their profession in several ways during the session: attend a public hearing; submit written testimony on a bill; call, write or meet with your State Representative or Senator to share your concerns. Members can also attend the annual CSMS Physicians’ Day at the Capitol on March 12, 2015.

Questions? Contact the CSMS Government Affairs team at advocacy@csms.org.

A Note from the CSMS Legislative Chair

I have been looking over my files and am astonished to see just how many issues CSMS is involved with. It is much more than responding to individual attacks such as the attempt to weaken the COM; the leadership of CSMS is actively engaged in shaping Connecticut’s health care, and having a role in that process is very exciting!

But it is not just the leadership who must be involved. When I addressed the Council last month I talked about how important it is for all physicians to become involved and committed to the political process. Our members need to take the time to get to know their legislators, both within their home districts and within the districts in which they practice and play an active role in the political process so that when we talk, our representatives in government will listen.

~ David Emmel, MD
CSMS Legislative Committee Chair
Leadership Summit: Young Physicians’ Leadership Curriculum
continued from p. 1

Sessions on financial and estate planning for the young professional will also be covered, allowing participants to develop a knowledge base to effectively plan for their future.

The objective of the summit is to help young physicians develop the skills needed to become effective leaders and physician advocates. The leadership summit is open to residents and fellows across the state, and online registration is available at www.csms.org/YPLCSummit. There is no cost to attend the program, but prework will be required for participation.


CME Corner

Connecticut Valley Hospital Receives CME Commendation

The CSMS CME Committee is pleased to announce that Connecticut Valley Hospital (CVH) of Middletown has been Accredited with Commendation as a CME provider.

CVH was the only Connecticut hospital to receive re-accreditation with this designation in 2014.

In addition, the CVH Medical Library received Special Recognition for its CME efforts.

L-R: Karen Hutchinson, MD, CSMS CME Committee Chair; Kandace Yuen, MLS, AHIP, CVH Medical Librarian; Thomas Pisano, MD, CVH Director of Medical Staff; Helene Vartelas, MSN, RN, CVH CEO; John D’Eramo, RN, BSN, CVH COO.

Have you ordered our free Prescription Savings cards for your patients with no prescription coverage?

Avia Partners and CSMS have partnered to provide a pharmacy discount program. Help your patients save up to 50% on prescriptions at 65,000+ pharmacies nationwide! There is no cost to you or your patients, and the cards do not expire.

Email Rhonda Hawes at rhawes@csms.org to order a supply of cards.
**CSMS Charitable Trust**

The Connecticut State Medical Society Charitable Trust awarded $38,000 in donations for 2014. All fifteen recipient organizations do outstanding work throughout the year supporting Connecticut residents in need.

Support the CSMS Charitable Trust  
Donate online at [csms.org/charitable-trust](http://csms.org/charitable-trust)

### 2014 CSMS Charitable Trust Recipients

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<tr>
<th>Organization</th>
<th>Amount</th>
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<tr>
<td>Malta House of Care - Waterbury</td>
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<td>Youth Continuum – New Haven</td>
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<td>AIDS Project New Haven</td>
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<td>New Reach, Inc. (formerly New Haven Home Recovery)</td>
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<td>Prudence Crandall Center – New Britain</td>
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<td>Channel 3 Kids Camp</td>
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<td>Connecticut Radio Information System</td>
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<td>Self Injury Awareness Network/CT - Hartford</td>
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**Total 2014 Charitable Trust Donations:** $38,000

**Funding for the annual CSMS Charitable Trust donations** are raised through physician donations, and through the annual Biondino Memorial Golf Classic, and 100% of the funds raised go directly to the Charitable Trust. To make your tax-deductible donation, please visit [https://csms.org/charitable-trust](https://csms.org/charitable-trust).
The CSMS Charitable Trust: Charitable Trust chairman William A. Petit, Jr., MD, presents donations to (clockwise from bottom left) Community Relations Specialist Mary Grande and Chair of the Board Linda Zimmerman of New Reach, Inc.; Chairman of the Board Michael Culhane of Malta House of Care-Waterbury; Executive Director Janet Stolfi Alfano of The Diaper Bank; and Denise Hornbecker, Executive Director of Channel 3 Kids Camp.

Dear CSMS Colleagues,

Happy New year to you all. The CSMS Charitable Trust helped out 15 different organizations in 2014. The bulk of the money raised for grants was from our annual golf tournament, spearheaded by Mrs. Rhonda Hawes, and a much smaller amount from direct donations. We were able to grant approximately $38,000 this year but this was only about half of the requested amounts that were submitted. In this accompanying article and pictures you can see who we helped.

I would like to challenge you all to make this at least $100,000 in 2015. We have about 6,000 members - thus this is an eminently reachable goal. A $100 donation to the CSMS Charitable Trust works out to LESS than $2 per week. Please consider donating to us so we can help our patients all over the state. I thank you in advance for your kind consideration and generosity.

Sincerely,

~ William A. Petit, Jr., MD, FACP, FACE
Chairman, CSMS Charitable Trust

Mark your calendar: The 2015 Connecticut State Medical Society C. Robert Biondino Memorial Golf Classic to benefit the CSMS Charitable Trust will be held on July 27, 2015 at the Wallingford Country Club in Wallingford.
Opioid Analgesics: Risk Evaluation and Mitigation Strategy (REMS)

Chronic pain is a major public health problem in the United States, and is estimated to affect up to a third of Americans. However, after a decade of standard setting and research on pain control, health care practitioner assessment and management of patient pain continues to be inadequate.

To address this gap, the CSMS Physician Health and Education Fund (PHEF) hosted a series of well-attended Opioid REMS CME programs at four different locations around the state. Funded through a grant from the Federation of State Medical Boards and co-sponsored by the CT Department of Public Health, the three-hour program covered four distinct aspects of best practices for safe opioid prescribing:

• Assess of patients for the treatment of pain with extended-release/long-acting (ER/LA) opioid analgesics
• Incorporate strategies to effectively initiate and manage therapy, modify dosing, or discontinue use of ER/LA opioid analgesics in patients with pain
• Incorporate effective counseling for patients and caregivers about the safe use of ER/LA opioid analgesics
• Discuss general and product-specific drug information related to ER/LA opioid analgesics.

The slide presentation is available for review on the CSMS website at http://csms.org/physicians/education/program-series-erla-opioid-rems/. Please note that only the live event qualified for CME credit.

SCOPE of Pain

If you missed this November-December opioid prescribing series, please consider attending the SCOPE of Pain program scheduled for March 13, 2015.

SCOPE of Pain is designed to help you safely and effectively manage patients with chronic pain, when appropriate, with opioid analgesics. The half-day meeting includes essential clinical content on opioid prescribing and state-specific information, including a policy and resource panel with representatives from State agencies.

SCOPE of Pain Connecticut is sponsored by Boston University School of Medicine, with the Connecticut State Medical Society. National collaborators include the Council of Medical Specialty Societies and the Federation of State Medical Boards.

2.) Providers are selectively chosen.
3.) The network is based on common standards for Quality and Utilization.

Details about the SCOPE and program are available on the CSMS website: https://csms.org/event/scope-of-pain-safe-and-competent-opioid-prescribing-education/

Are You Plugged In?

Be Connected with CSMS

Do we have your email?

Go to www.csms.org and sign up for our e-newsletter. It’s time to be well-informed on all the latest medical news and events.

Save the Date!

Mark your calendars for these events:

February

2/4 CSMS Symposium on Racial and Ethnic Disparities in Readmission Rates
2/11 Myths and Realities: Retainer-Based Medicine and Direct Primary Care

March

3/11 Physicians’ Day at the Capitol
3/13 SCOPE of Pain (Safe and Competent Opioid Prescribing Education) Program

April

4/2 Physician Supervision of Residents and Midlevel Providers
4/22 Tracking, Following and Documentation
4/25-26 Young Physicians’ Leadership Curriculum

For a complete listing, please visit csms.org/events.
Objective: To educate physicians on the trends and variety of practice models occurring nationally within the retainer-based medicine movement, and to inform them of how to mitigate the risks and maximize the odds of a successful conversion to a retainer-based practice.

Part One:
- What is retainer-based medicine/Direct Primary Care (DPC)?
- Is retainer-based medicine for you?
- How to design your future practice
- Review of consumer research: What do consumers value in primary care clinics?
- The benefits of converting a practice—for patients, physicians and staff—including risk mitigation benefits, such as lowering med-mal liability exposure
- Identifying and addressing cultural obstacles
- Designing, pricing and packaging your service proposition
- Striving for operating systems excellence and efficiency
- Telling the story of your practice to your community

Part Two:
- Converting your practice to a retainer-based or DPC model
- Assessing your staff in the context of your new practice vision
- Assessing yourself and your resolve to move forward
- Developing your messaging and communication plan
- Common pitfalls in converting practices
- The post-conversion effort; tips for sustaining and building your practice beyond conversion
- Deciding whether to enlist the help of a conversion company or a consultant

*Patients pay a monthly or annual membership fee in exchange for greater access and more comprehensive care.

For more information, contact Rhonda Hawes, 203-865-0587 x122, rhawes@csms.org.

Mail in this form with the requested information below to Connecticut State Medical Society, 127 Washington Ave., East Building, 3rd Floor, North Haven, CT 06473. Or fax to 203-492-3836.

For online registration, please visit us at www.csms.org/retainerbasedmedicine
www.csms.org

Please visit our website to view information about many of the new and exciting CSMS programs, services, and member benefits. You can also view Connecticut Medicine, Action and SportsMed newsletters online, update your profile, or find one of your Connecticut colleagues. CSMS continues to make every effort to update our benefits and services to better serve you and the entire membership.

If you have comments or questions concerning our site email kellyr@csms.org or call us at 203-865-0587.