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GO WEST FOR CME: 2008 MAFP ASSEMBLY AT ROCKY GAP

Join your colleagues in Western Maryland for the 2008 Annual MAFP CME Assembly and Trade Show scheduled June 25-28 at the beautiful Rocky Gap Lodge. We hope you have received the brochure and registration materials. These can also be found at www.mdafp.org Questions? Contact the MAFP office at info@mdafp.org or 410-747-1980.

Here are additional late-breaking details:

- Program application has been made for 32 CME credits (2/3 of your CME requirements for the year)!
- MAFP members needing chapter credits can get them at this conference.
- MAFP members are reminded of the vote on MAFP's CME policy at the business meeting on 6/27/08
- Online registration at www.mdafp.org available through 6/20/08
- Rocky Gap is a scenic 2-hour drive from Baltimore nestled in an area of Western Maryland offering many exciting attractions and activities for the individual or for the family.

PATIENT ADVANCE DIRECTIVES AND LIVING WILLS

Only 1/3 of Marylanders have living wills. This means that two out of every three individuals in our state do not have the legal means to direct the specific medical actions to be taken in those situations where their medical conditions are considered terminal and they are incapacitated and unable to direct their care. This places a tremendous burden on the treating physician, who must balance the potential for cure against compassionate palliation of symptoms. The ethical implications here are for the physician to "do no harm" with his/her treatment decisions while awaiting return of the patient's "autonomy" when the patient can once again take control and manage the medical process. In this era of litigation and liability, the prudent physician may be more aggressive than he/she would like, in order not to be questioned when the inevitable outcome occurs.

Also, it is a fact that over 30% of all Medicare dollars are spent during the final two years of life and that a quarter are spent during the last six months. In our state, the average expenditure for those with severe chronic disease leading to death is close to \$90,000 during those last two years. From comparative studies in other states by The Dartmouth Institute for Health Policy and Clinical Practice, we learn that Maryland is an expensive state to die in...about 30% greater than the national average.

What seems to me to be the important focus for us to consider is the quality of life being led by the patient, and what would he/she wish to be done IF he/she had the capacity to direct the care under the given set of medical circumstances that exist. In many cases, the family feels an obligation, absent the known directive of the patient, to continue care...to do "everything possible" in order to avoid the inevitability of death. Is that what should be done...often with the family arguing among themselves regarding what the loved one would have wanted?

All of this could be avoided if we physicians, caring for adults, and particularly the elderly, made it a point to encourage our patients to be sure to develop a living will, discuss with relatives how they wish to be treated when terminally ill, and provide an advance directive so that some trusted family member can legally determine what should be done and "assume" the personal autonomy for the dying patient. Perhaps this should become a routine question during our annual exam and encouragement provided just as we do when we find some other appropriate preventive strategy.

To familiarize yourself with what I am referring to, please click on the following url: www.oag.state.md.us/Healthpol/adirective.pdf to view the specific legal document. Why not download some copies and show them to your patients with the suggestion that it is best to complete them while they are in good health. Then provide the link and ask them to read and fill in the documents, which should be shared with and maintained by designated family members. Next, be certain that you and your family members also complete an advance directive.

Martin P. Wasserman, M.D.

from Executive Director's Message MedChi News, 5/12/08

MAY IS SKIN CANCER PREVENTION/DETECTION MONTH

The Maryland Skin Cancer Prevention Program kicked off the month with its annual Melanoma Monday Press Conference and Awards Ceremony at the Meyerhoff Symphony Hall in Baltimore. Maryland Health Secretary John M. Colmers addressed a group of more than one hundred students, parents, teachers and public health professionals and read a proclamation from Governor O'Malley. Delegate Anne Healey (D-Prince George's Co.) was honored for her sponsorship of tanning bed legislation which passed in the Maryland General Assembly and awaits the Governor's signature. Visit www.sunguardman.org/ for up to date information about skin cancer prevention for children, parents and teachers presented in a lively and entertaining manner. Physicians

interested in patient information material and the online CME course Skin Cancer Education for Primary Care, may visit www.healthymaryland.org/skin-cancer-physicians.php. For more information, please contact Roberta M. Herbst, M.S., Project Coordinator at rherbst@medchi.org or call her at extension 340.

MARYLAND PHYSICIAN HEALTH PROGRAM CELEBRATES 30 YEARS

The Physician Health Program is celebrating 30 years of helping physicians and their families by presenting a dinner program entitled, "Emerging Trends in Physician Impairment." This program will be held on Tuesday, June 24, 2008 from 5:30 to 9:00 p.m. in MedChi's Osler Hall. Dinner and sign-in will begin at 5:30 and the program will begin at 6:15 p.m. This program will examine strategies for responding to colleagues who may be dealing with substance abuse, mental health or behavioral issues. Presenters include Penelope Ziegler, M.D., Michael Heitt, Psy.D., and a panel of experts representing various viewpoints on the impact of physician impairment. There is no cost to attend, however registration is required. Donations in support of the program are graciously accepted. For more information, or to register, please go to www.medchi.org/June24.pdf or contact Elaine Gisriel at 410-539-0872, extension 415, or egisriel@medchi.org.

HEALTHY ACTIVE MARYLAND: CHALLENGES AND SOLUTIONS TO ADDRESS OBESITY

Healthy Active Maryland: Challenges and Solutions to Address Obesity is a comprehensive symposium which will address challenges in obesity prevention. The event will take place on Tuesday, June 3, 8:30-3:30pm at Martin's West. Topics include: Current state obesity and chronic disease data, Maryland-specific challenges and solutions to obesity prevention, and the correlation between obesity prevention programs, policies, and the built environment. Community health practitioners, physicians, nurses, dietitians, community advocates, school system representatives, community recreation professionals and others interested in learning more about overweight and obesity prevention activities in Maryland should attend. Visit www.healthlyactivemaryland.org for the full agenda and event details! Questions? Contact Ann Walsh at 410-767-5283 or awalsh@dhmh.state.md.us

ENVIRONMENTAL SCAN

- View video created by the Wisconsin-AFP President on using the AAFP Speak Out Service for members wishing to contact their elected representatives: <http://www.youtube.com/watch?v=yVIysNWTciE>
- Maryland joins fight to regulate pharmacy benefit managers
Baltimore Business Journal, April 11, 2008
"The legislation -- House Bill 120 -- requires all pharmacy benefit managers doing business in Maryland to disclose revenue and all financial incentives they receive from drugmakers to potential clients, and seek approval from health care insurers, providers and consumers before altering a patient's medication. Thirty-six states and the District of

Columbia have introduced legislation to regulate pharmacy benefit managers.”

http://baltimore.bizjournals.com/baltimore/stories/2008/04/14/story13.html?f=et162&b=1208145600^1618385&ana=e_vert

- CMS announces new quality-reporting options
Modern Healthcare, April 19, 2008
“New data reporting options will be available to physicians participating in the voluntary Physician Quality Reporting Initiative this year, the CMS announced.
As an alternative to submitting quality data as part of their Medicare claims, physicians may now be able to submit their data through a medical registry, which in turn will report the data to the CMS. Physicians will also have the option of reporting data on individual or group measures that capture data elements about common care processes for diabetes, kidney disease and preventive medicine.”
<http://www.modernhealthcare.com/apps/pbcs.dll/article?AID=/20080418/REG/117382052/1011/rss01&rssfeed=rss01>
- Few U.S. doctors answer e-mails from patients
AP/Yahoo News, April 23, 2008
“Fewer than a third of U.S. doctors use e-mail to communicate with patients, according to recent physician surveys. There are a variety of reasons why they do not: Some worry it will increase their workload, and most physicians don't get reimbursed for it by insurance companies. Others fear hackers could compromise patient privacy. Despite doctor reluctance, many patients would like to use e-mail for routine matters such as asking for a prescription refill, getting lab results or scheduling a visit.”
http://news.yahoo.com/s/ap/20080423/ap_on_he_me/doctor_e_mail;_ylt=AiQfJNVfgBZR4YBZ_Ow1d_5Z24cA
- Health clinics inside stores likely to slow their growth
Wall Street Journal, May 7, 2008
“The boom in walk-in retail health clinics is showing signs of slowing. In recent months, retail health-clinic operators based in New York, Nevada, Indiana and Alabama have closed their doors, shuttering 69 clinics in 15 states. Experts say the venture capitalists and private-equity firms that backed many of the retail clinic operators failed to appreciate how complicated and expensive the clinics are to operate. Research also shows that while patients are enthusiastic about the clinics' convenience and quality of care, acceptance has been slow.”
http://online.wsj.com/article/SB121011939298572319.html?mod=2_1566_topbox