Maryland Medicine
The Maryland Medical Journal Volume 18, Issue 1
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Volume 18 Issue 1

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Reflections on Political Machinations

PRESIDENT'S MESSAGE

Stephen J. Rockower, MD
@medchipresident

We are experiencing a very strange time in America. Since the election and inauguration of President Donald Trump, Americans have been at each other's throats, hurling accusations and passing judgment. Sometimes the President acts "presidential," and sometimes he doesn't. Tweets make the news, but certain news organizations are barred from White House briefings. As I write, more stories are emerging regarding Russian interference in the U.S. elections. Mixed in with this confusing and unprecedented situation is the problem of what's to become of health care.

The new U.S. Secretary of Health and Human Services, Tom Price, MD, represents a dichotomy to physicians across the United States and in Maryland. A Republican member of the Congress from Georgia's Sixth Congressional District, Secretary Price was outspoken in his opposition to the Affordable Care Act, or Obamacare. As a physician and as a delegate to the American Medical Association (AMA), he is well aware of long-standing policies and tradition of the AMA to support the access to health care and to provide that care. And what of the costs? Therein lies the rub. It remains to be seen whether any type of replacement or modification will wind up costing more or less money.

Physicians and hospitals in Maryland are in the crosshairs of the health reform discussion. Maryland's Medicare waiver, and transition to an all-payer system, is unique among the states. At risk is the more than $3 billion Maryland receives for hospitals and Medicaid. In late February, physicians from all parts of Maryland descended on Capitol Hill as part of the AMA National Advocacy Conference to lobby U.S. Senators and Representatives to preserve the best parts of the ACA while strengthening protections for patients. Members representing opposing sides of the debate and with different solutions to reform, including Representatives Andy Harris and Elijah Cummings, were receptive to our message. We met with Senators Cardin and Van Hollen, who also were sympathetic.

Just because Washington is chaotic doesn't mean that Annapolis is out of our thoughts. To be sure, the Maryland legislature affects the daily lives of physicians and patients much more than Washington, D.C. With the end of the Maryland legislative season, some trends emerged. There is still a concern about the fate of Maryland's All-Payer Model (the Waiver) and what will emerge from Capitol Hill. Transparency and price gouging in drug pricing face a strong challenge. Although the trial lawyers' lobby ("The Association of Justice" [sic]) continually tries to chip away at our hard-fought gains to limit the awards for non-economic damages ("Pain and Suffering"), that bill was again successfully defeated. The optometry bill, which would have greatly increased the optometrists' scope of practice, was withdrawn for Summer Study, after a bitter back and forth. The number of opioid bills increased, each with differing requirements. Our lobbying team in Annapolis worked hard to keep track of it all and to make sense of the varying proposals. The Prescriber Limits Act of 2017 provides for the use of "evidence-based guidelines" in the prescription of opioids, rather than a strict seven-day limit. The compromise represents a common-sense approach, as historically we have opposed legislative prescriptive approaches to the practice of medicine.

I'll close with a request to all of our members to be generous with your time and resources. We all need to pitch in and contact our legislators, show up for lobbying days, and work between sessions to get to know our delegates and senators. It is the relationships built between sessions that solidify our position, and allow the legislators to distinguish us from a particular bill.

The Center for a Healthy Maryland, a 501(c)3 tax-exempt organization, is always willing to accept your contributions. Have a new child? A wedding? Even a death in the family? Honor someone by making a contribution to the Center (www.HealthyMaryland.org/donate/). You'll be helping the Center's mission and programs to make lives better. Our political action committee, www.MarylandMedicalPAC.org, also needs funds to promote lobbying efforts.

Who will support us if we cannot support ourselves? We are all in this together; let's work hard to better our lives and the lives of our patients.

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501 (c)(3) affiliate, the Center for a Healthy Maryland, and is separate from the Maryland Board of Physicians.

MPHP satisfies the Joint Commission requirements to be able to identify and assist physicians with health and behavior problems, and to have a process to identify and manage matters of individual physician health that is separate from the medical staff disciplinary function.

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Drastic Changes in the Maryland All-Payer Model Will Impact You

CEO'S MESSAGE

Gene Ransom, III, Esq.
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MedChi, The Maryland State Medical Society, is a key leader in the development and implementation of Maryland's unique hospital all-payer system, otherwise referred to as the Maryland Waiver (the Waiver). The all-payer system allows an independent state commission to set hospital rates for reimbursement for all payers, including Medicare, Medicaid, and any private payer. Since the Maryland Waiver's creation in 1971, MedChi has represented Maryland physicians' interests and will continue to protect physicians as the system evolves.

Currently, Maryland is implementing a new All-Payer Model for hospital payment that CMS (Centers for Medicare and Medicaid Services) approved to take effect January 1, 2014. This model develops new approaches to rate regulation and moves Maryland from a fee-for-service Medicare system to an inpatient, per admission test for value. Maryland intends to implement the All-Payer Model in two phases over ten years. As an active player in Maryland health care and a safeguard for physicians' interests, MedChi is deeply involved in the negotiation process with the state and federal government for a new contract for Phase II of the implementation. Our current agreement for Phase I will expire in 2019.

The HSCRC (Health Services Cost Review Commission) also created an advisory committee and numerous task forces to oversee the new Waiver's implementation. MedChi ensures that each of these workgroups has significant MedChi and physician representation to make certain that physicians' concerns are heard. As the HSCRC shifts its focus to population health and the restructure of the health delivery system, it is important that MedChi and physicians remain engaged to minimize any potential consequences for physicians and their patients, as well as maximize any opportunity for more successful delivery of care.

MedChi understands the desire for the All-Payer Model to expand beyond hospitals to achieve meaningful system-wide transformation successfully. Transformation will require increased collaboration with physicians, other providers of care, payers, and consumers, as well as require alignment with other federal and state initiatives. On this issue, MedChi's highest concern is aligning and leveraging MACRA (Medicare Access and CHIP Reauthorization Act) requirements with any new programs that focus on aligning physicians with the goals of the Waiver. MedChi repeatedly expressed concern that the All-Payer Model may prohibit implementation of certain programs in Maryland, such as the current oncology care model and the joint replacement model. Consequently, MedChi was very excited when, at the Maryland-CMS annual meeting, Director Patrick Conway, MD, shared a vision that many, if not the majority of, Maryland physicians would qualify to participate in an Advanced Alternative Payment Model under the All-Payer Model. MedChi has strongly supported leveraging the risk inherent in the All-Payer Model to assist physicians in achieving MACRA goals. As articulated in the Waiver, MedChi will work with the State to develop MACRA-eligible programs (e.g., the Care Redesign amendment and the Maryland Comprehensive Primary Care Model) that engage hospital and community-based specialty physicians.

MedChi's focus on this complex payment model has paid dividends for members. MedChi has fought efforts to require all-payer models for physician payments and created opportunities for the HSCRC to allow gainsharing models for physician payment. During the General Assembly Session, MedChi supported House Bill 403/Senate Bill 369: Maryland Patient Referral Law–Compensation Arrangements under Federally Approved Programs and Models (passed). This bill exempts from Maryland's current self-referral law a health care practitioner who has a compensation arrangement with a health care entity if the compensation arrangement is funded by or paid for by certain federal programs or initiatives. With the passage of this legislation, Maryland's All-Payer Model Contract can advance more easily to Phase II, and physicians will have greater opportunities to comply with federal MACRA requirements.

The Medicare Waiver has been a part of Maryland health care for more than forty years. The change is drastic and will affect every Maryland physician. MedChi remains diligent in its efforts to protect physician interests.

What is HSCRC?

The Health Services Cost Review Commission (HSCRC), an independent seven-member commission, oversees hospital rate regulation and manages the implementation of the hospital all-payer system. Traditionally, a MedChi member will serve on the HSCRC. Serving in that role presently is MedChi Past-President George Bone, MD.

Major Changes in All-Payer Model

The new All-Payer model represents the most significant change in nearly forty years:

- The focus shifts to gain control of the revenue budget and focus on gaining the right volumes and reducing avoidable use resulting from care improvement.
- Potential for excess capacity will demand an emphasis on cost control and opportunities to optimize capacity.
- The new model opens up new avenues for innovation.
- The resulting increase in efficiency will create opportunities for improved care and better population health.

Introduction

What the Doctors Ordered

EDITOR'S CORNER

Bruce M. Smoller, MD

"Doctors are in much worse shape than ever before." "Why should I join MedChi? What has it done for me as a physician and us as a profession?"

We hear comments such as these all the time. Unfortunately, we are not always prepared to answer those questions. And maybe we have harbored some similar thoughts of our own from time to time, as it gets to be 7 p.m. and we are in the office signing records, with no end in sight, and the paychecks from the insurers are one-third what they ought to be, at best.

Membership organizations are always prone to the "Yes, but what are you going to do for me today" syndrome. Physicians, maybe at times for good reason, don't readily trust others outside the clinical realms of our profession. We all know the promises that have been made and broken to us by non-physicians, and so we are a little reluctant to place our trust in persons or organizations promising to help us navigate through the straights of Scylla and Charybdis with our bow unbroken and, by the way, that'll cost you a bit of dues!!!

So we come to the subject of this issue of *Maryland Medicine*—us!! Well, not us exactly, but a guide to the organization that represents us for that part of our lives—70 percent, 80 percent, 90 percent?—impacted by medically related issues. Throughout all the changes in our portrayal of men in white coats, throughout all that we as physicians have been witness to, one impression remains: a physicians in the United States spends a greater percentage of a twenty-four hour cycle dealing with issues that define us as physicians than does any other occupation with their defining rules. Despite the Affordable Care Act, value-based care, scribes, being employed, and all the other "new terms" that attempt to define us or our scope of practice, physicians, more than any other occupational group, still tend to see their roles as physician, spouse, parent, and citizen as congruent. That is, despite attempts to redefine us in our habitat, physicians have and continue to identify with the role of indispensable healer across broad swaths of our lives. Other professions, then, have an easier time segregating their "on" time from other areas of their lives. Although at times burdensome, that fact conveys upon us certain responsibilities and privileges that inure to the benefit of the holder of the title of physician. It also makes the job of the organization representing physicians both more difficult and more integrated with its member's entire life. We are called "doctor" in all spheres of our lives more than just because we earned a degree.

The organization that represents us, then, needs to be special. It cannot just purport to represent a profession, or a job category. The organization that represents us can't just represent a daytime worker or a night shift worker. It cannot represent us to simply define a set of rules or codes of behavior, or provide a recreational format. The organization that represents us has to represent us in our incarnations as physician and citizens—a twenty-four hour job for most of us, despite nighthawks and employment contracts. Oh yes, and that organization has to be up to speed with the latest—a shifting ground made up of our wishes and the attempts to control our patterns of behavior, the latest scientific, cultural, practical, legal, moral, monetary interpretations that define the borders of our practice and home lives. For a physician, they are one and the same.

You will find in this issue of *Maryland Medicine* that the one organization that represents us all (including its components and connections), MedChi, is more than up to the task. Drawing on 218 years of experience, this organization called MedChi, older than the Louisiana Purchase, has become nimble and rock solid in its understanding of who we are and what we need.

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The issue begins with a brief history of MedChi, by Meg Fielding. It describes MedChi as it was then and the foundation of advocacy and service established to serve generations of future physicians.

And, how has MedChi changed to serve physicians' needs today? In this issue, we answer the question, "What has MedChi done for you lately?" Ginger Tinsley presents the benefits of membership in MedChi. In this issue, we answer the question of why your component medical societies are important with a series of articles from the Anne Arundel, Howard, and Prince George's Counties, Baltimore City, Baltimore County, and Montgomery County societies and associations.

Melanie Dang outlines how the Law and Advocacy Division of MedChi helps members navigate the federal and state legislation affecting their practices. Ross Martin, MD, MHA, discusses how MedChi and CRISP (Chesapeake Regional Information System for Our Patients) are helping members deliver quality care. Catherine Johannesen writes about MedChi's House of Delegates and how member engagement transforms into MedChi action. Colleen George outlines how the services provided by MedChi Network Services (MNS) are helping Maryland practices remain independent. Frank Berry and Ari Hernandez discuss the work of MedChi's Department of Continuing Professional Development in providing CME to Maryland physicians. Roberta Herbst, MS, talks about the Center for a Healthy Maryland, the 501(c)3 affiliate of MedChi that administers the public health and physician quality programs for the medical society.

We end this special issue with an article from Mike Llufrio about the Maryland Physician Health Program (MPHP) and its impact over the last four decades.

This issue illustrates why MedChi is not just another membership organization or trade association, and the MPHP is an example of what sets MedChi apart as a professional association.

As you read this issue about what MedChi offers its members, please think not only of what this association can do for you, but, in the words of President John F. Kennedy, what you can do for MedChi, so that its growth and transformations can continue to help us as we mature through our professional lives, and aid our successors who will need even more its deft help, guidance, and protection.

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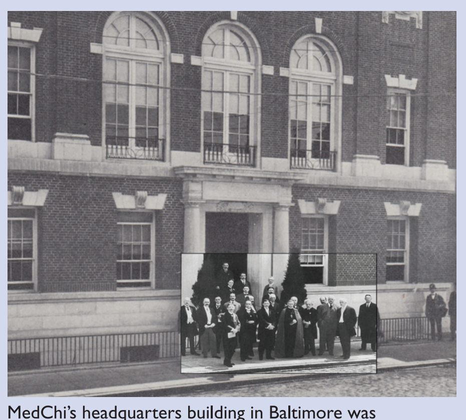
MedChi's Founders' Vision Is Just As Real Today

Meg Fielding

MedChi, The Maryland State Medical Society, is the fifth oldest medical society in the United States. It was founded in 1799 as the Medical and Chirurgical Faculty of Maryland. Chirurgical is derived from the early Greek and Latin words for surgery. From the early days of the original 100 founders, to our membership today of more than 8,000 physicians, we have always been at the forefront of medicine in Maryland.

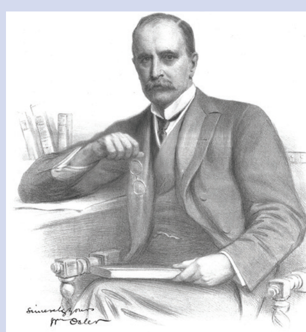
At the turn of the century, the leaders in Maryland medicine were members of the Faculty, as it was known. Upton Scott, MD, the first president of the Faculty, was the personal physician to the last Royal Governor of Maryland, and also the uncle of Francis Scott Key, who wrote our National Anthem. The Anthem was written in response to Key securing the release of William Beanes, another one of the 100 founders, who had been taken prisoner by the British during the War of 1812. Links and friendships formed among physicians on the Eastern Shore and their colleagues in Baltimore. Meetings were held in the mountains of Western Maryland and on the rivers of the Western Shore, strengthening the profession in countless ways.

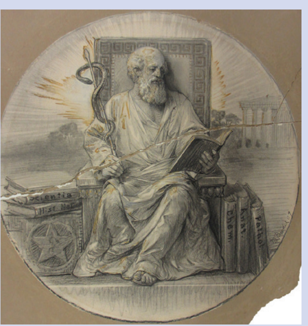
Members met in Baltimore to share information and techniques, much of which came from Europe. Because there was no medical school in Maryland, and to help alleviate the need for more physicians, the Faculty established a medical school in 1807 at the University of Maryland. The officers and members of the Faculty served as the medical school's deans and professors.


MedChi's headquarters building in Baltimore was dedicated in May of 1909, with many luminaries attending.

For the next several decades, the membership of the Faculty increased slowly, but steadily. The headquarters moved around downtown Baltimore, always outgrowing the space and moving to ever-larger buildings. New members were recruited from the many medical colleges in Baltimore, including from the Women's Medical College. African-Americans, women, and Jews were all admitted from the early days. In the 1880s, the charter was changed from "gentlemen" to "persons."

In 1878, the Faculty began publishing the weekly *Maryland Medical Journal*, which continues today as *Maryland Medicine*. The journals were filled with the most current medical information, the transcripts of oratories given to the membership, as well as coming and goings of local and regional physicians. In addition, there were amusing anecdotes from the medical profession. Issues from 1878 to 1900 have been digitized recently, thereby opening a segment of our story to historians, researchers, and genealogists. The twentieth century issues are being digitized through a Medical Heritage Library's digital archives project.


Sir William Osler, MD, was MedChi's president and established the medical library of more than 65,000 books.


MedChi's seal was re-designed by the famed medical illustrator, Max Brodel, in 1911.

In the 1880s, when William Osler, MD, came to Baltimore, he placed an emphasis on establishing a medical library that would be a resource for all of the members. A building was acquired, along with a young librarian, and a professional library was established. Journals from state and specialty societies were subscribed to, and when the newest issue arrived, there was a waiting list. A warm and comfortable reading room assured that the Faculty building was a place to gather, and the informal exchange of information between the older and younger physicians became a draw.

By the early 1900s, the library and membership had outgrown the building, and a plot of land was purchased and construction started on the new headquarters. Marcia Crocker Noyes, who had assumed the position of Executive Secretary, as well as librarian, oversaw the construction.

The building, which is still in use today with very few changes from the original design, contains offices; meeting rooms, including Osler Hall, named for and dedicated by Sir William Osler, MD; and a four-story stacks library. At its peak, the stacks contained more than 65,000 volumes, including complete sets of medical journals from state, national, and specialty societies. Sir William also helped Ms. Noyes assemble a collection of significant volumes, including a copy of Vesalius' early illustrated anatomy book from the mid-1500s, and numerous illustrated books on disease, chemistry, medicine, and more.

The archives at MedChi are a treasure trove of arcane information, including early meeting notes and votes, bills from a broad range of Baltimore vendors, accounting books, menus and invitations, bookplates. All of these items are rendered in beautiful script and with engraved illustrations. It has been documented and catalogued, better to serve those who are searching in the future for items from the past. The archives are open for viewing by appointment only.

After nearly 220 years, MedChi still adheres to the original mission of protecting the public, educating physicians, and, in essence, advocating for the profession. On and on, over four centuries, the connections became interwoven and formed the fabric of our organization as we know it now. Moving forward, we will continue to be your advocate, your resource, and your profession.

Meg Fielding is Director of Development, Center for a Healthy Maryland, at MedChi. She can be reached at mfielding@medchi.org.

MedChi Is Your Professional Advocate and Resource

Ginger Tinsley

We join organizations, whether socially or professionally, for community, value, and service. MedChi is committed to serving the physician community, providing value to your profession, and offering services to make it easier for you to treat your patients. MedChi is the only organization in the state to focus on the needs of all physicians, regardless of specialty. MedChi is a small, but mighty force with an influential voice in Maryland. MedChi is your advocate, your resource, and your profession, and it is an organization that is run by you and for you.

As your advocate, MedChi has campaigned for several initiatives that improve health care in Maryland. One of MedChi's biggest accomplishments was successfully lobbying for an increase in the Medicaid reimbursement rate to 94 percent of Medicare. Our members supported this effort by participating in our weekly Legislative Council meetings. During session, active members meet to discuss bills that could potentially affect the practice of medicine in Maryland. In 2017, we reviewed issues such as scope of medical practice, physician's rights by addressing delays in obtaining CDS license, the Prescription Drug Monitoring Program, the prevention of workers' compensation insurances from limiting a physician's right to dispense, to name a few. MedChi works hard to ensure that your voice is heard in Annapolis and at the American Medical Association (AMA), where we have a member who serves on the Board of Trustees. Your support of MedChi adds another voice to our powerful fight.

MedChi is your resource. MedChi offers a variety of benefits to members. From access to legal resources to complimentary practice assessments from MedChi Network Services, we are here to serve you in whatever way you need. Not only do we help your practice with legal questions, but we believe in supporting physicians in all aspects of the practice of medicine. We offer a variety of discounts through MedChi's Vendor program, and a free consultative insurance review through the MedChi Insurance agency. Through the Maryland Physician Health Program (MPHP), we are proud to provide confidential assistance to physicians who may suffer from substance abuse, psychiatric disorders, behavioral issues, or burnout. The MPHP is private, confidential, non-disciplinary program that advocates for the health and well-being of all physicians to safeguard the public. MedChi is here to help you worry less about the daily stresses of practicing medicine.

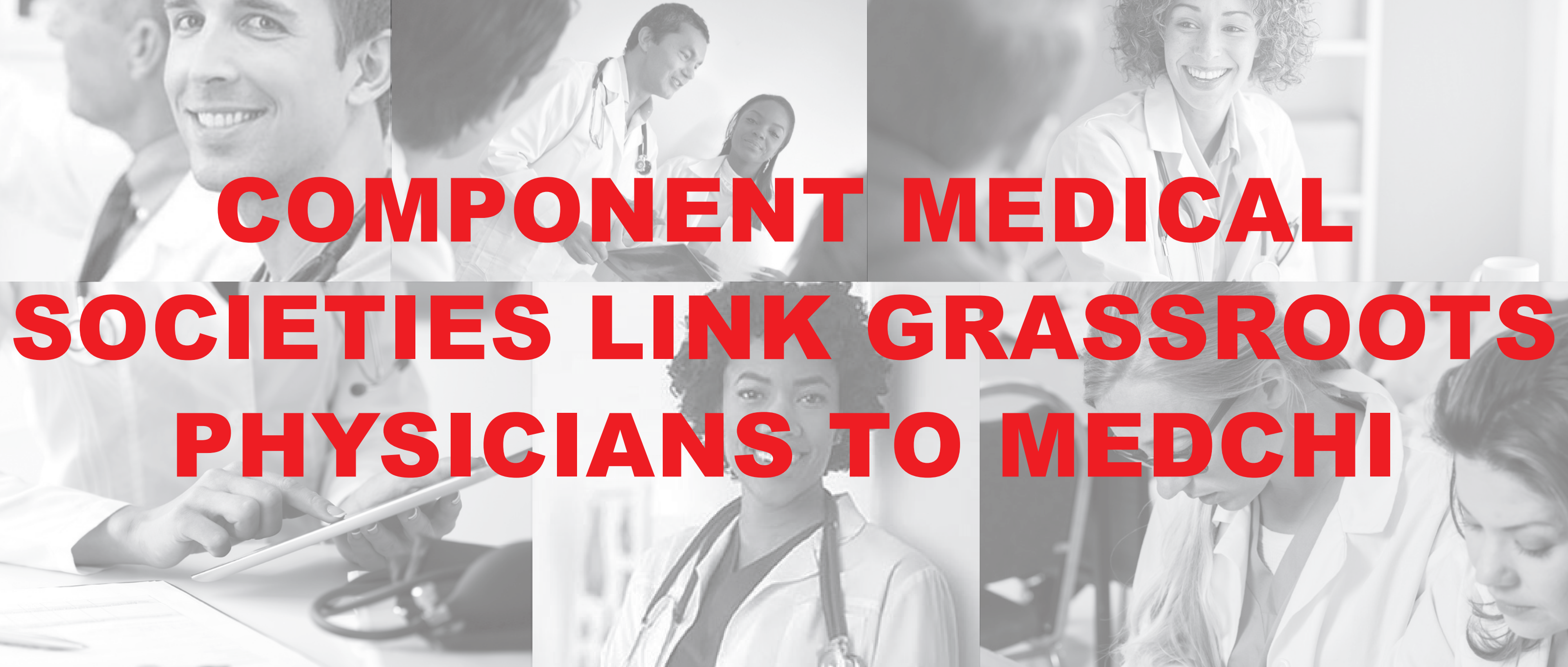
As your profession, MedChi works with a physician-run Board of Trustees and House of Delegates, to prioritize which issues are most important to you. The Board of Trustees meets frequently to discuss how to resolve problems that physicians are facing. At our annual House of Delegates meetings, members come together and effect change within the organization and the State, as well as participate in continuing medical education courses. MedChi also has representatives out in the field, visiting physicians' offices, and listening to questions and concerns first-hand. MedChi works for you.

MedChi understands that your dues are an investment in your professional society, and we work hard to give you a far greater return on that investment. As one of the oldest medical societies in the nation, we strive to be the first line of defense in your profession.

Ginger Tinsley is Director of Membership and Communications. She can be reached at gtinsley@medchi.org.

"Physicians need to realize the most important legislative initiatives that will impact their practice of medicine will happen at a state level. If a physician doesn't want to be involved in a committee or council, they should be a member and financially support their state medical society. One of my efforts as President-elect is trying to get the message out to medical students and young physicians, so they understand the importance of MedChi."

Gary Pushkin, MD
Orthopedics
MedChi, President-elect



COMPONENT MEDICAL SOCIETIES LINK GRASSROOTS PHYSICIANS TO MEDCHI

Component Medical Societies —
Cultivators of Leaders and "Knights in Shining Armor"

Mary Morin

Physicians founded the Anne Arundel and Howard County Society and Prince George's County Medical Society in the early 1900s as components of MedChi, the Maryland State Medical Society, "to promote the art and science of medicine, to foster the common interest of its members in the improvement of health care, and to undertake educational activities on subjects useful to physicians and beneficial to the community." The Executive Board, which is comprised of the Officers, the Immediate Past President, and the Delegates and Alternate Delegates to MedChi's House of Delegates, manages the business of the county medical societies. These leaders work to improve health care by serving on various MedChi committees and councils, as well as state and county commissions and boards that regulate the practice of medicine in Maryland, while members serve as local legislators.

Emily Hammond Wilson, MD, the first woman president of the Anne Arundel County Medical Society, is a great example of the critical role members of the county society played in the history of medicine. In the mid-1900s she helped form county health clinics that provided treatment for syphilis, prenatal care, and vaccinations. She rode by horseback through the fields of "South County" before and after hours to deliver babies and treat the ill, and accepted payment in the form of chickens or eggs. She became known as the first physician to treat "tick fever" in Maryland and made regular use of oxygen therapy for pneumonia cases. Dr. Wilson shared her cases and treatment plans with colleagues at the county medical society meetings. As the population of the county grew, medical society members worked together to provide after-hour emergency services to residents in "North County," until a second hospital was built.

> "I look back on it now and wonder how I had the energy to do the things I did. Somehow it didn't seem too difficult in those days. You just took things as they came along…you got to the stream and you went across it…some very nice things happened."
>
> —Emily Hammond Wilson, MD

County societies give physicians and their patients a voice in Annapolis when legislation is proposed that affects the public health or the practice of medicine. The society, in conjunction with MedChi's legislative information center, has become a critical means to keep lawmakers informed of physicians' positions on key health care issues. Component medical societies also work with their county health departments, hospitals, and county coalitions on programs that improve the health of their citizens. Listed below are a few examples of the programs supported and sponsored by the Anne Arundel, Howard, and Prince George's County Medical Societies:

Anne Arundel County's Residents Access to a Coalition of Health, or the REACH, Program:

Managed by the county health department, REACH has provided more than $27 million in overall charity dollars to about 9,000 uninsured residents. Approximately 260 primary care providers, 650 specialists, one lab, and three hospitals have participated in this program that benefits patients by providing low-cost prescription medicines, lab work, procedures, radiology services, office visits, and hospital services.

"Days of Taste":

Founded by The American Institute of Wine & Food, Days of Taste provides fourth graders the opportunity to visit a local farm, taste new fruits and vegetables, and prepare a salad with a real chef. Students learn that whole unprocessed foods are healthy and taste good. Days of Taste is supported by the Anne Arundel and Howard County Medical Societies.

Prince George's County's Healthcare Action Coalition—Access to Care Work Group:

The PGCHAC Access to Care Work Group, consisting of about twenty-one members and representing roughly fourteen various community-based, health-oriented organizations in PG County, presents symposiums to educate primary care physicians about adopting value-based care and the services of CRISP. With the adoption of MACRA, physicians who find themselves wandering down the "yellow brick road" of adopting value-based payment can rest assured that MedChi and its component societies are providing educational seminars, complimentary telephone assistance, and tools to assist their needs and avoid cuts to their Medicare reimbursements.

Whether you are a private practitioner, employed physician, academic physician, or practice administrator, membership in your county medical society and MedChi is of great value to you. Your medical society provides free assessments of your practice and insurance needs, access to legal resources, guidance on practice management questions, and opportunities to stay current with free accredited courses and practice management webinars and puts you on the path to become one of our "Knights in Shining Armor."

If you are not a member of your county and state medical society, remember that medical society members are your colleagues. After work hours, your colleagues are working to serve their profession by discussing ways to improve health care, improve Maryland's payment climate, thwart trial lawyers initiatives to undo malpractice reforms, defend the scope of medical practice, and protect Medicaid to assure low-income citizens have access to health care.

Mary Morin is the Executive Director of the Anne Arundel, Howard and Prince George's County Medical Societies. She can be reached at aacms@medchi.org.

Thank you, Mary!

Mary Morin recently retired after twenty-five years of service to MedChi and several component societies. Her initial role was as Executive Director of Anne Arundel County Medical Society. Beginning in 2000, she also became Executive Director of Howard County and Prince George's County medical societies. MedChi thanks Mary for her service to the medical profession, her societies' members, and to MedChi.

Ronald C. Sroka, MD
MedChi, Past President
Family Medicine

"As past president of MedChi, I became acutely aware of how critically important our county medical societies are. With them medicine would have no voice in the state of Maryland. Our patients would ultimately pay the price. It is my desire that more physicians in the state of Maryland become involved in their county medical societies and make us stronger than ever in the future."

Benjamin Stallings, MD
MedChi House of Delegates, Vice Speaker
Radiology

"With all the protections the Maryland State Medical Society provides, the dues are a bargain. It saves us money, makes us money, and protects us from other infringements. It should not just be an obligation, but an honor for every physician in the state of Maryland to be a member of an organization that is always there to protect our ability to practice and our profession's integrity to serve."

What Has Montgomery County Medical Society Done for Its Members Lately?

Susan D'Antoni, Executive Director, and Stephen McDow, Physician Engagement Specialist

Montgomery County Medical Society (MCMS) has a proven track record of supporting physicians' love of medicine and humanity by ensuring that members and their staff have the necessary influence, practice resources, education, and professional networking to become and remain successful.

MCMS Keeps Its Finger on the Pulse of Medical Practice Trends

As the largest and most active component society in MedChi, it's not enough for MCMS to sit on its laurels and gloat about what it's done for members in the past. While keeping up with physician practice trends and trends in the health care community is a challenge, MCMS is able to keep its finger on the pulse of medicine through its Annual Physician Practice Survey, first initiated in 2015. For two years, MCMS has asked all physicians practicing in Montgomery County twenty-five questions to track trends with insurance issues, EMR, CRISP use, practice affiliation, practice demands, and professional satisfaction and burnout. Not surprisingly, the results have indicated a considerable amount of volatility in the medical community. Change is constant, but the survey suggests that this change and the increasing administrative burdens of medical practice, may have contributed to burnout in its own medical community: 53.7 percent of physician respondents in Montgomery County indicated they are experiencing moderate to high levels of burnout.

A recent study by the Mayo Institute and the American Medical Association reported 54 percent of physician respondents currently experience a minimum of one symptom of burnout, including depersonalization, emotional exhaustion, and reduced sense of accomplishment. Bottom line…Montgomery County physicians and their colleagues across the country are equally burned out.

MCMS Initiates Formation of National Capital Physicians Foundation to Address Physician Burnout

In response to the eye-opening results of the practice survey, MCMS took action and formed a taskforce. The goal of the taskforce was to make recommendations to MCMS's Executive Board supporting and promoting the psychological, emotional, and physical well-being of Montgomery County physicians. Led by Immediate Past President Lynne Diggs, MD, the taskforce developed a framework, with the following recommendations, for a counseling and coaching service for physicians struggling to find the joy in practicing medicine again way upstream from impairment. It was recommended that the service be directed by a psychiatrist and administered by a qualified counselor experienced in providing therapy to physicians, be private and confidential, not have an insurance filing requirement, be complimentary, and provide a crisis twenty-four hour support phone line. The taskforce also determined that the service should be operated by a separate organization that could receive grant funding and donations. The formation of a new 501(c)3 foundation, the National Capital Physicians Foundation (NCPF), was already underway. NCPF will become the organization to manage the physician counseling and coaching service (www.dedicatedtohealth.org). The mission of the MCMS-initiated National Capital Physicians Foundation is to advance the practice of medicine and improve population health in the national capital region through education, research, and innovation.

MCMS Offers Timely, Quality, and Affordable Education

Another way MCMS works to reduce the stress and challenges of medical practice is to make sure physician members and their staff are informed about trends, regulations, practice deadlines, and new legislation. MCMS offers four half-day conferences covering key issues (e.g., "How to Prepare for Value-Based Care"), eight practice management updates covering earned sick and safe leave and other practice issues, five coding forums providing strategies to help practices resolve issues with claims denials, and CME addressing such necessary topics as identifying prescription opioid misuse and addiction. MCMS exists to make sure members and their staff remain compliant and successful.

The last several MCMS General Membership meetings have been well-attended with provocative topics of note, including "Aid in Dying," "Physician Resilience and Well-Being: From Burnout to Enhanced Professional Satisfaction," and "How are Accountable Care Organizations Being Held Accountable?"

MCMS Makes Compliance Easy

In 2016, MCMS members were introduced to digital OSHA training. MCMS now partners with OSHA Medical Courses, LLC, to offer digital OSHA Hazard Communications and Blood Borne Pathogens training with a Compliance Plan template for members and practices across the state of Maryland. OSHA mandates that each practice must now have a Hazard Communications Plan, and MCMS's digital training and template is customizable to reflect each practice's unique situation. MCMS also offers a turn-key HIPAA compliance program through HIPAA SecureNow.

MCMS Making Networking Fun

MCMS members don't just learn about new regulations, laws, and burnout—they have FUN and network! In March, MCMS's early career physician members celebrated St. Patrick's Day at Flanagan's Harp & Fiddle in Bethesda, Maryland. While listening to music and snacking on delicious food, early career physicians connected with peers to discuss best practices, and received new ideas and suggestions from their fellow colleagues living and practicing in Montgomery County.

Early career physicians also had the opportunity to present to their peers in 2016. MCMS's MEDTalks, modeled after the famed TEDTalks, offered an opportunity for primary care physicians and specialists to present on an array of exciting and informative topics, ranging from "Management of Chronic Idiopathic Urticaria" to "Pain Management: Strategies for Success and Lower Lid Retractions." MCMS's female physicians also enjoyed networking events wearing red dresses at Ann Taylor and at the annual Women in Medicine Brunch.

MCMS's Grassroots Lobbying Efforts Show Results

MCMS hosted its Annual Legislative Breakfast last December. Montgomery County state legislators joined leadership and staff to discuss MedChi's 2017 legislative agenda. The breakfast was well attended by legislators and physicians at MCMS headquarters in Rockville. This event was the prelude to another successful "House Call on Annapolis" held on March 8, when twenty-two physicians visited members of the Montgomery County delegation in Annapolis.

What has MCMS done for its members lately? Whether physicians are orthopedists or ob-gyns, in solo practice or employed, MCMS's goal is to make sure physicians in Montgomery County can be successful.

Susan D'Antoni is the Executive Director of MCMS. She can be reached at sdantoni@montgomerymedicine.org. Stephen McDow is Physician Engagement Specialist at MCMS. He can be reached at smcdow@montgomerymedicine.org.

Jerome Schwartz, MD
Otolaryngology

"Montgomery County Medical Society has enhanced my ability to become a more effective physician in my community. As a group practice physician, MCMS has given me a voice in my medical community. It has allowed me to connect with other physicians throughout Montgomery County and Maryland. The Society provides a variety of networking opportunities–both social and educational–all offering me the ability to promote my practice.

As an MCMS member I have been able to efficiently keep up with the most current laws affecting me, my clinic, and my patients. It's important to participate in the Society's Lobbying Day and other legislative outreach efforts. Together, we've been able to enhance the practice environment in Maryland from a legislative and regulatory perspective."

Beverly A. Johnson, MD
Dermatology

"After practicing in Washington, DC, for thirty plus years, I moved my dermatology practice to Silver Spring, Maryland. Suddenly, I didn't know any physicians to refer patients to. After attending several meetings, especially the Women In Medicine Red Dress events, I had a rolodex full of colleagues. I probably know and collaborate more with my colleagues now, than I did practicing in Washington, DC, all those years—and they are all friendly!

MCMS and MedChi appeal to me because they are active on many fronts. I especially enjoy their events. I learned about cutting-edge procedures from events like MedTalks. I found out about concierge medicine by attending a General Membership Meeting. MCMS is the best way to grow your practice and make new friends in the community of physicians here in Montgomery County."

Lawrence Greene, MD
Dermatology

"Membership in MCMS and MedChi allow me to keep up and stay prepared with the constantly changing world of medicine. With membership, I feel ready for whatever changes tomorrow may bring".

Baltimore County Medical Association Provides Resources and Supports Members

Russ Kujan

Bill Gates was asked in an interview, "How does one find a cause worth fighting for?" Along with his wife Melinda Gates, Gates operates the most powerful and influential charitable foundations in the world, funding scientific research and many other causes. His advice was simple: one should get involved in local organizations.

Asserting your opinion as a member in your local medical association amplifies your message. Colleagues and leaders, especially in smaller county medical associations, are open to hearing your opinion. Your county medical association can provide resources and support to keep you informed and engaged. Joining and becoming active in the Baltimore County Medical Association (BCMA) can have a big impact on your practice and profession.

There are many ways to participate and benefit from your membership in the BCMA.

Attend our BCMA Board of Governors and MedChi House of Delegate meetings and bring your concerns and knowledge to help advocate for your patients and profession. At meetings we debate and discuss policies and resolutions concerning medicine that will become our annual legislative priorities. We have had an exceptional record in the Maryland General Assembly, much of it because of the help and testimony of our members.

Our members, working with MedChi, have defeated trial lawyers attempts to triple the cap on medical liability, helped pass legislation to provide the Maryland Insurance Commissioner with authority to ensure carrier network adequacy, made sure practitioners are properly qualified to perform procedures, fought to ban minors exposure to harmful tanning beds, supported Sugar Free Kids plan to fight childhood obesity, lobbied to increase Medicaid's budget, prohibited certain state-mandated CME requirements for license renewal, and reduced insurer payment through "virtual credit cards." In a world of proliferating challenges, BCMA gives you the opportunity to protect the interests of your patients and your profession.

BCMA holds two legislative forums each year at which you can meet your Baltimore County elected officials. Our annual Legislative Breakfast, held at the Sheppard Pratt Conference Center in December, invites county delegates and senators to hear what legislative initiatives we will be focusing on during session. The breakfast meeting is held early in the morning so physicians can make it to back their office for appointments.

The BCMA Physicians' House Call in Annapolis is scheduled during the last week in February, when the Maryland General Assembly is well underway. Our members, along with the Baltimore City Medical Society and Harford County Medical Society, attend morning meetings with legislators as a way to develop good relations and to educate them about our issues. Members and legislators are invited to convene lunch at an Annapolis restaurant. After session, we encourage our members to donate to the Baltimore County Physicians Political Action Committee.

The BCMA also offers continuing medical education credits at our membership meetings in the spring and fall. We hold joint meetings with the Baltimore City Medical Society, which provide the opportunity to earn extra CME credits and help your practice. A recent CME lecture at the Greater Baltimore Medical Center was delivered by Gregory Branch, MD, Baltimore County's Health Officer. Dr. Branch discussed public health measures used by the county to fight opioid addiction and reduce infant mortality, as well as potential threats to program funding. In the spring of 2017, Gene Ransom, MedChi's CEO, discussed regulatory changes and legislative victories that will affect you, your practice, and your patients. Last year, we held a forum with Donna Kinzer (Executive Director of the Health Services Cost Review Commission) to update members on the progress of the Maryland All-payer System, the so-called Medicare Waiver.

Russ Kujan is Executive Director of the Baltimore County Medical Association. He can be reached at rkujan@medchi.org.

Loralie Ma, MD
Diagnostic and Nuclear Radiology

"At BCMA, I have forged friendships as well as interacted with physicians with differing experiences and opinions than my own. I really appreciate the warm and welcoming nature of our BCMA, as well as lively discussions on many topics.

Perhaps more important, I have learned of important topics to physicians in the state of Maryland, and I have realized that it is only in working together as physicians, that we can be proactive in protecting our patients and our profession."

Bernita C. Taylor, MD
Family Medicine

"The medical world is a much more complicated place now than it was thirty years ago when I started in practice. It's easy to become immersed in the day to day struggles inherent in keeping our offices running and lose track of the big picture. I count myself fortunate to belong to a strong medical association that helps me focus on issues crucial to Maryland doctors and our patients. It preserves the standard of medical care and works systematically to protect my rights and my patients' rights. It unifies the community of physicians and reminds us that we are strong and do have a voice. It helps us to be proactive rather than just reactive."

Baltimore City Medical Society's Rich Legacy Benefits You Today

Lisa Williams

Thirteen years ago, on the occasion of the centenary of the modern Baltimore City Medical Society (BCMS) as a component of MedChi, BCMS historian Thomas E. Hunt, Jr., MD, noted the very first meeting of the Medical Society, on December 15, 1788, during which, Elisha Hall, MD, "spoke on the necessity for regulations on the practice of 'physick'." Indeed, the commissioned BCMS history, updated the mission: "…to advance the ethical practice of medicine and improve the quality of medical care by providing advocacy, educational programs and essential resources for physicians." BCMS members remain committed to this mission and uphold related values of professional pride and respect; diversity; excellent medical care; and commitment to improving the community.

BCMS offers an array of benefits to members:

- networking opportunities;
- resources for physicians, residents, and students;
- advocacy for physicians and the public health;
- annual "Physician House Call" on Annapolis (lobby day);
- continuing medical education activities (one or more credit credits);
- physician referral service for the general public;
- "Medical Career Pathways" and pre-med internships (mentoring future students);
- membership newsletter and end-of-month briefs;
- leadership preparation for local, state, and national service;
- special interest groups (e.g., women physicians, early career physicians).

Baltimore City Medical Society Foundation

In 1972, BCMS members established the BCMS Foundation as a collective means of "lending a helping hand." Since 1976, the Foundation has awarded more than $400,000 in medical school scholarships. The scholarship program is now endowed, thanks in large part to the medical staffs of the former North Charles General Hospital and the Wyman Park Medical Associates. Applications for scholarships are due June 1 of each year, and awards are made in August.

The Foundation's scholarship program followed the Woman's Auxiliary to the Baltimore City Medical Society (later changed to the Alliance) scholarship program, which was established in 1957. Many practicing physicians benefitted from the Auxiliary's medical student loan program, which existed until the 1990s.

Other Foundation programs include a quarterly patient newsletter with a feature article written by a BCMS member; donations to community-based health initiatives; and a Community Service Award, given to a physician engaged in community service. Recently, the Foundation's Speaker's Bureau was the recipient of grant funding to provide educational presentations on pain management and opioid use and misuse.

Baltimore City Medical Political Action Committee

During the 2017 Session of the Maryland General Assembly, there were more than thirty-five bills introduced on the subject of opioid and substance abuse. While the Foundation works to educate the general public on these topics, through the patient newsletter and Speaker's Bureau, the BCM Political Action Committee (BCMPAC), seeks to help legislators better understand physicians' positions on health care legislation and regulations. BCMS members and others support the PAC with donations, which are given to candidates for Senate and House whose views are consistent with the mission and goals of the PAC.

The Future

Without a doubt, the next one hundred years will reflect the rich legacy of BCMS dating back to 1788 and 1904. Baltimore City Medical Society, its affiliates, and members will mark important contributions to organized medicine, the medical profession, and the community at large, all most worthy of celebration.

Lisa Williams is Executive Director of Baltimore City Medical Society. She can be reached at info@bcmsdocs.org.

Thomas L. Edmondson, MD
Internal and Geriatric Medicine

"BCMS/MedChi is the only remaining organization that is physician-centered. We owe our patients and the citizens and legislators of our state our collective thoughts on specific issues, and BCMS/MedChi provides for this advocacy."

Willarda V. Edwards, MD
MedChi, Past President
AMA Board of Trustees, Member
Internal Medicine

"In 1984 when I started my private practice, fresh off my four years of active duty with the Navy, the medical societies were a way of connecting with colleagues. Given that one service provided by organized medicine locally was the preliminary reviewing of cases that could possibly lead to disciplinary actions, I felt strongly that I didn't want my colleagues to judge me based solely on my name and some written description of how I practiced. I joined BCMS/MedChi at the urging of two of my mentors, Dr. Albert Nahum and the late Dr. Joe Yosuico."

MedChi's Law and Advocacy Division Helps You Navigate Legislation and Regulations

Melanie A. Dang, Esq.

As your legal and regulatory resource, MedChi's Law and Advocacy Division provides overviews of new state and federal legislation that affects your practice.

Recently, MedChi released a summary of the requirements for the Prescription Drug Monitoring Program (PDMP). By July 1, 2017, providers authorized to prescribe a Schedule II-IV controlled dangerous substance (CDS), prescribers, and pharmacists must register with PDMP before obtaining a new or renewed CDS registration from the Department of Health and Mental Hygiene (DHMH). Before registering with PDMP, prescribers and pharmacists must complete a DHMH-developed training on the effective use of PDMP. Beginning July 1, 2018, a prescriber must do the following:

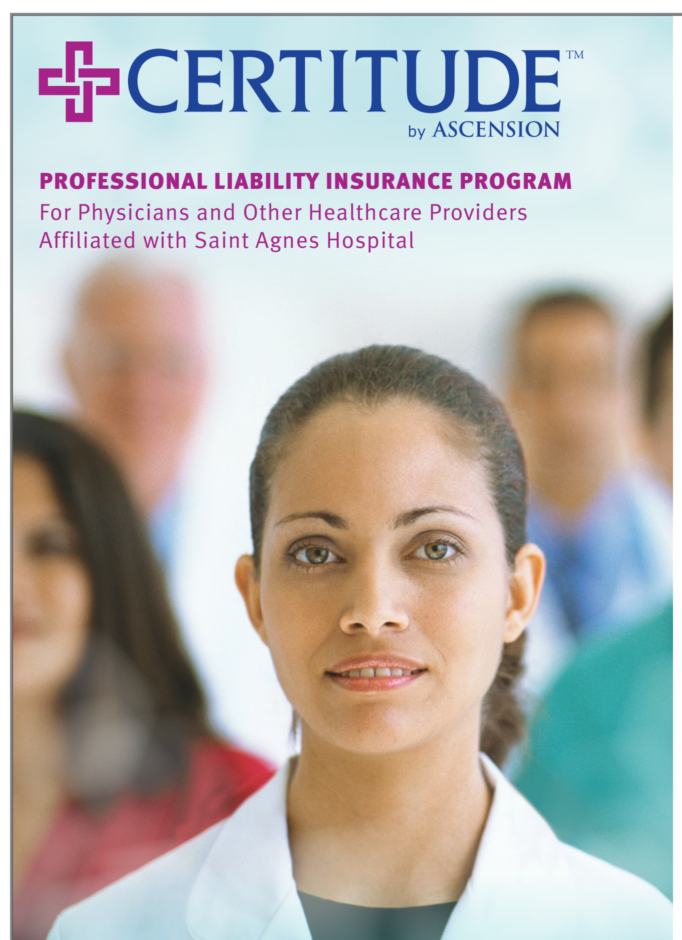
- Request at least the prior four months of a patient's prescription monitoring data before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or benzodiazepine;
- Request a patient's prescription monitoring data at least every ninety days until the course of treatment that includes an opioid or benzodiazepine has ended;
- Asses the prescription monitoring data before deciding whether to prescribe or dispense or continue to prescribe or dispense an opioid or benzodiazepine; and
- Document in the patient's medical record that the prescription monitoring data were requested and assessed.

The Law and Advocacy Division informs physicians about new licensing requirements so that physicians may remain in good standing with the Maryland Board of Physicians. In the 2015 session, the Maryland General Assembly passed SB 449 (CH 34) that requires Maryland Board of Physicians applicants and licensees to submit to Criminal History Record Checks (CHRCs) as a qualification for licensure, and creates new grounds for disciplinary action if a licensee fails to submit to a required CHRC. Effective October 1, 2016, CHRCs are required for all reinstatements, renewal, and initial license applications for all licensees. Applicants have the right to challenge the accuracy of the information in the CHRC. Failure to submit to a Criminal History Record Check may result in a disciplinary action by the Maryland Board of Physicians. More comprehensive summaries of PDMP and CHRC requirements are available at the Law and Advocacy page on MedChi's website (http://www.medchi.org/Law-and-Advocacy).

The Law and Advocacy Division works as your advocate and highlights proposed legislation that could greatly benefit or damage your practice. During the 2017 session, the General Assembly reviewed SB682/HB1456: Civil Actions-Noneconomic Damages and SB836: Civil Actions- Punitive Damages, two efforts by the trial lawyers to make it easier for plaintiffs to collect damages. SB682/HB1456: Civil Actions-Non-economic damages would raise the cap for non-economic damages in cases of wrongful death from 150 percent to 450 percent. The trial bar argued that current law is unfair to families with multiple survivors who must split the award. SB836: Civil Actions-Punitive Damages proposes to lower the standard for awarding punitive damages from "actual malice" to "reckless indifference." If passed, these bills would result in prohibitively expensive liability insurance premiums and inject instability into what has been a fairly stable insurance premium market. MedChi, with help from the hospitals and other groups, lobbied strongly against these two bills, and called on physician members and legislators alike to oppose any attempt to weaken Maryland's tort system.

In addition to serving as your legislative and regulatory resource, MedChi provides answers to your practice management questions and can refer you to an attorney, should you need one. Whether you are uncertain of your legal obligation, want to voice your concern about pending legislation, or require a referral for an attorney, the Law and Advocacy Division is here to serve you and your needs.

Melanie Dang, Esq., is Counsel, Law and Advocacy Division. She can be reached at mdang@medchi.org.



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Call now to receive your complimentary practice assessment from MedChi Network Services as part of your membership service.

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MedChi and CRISP Partnership Help You Deliver Quality Care

Ross D. Martin, MD, MHA

The success or failure of our increasingly complex health care "kingdom" in the United States can be measured in large-scale numbers—the U.S. global life expectancy ranking (thirty-first in 2015); health care's share of U.S. GDP (18 percent, or $3.2 trillion in 2015, and climbing); the obesity rate (Maryland was twenty-first in 2015, with 28.9 percent of our population considered obese).

We can argue whether we are winning or losing the battle for the kingdom of health and wellness or whether we are getting our money's worth out of our investment. But one thing can't be denied: the numbers are ultimately a product of the countless decisions we make as both physicians and patients—all individual riders in the battle. Sometimes it takes nothing more than one piece of data to make a difference in an outcome.

At the point of care, when you're making decisions that matter, physicians in Maryland have a unique tool to deliver important nuggets of information—the medical equivalent of horseshoe nails—that tool is called CRISP.

CRISP is Maryland's Health Information Exchange (HIE). CRISP connects to all the acute-care hospitals in Maryland and Washington, DC, to more than 130 skilled nursing facilities, and to more than 4,000 ambulatory providers throughout the state to both receive and send patient encounter and clinical information across the continuum of care. Providers also exchange data with Delaware, northern Virginia, and have started building connections with hospitals in West Virginia.

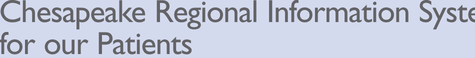
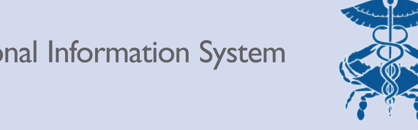
Participants in CRISP receive two core types of data from other participants in the network: encounter data and clinical data. Encounter data via CRISP's Encounter Notification Service (ENS) provide real-time information about patient visits to emergency departments and participating practices as well as hospital admissions and transfers. These nuggets can make a significant difference in patient outcomes—especially in transitions of care as providers become aware of other encounters the patient has had with the health care system. When you know a patient has shown up in the emergency room or has been admitted, you can set him or her up with a follow-up visit before the patient leaves the hospital.

You can receive ENS data in many forms—as real-time notifications via secure email, as batched messages, through a web portal called ENS PROMPT, or even as electronic messages that are embedded in your electronic health record, making it easier for you to gain insights without having to leave the workflow of your normal office routine.

When you know about an encounter, you can follow up by looking for clinical data through the CRISP Clinical Query Portal. The portal provides access to encounter summaries, lab results, radiology and operative reports, care plans, the names and contact information for a patient's PCP or care manager, diagnostic quality images, and medication histories, including access to the Prescription Drug Monitoring Program (PDMP), Maryland's resource for sharing prescription information on controlled and dangerous substances. Like ENS, much of these data are increasingly being made available through application program interfaces (APIs), allowing you to receive the data within your EHR.

Data sharing is a two-way street. By sharing your data though a connection with CRISP, other providers can learn about your relationship with the patient and close the gaps of care that are so prevalent in our complex system. In this era of care redesign and an increasing focus on quality and outcomes over activity, the data you share can make a difference.

Timely access to a diagnostic quality image can help determine whether a patient needs to be urgently transported to a tertiary stroke center or can be treated locally. Checking the PDMP can uncover a patient's drug-seeking behavior, providing you an opportunity to change the course of someone's life before it spirals out of control. Access to recent labs can help establish trends over time while giving you assurance that a costly repeat test isn't necessary. Knowing about a patient's PCP or care manager can help ensure that an acute medical incident doesn't lead to a chronic loss of function or health caused by a lack of follow up.

What is CRISP? Chesapeake Regional Information System for our Patients

CRISP is Maryland's Statewide Health Information Exchange (HIE). An HIE is the technology that supports the flow of health information among physician practices, hospital labs, radiology centers, and other health care institutions. HIE allows delivery of the right health information to the right place at the right time, providing safer, more timely, efficient, patient-centered care.

MedChi has been in partnership with CRISP since its early beginnings ten years ago. We would like to hear from you about how you are using CRISP to make a difference. Email us at rhennick@medchi.org and tell us your story.

CRISP offers many services to physicians, including the following:

- Encounter Notification System (ENS)—Keeping You Connected to Your Patients—CRISP is now offering a service that enables physicians to receive real-time alerts when a patient is hospitalized. The service is offered in partnership with all Maryland hospitals at no cost to ambulatory providers.
- Connect to the CRISP Portal—Connect. Share. Improve Patient Care.
- CRISP DIRECT Messaging—CRISP DIRECT Messaging is a secure and encrypted email service that supports electronic communication between physicians, nurse practitioners, physician assistants, and other health care providers.
- Prescription Drug Monitoring Program (PDMP)—The PDMP monitors the prescribing and dispensing of drugs that contain controlled dangerous substances (CDS).

Ross D. Martin, MD, MHA, is Program Director, Integrated Care Network, Chesapeake Regional Information System for our Patients. He can be reached at support@crisphealth.org.

MedChi's House of Delegates:
How Your Engagement Transforms into MedChi Action

Catherine Johannesen

MedChi is well-known for its effective advocacy on behalf of Maryland's physicians. With so many challenges facing Maryland physicians, how does the organization determine its legislative, regulatory, and public health priorities? The answer comes directly from our members and their involvement in our House of Delegates. Consisting of more than 150 representatives from across the state, MedChi's House of Delegates functions as a direct conduit from the individual physician to the Capitol building in Annapolis, the American Medical Association, and beyond.

Too often, one physician's insurance complaint or public health concern falls on deaf ears, but there are no deaf ears at MedChi. And, as the only organization representing all physicians in the state, MedChi is uniquely positioned to provide maximum amplification of one physician's voice to make sure it is heard. When an organization like MedChi speaks for all physicians, we can effect change to policies, laws, and public health initiatives. But how, exactly, does this process work?

MedChi's House of Delegates "provides a forum for physicians to discuss their positions openly and fairly, using the process of parliamentary procedure to protect minority opinions, while moving the organization forward at the will of the majority," explains Michele Manahan, MD, the Speaker of the House and a plastic surgeon from Baltimore. "We as physicians understand the terrain of health care delivery; we live in the environment daily. We can recognize the hidden pitfalls. It is our role to assist in guiding the health care system along a safe path to future successes and improvements. The MedChi House of Delegates, as the policy-making body for our state medical society, is the agent of this change."

Our advocacy efforts originate when individuals or small groups identify a problem or opportunity and use our House of Delegates as a vehicle for change. For example, in 2015, physicians from the Talbot County Medical Society responded to Governor Martin O'Malley's decrease in Medicaid funding by introducing a resolution calling for MedChi to work legislatively to restore Medicaid payments to equal those of the Medicare fee schedule. The House of Delegates adopted the resolution at its September 2015 meeting. As a result:

- Our Legislative Council made it a priority of the 2016 and 2017 legislative sessions.
- MedChi's lobbying team was tasked with educating legislators and other influencers on the issues.
- MedChi leadership communicated directly with Governor Larry Hogan on the importance of the issue.
- MedChi members were mobilized to contact their legislators and ask them to support the funding, with MedChi's Law and Advocacy Division developing talking points to assist in their endeavors.

- Physicians attended hearings in Annapolis and gave testimony on behalf of themselves and their colleagues

What started as a resolution drafted by Talbot County members resulted in a request from the Maryland General Assembly for an increase in Medicaid funding. Governor Larry Hogan responded by increasing Medicaid reimbursements to 94 percent of Medicare. The efforts of a few physicians, with the strength of MedChi behind them, resulted in a sea change that directly impacts every Maryland physician who accepts Medicaid. That is the power of the MedChi House of Delegates.

Legislative efforts are just one example of the initiatives that originate in MedChi's House of Delegates. Policy changes that inform MedChi's public health, education, and regulatory agendas are all generated from our individual delegates' passion and participation. The process of discussing, debating, and voting on various issues is the primary focus of MedChi's House of Delegates. The consensus that is built within the house of medicine is reflected in MedChi's substantial efforts and successes on behalf of all Maryland physicians.

All full, active members of MedChi have the opportunity to serve as a delegate or alternate delegate. Interested parties can work with their component medical society or contact MedChi directly. Meetings are held twice a year, in April and September, and all MedChi members are invited and encouraged to attend.

Catherine Johannesen is the Director of Meetings and Events for MedChi. She can be reached at cjohannesen@medchi.org.

MedChi Network Services:
Committed to Helping Your Practices Remain Independent

Colleen George

In 2014, MedChi launched the MedChi Network Services (MNS) division to provide business support tailored for private practices. Today, remaining independent is more difficult than ever. Our goal is to help your practice by providing credible and effective support for physicians. MNS is a state-designated management services organization and leader in the field of practice services. Our mission is to empower physicians with strategies and tactics to move their practice forward. MedChi and MNS have participated, and will continue to participate, in federal, state, and private initiatives to advance the private practice of medicine and public health.

MNS believes in providing the best possible support to each and every practice, regardless of size or specialty. All groups have specific needs, and our experience and model allows for customized support in any situation. We will advise physicians and support technology, business, and workflow enhancements; we will never require a physician to make trade-offs in order to use our services.

> "I was against a wall when my office manager left without giving notice, and MedChi Network Services stepped right in to handle all my billing services. My revenue is higher now than it has ever been and I couldn't be happier with the service. They paid for themselves in the first month!"
> — Mitch Gittelman, DO

The focus on shifting from quantity to quality of care is driving change throughout the health care industry. MNS is offering education and support for the transition to MACRA and MIPS. We have launched The MIPS Navigator™, along with individualized practice management consultation to assist practices in getting ready for the transition to MIPS reporting.

The MIPS Navigator™ is an online tool that makes it possible for individual clinicians or practice administrators to quickly and easily sort through the various MIPS alternatives and produce a practice specific "2017 MIPS Itinerary/Plan" for each of the three MIPS domains that will maximize their likely MIPS success.

By answering a few questions specific to your practice you receive:

1. A step-by-step guide on how to maximize your score, avoid any penalty, and get the largest possible bonus (upward adjustment to your fee schedule);
2. Continued access to the MIPS Navigator FAQs and list serve throughout 2017 with the ongoing ability to update your plan;
3. The ability to model various MIPS payment adjustments and see what they will mean to your practice in 2019; and
4. The information you need to know about Alternative Payment Models (APMs.)

Maryland is a leader in the shift to electronic health records (EHRs) and the development of community and statewide networks to share protected health information in appropriate, secure, and effective ways. MNS was a co-recipient of federal funding through the Maryland Regional Extension Center, the Chesapeake Regional Information System for our Patients (CRISP). Through that partnership, MNS is developing secure methods for the effective use of electronic health records. CRISP is also the state-designated Health Information Exchange, through which MNS is supporting the real-time transfer of health information. We have helped hundreds of small practices reach Meaningful Use of certified EHRs, and continue to help with implementation and optimization of IT systems.

MedChi Network Services has helped hundreds of physicians optimize their practice and increase their revenue. MedChi members receive free practice assessments and discounts on all practice-related services. MNS can provide assistance with any practice management questions or issues, be it finishing up with Meaningful Use, transitioning to MIPS, Revenue Cycle Management, Coding and Compliance, Insurance Carrier issues, or general practice management questions.

Colleen George is the Director of the Center for the Private Practice of Medicine, MedChi Network Services. She can be reached at cgeorge@medchi.org.

MedChi Network Services Offers:

Detailed Practice Analysis

- Review current collection ratios and gross collection percentages.
- Analyze current process workflow, focusing on information flow.
- Review current contracts and gather data regarding expected payments and adjustments.
- Review thoroughly existing information system and analysis of usability.
- Develop transition plan for migration to new information system, if needed.
- Determine technological requirements for outsourcing.

Practice Buy-in

- Communicate to physicians the importance of having staff provide accurate data in a timely fashion; a Revenue Cycle Management process is only as good as the data provided.
- Review the projected impact that accurate, timely submission of work performed can make to the bottom line.
- Provide coding analysis reports to providers and benchmark against baselines by specialty, region, and peers.
- Provide real-time access to practice data and reports.
- Work directly with staff members to create a positive outlook.
- Implement a tasking and workflow system to communicate with staff and providers to generate and share objective metrics.

MedChi's Department of Continuing Professional Development Improves Your Competence, Performance, and Patient Outcomes

Frank C. Berry and Ari M. Hernandez

MedChi is distinguished by our accredited, first-rate continuing professional development programs and extensive resources. Since 1981, the MedChi Department of Continuing Professional Development (DCPD) has held the distinction of being certified by the Accreditation Council for Continuing Medical Education (ACCME) to provide accredited courses for physicians. MedChi's current accreditation status with the ACCME is Accreditation with Commendation, the highest level of accreditation a provider can achieve. MedChi's CME activities for physicians are planned and supervised by the Committee On Scientific Activities (COSA). MedChi's DCPD serves more than 100,000 physicians, and several thousand more allied health professionals, throughout Maryland, the region, and the nation with accredited CME activities including conferences.

For Physician's

MedChi's CME program is committed to CME that is evidence-based, clinically relevant to the learners, valid in content, transparent, free of bias and commercial influence, and grounded in the principles of adult learning. MedChi CME/CPD activities focus on helping the learner to improve competence, performance, and patient outcomes. Activities and programs provide educational opportunities that advance practice and the health of our community. CME/CPD is developed in relation to real issues in practice and emphasizes issues in the practice settings of our learners and members. In addition, MedChi's educational offerings are specific to competencies, licensure, certification, regulation, and legislation that impacts on physicians' practices and their patients' health care. Educational offerings can be developed for your practice or practice setting.

For Providers

Through the MedChi Accredited Provider (MAP) System, organizations in Maryland and Washington, DC, such as hospitals and local medical societies, are able to deliver CME activities that focus on specific needs. In addition to accreditation, MedChi's MAP System offers consulting services to help guide providers' CME programs and an annual workshop to support their continuing professional development.

MedChi DCPD is an Accreditor

For thirty years, MedChi's DCPD has been recognized by the Accreditation Council for Continuing Medical Education (ACCME), through the State Medical Society Recognition System, as an accreditor of organizations within the state of Maryland and the District of Columbia. Through this recognition, MedChi is able to accredit regional organizations, which can then provide CME directly to their learners. MedChi's current system, known as the MedChi Accredited Provider System (MAP System), accredits forty-two organizations in Maryland and the District of Columbia, under the guidance of MedChi's Continuing Medical Education Review Committee (CMERC).

Online courses available now:

Physician Dispensing in Maryland: An Educational Series

The state of Maryland has mandated that physicians, when applying for or renewing their permit to dispense medications, must attest that they have completed a prescribed number of continuing medical education credits, specific to the practice of dispensing.

Beginning in 2018, all physicians must complete ten Continuing Medical Education units (CMEs) on dispensing within the five years before their renewal or application. To address this educational need, MedChi, the Maryland State Medical Society, and the Center for Innovative Pharmacy Solutions (CIPS) at the University of Maryland School of Pharmacy agreed to collaborate on four educational modules, with the intent to continue the development of online modules on mutually determined topics.

Five modules have been approved by MedChi for CME and the Secretary of the Maryland Department of Health and Mental Hygiene. These modules will be available and accessible at the Center for Innovative Pharmacy Solutions (CIPS) Knowledge Enterprise. The portal and the management system have been successful in offering more than 200 hours of ACPE (Accreditation Council for Pharmacy Education) programming, resulting in more than 8,500 hours of accessible evidence-based training to health professionals over the last year.

Frank C. Berry is the Director of MedChi's Department of Continuing Professional Development. He can be reached at fberry@medchi.org. Ari M. Hernandez is the Manager of CME. He can be reached at ahernandez@medchi.org.

Center for a Healthy Maryland Serves You and Your Medical Colleagues

Roberta M. Herbst, MS

MedChi's Center for a Healthy Maryland is all about serving you, the Maryland physician. As a health educator, I have been involved in designing physician and community education programs, writing grant proposals, and implementing and evaluating the awarded projects at the Center for the past twenty-one years. The Center for a Healthy Maryland, the 501c3 affiliate of MedChi, administers the public health and physician quality programs for the medical society. Its primary activities are Health Promotion—directed at the public to improve health status—and Quality Improvement—directed at physicians to help them better serve their patients.

This article will address some of the grant-funded physician education and public health programs created and implemented by Center staff during the past two decades. The programs are diverse, with a recent change in focus from clinical topics to the current trends and needs of physicians in the context of the ever-changing health care environment: physicians leaving private practice to enter into an "employed" setting; physicians seeking skills to prepare them to take leadership roles in their organizations and improve their practices' bottom line.

> "I would recommend the Physician Leadership Certificate through the Center for a Healthy Maryland to every physician regardless of years of practice or business ability. There is learning here for everyone."
> —Brooke Buckley, MD, Past President, MedChi
>
> "This leadership course is excellent for the physician taking on new leadership responsibilities. Not only does it provide guidance on key leadership principles, communication, and budgeting, but it also provides education on payment reform activities happening in Maryland and in the United States to prepare you for leading in the future."
> — Laura Herrera-Scott, MD

Maryland Physician Leadership Institute—2014 to present

The Certificate Program in Physician Leadership is a program of the Maryland Physician Leadership Institute, established through two consecutive grants to the Center from The Physicians Foundation. The goal of the course is to equip physicians with practical leadership skills and tools applicable to any practice environment and necessary to effect positive change within their organization in this rapidly changing world of health reform. The format is unique, as it is the only hybrid physician leadership program in the country, consisting of online coursework and live sessions. The Center hopes to continue to offer the Physician Leadership Certificate after the conclusion of the grant, through a sponsorship program.

Center for the Employed Physician—2012 to present

The Center for the Employed Physician, established by the Center for a Healthy Maryland through our first grant from The Physicians Foundation, is now overseen by MedChi's Membership Department. The Center developed and implemented regional educational programming and resources to assist currently employed physicians and those physicians who are considering a move from private practice to an employment arrangement. A statewide survey revealed that what physicians request most were physician compensation schedules and a model physician employment contract. The Center publishes a brochure that includes the Ten Key Considerations in the Employment Decision for physicians considering and/or continuing the employment option.

The Maternal Mortality Review—2000 to present

This program is a collaboration between the Center and the Center for Maternal and Child Health at the Maryland Department of Health and Mental Hygiene (DHMH). To identify opportunities to reduce maternal morbidity and mortality, the program's goal is to examine deaths among resident women who die during a pregnancy or within one year of having been pregnant, taking into consideration both medical and non-medical factors contributing to the event.

Teaching Providers, Reaching Women—2012 to 2014

The Center was awarded two consecutive grants from Susan G. Komen for the Cure to create a primary care provider Toolkit and to create and sponsor regional trainings in breast cancer screening guidelines and modalities.

Training Physicians to Provide Office-Based Treatment for Opioid Addiction—2009-2010

Through this program, funded by the Center for Substance Abuse Research, University of Maryland, the Center trained and equipped eighty-two physicians to prescribe buprenorphine.

Maryland Skin Cancer Prevention Program—1997 to 2009

This program was initially funded by a three-year CDC grant and then supported for nine years through Maryland DHMH. A broad statewide coalition was established and a multi-channel education and outreach approach was adopted, which included a physician education component, and more than two hundred primary care physicians completed online training in skin cancer early detection. A middle school curriculum was created, featuring the mascot, SunGuard Man. The website SunGuard Man Online (http://www.sunguardman.org) is still used by educators around the world to teach schoolchildren how to protect their skin and stay healthy. Center staff participates each year in the University of Maryland's spring health fair, using the Dermascan device to teach students and faculty about the dangers of overexposure to ultraviolet radiation.

Interpreter Resources Program—2008

The Center received a grant from the Quality Health Foundation to create an online guide to assist physicians in finding medical interpreters.

Maternal Depression Project—2007

This project, supported by the Aetna Foundation, focused on improving the diagnosis and treatment of depression in perinatal and postpartum women.

The Clinical Breast Examination Program—1997 to 2004

This program, funded by the Maryland Department of Health and Mental Hygiene, has taught 2,797 Maryland primary care physicians how to perform state-of-the-art clinical breast exams using the Mamma Care Technique.

The Cancer Prevention in Community Practice Program— 1996 to 1999

Cancer surveillance services in primary care practices were improved by means of chart reviews and customized office reminder systems.

In the Grants Department at the Center for a Healthy Maryland, we never know what's coming down the road, but we do know with certainty that our next project will be rewarding to us personally and to the Maryland physicians we serve.

Roberta M. Herbst, MS, is the Director of Programs and Communication for the Center for a Healthy Maryland. She can be reached at rherbst@medchi.org.

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The Maryland Physician Health Program—Four Decades of Helping Physicians Just Like You

Michael Llufrio

> "MPHP supported me through the process of rebuilding my life and career. They helped me stay on track in my recovery and face the wreckage of the past. They have gone to bat for me time and again for licensing issues, certification, and job opportunities. Their assistance has been invaluable."
>
> —Todd Sheridan, MD

Where We Began

The Physician Health movement began in 1973, when the American Medical Association's Council on Mental Health published a landmark study, *The Sick Physician*. *The Sick Physician* estimated that 3.2 percent of physicians suffer from alcoholism, 2 percent from drug abuse, and 1.3 percent from other mental disorders. More recent data estimate that 12 to 16 percent of physicians suffer from alcoholism, drug abuse, or psychiatric disorders, a rate similar to the general population.

In 1978, MedChi, the Maryland State Medical Society, established a committee of physicians who volunteered their time and services to assist colleagues in need. Funding was later obtained through physician license fees, which allowed the hiring of staff and a formal program structure to be put in place for assisting physicians. The Physician Health Committee continues its mission to provide consultation and guidance for the Maryland Physician Health Program (MPHP), through identifying issues of concern and making recommendations regarding advocacy. The MPHP is administered by the Center for a Healthy Maryland, a 501c3 charitable organization and affiliate of MedChi.

Where We Are Now

Our mission is to assist physicians, physician assistants, and other allied health care professionals in a confidential, private setting to address issues that may potentially affect their ability to practice medicine and to provide advocacy on behalf of our participants when needed. We also provide education and outreach to the medical community regarding physician/professional impairment and MPHP services. These services are available to licensed practitioners regardless of their affiliation with the Maryland State Medical Society.

Maryland board-certified physicians and other practitioners who are experiencing problems can voluntarily contact the MPHP. Concerned colleagues or family members also may contact the MPHP. When possible, the confidentiality of the referring individual will be honored. The types of problems encountered by the MPHP include substance use, psychiatric illness, cognitive impairment, behavioral issues, sexual/boundary issues, burnout, and stress.

Our advocacy involves providing reports to involved parties on behalf of the participant regarding their status with the program and their compliance, and progress, with their treatment plan. Advocacy reports are sent only with the permission and at the request of a participant to organizations such as hospitals, practices, specialty boards, malpractice carriers, legal/judicial entities, and, when needed, the Maryland Board of Physicians.

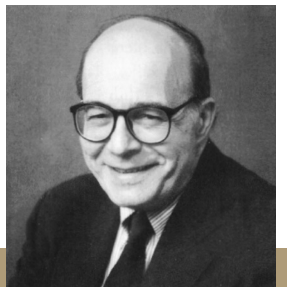
When a participant successfully completes the requirements established in the advocacy contract, and in the opinion of their treatment providers, our clinical staff and medical director determine that the work of the MPHP is concluded. Some participants choose to sign additional contracts for as long as support and monitoring are desired or needed.

We also offer other services that include presentations on topics such as professional impairment, disruptive behavior, and burnout. A hospital's participation with the MPHP not only can help the hospital meet Joint Commission requirements for establishing a non-disciplinary process for physicians suspected of having a problem, but it also can provide important information concerning physician and health care professional impairment at medical staff meetings or grand rounds. Participation in the MPHP also allows hospitals to comply with new mandated reporting requirements of the Maryland Medical Practice Act (10.32.22).

Where We Are Going

The impact of the Maryland Physician Health Program has grown. The number of lives that we touch goes ever outward. But, we are far from done. Our work goes on. Later today, or perhaps tomorrow, another physician, physician assistant, respiratory therapist, nuclear medicine technologist, veterinarian, athletic trainer, perfusionist, chiropractor, or radiographer will take that first step through the door and seek help.

Michael Llufrio is the Director of Operations, Maryland Physician Health Program. He can be reached at mllufrio@medchi.org.



Divine Words

CLASSIC WORD ROUNDS

Barton J. Gershen, MD
Editor Emeritus

In the Roman Catholic Church, there is an evening prayer service known as Vespers (from Latin *vespera*: "the evening star," which actually refers to the planet Venus). A funeral service recited at Vespers begins "I shall please the Lord in the land of the living" (Psalm 114:9). In its traditional Latin form the prayer reads "*Placebo Domino in regione vivorum*." Since the early thirteenth century, this prayer has been known by the incipit, or first word, of its anthem—**Placebo**: Latin for "I shall please." By the 1700s, placebo had come to mean any medicine that "pleased" or seemed to make patients feel better, even if its pharmacologic value was questionable. Currently, placebo denotes an inert substance, often used as a control in randomized clinical trials.

The "placebo effect" is quite real. After therapy with a placebo, at least 33 percent of controls show improvement, such as pain relief. Indeed, one review suggested that as many as 60 to 90 percent of participants responded positively to a placebo.[1] There remains uncertainty concerning the physiology of the placebo effect, but little doubt that it continues "to please" patients.

> "Words are essentially fossilized nuggets of history, embedded deeply within the strata of our language. Searching for their origin is like exploring an archeological dig, unearthing rudiments of our past and discovering the foundations of our civilization."

Another portion of the Vesperal funeral mass is a verse from Psalm 5:8, which reads: "Direct, O Lord, my way in thy sight." In Latin the verse reads "*Dirige, Domine, Deus meus, in conspectu tuo viam meum*." Once again, the anthem is identified by its initial word *dirige*, "to direct." Ultimately, this word evolved into **dirge**, referring to the antiphonal chanting of the funeral prayers. Dirge now indicates any mournful hymn or lamentation.

In Victor Hugo's 1841 novel, *The Hunchback of Notre Dame*, a grotesquely deformed bell ringer falls deeply in love with a beautiful and sensual gypsy girl named Esmeralda. In chapter four of the novel, we are first introduced to that hunchback, abandoned as an infant and left by his mother in Notre Dame Cathedral.

> "… a human creature had been deposited after Mass on the plank bed fastened to the pavement on the left of the entrance to Notre Dame… Upon this bed it was customary to expose foundling children to the charity of the public; any one could take them away who chose… And in truth "the little monster" (for we ourselves would be at a loss to describe it by any other name) was not a newborn babe. It was a little angular, wriggling lump, tied up in a canvas sack…! All that was visible was a thatch of red hair, an eye, a mouth, and some teeth. The eye wept, the mouth roared, and the teeth seemed only too ready to bite. The whole creature struggled violently in the sack, to the great wonderment of the crowd, constantly increasing and collecting afresh."[2]

The extraordinary event decribed above occurred in 1467, on the first Sunday following Easter. The opening prayer on that holy day comes from the First Epistle of Peter (1 Peter 2:2, 3), and it begins: "As newborn babes…," which in Latin is "*Quasi modo geniti infantes...*" Just as in the two instances referred to above, the name of the introit for this Mass was generally known by its opening words (the incipit) *quasi modo*. The holy day itself was therefore known as Quasimodo Sunday, which explains the name given to that unfortunate and hapless infant, **Quasimodo**, the Hunchback of Notre Dame.

The village of Jubayl, Lebanon, is located on the shores of the Mediterranean Sea about twenty miles north of Beirut. It is one of the oldest continuously inhabited settlements in the world, with evidence dating back 5,000 years. In biblical times, Lebanon itself was known as Kena'ani, an Akkadian name. The ancient Hebrews called the land **Canaan**, and they called its inhabitants Phoenicians. These men were renowned ship builders and accomplished sailors, who sailed fearlessly throughout the Mediterranean.

Phoenician ships traded with numerous communities around the Mediterranean basin. They exported pine and cedar wood and a beautiful purple dye, which they obtained from the Murex snail, indigenous to areas around the city of Tyre. Kings and queens commonly wore robes that were dyed with Tyrian purple, from which originated the expression "**to the purple born**."

In addition to those exports, Phoenician ships carried **papyrus**, a woody, aromatic reed that grows along the Mediterranean shore. The thick stems were boiled and beaten into thin, flat crusts that, when dried, provided an excellent surface on which to write. This writing material was then wound into bulky scrolls. Much of the papyrus came from around the modern village of Jubayl, which in historical times was known as **Byblos**. Early religious scribes compiled both the Hebrew and

Christian scriptures on such scrolls. Those scriptures—taking their name from the source of the papyrus—became known as the **bible**, while papyrus itself evolved into our word **paper**.

In ancient times, astronomers called the morning star **Lucifer**, from the Latin *lux* "light" and *ferre* "to carry," that is, "light-bearing" (The "morning star" is actually the planet Venus, which at various times may be seen in the morning or evening.) In the Latin Vulgate bible, Isaiah 14:12 reads, "How art thou fallen from Heaven, Oh Lucifer, son of the morning." Biblical authorities interpreted this passage as a reference to Satan's fall from Heaven. Thus Satan became **Lucifer**. (Friction matches, invented in the 1830s, were produced by adding a phosphorus compound plus potassium chlorate to the tip of a wooden splinter. These early wooden matches were also called "lucifers" since they, too, carried light.)

We find the verb "to carry" hidden in several words, including **phosphorus** from Greek phos, "light" and *pherein*, "to carry" (precursor of Latin ferre). A **metaphor** is a figure of speech in which a word or phrase meaning one thing describes an unrelated object. "*All the world's a stage…*" illustrates the point. Metaphor derives from Greek *meta*, "beyond or transcending," plus *pherein*, "to carry." Thus, it is an expression that "carries beyond" or communicates additional significance. **Euphoria**, meaning to "bear well or possess well-being" (Greek *eu*: "good" + *pherein*), **dysphoria**, meaning a "distressed state of mind" (Greek *dys* meaning "impaired" plus *pherein*), and **Christopher** meaning "to carry Christ," all derive from the root term *pherein* as well.

In 1247, the city of London established a hospital for the mentally ill. Its name was St. Mary of Bethlehem, and it was paradigmatic of those institutions known as "snake pits." The wretched inmates, often treated as if possessed by evil spirits—manacled, chained, and tortured—were frequently heard screaming, howling, and shrieking obscenities. They became a variety of Sunday entertainment for many Londoners, who often spent hours outside the hospital gate provoking them. The local residents simply referred to the resulting cacophony as the din of "Bethlehem," which in their rich, Cockney accents was corrupted to "**bedlam**."

A number of English words derive from biblical names. In the New Testament, Christ refers to Simon the fisherman as his "**rock**," which in Greek is *petros*. Thus Simon became **Peter**. (**Petroleum** derives from *petros*, plus Latin *oleum*, "oil"; it is oil obtained from rocks.)

Matthew (14:29) reported that during a boat trip across Lake Gennesaret (today known as the Sea of Galilee), Peter left the boat and walked upon the waters. In the order of birds known as *Procellariformes*, there are several species of small, pelagic sea birds known as **petrels**, literally "little Peter." Their name derives from the birds' habit of fluttering above the waves with legs dangling as they feed on surface algae, fish, and squid. These small birds thus actually appeaar to be "walking on water," reminding some imaginative sailors of the biblical Peter.

One of Christ's devoted acolytes was a woman named Mary. She came from the town of Magdala on the western shore of the Sea of Galilee and was accordingly known as Mary of Magdala, or Mary Magdalene. Paintings of Mary Magdalene by Titian, Donatello, Rubens, and others, depict her as downcast, repentant, and tearful. Renaissance Londoners began referring to anyone who was excessively sentimental, mawkish, or tearful as being like "Magdalene." The British regularly pronounce words in a manner that bewilders Americans. Consider the following English cities: Auchinleck (pronounced Af-lek), Breaghwy (pronounced Bree-fee), Cholmondeley (pronounced Chum-lee), and Kirkcudbright (pronounced Car-coo-bree). It should be no surprise, therefore, that the British pronounce Magdalene "Mod-lin," and spell it **maudlin**.

The English language often delights its readers with the discovery of unexpected etymologies. Words are essentially fossilized nuggets of history, embedded deeply within the strata of our language. Searching for their origin is like exploring an archeological dig, unearthing rudiments of our past and discovering the foundations of our civilization.

Occasionally, those words are even divine.

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