MMA Board of Directors

Friday, October 4, 2013
8:30 AM Tours & Meeting
MMC Brighton Campus, 335 Brighton Ave, Portland - 3rd Floor

AGENDA

Topic

8:30 am Tours – The Hannaford Center for Safety, Innovation and Simulation

10:00 am 1. Call to Order and Determination of Quorum: Lisa Ryan, DO, Chair
Welcome back to Mr. MacLean
Welcome to guests: Corinne Broderick, EVP, Massachusetts Medical Society
Brent Mulgrew, EVP, Ohio State Medical Association
Scott Colby, EVP, New Hampshire Medical Society
Neal Nesbitt, MD, President, Ohio State Medical Association
Terri Marchiori, American Medical Association

Welcome Remarks by Senate President Justin Alfond and House Speaker Mark Eves

2. *Review and approval of minutes of August 7, 2013 (attached)

3. *Approval of Agenda

4. Report on Executive Committee Conference Call September 11; Lisa Ryan, DO

5. Membership Report

	All Members	Dues Paying Members
a. September 30, 2013	4070	2380
September 30, 2012	3763	2197

b. New and potential group memberships; Mr. Smith
   1. Chest Medicine Associates
   2. Employed Physicians at Central Maine Medical Group

6. Report of Chief Operating Officer; Mr. MacLean and Associate General Counsel; Ms. Barnard
   1. Grant applications
   2. ACA Outreach
   3. October 5 Media event
   4. MaineCare Expansion

11:00 am 7. Finance Report: Dr. Flanigan; Dr. Parker; Heidi Lukas
   a. September Financials (to be distributed)

8. Priority Presentations and Topics:
   a. Prioritization of Services: Survey Results (to be distributed)
   b. Review of Resolutions; Ms. Barnard (attached)
   c. Annual Session
      1. Nominating Committee Report
      2. Review of Schedule and Guests

9. Leadership Reports
    1. President; Dr. Kreckel
        a. AMA Sign-on letter: Incarcerated Beneficiaries
    2. President-elect; Dr. Raymond
        a. Topics for 2014 President's Retreat; January 24-26, Samoset
        b. ASAE Chief-Elected Officer Symposium; Feb.13-14, 2014
    3. Board Chair; Lisa Ryan, DO

10. EVP Report; Gordon Smith
    a. Annual Session
    b. 2013 EVP Report & Report to Membership (attached)
    c. Physician Education Seminar July 24, 2013 (attached)
    d. Golf Tournament July 22, 2013 (attached)
    e. 2014 Events: PES-Wednesday June 18 Golf-Monday July 21
    f. Remaining First Friday Presentations 2013 (attached)
    g. Presentation to New Hampshire Commission (Medicaid expansion) (attached)
    h. Northeast Healthcare Quality Improvement Foundation's Million Hearts Campaign
    i. Maine Rx Card; Baystate Financial, W.B. Mason
    j. UNECOM White Coat Ceremony October 10

11. Organizational Meeting of New Board
    a. Election of Chair
    b. Election of three members at large for Executive Committee

12. Old Business
    a. Marketing Plan for Peer Review Program (to be distributed) Ms. Poulin/Mr. Smith

13. Evaluation of Meeting
    May 1, 2013 – 7.08 June 5, 2013 - 7.67 August 7, 2013 – 7.60

FYI's attached

Buffet Lunch at 12:15 at Holiday Inn
followed by
Keynote Presentation at 1:15 pm by Edison Liu, MD, President Jackson Laboratory

NEXT MEETING WEDNESDAY, DECEMBER 4, 2013
MMA HEADQUARTERS
****3:30 PM****
5:30 Dinner to follow with MOA Board

***Denotes items requiring a vote** **List of Meetings thru AS 2014 Attached**

****NOTE EARLY START TIME OF DECEMBER 4, 2013 BOARD OF DIRECTORS MEETING**

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Maine Medical Association
Meeting Minutes August 7, 2013

BOARD OF DIRECTORS

Board Member	10-10	12-5	1-18	3-6	5-1	6-5	8-7		Member	10-10	12-5	1-18	3-6	5-1	6-5	8-7	
L. Ryan, DO, Chair	P	P	CC	P	P	P	CC		J. Petzel, MD	P	P	P				CC	
P. Cain, MD	P			P		P	P		B. Pierce, MD	CC	CC	P	P	P	P	P	
R. Chagrasulis, MD	CC	CC	P	CC	P	P	P		G. Raymond, MD	P	CC	P	CC	P	P	P	
J. Charity, MD	P	CC				CC	CC		C. Reddy, MD					CC			
K. Christian, MD		P	P	P		P			B. Young, MD		CC		P			P	
N. Cummings, MD	P	CC		P	CC	P											
G. D'Augustine, MD		P		P		CC	CC										
S. Feder, MD	P			P	CC	CC	P										
K. Flanigan, MD	P	CC		CC	CC		CC		Staff								
R. Flowerdew, MD	CC	CC	P	P	CC	P	P		J. Barnard	P	P	CC		P	P	P	
M. Gleaton, MD	CC	P	P	CC	P	P	P		H. Lukas	P	P	CC	P	P	P	P	
L. Jett Anderson, MD	P	CC	P	CC	P				A. MacLean	P	P	P	P	P	P		
D. Kreckel, MD	P	P	P	P	P		P		D. McMahon	P	P		P	P	P	P	
G. T. Marshall, MD	P		P	P	P				G. Smith	CC	P	P	P	P	P	P	
M. McAllister, MD	P	P	P	P	P				D. Poulin	P	P	P	P	P	P	P	
D. McDermott, MD		P		CC			CC										
B. Miller, MD	P	P	P	P	P	CC	P										
K. Mitchell, DO	P	P		P	P	P	P										
M. Parker, MD	P	P	P		P		P										
C. Pattavina, MD		P	P	P	P	CC	P		Meeting Ranking					7.08	7.67	7.60	

Topic	Discussion	Action
1. Call to Order	Dr. Kreckel called the meeting to order at 4:19 p.m.	
2. Review and approval of minutes of May 1, 2013.	The June 5, 2013 meeting minutes were approved as presented.	**Accepted.**
3. Report of Executive Committee Conference Call 7-29-13	Dr. Ryan reviewed the Executive Committee Call; the BOD agenda of 8-7-13 was reviewed and approved, Board of Agenda dates for 2013-2014 approved. In an Executive Session the proposed employment contract of Mr. Smith was reviewed.	
4. Membership Report	a. Membership Report. The membership continues to grow with the addition of 7 new members in July. 141 new UNE students will be added in August, with an expected 39 Tufts-MMC students to be added as well. Mr. Smith noted that with incremental progress he does expect MMA to reach the year end membership goal of 2400 for active members. b. New and potential groups. Mr. Smith continues to work with Chest Medicine Associates and meets with the Medical Director, Stephen Gorman, DO, on August 22. Mr. Smith's expectation is to have a group membership at the conclusion of that meeting. Mr. Smith continues work with other groups, including St. Mary's, CMMC, a nephrology group and	

Topic	Discussion	Action
	EMMC. Financial difficulties of some of the practices; i.e. Martin's Point with MMA retaining their membership at a 50% discount has negatively impacted dues collection. The membership issues continue of engagement of members and finances. Board philosophy has been that MMA have its arms around all physicians and that members should receive something in return for membership dues. Group discussion followed re: membership in the Association. Employed physicians frequently do not see value in MMA membership, they do not relate to federal or state issues and have very little to do with hospital governance as it is out of their hands. Dr. Raymond shared his hospital offered to pay 50% of MMA dues but the physicians had little interest in paying the other 50%. (Ultimately the physicians agreed to contribute 50% of the cost.) How to gain and retain membership – shared thoughts - via medical specialty societies; do more with medical staffs; advocate more for individual memberships and work with hospitals separately.	**Declining dues paid per active members will be shown in graph design at Annual Session.** **At the 2014 President's Retreat, discuss current Membership Model.**
5. Finance Report: Dr. Flanigan, Dr. Parker and Ms. Lukas	a. June/July 2013 Financials. Important aspects were noted. Continue struggle with membership dues to reach the $615,000 goal. FQHC 's are paying a lump sum for membership dues with Ms. Lukas offsetting the cost of services by reflecting the services they are utilizing thru MMA. **Dr. Flanigan noted that through one avenue or another, it must be remembered that we need to fund the organization.**	
6. Priority Presentations & Topics	a. Proposed 2014 Budget. Dr. Flanigan walked Board members through the proposed 2014 Budget. The 2014 Budget is more in line with income in 2014. The proposed 2014 Budget was presented and reviewed. The 4-4.5% draw from investments on the 5 year average would be $32,500 for 2014. Dr. Parker noted the importance to continue to see the draw reduced. b. EVP Contract Renewal. Executive Session followed. The Board of Directors approved the following motion: **"The Chairman of the Board of Directors is authorized to make changes to the contract renewal for the Executive Vice President that were discussed in detail in the Executive Session. If there are no substantial changes to the contract other than the ones discussed, she is authorized to execute the contract with the EVP on behalf of the Board of Directors for a term not to exceed six years".** c. Prioritization of Services. Mr. Smith shared his plan as to how to receive more feedback on the matrix of 25 services of the MMA. He will share the matrix with the top 150 engaged members of the association for consideration with relatedness to the MMA mission and the value to them and/or their practice. The second group selected will be a random group of 200 physicians (this is a higher number to avoid any chance of duplicates). This will present the opportunity to view any difference the rank and file members of the association versus board members. These physicians will have an opportunity to complete the survey on paper or electronically.	**A motion made to change the draw down from $32,500 to $30,000. The motion was seconded and approved. A motion was made to accept and move the proposed 2014 budget for a vote at the General Membership meeting at the Annual Session. The motion was seconded and approved.** **Motion on Executive Vice Contract so noted.** **Board members asked to review attached proposed letter to the physicians and to report any recommended changes to Mr. Smith.**

Topic	Discussion	Action
	d. Representation for MHA Board. Mr. Smith opened discussion on how to select two physicians from the MMA Board to represent MMA at two MHA board meetings over the next year as part of the exchange of physician board members with MHA. Is there a benefit to continuity of representation or differentiation of representation? It was noted that Dr. Stephen Diaz is a member on the MHA board and he will be consulted for his opinion. Dr. Pattavina noted of importance the representatives reporting back on the content of the meetings. e. Choosing Wisely Initiative. The list of the Top 7 Things Physicians and Patients Should Question was shared and discussed. This is a top focus of medical societies and a national movement that will be shared with medical offices and patients. Dr. Kreckel noted that these seven are just the beginning of a much larger list.	**Mr. Smith to contact Dr. Diaz.**
7. Leadership Reports	a. President: Dr. Kreckel. The June AMA meeting in Chicago was a successful and informative meeting. Dr. Kreckel deferred to Dr. Gleaton AMA Delegate for more details. Dr. Gleaton noted areas of interest –consideration of continuation of the AMA Interim meeting involving Mr. Smith and other executives across the country (coming down to another study). Other areas of interest: addition of a women's physician section, to have bylaws on a senior section, discussion of costs associated with EMR and ICD10 for those in private practice, discussion of the large sums of money physicians must spend to maintain their certification with a study to be completed and referred back to the Board; work on an education piece on student loan interest rates. The AMA Public Health section did propose that obesity is a disease and the members of the HOD agreed. b. President-elect: Dr. Raymond. Dr. Raymond encouraged each Board member to read ***Road to Relevance*** noting its the prioritization exercise the Board is engaged in. c. Board chair: Lisa Ryan, DO. Dr. Ryan noted the Physician Leadership Academy at the Kellogg School at Northwestern, was a very successful educational conference.	**MMA to purchase additional Road to Relevance books. Copies will be circulated to Board members.**
8. EVP Report; Gordon Smith	a. EVP Report. Attached for FYI. b. Annual Session. 1. Sam Surprise Video Interviews. Interviews continue. 2. Cushman Award. Mr. Smith would like authorization for Dr. Mutty to chair a small subcommittee for consideration of two nominations for the domestic award for 2013. Board members in support. 3. Recognition of Hanley Fellows. Mr. Smith would like to recognize physicians of the Hanley PELI and possibly the Health Leadership Development (HLD) course by inviting them to the Anniversary Gala Dinner event on Saturday, October 5. The cost of the dinner is $80, thus roughly a total cost of $5,000. The Board members supported seeking a sponsor for the $5,000. If a sponsorship is not attainable, invitation would be extended at their own expense. 4. Marketing of meeting. Mr. Smith encouraged all Board members to be focused on marketing of this meeting and to bring both members and enthusiasm to the meeting. Ideas shared – if you have a relationship with a vendor encourage them to exhibit or donate to the Silent Auction (great cause as funds are for medical student	**Executive Conference Call to be scheduled in September to discuss results of Cushman Award subcommittee recommendations.** **Highest priority is marketing of this program. Board Members**

Topic	Discussion	Action
	scholarships). In 2003 we raised $10,000. Recruit at least one physician to attend at least a portion of the Annual Session. 5. Hosting of guests. It is expected we will have many guests attending from both the Congressional delegation or other state medical societies. Steven Stack, MD, Immediate Past Chair of the Board of Trustees of the AMA has confirmed attendance. 6. Nominating Committee. Mr. Smith has been in contact with Dr. Lash although a meeting has not yet been conducted. Drs. Pattavina and Evans have agreed to be nominated for their continuing AMA roles. A Nominating Committee report to be presented on the next Executive Committee Conference call in September. c. Interim studies authorized by the Legislature; Ms. Barnard. Work has started on the study of health system financing and transparency of cost of services to patients with MMA recommending names of physician participants to the Speaker of the House. A study on overseeing the health insurance exchange; a study of cancer in Maine will involve two or more physicians; and a study on stimulant prescription drugs prescribed to children. Payment Reform Grant event with Jay Want, MD is to be held Tuesday, August 14 from 6-8 pm at MMA. Participation is available via WebEx. d. Aroostook County Medical Society. The funds of $58,000 are now in a local Key Bank account with Mr. Smith and Ms. Lukas as signatories. These funds are for medical scholarships for students from Aroostook County. Aroostook County Medical Society does plan to meet once a year.	**encouraged to support MMA will all aspects of marketing this meeting.**
	e. Maine Rx card. This new royalty program is already showing its value to MMA with $100 in income for May. f. Annual Golf Tournament and 2013 Practice Education Seminar. The Golf Tournament netted about $2,000 which goes to the MMET scholarship fund. PES was a successful program although the finances have not yet been finalized. In future planning for the 2014 program, MMA will seek speakers who do not request an honorarium. Two speakers this year received an honorarium, representing a total cost of $3200, which represented most of the net income. g. SIM Grant Steering Committee. Mr. Smith noted that Dr. Noah Nesin is our representative with Dr. Flanigan as chair. A special thank you to the Kreckel's for their hospitality in opening their home to the MMA Board.	**Encourage members to read all materials.**
9. Other Business	Meeting evaluation results on a scale of 1 to 10. (1 being the Worst and 10 being the Best) 7 – 7 votes 8 – 7 votes 9 – 1 vote AVERAGE = 7.60	
10. Adjourn	Meeting adjourned at 6:15 pm. **NEXT MEETING: FRIDAY, OCTOBER, 4, 2013 MMC – BRIGHTON CAMPUS TOURS 8:30 AM – MEETING 10 AM**	

Maine Medical Association
Resolution RE: Prohibiting Tobacco Sales in Health Care Settings
Submitted by the MMA Public Health Committee

WHEREAS, by selling tobacco products, pharmacies and other settings providing health care services reinforce positive social perceptions of smoking, convey tacit approval of tobacco use, and send a message that it is not dangerous to smoke.[1] [2] Children and young people are particularly influenced by cues suggesting that smoking is acceptable;[3] and

WHEREAS, when pharmacies or health care providers sell tobacco products, it makes it harder for smokers to quit. Smokers attempting to quit are more successful when they turn to cessation aids such as nicotine replacement gum and "the patch"[4]— items often found side-by-side with tobacco products at the pharmacy checkout; and

WHEREAS, pharmacies that sell tobacco products also sell medicines to treat asthma, emphysema, heart disease, and cancer—illnesses caused or made worse by tobacco use.[5] Health care providers are likewise reimbursed for treating such conditions and an increasing number of pharmacies seek to provide urgent and primary care medical services. The sale of both tobacco products and the medicines or services used to treat tobacco-related illnesses presents a troubling conflict of interest.

THEREFORE, BE IT RESOLVED that the Maine Medical Association oppose the sale of tobacco products in any setting where health care services are provided, including pharmacies; and

BE IT FURTHER RESOLVED that the MMA call upon pharmacies and any other entities that provide health care services and also sell tobacco products to voluntarily stop the sale of such products; and

BE IT FURTHER RESOLVED that the MMA join with the American Pharmacists Association, the American Medical Association and other state professional associations to support the enactment of state legislation and local ordinances prohibiting tobacco sales in drugstores, pharmacies and any location where health care services are provided.

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[1] Katz MH. 2008. "Banning Tobacco Sales in Pharmacies: The Right Prescription." Journal of the American Medical
Association, 300(12):1451-1453

[2] Hudmon KS, Fenlon CM, and Corelli RL. 2006. "Tobacco Sales in Pharmacies: Time to Quit." Tobacco Control, 15(1): 35-38.

[3] DiFranza JR, Wellman RJ, Sargent JD, et al. 2006. "Tobacco Promotion and the Initiation of Tobacco Use: Assessing the Evidence for Causality." Pediatrics, 117(6):e1237-e1248.

[4] Stead LF, Perera R, Bullen C, et al. 2012. "Nicotine Replacement Therapy for Smoking Cessation." Cochrane Database of Systematic Reviews, 11: CD000146.

[5] Katz, supra note 1.

Maine Medical Association
Resolution RE: Supporting an Evidence-Basis for Public Health Policy
Submitted by the MMA Public Health Committee

WHEREAS, the news media and the Internet are filled with recommendations for the use of various products or actions to preserve health or relieve symptoms that are not supported by peer-reviewed scientific research; and

WHEREAS, the general public may be advised to avoid healthy actions, such as preventive immunizations or the use of seat belts, based on rumors or non-scientific information; and

WHEREAS, policy-makers in the State do not always have complete information regarding the efficacy of certain treatments, products or actions; and

WHEREAS, the general public looks to the State legislature, agencies and other policy-makers to set polies that protect public health; and

WHEREAS, without having an adequate evidentiary basis, the public health policies of the State may lose impact, confuse or mislead the public

NOW, THEREFORE, BE IT RESOLVED that the MMA assess the evidence-basis behind recommended public health policies as a top priority in determining support or opposition; and

BE IT FURTHER RESOLVED that the MMA educate policy-makers, patients and the general public about the value of evidence-based policies and the danger of basing public health policy on rumor, anecdote or non-scientific information.

Maine Medical Association
Resolution RE: Bicycle Safety & Funding
Submitted by MMA Public Health Committee

WHEREAS, bicycling and walking are healthful activities that can improve cardiovascular health, reduce obesity and build fitness; and

WHEREAS, according to the latest data from the US Department of Transportation, 677 cyclists across the country were killed and an additional 48,000 were injured in motor vehicle traffic crashes in 2011; this accounts for 2 percent of all motor vehicle traffic fatalities[1]; and

WHEREAS, there were also a total of 4,432 pedestrian fatalities in 2011, and an estimated 69,000 pedestrians were injured; 11,000 of those injured were age 14 and younger[2]; and

WHEREAS, in Maine, between 2006 and 2010 there were 916 injury crashes involving bicycles and vehicles and 9 fatal crashes as well as 1,226 injury crashes and 56 fatal crashes involving pedestrians and vehicles[3]; there have been several highly publicized incidents in Maine this year, including a fatal bike accident during the 2013 Trek Across Maine;[4] and

WHEREAS, bicyclists, pedestrians and automobile drivers all share responsibility for following traffic safety precautions such as appropriately following traffic signals and yielding; misunderstanding of the laws and failing to follow basic safety precautions result in numerous accidents and injuries[5]; and

WHEREAS, bicycle and pedestrian safety training is important in reducing injuries and deaths, particularly in urban areas where increasing numbers of individuals commute to work and school by bicycle or on foot; and

WHEREAS, bicycle paths and lanes and walking paths and trails promote healthy behavior and can also increase the safety of these activities;

THEREFORE, BE IT RESOLVED THAT the Maine Medical Association will support public policy measures that increase safety for bicyclists and pedestrians; and

BE IT FURTHER RESOLVED THAT the MMA will promote and defend funding for bicycle lanes and pedestrian paths, and

BE IT FURTHER RESOLVED THAT the MMA will support and promote bicycle and pedestrian safety training that educates bicyclists, pedestrians and motorists on the safe use of transportation infrastructure to improve safety and reduce injuries and deaths.

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[1] http://www-nrd.nhtsa.dot.gov/Pubs/811743.pdf
[2] http://www-nrd.nhtsa.dot.gov/pubs/811767.pdf
[3] http://www.maine.gov/mdot/traffic/documents/pdf/crashrecords/currentPeds_BikesPublication06-10.pdf
[4] http://www.onlinesentinel.com/news/Trek-Across-Maine-cyclist-killed-in-tractor-trailer-accident-Friday.html
[5] http://www.nhtsa.gov/nhtsa/whatsup/tea21/tea21programs/pages/PedBikeSafety.htm

Maine Medical Association

Resolution RE: Updating MMA Poll on Physicians' Opinions about Healthcare Reform

Submitted by Jim Maier, MD, Julie Pease, MD & Janis Petzel, MD

WHEREAS, Physician's opinions individually and collectively as the voice their state medical societies can and should have an important contribution to the current healthcare debate; physicians' influence as educated and trusted authorities on what constitutes best medical care is valued; and

WHEREAS, A survey conducted of Maine Medical Association members by a professional polling organization five year ago revealed that when asked "When considering the topic of health care reform, would you prefer to make improvements to the current public/private system or a single-payer system such as a 'Medicare for all' approach?," 52.3 % indicated that that they would prefer the latter; and

WHEREAS, Many physicians voice growing dissatisfaction and frustration with interference in their practice lives and compromise of care for their patients imposed by health care insurers; it is therefore likely that an even larger percentage of members are now convinced that innovative attempts by various states to create a single-payer health care system are the way forward; and

WHEREAS, Recent news of major health systems in Maine terminating staff and cutting services brings home the recognition that our current system is unsustainable; and

WHEREAS, Comparative research of healthcare systems in other countries with varying mechanisms for insuring all citizens (T.R.Reid's "The Healing of America" is one compelling source) highlights the fact that better care---as measured by many metrics such as life expectancy, infant mortality, and preventable deaths--- can be offered at lower per capita cost, lower percentage of GDP and with far less administrative waste; and

WHEREAS, An updated survey demonstrating a marked increase in MMA members favoring some form of single-payer system for providing healthcare for our state could influence the media and public to lend greater credibility to this option, and elevate the level of a national and state debate on healthcare reform;

THEREFORE BE IT RESOLVED, That MMA should repeat a survey of members on their current attitudes and opinions about the directions which reform of our current healthcare system should take, using the same or comparable wording of questions from 2008 and statistically valid methodology to increase the comparative value of results, and

BE IT FURTHER RESOLVED, That MMA disseminate results of the updated survey to media, the public and other state medical societies with encouragement to conduct their own such polling and media campaigns.

Maine Medical Association
Resolution RE: Proposed Tar Sands Pipeline
Submitted by the MMA Public Health Committee

WHEREAS, tar sands oil, or diluted bitumen, is a highly toxic substance and could pose serious health risks to people in Maine – from pipeline ruptures and accidents, tanker spills in Casco Bay, and local air quality impacts in South Portland; and

WHEREAS, the exact chemical composition of the diluents used to make tar sands oil transportable through a pipeline is considered proprietary information companies guard even from regulatory entities, leaving them unprepared to protect public health in the event of a tar sands spill; and

WHEREAS, diluted bitumen contains significant quantities of toxins, such as benzene, polynuclear aromatic hydrocarbons, and n-hexane, which can affect the central nervous system, as well as toxins that can accumulate in the environment and food chain, such as nickel, arsenic, and other heavy metals that do not biodegrade;[11] and

WHEREAS, these chemical compounds can cause a variety of significant human health problems including, but not limited to, breathing difficulty, dizziness, damage to the central nervous system, coma, cancer, and death;[12] in the aftermath of a tar sands oil spill in Michigan's Kalamazoo River, a government study found that nearly 60 percent of individuals living nearby experienced respiratory, gastrointestinal, and neurological symptoms consistent with acute exposure to benzene and other petroleum related chemicals;[13] and five months after the latest tar sands spill in Mayflower, Arkansas, many people have continued to suffer from dizziness, headaches, nausea and vomiting;[14] and

WHEREAS, the Portland-Montreal Pipe Line passes through numerous Maine towns, such as Waterford, Casco, Raymond, Windham, and South Portland, and through the entire Sebago Lake watershed, including crossing under a cove of the lake itself; and

WHEREAS, the Portland Pipe Line Corporation (PPLC), which operates the pipeline, received permits from the City of South Portland (since expired) and Maine Department of Environmental Protection (still active) in 2008 and 2009, respectively, to reverse the flow of the pipeline to transport diluted bitumen to South Portland for export; in an August 2012 letter, the PPLC asked the Maine DEP to extend its air quality license for the reversal project, stating, "To date PPLC has not commenced construction of the project [Vapor Combustion Units and other infrastructure in South Portland to facilitate the reversal] due, in part, to market factors. …However, it is still possible that market conditions will develop such that

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[11] Imperial Oil, Material Safety Data Sheet, DILBIT, 27 September 2002; and U.S. Dept. of State, Draft Supplemental EIS Keystone XL Project, March 2013, 4.13-26.
[12] Ibid.
[13] Michigan Department of Community Health, *Acute Health Effects of the Enbridge Oil Spill*, November 2010, p. 4.
[14] Elizabeth McGowan, "Five Months After Oil Spill, Mayflower Residents Offered Free Health Assessments," *InsideClimate News*, 4 September 2013.

PPLC decides to undertake the pipeline reversal project....;"[15] and PPLC CEO Larry Wilson told the Vermont Legislature earlier this year that his company is "aggressively looking at every opportunity" to reverse the pipeline;[16] and

WHEREAS, a rupture of the 63-year-old Portland-Montreal pipeline would send benzene and other hazardous chemicals, used to dilute the tar sands, into the air and water; and

WHEREAS, such spills are nearly impossible to clean up since the heavy tar sands tend to sink in water, leaving the tools used to clean up conventional oil spills practically useless;[17] if a tar sands spill contaminated Maine's drinking water supply, the public health implications could be dire, particularly because Sebago Lake is the source of drinking water for the greater Portland area; and

WHEREAS, in addition, the PPLC's now-expired permit from the City of South Portland for the reversal project included constructing two 70-foot-tall Vapor Combustion Units on Pier 2 in South Portland to burn off chemicals before the tar sands oil is loaded onto tankers for export; the resulting emissions, Volatile Organic Compounds and hazardous air pollutants, would contribute to respiratory and cardiovascular problems, including asthma attacks and heart attacks, as well as cancer;[18]

WHEREAS, no method used to transport petroleum products is safe, however, the MMA's mission includes to "promote the health of all Maine citizens" and cannot support a method with likely health risks;

THEREFORE BE IT RESOLVED that the Maine Medical Association will educate its members about the potential health impacts of the use of the Portland-Montreal Pipe Line for transporting tar sands oil, or diluted bitumen, including health impacts that could be caused from a spill or from storing tar sands at tank farms in South Portland before export; and

THEREFORE BE IT RESOLVED that the Maine Medical Association urge United States Secretary of State John Kerry to require a new Presidential Permit and to conduct a thorough Environmental Impact Statement before allowing tar sands to flow through the pipeline; and

THEREFORE BE IT RESOLVED that the Maine Medical Association send a copy of this Policy to the United States President, Maine's Congressional Delegation, Governor Paul LePage and the Leadership of the Maine Legislature.

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[15] Letter from Kenneth Brown, Engineering Manager, Portland Pipeline Corporation, to Lynn Cornfield, Bureau of Air Quality, Maine Department of Environmental Protection, Requesting An Additional Extension of Chapter 115 Air Emissions License Time for Construction of Pipeline Reversal Project, 6 August 2012.

[16] Portland Pipeline Corp. CEO Larry Wilson before the House Fish, Wildlife, and Water Resources Committee of the Vermont State Legislature, 18 February 2013.

[17] Cornell University, Global Labor Institute, *The Impact of Tar Sands Pipeline Spills on Employment and the Economy*, March 2012.

[18] Testimony of John Chandler, Board Member of the American Lung Association of Northern New England, before the South Portland City Council, 19 August 2013.

Maine Medical Association

Resolution RE: Endorsement of the ABIM Foundation Choosing Wisely Initiative

Submitted by Lisa Letourneau, MD, Maine Quality Counts & A. Jan Berlin, MD

WHEREAS, U.S. health care costs are the highest in the world, with total health care spending in 2012 at $2.8 trillion, approaching 18% of U.S. Gross Domestic Product and spending more than 1.5 times that of the next most expensive developed country, and

WHEREAS, the rising cost of care is a threat to the sustainability of both American health care and the U.S. economy, and

WHEREAS, U.S. health care spending is estimated to include up to 30% of wasteful spending through unnecessary and repeated diagnostic tests, treatments, and

WHEREAS, over-testing and over-treatment are documented to cause patient harm and increase the costs of care, and often occur in spite of the intentions and desires of physicians, and

WHEREAS, a consortium of medical groups led by the nonprofit American Board of Internal Medicine (ABIM) Foundation, has identified a wide range of recommendations regarding commonly overused tests and treatments, collectively termed "Choosing Wisely®", and

WHEREAS, Choosing Wisely is an initiative of the ABIM Foundation and a multi-year effort to help physicians and patients engage in conversations to reduce overuse of tests and procedures, and support physician efforts to help patients make smart and effective care choices and help physicians be better stewards of finite health care resources, and

WHEREAS, the Choosing Wisely campaign has gained national recognition as a physician-led initiative to engage patients and help avoid unnecessary and avoidable medical testing and care, and now includes over 50 medical specialty organizations that have each identified five tests or procedures commonly used in their field whose necessity should be questioned and discussed, and

WHEREAS, Maine Quality Counts is leading a multi-stakeholder effort to promote the Choosing Wisely campaign in Maine to promote provider-patient conversations on avoiding unnecessary and avoidable medical testing and care;

THEREFORE BE IT RESOLVED THAT the Maine Medical Association endorse the ABIM Foundation Choosing Wisely initiative, together with multiple physician associations and medical societies, to help disseminate information and education to patients and health care providers to make wise decisions about the use of expensive health care resources, by:

- **Actively participating in the Choosing Wisely in Maine campaign led by Maine Quality Counts**

- **Disseminating information on the Choosing Wisely initiative to its members through regular communication, messaging, and education**

- **Forwarding information on Choosing Wisely to physician professional associations for consideration, endorsement, and action**

- **Encouraging the Maine chapters of specialty societies to join their national specialty societies in endorsing the Choosing Wisely campaign and its recommendations for tests and procedures whose necessity should be questioned and discussed by Maine physicians and their patients**

- **Urging other partners such as employers, commercial payers, hospitals, and health systems to endorse this effort and communicate its messaging to their members**

Report to Maine Medical Association Board of Directors

From: Gordon H. Smith, Esq., Executive Vice President

Date: Sept. 22, 2013

It does not seem possible that it was way back on August 7 that we gathered at Dieter and Jennifer's home for business and a terrific dinner (thanks again to the Kreckels!). We have been very busy since, primarily getting ready for the upcoming Annual Session but since Labor Day, the pace has picked up in a number of areas which was to be expected. What follows is an update on various items of current interest with the hope that we can focus our Oct. 4 meeting on the strategy and the topics identified by the Executive Committee as priority issues, rather than just repeating what I have included below.

Before proceeding with the items, I should probably note that after a brief discussion and a modest language change in the contract regarding the timing of any sabbatical, Dr. Ryan and I have signed the contract continuing my EVP role for six more years, beginning Jan. 1, 2014. I thank you all for your support and confidence in me and our entire team.

INTERNAL

1. Oct. 4 Board Meeting. The Friday, Oct. 4 Board meeting which will kick off the Annual Session for most of you will begin at 8:30am at the Brighton campus of the Maine Medical Center (on Brighton Ave.). We will begin the meeting with the same tour of the Simulation Lab that is being offered to Annual Session attendees in the afternoon (we will be breaking up into two or three groups). You should proceed to the third floor of the building where the Lab is located and we will have our business meeting following the tour in a classroom right at the Center. Both the classroom and the Lab are easy to find on the third floor. We anticipate the business meeting beginning about 10:00am and we will finish in time to get you back to the Holiday Inn by the Bay by 12:30 for lunch. The Keynote talk by Dr. Edison Liu of Jackson Lab begins promptly at 1:15 at the Holiday Inn by the Bay.
   At the beginning of the business meeting around 10:00am, we will be joined briefly by the President of the Maine Senate, Justin Alfond and the Speaker of the Maine House, Mark Eves. As neither Justin nor Mark are able to attend the Saturday night Anniversary Gala, they wanted to show their support by speaking briefly to the Board on Friday morning. We look forward to hosting them.

2. Annual Session. Virtually all of the MMA staff is engaged in some way with the preparations for the upcoming meeting. Given the location in Portland and the variance from our traditional Sept. date, we are finding both advantages and disadvantages of the dates and venue. A number of people who would like to attend have unavoidable conflicts, particularly parents' weekend at colleges (Angus King and the McDermotts), specialty society meetings nationally (Sam Solish, M.D. and Brian Jumper, M.D.) and call obligations (Mark McAllister, M.D. and others). Nonetheless, the Portland location makes it possible to attract a number of members (including residents) who can attend some or all of the program without the expense of an overnight stay. The attendance for the Anniversary Gala on Saturday night is looking pretty good (I think between 200 and 300 when we get done) but the registration for the CME portion of the meeting, beginning with Dr. Liu's keynote talk is very weak. Weaker even than our usual attendance in Bar Harbor. We hope this will pick up over the next 10 days (some of you have not yet registered) and we will continue to market the meeting, targeting those members who are close enough to attend without an overnight stay.
   We have committed additional resources to marketing the meeting and here is a list of some of the things we have done:
   - E-mail through Constant Contact to remind members and non-members of the meeting content and of the deadlines for rooms and registration.
   - Letter from myself and Dr. Kreckel to all past presidents.
   - Letter to all hospital CEO's from myself and Dr. Kreckel.
   - Communications to specialty societies and medical staffs.

- Continual promotion in the Weekly Update, highlighting events/talks as they are added such as the talk by author Annette Dorey Sunday morning with Richie Kahn. Annette recently wrote a book on the early female physicians in the state and will be a perfect partner for Dr. Kahn's talk on the history of medicine in Maine (covering roughly 200 years) scheduled for Sunday morning.

We will continue to market to all physicians and corporate affiliates this coming week. Please do what you can to spread the word. I am currently in Bar Harbor at the ophthalmology meeting and found four persons here who now likely will attend our meeting. They simply needed to be informed and asked. While we are marketing more and more through social media, you really can't beat the old fashioned approach of informing people of the meeting and personally inviting them.

3. Annual Session Sponsorships. Because we have gone to additional expense to make this Anniversary meeting (and Gala) something more than just another annual meeting, we have raised additional funds from sponsors to help pay for it. The additional expenses include:
The rental of the Portland Museum of Art

   The Saturday evening band (Bob Charest band)

   The updating of the video

   The printing of the 50 page program for Saturday evening

   Retaining Surprise Advertising to assist with the video production and the preparation of the printed program

   The cash prizes for the winners of the resident's competition on Saturday afternoon

   The use of Headlight Audio Visual for CME presentations and Saturday night Gala

   While some of these costs can be accurately estimated (band, prizes, contract for audio visual, rental of museum), the video and program and work related to them is somewhat variable depending upon graphics design surrounding the ads in the printed program and the number of hours of filing, editing of the video. But I felt that we needed to raise at least $50,000 over and above what we would normally have available from exhibitors etc. And as of this morning, we have raised somewhat over this amount, with major support coming from Spectrum ($7500), AARP ($5000), RBC Wealth Management ($5000) and several $2500 sponsorships (Central Maine Orthopedics, Harvard Pilgrim) and Norman Hansen & Detroy) and many $1000 ads in the program. While it has been a lot of work soliciting the support, the results have been gratifying. Thanks to all of you who have assisted with the solicitations.

4. Annual Session Guests. One of the highlights of the Annual Session is the opportunity to host some state dignitaries and several out-of-state guests. Of course some, some guests such as Terri Marchiori (AMA) and Brent have become regulars and hardly need any hosting. But we will have with us other guests from New Hampshire, Vermont, Massachusetts and Ohio that will need to be hosted and several of you have been given those assignments. The immediate past Board Chair of the AMA, Steven Stack, M.D. will be with us most of the meeting. He is a terrific young man and is expected to run for AMA President-elect in 2014. Please make it a point to meet him and I think you will be impressed. Originally from Ohio, Steve now practices emergency medicine in Kentucky. We also expect some members of the Congressional delegation to stop by and we will make accommodations for that. The Governor was invited but declined, as did Senator King as noted above as he and Mary will be attending their daughter Molly's parent's weekend at St. Lawrence University. We are likely to see Rep. Pingree and are still waiting on Rep. Michaud and Sen. Collins. It is not at all unusual to hear from them the last minute, which is understandable.

5. Membership. The August membership report was e-mailed to you in early September. While we only had four new active members, we did add 140 medical students at UNE putting our overall membership over 4000 for the first time. We will have about a half dozen new active members in September. More significantly, we hope to hear from Maine Chest Medicine on our group offer and we have received a commitment from Central Maine Medical Group (CMMG) through its President, Richard Goldstein, M.D., to pay MMA dues for all the employed

physicians in the group (over 200) in 2014. We have been working on this one a long time and Dr. Goldstein's arrival has been the one factor that has put us over the top. We are in the process of obtaining the list of all the employed physicians. We will then review the list to determine those physicians who are already in our membership and will prepare a communication to the rest. Until I see the list and analysis, I am hesitant to estimate what the upside potential is. But it is very significant and could result in us reviewing the total dues amount expected in 2014 in the proposed budget. Once we implement CMMG into the group program, we would have all the major systems except for Eastern Maine Medical Center. But our relationships are strong there through our bylaws work and other activities so we will try to get an offer in front of them as well, at an appropriate time. We do have good support there from the relatively new Medical Staff President Ashley Robinson, M.D. A new face to us, Deanna Dorsey, M.D., the new Medical Staff Vice President, has also recently joined (at my urging as she chairs the bylaw committee that I meet with monthly). Deanna is an anesthesiologist.

6. Dues and other financial issues. Heidi will have the financials for August and some preliminary numbers from September for the Oct 4 Board meeting. All I can add at this point is that all of the groups have paid dues for this year except for Mercy, Central Maine Medical Group and Pen Bay and we have been promised checks from all three soon. So the real challenge is to collect from those individual members who have not yet paid despite three invoices. While I may not be completely up to date, I believe there are about 100 such members delinquent in their dues, with the total amount owed nearly $50,000. As we have been somewhat short-handed and focused on Annual Session, we have not been as diligent getting at this as we would normally be. I think we can do our usual communications in Oct. and collect a good chunk of this. I would consider half of it pretty good as most of the amounts owed are full dues of $480. I will not have an opinion on whether we can reach the goal in the budget ($615,000) until I see the August and Sept financials. But I will give you my opinion on that on Oct. 4.

   The pilot membership project for the FQHC's is going well and we have added the Portland Community Health Center so will have eight going forward into the second year which begins Oct. 1. I think all of the Centers are very satisfied with the arrangement over the first year.

   Beyond the dues, I think all of the other revenue and expense categories are within budget with the exception of seminar expenses. Peer review has picked up since the summer and we are doing a new $10,000 annual contract with Millinocket Hospital which will result in a review of all its services over a two year period. Really could use more of those types of arrangements. Even with that, I believe we will be short of the very aggressive goal of $115,000 in peer review revenue in 2013. But peer review is one of those categories where if the revenue is down, the expense category will be reduced as well acting as a bit of an offset. The miscellaneous category which includes contract reviews and ad hoc medical staff bylaws work will be over budget on the revenue side as we have had quite a bit of business in that area. I am currently working on three sets of medical staff bylaws, not including our regular monthly bylaws work at CMMC and EMMC. The Annual Session budget will be significantly over budget in both revenue and expenses (see discussion of sponsorships above) but so long as the expenses don't exceed the revenue I would not see reason for concern. It is a unique year given the location and the anniversary Gala. All in all, I think the budget is likely to be in balance by the end of the year unless we are unsuccessful in collecting a good portion of the still delinquent dues noted above.

7. Grants. Two of our MeHAF grants are expiring this year and a new opportunity to work in the same area of ACA outreach and regulatory advocacy exists with a deadline for grant applications of this coming Tuesday, Sept. 24. Jessa is working hard with some assistance from our grant staff to submit proposals for two grants. If these are successful and the payment reform grant is renewed (a very likely result) our revenue from MeHAF grants in 2014 would be greater than anticipated and included in the 2014 budget. These grants would go through the MMET and copies of the applications will be shared with the MMET trustees.

8. Roof repairs. We are expecting a final quote from a roofer tomorrow that will allow us to move forward with repairs and new shingles on the front half of the Stred Building. It is in rough shape and we need to get it done before winter. We have $10,000 in the budget for major repairs this year and we reserved another $10,000 for

major repairs in 2012 (which was not spent) and these funds will be more than enough to take care of the project which was approved by the Executive Committee earlier this month.

9. Staffing. We continue to operate without filling the position formerly held by Maureen Elwell. We also have gotten through most all of Andy's sabbatical as he is back Sept. 30. My own sense was that July and August were not too bad but it has been a struggle since Labor Day. But this issue does not occur very often and I am glad Andy had a chance to take a break. When he is back next week and we get through Annual Session, the management team will get together and review our staffing needs for 2014. If we feel that we need more staff than is budgeted in the proposed 2014 budget, we will let you know.

10. Royalties. We have recently added some relationships which will produce unexpected revenue in 2014. We launch the MaineRX card on this coming Tuesday. The Maine RX card is a free statewide prescription assistance program that offers free drug cards to all Maine residents. The program provides discounts on both brand name and generic medications with an average savings of up to 30%. The program has no restrictions to membership, no income requirements, no age limitations and there are no applications to fill out. Everyone is eligible to receive savings although the major benefit is to uninsured and also underinsured residents, persons who have health insurance coverage with no prescription benefit or those with very high deductibles. We will do some marketing of the card in our regular communications and provide a simple link from our website to the mainerxcard site where a card can be printed out. We will also have laminated cards that can be distributed to physician offices. Many offices already have the card and we have been receiving a nearly $800 per month royalty for the use of the cards before even launching the initiative. The New Hampshire Medical Society is receiving about $20,000 yearly from the card after a couple years with it. We also have entered into an enhanced but non-exclusive relationship with BayState Financial which is similar to the arrangement they have with the Massachusetts Medical Society and which will result in an additional $4000 royalty for MMA in 2014. These two arrangements will allow us to increase our anticipated royalty revenue in next year's budget. I also have a proposal on my desk from W.B. Mason which would provide additional revenue (3% of new accounts) if we were to exclusively endorse the company for office supplies but we currently still have a relationship with Office Max, due to be merged with Office Depot in January so we will have to get some guidance from the Committee on Membership and Member benefits on this one.

    While I generally do not feel that these types of arrangements are things we should spend our time on, the ones that produce real revenue and are simply extensions of our existing corporate affiliate program are no brainers. But do recall that the royalty arrangements received the lowest rankings from the Board in our prioritization exercise in January. I think we do understand that physicians do not join MMA in order to get discounts on products and services. This is a good segue to the next item.

11. Prioritization Project. This item has been included as a priority for the Oct. 4 meeting so I will be brief. We did, as instructed, send out the survey with instructions to 150 of our most active members and to over 150 additional members selected at random. Most were sent out by e-mail, some were sent out by mail. As of today, only about 30 have been returned, which is certainly disappointing. But I think we will get some input from the Board before deciding whether to send reminders, select additional members to receive the survey or just leave it with where we are now.

12. Outreach. We continue our attempts to get out to medical staffs, specialty societies, group practices and other places where physicians gather. Since our August Board meeting, I have been to medical staffs in Sanford, Pittsfield, Lewiston, and Dover-Foxcroft and have upcoming presentations at Skowhegan, Augusta and Rumford. Specialty society meetings have included emergency physicians and anesthesiologists and I present to the Maine Chapter of the American College of Physicians this coming Friday in Bar Harbor. There are four specialty societies meeting in conjunction with our upcoming meeting including radiology, urology, psychiatry and orthopedic surgery. All these meetings take place on Saturday, Oct 5th but we are in hopes that a number of the attendees will attend some or all of our meeting and the Saturday evening dinner.

13. Education. We have two more First Friday presentations being held this year, the November program being the Annual Compliance Seminar and the December program

14. Focusing on the topic of Transparency, Accountability and Public Reporting. We had 26 people registered for the September program on Risk Management. We will announce the 2014 programming soon and have already announced the date of the Annual Practice Education Seminar which will be Wednesday, June 18.

EXTERNAL

15. State Legislative issues. Tomorrow, two significant legislatively created groups meet. The first is the Maine Health Exchange Advisory Committee which was established to advise the Legislature regarding the interests of individuals and employers with respect to the health benefit exchange. I was appointed to this Committee, as a representative of health care providers, by House Speaker Mark Eves. Meetings will be held monthly. The second Committee is made up solely of legislators and will address the issue of transparency of hospital pricing. We will report on the work of both groups in the Weekly Update.

16. Legislative Cloture. This coming Friday is the deadline for submitting legislation for the Second Regular Session. We are working on necessary adjustments to two different laws enacted last session, the first our own truth in advertising bill, L.D. 727 and the second L.D. 990 An Act to Require Disclosure of Health Care Prices. Each needs a little work and we will provide you with the details of our adjustments (copies of the drafts) on the 4th.

17. Medicaid Expansion. We continue to participate actively in the coalition of organizations seeking to get legislative approval of the acceptance of the federal funds allowing for coverage of the nearly 70,000 Mainers who would be eligible for coverage under the provisions of the ACA. I also was invited to testify to the Commission examining this issue in New Hampshire and did so, with the blessing of the New Hampshire Medical Society. My purpose was not to address the situation in New Hampshire but rather to discuss the situation and circumstances in Maine as members of the Commission had received a good deal of misleading information about the Legislature's failure to approve the expansion here. My written submission to the Commission will be part of our meeting packet but most of my comments over the 45 minutes were extemporaneous and in response to questions. We are currently preparing an op ed piece for Drs. Ryan and Kreckel to submit to the Lewiston Sun Journal in response to some op ed pieces published. We may also do some advocacy at the Annual Meeting on this topic through the presence of AMA immediate board chair Steve Stack and an AARP national Board member.

18. Medicare Payment Reform (SGR). We continue to work with the AMA, national medical specialty societies and Maine's Congressional Delegation toward the goal of permanently repealing the sustainable growth rate formula which, without repeal or at least another delay, will result in a reduction of 24 % in physician payments under Medicare on Jan. 1, 2014. We have been down this road before.

19. MMA Family. As my last item I want to update you on the status of some members of the MMA family.

- Former President Ulrich Jacobson, M.D. has been transferred from a rehab facility to the Maine Veterans Home. He is still unable to speak but is otherwise alert and receiving visitors.
- I am sorry to report that Jack and Margie McGill have shared with me that Jack's daughter Laura has lost her life long battle with Lupus and died over the summer. She was in her early 30's. Jack will be unable to join us for the Annual Meeting but wanted me to share this sad news with you.
- I previously had reported on the death from colon cancer of former President Craig Young, M.D. At the ophthalmology meeting this weekend, I was able to personally convey our condolences to his son Curt who is carrying on Craig's practice. Our MMEF gave Curt considerable support during his medical school years.
- Board Chair Lisa Ryan just recently was in Florida to assist her mom who unexpectedly had complications from a heart procedure and was gravely ill. Lisa is back home now and closely monitoring the situation in Florida.

That's enough for now. I look forward to seeing you all in just two weeks.

Annual Report to Membership of the Executive Vice President

October 5, 2013

It is my pleasure to present this report of MMA activities over the past thirteen months as I complete my 33rd year with the Association. We have had a good year since I prepared my report in early Sept., 2012. While we have our challenges, similar to those that virtually all membership organizations face in the current environment, we have been able to grow and meet these challenges with an experienced and very capable staff and an enthusiastic Board and leadership team. I want to thank President Dieter Kreckel, M.D., Board Chair Lisa Ryan, D.O. and all of the Board members for their leadership the past year and all of the MMA staff for their hard work and dedication to the Association and its members. Our work requires a team effort and we have a very good team. Dr. Kreckel has worked diligently and enthusiastically this year promoting the theme of physician engagement and professionalism. I am sure that he will continue that work as he remains on the Board in the role of immediate Past-President. And I have every confidence that in-coming President Guy Raymond, M.D. will effectively promote his theme and continue the tradition of strong volunteer leadership of this 160 year organization that has done so much for medicine and public health in the state.

As you have access to several other reports that touch on the past year's activities, I will try to avoid duplicating what has been shared by President Kreckel, committee chairs and staff reports such as the extensive reports on our legislative activities prepared by Andy MacLean, Esq. and Jessa Barnard, Esq. I also do not want to simply rehash the information we provide to members and their staffs each Monday in *Maine Medicine Weekly Update* and the materials in our quarterly publication, *Maine Medicine.* What I do want to share in this Annual Report is what I consider the highlights of the year and what some of the challenges are going forward. And I will segregate the topics into the general categories of internal activities and responses to external forces.

INTERNAL

We continue to grow the membership and meet our budget goals, as we also did in 2012. While we do have a fair amount of individual dues to collect in the last three months of the year, we have retained all the group memberships which now make up nearly sixty percent of the total dues-paying membership. We hope to be able to announce the addition of two new group members soon. We have also developed a new associate membership category, on a pilot basis, for small rural health centers with five or fewer physicians. This pilot now has eight health centers participating fully in MMA membership and receiving all of the services that MMA provides. Lisa Martin, our very capable membership coordinator, works closely with me on membership recruitment and retention and I appreciate her diligence and enthusiasm. We currently have the most members that MMA has ever had (over 4000 overall including nearly 2500 active members). But we continue to be challenged in dues collection and the amount of dues paid per physician has declined significantly the past few years because of the discounts offered to groups. We will be reviewing the current membership model at the President's Retreat in January. We are also challenged, in my opinion at least, by the general lack of engagement in the Association activities by the vast majority of members.

In noting that our budget is in reasonable shape, I want to acknowledge the important efforts of Finance Committee Chair Kevin Flanigan, M.D., Treasurer Michael Parker, M.D. and President-Elect Guy Raymond in working with Heidi, Andy and I to keep our budget in line and to keep our expectations realistic. Many thanks.

Our excellent staff remains stable with the exception of the departure of Maureen Elwell from the full-time staff. She continues to staff the Maine Chapter of the American College of Emergency Physicians and will assist MMA from time to time. We are on track to have a staff retreat before the end of the year that will focus on improving our internal

communications, staff assignments and other essential areas. As Deputy EVP and Chief Operating Officer, Andrew MacLean, Esq. has the primary responsibility for our staffing and facility needs which provides me with the opportunity to focus on a variety of other areas, including membership recruitment and retention, legal services and advocacy. Andy is just returning from a well-deserved three month sabbatical, earned after 15 years with MMA. Associate General Counsel Jessa Barnard, Esq., is completing her third year with MMA and has been a critically important addition to the MMA. Jessa handles our public health activities, manages most of our grants and provides advocacy and legal services. Our Finance Director Heidi Lukas, CPA, provides strong support for the human resources function in addition to managing the budget. This past year, Diane McMahon has taken on more responsibility for both staff schedules and facility management, in addition to her primary responsibility of governance support. We have re-established her as the Office Manager. Shirley Goggin took on responsibility the past two years for the website re-design which complemented her existing work on publications. She also continues her exceptional staffing of the Maine Society of Eye Physicians and Surgeons and the annual Downeast Ophthalmology Symposium which recently completed its 12th year. Rounding out the staff is Gail Begin, who is focused on CME accreditation and educational activities but also supports the Maine Society of Gastroenterologists and the Maine Rheumatology Society. Dianna Poulin, our most recent full-time hire, has grown our peer review and QI programs and also is staffing the Maine Association of Psychiatric Physicians, the Maine Urological Society and the Maine Radiological Society. Ashley Bernier, our part-time receptionist continues to impress us every day with her quiet competence. I don't anticipate any growth in our staff in the near-term. We are more inclined to contract out services to meet new or unanticipated needs rather than taking on the considerable costs associated with permanent staff.

As the very important Medical Professional Health Program has prepared its own report, I will not go into detail on its work but will simply note my thanks to Lani Graham M.D., the Medical Director of the Program and her talented staff for the work they do every day. The program is a valuable resource to Maine's medical community. A special thanks also to Robert Chagrasulis M.D. who chairs the Program's Advisory Committee.

COMMUNICATIONS

Although this year the website re-design continued to be a priority (please review the new website at www.mainemed.com), we will continue to review all of our internal and external communications and with input from membership and the Board, move toward those communication vehicles that provide our members with the information they need on an efficient, cost-effective basis. This will inevitably take us into the world of social media eventually and we have taken baby steps into the tweeter world recently. We will also continue to increase our surveys of member opinion on a variety of issues. *Maine Medicine Weekly Update* will continue to be our primary means of sharing information to the members, their staff, corporate affiliates and other interested parties. We do intend to freshen the look of the *Update,* adding photos and will likely add some advertising or sponsorship. Social media experts tell us that, given the amount of e-mail we all receive in this modern world, our current readership of the *Update* is excellent. We also know that many readers forward the publication to others in their office. We will continue to publish *Maine Medicine* on a quarterly basis although we will thoroughly review all the communications with members in the effort to establish an overall strategy. Eventually, this new strategy could result in significant changes or even elimination of *Maine Medicine.*

DEVELOPMENT

We owe a debt of gratitude to Dr. Jumper and the members of the so-called Committee for Tomorrow who continue to meet and oversee various fund-raising and development activities for MMA, the Maine Medical Education Trust and the Maine Medical Education Foundation. The committee continues to be staffed, on a very part-time basis by Dee deHaas. We appreciate all the efforts of the Dee and the committee members as we look toward the year-end appeal to benefit MMA reserves, the Maine Medical Education Trust and the Maine Medical Education Foundation. I want to thank all

those members who have contributed in one way or another to these development activities. The long term reserve has grown the last two years.

GOVERNANCE

We have now completed two years of experience under a new governance structure voted last year by the membership at the Annual Session. I think the transition has been an unqualified success. The new and robust nominations process continues to work well under the leadership of Dr. Stephanie Lash and the eight new Board members elected last year all are active participants on the Board. This meeting there is one proposed new Board member and two members, Drs. Nancy Cummings and Buell Miller will rotate off the Board. We will miss both Nancy and Buell as they have made very substantial contributions to MMA's work over the years. Dr. Miller will continue to chair the very active Senior Section. I want to also thank Dr. Lash who will be giving up the chairmanship of the Committee after two years, this term also following her very successful year as President. She has been a joy to work with and I am sure will continue to be an important source of support for MMA.

In addition to new members, the Board through the efforts of Board Chair Lisa Ryan, D.O. has worked hard to transform itself into a knowledge-based, efficient, governance body, continuing the standard set by former Board Chair Ken Christian, M.D It is, by all accounts, a work in process but I believe that the decision-making has improved and that the new structure also is more amenable to attracting active participants. It is respectful of the many demands of our leaders by not wasting their time with endless reports but instead making the best use of their time by focusing on strategy with full participation by the Board members. I expect these efforts to continue under a new Board Chair to be selected by the Board during its Oct. 4 meeting.

Most importantly, the Board held its annual President's Retreat in Quebec City in January and worked on prioritizing MMA's many service and program areas in the hopes of bringing more focus to the effort. I am attaching to this report a summary of that work. It will continue at the retreat in January, 2014 to be held at the Samoset. It is always difficult to stop doing something that may be worthwhile to members or the public, but we are stretched pretty thin as a staff and an organization and the work we do could be enhanced by focusing on the top priorities and letting go of some service areas which, while important and worthwhile, are not as essential to the members and the organization as other items. A survey of members is currently in the field asking for input into which services and programs they find most valuable and most related to MMA's mission.

EXTERNAL

It has been a busy year for our advocacy and legislative staff with much of the focus being on continuing implementation of the Affordable Care Act. During the first regular session of the legislature, a number of important legislative proposals were reviewed and ten bills drafted by MMA staff and presented to the Legislature by friendly legislators. Several of our proposals were enacted and are now law. The addition of three new physician legislators to complement the work of veteran legislator Dr. Linda Sanborn was very positive for medicine and public health. Drs. Geoff Gratwick, Ann Dorney, and Jane Pringle made an immediate impact and we enjoyed working with these four MMA members who worked so hard every day of the session to improve public health and health access for all Mainers. While we were all disappointed to fall short on the effort to expand MaineCare coverage to 45,000 people and to prevent an additional 25,000 from losing coverage at the end of this year, this effort will continue in 2014 as the federal funds continue to be available. We have been an active member of the Cover Maine Now Coalition which has led the effort in the state to expand coverage.

We also have been very involved in the various efforts in the state to curb prescription drug abuse and to reduce the amount of opiate medication prescribed and dispensed while at the same time trying to adequately treat pain. A perfect balance is difficult to achieve. I was pleased to recently see the latest data from the Prescription Monitoring Program which showed that for the first time in several years, fewer prescriptions are being written, particularly for MaineCare patients, a real tribute to the work that MaineCare Medical Director Kevin Flanigan, M.D. is doing. It is a

good sign, but the problems are still very significant and we continue to serve on the AG's task force, work with Dr. Flanigan on the MaineCare opiate limits and present on nearly a weekly basis educational sessions. Many thanks as well to the Board of Licensure in Medicine for funding for several years a contract with MMA that allowed the very capable Noel Genova, PA-C to work with practices on their prescribing protocols. While the contract period is coming to an end, much of the work will live on. For instance, I encourage all members who prescribe opiates to complete the two-hour on-line CME course available on our website and to review the website resources listed under Pain Management. Thank you as well to the State Office of Substance Abuse and Mental Health Services (OSAMHS) which is expected to approve another $12,000 contract with MMA to support continuing education of prescribers for the next twelve month. This education is focused on the Prescription Monitoring Program which continues to be a very important tool for prescribers in the effort to prevent addiction and diversion.

Our advocacy in recent years has been greatly assisted by grants through the Maine Health Access Foundation. We currently have three grants which support educating consumers/patients about the ACA and payment reform. As noted above, it would not be possible to apply for and implement the grant funded activities without the addition of Jessa Barnard, Esq. to our team. Thanks, as well, is due to Heidi Lukas, CPA, who, as our Finance Director, oversees the finance reporting that comes with these grants. These three MeHAF grants alone represented nearly $250,000 the past year.

I hope you will all take time to read the MMA Legislative Committee Report prepared by Amy Madden, M.D. the Committee chair and staff. During the long legislative session, over 300 legislative proposals were reviewed by the Committee which met via conference call every Tuesday evening for over six months. Committee participation was very strong this year as was participation in the Doctor of the Day program. Unfortunately, our Physician's Day at the Legislature was snowed out and not rescheduled and given the intensity of our daily work at the State House during the session, we are currently planning to schedule a similar event in 2014. I can't thank enough Dr. Madden and my legal colleagues Andrew MacLean and Jessa Barnard for all their efforts this past year.

CONCLUSION

Despite a very positive year, there are many challenges facing the Maine Medical Association. The continuing move from independent practice to an employment model presents significant barriers to our traditional recruitment and retention strategies. While the development of the group membership model has addressed some of these challenges, we need to work hard every day to show value to all our members, whether they are in private practice or employed. And we need to be very lean and nimble, with the ability to change directions quickly. In this day of instant communications, expectations are very high and we must thrive to meet them. But achieving good membership numbers is not, in and of itself, a sufficient measure of success. We need to engage members in our activities, communicate with them successfully and in turn, they will become our most effective cheerleaders.

In short, despite considerable challenges, MMA has had a very solid twelve months, as detailed in the many reports being shared with you during the Annual Session. Thanks for your support of MMA and please don't ever hesitate to get in touch with me if you have any questions, concerns or issues that I or other members of the staff can assist you with. This is your association and we are here to serve you. Following a performance evaluation by the 8 member Executive Committee, I recently signed another six year contract to continue in the role as EVP through 2019. I appreciate the confidence shown in not only my work but that of the entire team. As noted above, it is a very challenging time in healthcare but it is also a very exciting time and I look forward to the continuing challenges and opportunities. Thank you for your support.

Gordon Smith, Esq.

Oct. 5, 2013

Maine Medical Association
Profit & Loss Prev Year Comparison
January through December 2013

10c

	Jan - Dec 13	Jan - Dec 12
Ordinary Income/Expense		
Income		
40040 · Seminars		
40040P · PES Physician Survival		
40040Px · Phys Educ exhibitor	3,285.00	4,450.00
40040P · PES Physician Survival - Other	9,825.00	9,285.00
Total 40040P · PES Physician Survival	13,110.00	13,735.00
Total 40040 · Seminars	13,110.00	13,735.00
Total Income	13,110.00	13,735.00
Expense		
55345 · Seminar Expense		
55345P · PES Practice Education		
55345PF · PES Facility	4,885.46	5,709.77
55345PS · PES Speaker	4,828.58	1,195.91
55345P · PES Practice Education - Other	7,419.08	3,912.53
Total 55345P · PES Practice Education	17,133.12	10,818.21
Total 55345 · Seminar Expense	17,133.12	10,818.21
Total Expense	17,133.12	10,818.21
Net Ordinary Income	-4,023.12	2,916.79
Net Income	**-4,023.12**	**2,916.79**

Maine Medical Association
Profit & Loss Prev Year Comparison
January through December 2013

	Jan - Dec 13	Jan - Dec 12
Ordinary Income/Expense		
Income		
40205 · Golf Tournament		
40205O · Golf Tourn Other Income	2,063.00	2,185.00
40205R · Golf Tourn Registration	7,695.00	10,170.00
40205S · Golf Tourn Sponsor	2,500.00	3,393.75
62505 · Golf Tourn. Expense	-1,678.32	-1,905.08
62505a · Golf Tournament benefit	0.00	-3,900.00
62505b · Golf Tourn. ACC	-9,268.92	-9,914.61
Total 40205 · Golf Tournament	1,310.76	29.06
Total Income	1,310.76	29.06
Net Ordinary Income	1,310.76	29.06
Net Income	**1,310.76**	**29.06**

First Fridays

TWO WAYS TO ATTEND *These programs are available 9:00 am - noon, both live in Manchester and over the web via Webex. Because of the substantial course materials, the per person $70 fee is the same whether attending in Manchester or participating through Webex. In either case, please register using the form below. Webex capacity is limited to 25 sites, so don't delay!*

Ask about On-Site Training!

MMA 2013 First Fridays Educational Programs

8:30 AM – Registration and Breakfast; All sessions 9:00 AM–Noon

NOVEMBER 1	Annual Compliance Seminar: Preventing Allegations of Fraud & Abuse
DECEMBER 6	Accountability, Transparency & Public Reporting: The Importance of Your Data

FIRST FRIDAYS 2013 REGISTRATION

Attendee(s) *(Please include titles)*_____

_____

Office/Practice Name_____

Tel._____ Fax_____

Office Address_____

City_____ State_____ Zip_____

E-mail_____

Please mark number attending in person in Manchester in first space (M), number attending via Webex in second space (W) for each seminar.

M__ W__ **Nov. 1:** Annual Compliance Seminar

M__ W__ **Dec. 6:** Accountability, Transparency & Public Reporting

Total Fee:_____ x $70 per Program, per Attendee ($60 if attending three or more in one calendar year)

(Registration fee includes light breakfast for those participants attending in Manchester and all course materials.)

❑ Payment Enclosed **Please make checks payable to Maine Medical Association**

❑ ____Visa ____MasterCard Credit Card #_____ Exp. Date_____

Cardholder Name *(Please print)*:_____

Signature_____

Please register in advance. Same day registration will be offered on space available basis only; an additional $10.00 will be charged for same day registration. No refunds, but substitutions from same office will be allowed.

Register online at www.mainemed.com, or mail registration form with payment to:
Maine Medical Association, PO Box 190, Manchester, ME 04351
Tel: (207) 622-3374 Fax: (207) 622-3332.

MAINE MEDICAL ASSOCIATION

Dieter Kreckel, MD *President* • Guy Raymond, MD *President-Elect* • Lisa Ryan, DO *Chair, Board of Directors*
Gordon H. Smith, Esq. *Executive Vice President* • Andrew B. MacLean, Esq. *Deputy Executive Vice President*

September 3, 2013

James Varnum, Chairman
Commission to Study Medicaid Eligibility in New Hampshire
Legislative Office Building
33 N. State Street, Concord, NH 03301

RE: Maine Medical Association's Position on Medicaid Expansion

Mr. Varnum:

We appreciate the opportunity to share the reasoning behind Maine physicians' support for accepting federal dollars to fund Medicaid coverage for over 69,500 low-income Mainers.

The Maine Medical Association is a professional association representing more than 3800 physicians, residents, and medical students in Maine whose mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.

We do not think that anyone wishes to limit Mainers' access to health care except for the real concerns of what health care is costing our state. We can all agree that as health care costs rise, we see economies of every sort struggling to figure out the balance. Whether you're a large employer, a small employer, a town with a municipal budget, a school system, a family - the cost of meaningful healthcare coverage is causing turmoil.

What we know about healthcare, however, is that limiting access is not the answer to our woes. When we limit access – such as rejecting expansion funds and continuing the status quo – we do not eliminate the need for healthcare. We just allow individuals and families to fall into debt and bankruptcy, and we continue to shift costs onto those who provide care and have health insurance.

Maine is recognized as a leader around the country for the changes that are happening to health care in our state. The kinds of efforts going on in our state as we work to achieve the "triple aim" are impressive - from the $33 million State Innovation Model Grant advancing transparency and consumer engagement, payment reform, and delivery model reform to Accountable Care Organizations such as those in which the State Employee Health Commission is engaged with local hospital systems, to an expanded Patient Centered Medical Home pilot project now involving over 70 primary care practices and representing over 350,000 patients. This disruptive, innovative, and progressive work being done in your communities holds the promise to help us bend the cost curve of healthcare – not by limiting access or reducing services, but by rethinking and improving the systems by which we can deliver high-quality and high-value care.

It is because of this united purpose of healthcare leaders in Maine that Maine physicians are reassured we, as Mainers, will succeed in meaningfully changing the face of healthcare so that more of us can reliably have access to a healthcare system that delivers on the promise of quality and value. Now is not the time to shy away from opportunities to cover more people in our state. Instead, we should embrace it, and not let fear override what we know is the right thing to do.

We would also like to take this opportunity to respond to some assertions that have been made about Maine's experience with Medicaid. Speakers have indicated that increased access to health care through Medicaid has had little impact on Maine's uninsured rate, that increased access to health care has not reduced charity and bad debt in Maine hospitals and that increased access to health care has not improved health outcomes for Medicaid enrollees.

Contrary to the these assertions, coverage for certain Medicaid groups, namely childless adults and parents, has reduced the uninsured rate in Maine and has worked to mitigate the rising levels of bad debt and charity care by the hospitals. In addition, Maine's health outcomes have improved as Medicaid coverage has expanded to insure more people. For a full discussion of these points and citations, please see the report prepared by Maine Equal Justice Partners, found at http://www.covermainenow.org/assets/files/medicaidcoveragehasbenefittedmaine(3-4-2013).pdf.

Medicaid coverage for low-income parents and childless adults has helped to reduce Maine's uninsured rate. In 2001, Maine's overall uninsured rate was 10.6%. A decade later, after implementing a childless adult waiver program in 2002 and expanding coverage of parents with income up to 200% of the federal poverty level in 2005, Maine's uninsured rate has dropped to 9.7%. A recent report, commissioned by Maine's Department of Health and Human Services, found strong evidence that the childless adult waiver program played a significant role in the decline in the number and rate of uninsured low-income adults without children in Maine from 2001 to 2005. Maine's rate of uninsured would have declined even more significantly if not for the fact that the childless adult waiver program was frozen several times. The rate of the uninsured fell despite a deep economic recession and an erosion of employer-based health insurance in our State.

Bad debt and charity care have increased over the last decade because of: (1) a downturn in the economy, (2) changes in the private insurance market, and (3) expanded access to charity care. Medicaid coverage for low-income parents and childless adults has helped to mitigate the rise in charity care and bad debt to hospitals. The rise of bad debt and charity care is in large part due to the recession. As more people became uninsured with the recession, it is no surprise that the amount of bad debt and charity care increased for Maine's hospitals. The erosion of employer-based coverage, an increase in the number of Maine people who are under-insured and the proliferation of very high deductible plans all contributed to the rise. The rise in charity care is also due, in great part, to the fact that DHHS changed the requirement to provide free care from 100% to 150% of the poverty level in 2007.

Health outcomes improve with coverage. Some have stated that the health of Maine people has not improved as a result of expanding Medicaid coverage to provide more people with health

insurance. In fact, the study sited, one published in the New England Journal of Medicine by the Harvard School of Public Health, concludes the opposite. The HSPH researchers analyzed data from three states with childless adult programs, including Maine, and compared them to neighboring states without expanded coverage as controls, in Maine's case New Hampshire. The results showed that Medicaid expansions in three states were associated with a significant reduction in mortality of 6.1% compared with neighboring states that did not expand Medicaid, which corresponds to 2,840 deaths prevented per year for each 500,000 adults gaining Medicaid coverage. Expansions also were associated with decreased uninsurance, decreased rates of deferring care due to costs, and increased rates of excellent or very good self-reported health. The lead author of the study, Benjamin Sommers, stated that it "provides evidence suggesting that expanding Medicaid has a major positive effect on people's health." Maine's investment in health care has paid off in better health outcomes. According to the United Health Foundation, Maine ranked 9th from the top with respect to overall health outcomes in 2012. In 2002, prior to the expansion of Medicaid for childless adults, Maine ranked closer to the middle of the pack, coming in at 16th.

Thank you for taking the time to consider the views of Maine physicians on Medicaid coverage. We wish you all the best as New Hampshire seeks to make a decision about accepting federal funds to provide health coverage to your low income residents. Please don't hesitate to contact us if we can provide any further information.

Sincerely,

Dieter Kreckel, M.D.
President

Gordon Smith, Esq.
Executive Vice President

FYI

STATE OF MAINE
HOUSE OF REPRESENTATIVES
SPEAKER'S OFFICE
AUGUSTA, MAINE 04333-0002
(207) 287-1300

MARK WESTWOOD EVES
SPEAKER OF THE HOUSE

August 8, 2013

Gordon Smith
Maine Medical Association
Frank O. Stred Building
30 Association Drive
P.O. Box 190
Manchester, Maine 04351

Dear Mr. Smith:

Pursuant to my authority under H.P. 1136 I am pleased to appoint you as a member of the Maine Health Exchange Advisory Council representing health care providers.

I appreciate your willingness to serve on this council. Should a conflict arise, or if I can be of assistance, please feel free to contact me.

Sincerely,

Mark W. Eves
Speaker of the House

cc: Hon. Justin Alfond, President of the Senate
Hon. Troy Jackson, Senate Majority Leader
Hon. Michael Thibodeau, Senate Republican Leader
Hon. Seth Berry, House Majority Leader
Hon. Kenneth Fredette, House Republican Leader
David Boulter, Executive Director, Legislative Council
Grant Pennoyer, Director, Office of Fiscal and Program Review
Teen Griffin, Manager, Legislative Information Office
Rebecca Albair, Boards and Commissions, Secretary of State's Office
Michael Hersey, Director, Boards and Commissions, Governor's Office
Marion Hylan Barr, Director, Office of Policy and Legal Analysis
Ana Hicks, Chief of Staff, Speaker's Office
Chuck Quintero, Chief of Staff, President's Office

STATE OF MAINE
HOUSE OF REPRESENTATIVES
SPEAKER'S OFFICE
AUGUSTA, MAINE 04333-0002
(207) 287-1300

MARK WESTWOOD EVES
SPEAKER OF THE HOUSE

August 16, 2013

Gordon Smith
Maine Medical Association
PO Box 190
Manchester, ME 04351

Gordon

Dear Mr. Smith,

In partnership with the Maine Council on Aging, I am reaching out to you as a leader in Maine's network of aging advocates and providers to ask you to join me at a series of round table meetings to focus on the rapidly changing landscape of the aging population in Maine.

As you know all too well, Maine is grappling with many issues related to our changing demographics. New generations of aging adults will bring with them delayed retirement, longer life expectancies, and increased rates of civic engagement and volunteerism. And they have shifted their expectations from relying on institutional care to aging in place. These realities demand that leaders from both the private and public sector change how we think about supporting our aging adults.

To begin the process of reimagining aging in Maine, in September and October, we will be hosting a series of round table discussions in that will bring 50 business, health care, higher education, health care, finance and philanthropy leaders together with state officials to address the unique opportunities we face as an aging state along with some very real challenges. The goal of these meetings is to create a shared understanding of the opportunities and challenges and move from awareness to action. These critical sessions will be a time for innovation, leadership and visionary ideas to merge and create a roadmap for Maine's future.

As we build a collaborative plan that includes all sectors of Maine's economy, we need advocates and providers partnering with us to shape the discussion. We're inviting you to be a part of a participatory audience for these meetings. You will be in the room as a subject matter expert in your area and to provide context and reflection to the discussions. You will be asked to answer questions raised by the people at the table and have a chance to offer input throughout. Once the series is completed, we will regroup later this fall and begin to address any obvious policy implications and advocacy opportunities. This is an opportunity to raise awareness of the issues and

begin to establish strategic partnerships to move forward together. We will have plenty of time to get into the intricacies of our aging policy.

The first of four planned half-day meetings in Augusta will set the stage and explore the landscape of aging in Maine. The second will address the transformations of long-term services and supports. A third session will challenge us to reimagine opportunities for Maine's economy. And during the final session we will highlight, discuss and propose any critical course corrections needed to ensure older Mainers are valued and provided with supports and opportunities to thrive in and contribute to their communities.

The first meeting is Tuesday, September 10th from 9:00 – 12:00 at the Augusta Civic Center. The following meetings are October 1st, 15th and 29th – same time and place.

To confirm your interest in this event, please contact Jane Figoli at jane.figoli@legislature.maine.gov. For more detailed questions about the roundtable events, please feel free to call my Chief of Staff, Ana Hicks, at 287 – 1300.

Thank you for all that you do every day to help older Mainers and for your commitment to healthy aging in Maine.

Sincerely,

Mark W. Eves
Speaker of the House

Portland Press Herald

PRINTTHIS

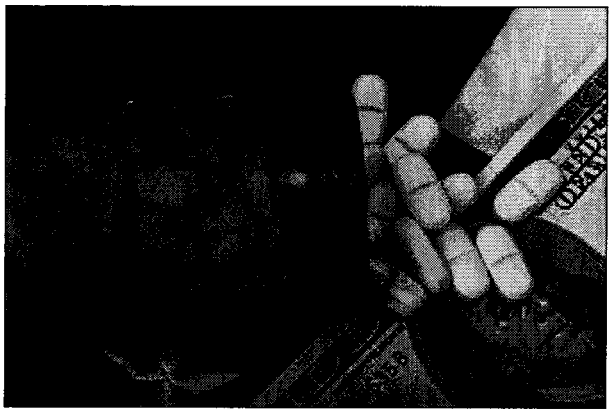
Yesterday at 12:00 AM

Our View: Affordable Care Act will save lives, money

A speech by Sen. King clearly summarizes how reality diverges from the myths about Obamacare.

So, what is this thing called Obamacare?

click image to enlarge



The Affordable Care Act will allow Americans who are uninsured or who buy individual policies – about 15 percent of the population – to participate in the new health insurance exchanges.

shutterstock.com

That was the question posed by Maine Sen. Angus King in a floor speech in Washington last week that followed a 21-hour oration by Texan Ted Cruz. In about 21 minutes, King answered his own question, dispelling five years of smokescreen and horror stories that Cruz and the anti-Obamacare forces have been churning up to derail a much-needed reform to a torn part of our social fabric.

Anyone who thinks that he is no closer to understanding what the law will do for him -- or to him -- after hearing all the debate would be well-served by looking up King's speech and receiving a clear and concise summation of what's really going on. As the new health insurance exchanges open for business this week, millions of uninsured Americans will find out that the law makes health care more available and affordable. And they will see that what's really driving Cruz and the others to keep this day from coming has been the fear that Americans will like Obamacare -- not the fear that it will ruin our economy or the quality of our health care system.

In his speech last Wednesday, King explained what Obamacare is by first saying what it is not -- a government takeover of the health care industry. About half of the people in the country

currently receive private health insurance through an employer, and they will not be affected. Another 22 percent are on Medicare and 7 percent on Medicaid; they will not see any change, either.

Only those Americans who are uninsured or who buy individual policies -- about 15 percent of the U.S. population -- will be participating in the new system, which is a market built on the concept that group purchasing and competition will spread risk, create efficiencies and lower rates.

NO GOVERNMENT TAKEOVER

"This idea that somehow Obamacare is taking over the health care industry in this country is just nonsense," King said. "There is no place in America you can go and sign up for Obamacare. If you go onto an exchange ... you get insurance coverage from private insurance companies, just as we have done in this country (for decades)."

The effect of the law for more people, King said, would be the way it cleans up some of the worst practices of the health insurance industry.

There are no more lifetime caps on benefits. No one can be refused coverage because of a pre-existing condition -- which is why everyone is required to participate by buying insurance. Otherwise, King said, people would wait to pay until they got sick, which would be like letting you sign up for fire insurance after the flames started licking your roof.

And in the many pages of the law called Obamacare, there are pilot programs designed to develop different ways of paying for health care than the inefficient and medically ineffective fee-for-service system through which most care is delivered in this country.

Payment reform could bring down costs while providing better care. That includes an emphasis on preventive care, which, King said, saved his own life when he developed skin cancer as a young man. Without health insurance, he said, he probably would not have visited the doctor who identified the disease in time.

There are about 50 million uninsured Americans, and an estimated 25,000 of them die each year of conditions that could have been avoided with timely care. Another 700,000 people are bankrupted by medical bills every year, King said. This is the only country in the industrialized world where that could happen.

(Continued on page 2)

1 | 2 | NEXT >>
Single Page

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Send question/comment to the editors

Portland Press Herald

PRINT THIS

September 15

Workstations go the extra mile

Studies show that walking – or even standing – at your desk can improve health, and employers are taking notice.

By SAM HANANEL The Associated Press

WASHINGTON - Glued to your desk at work? Cross that off the list of reasons not to exercise.

click image to enlarge

Josh Baldonado, an administrative assistant at Brown & Brown, an insurance consulting firm in Carmel, Ind., works at a treadmill desk. Treadmill desks designed for the workplace are normally set to move at 1 to 2 mph, enough to get the heart rate up.

The Associated Press

click image to enlarge

Mary Gagnon uses a treadmill desk at her home in Danville, Calif.

2011 MCT file

Select images available for purchase in the Maine Today Photo Store

A growing number of Americans are standing, walking and even cycling their way through the workday at treadmill desks, standup desks or other moving workstations. Others are forgoing chairs in favor of giant exercise balls to stay fit.

Walking on a treadmill while making phone calls and sorting through emails means "being productive on two fronts," said Andrew Lockerbie, senior vice president of benefits at Brown & Brown, a global insurance consulting firm.

Lockerbie can burn 350 calories a day walking three to four miles on one of two treadmill desks that his company's Indianapolis office purchased earlier this year.

"I'm in meetings and at my desk and on the phone all day," he said. "It's great to be able to have an option at my work to get some physical activity while I'm actually doing office stuff. You feel better, you get your blood moving, you think clearly."

Treadmill desks designed for the workplace are normally set to move at 1 to 2 mph, enough to get the heart rate up but not too fast to distract from reading or talking on the phone comfortably.

It's been a decade since scientific studies began to show that too much sitting can lead to obesity and increase the risk of developing diabetes, high blood pressure and heart disease. Even going to the gym three times a week doesn't offset the harm of being sedentary for hours at a time, said Dr. James Levine, an endocrinologist at the Mayo Clinic.

"There's a glob of information that sitting is killing us," Levine said. "You're basically sitting yourself into a coffin."

More companies are intrigued by the idea of helping employees stay healthy, lose weight and reduce stress -- especially if it means lower insurance costs and higher productivity, said Levine, an enthusiastic supporter of the moving workstations.

"Even walking at 1 mile an hour has very substantial benefits," Levine said, such as doubling metabolic rate and improving blood sugar levels. "Although you don't sweat, your body moving is sort of purring along."

Sales at Indianapolis-based TreadDesk are expected to increase 25 percent this year as large corporations, including Microsoft, Coca-Cola, United Healthcare and Procter & Gamble have started buying the workstations in bulk, said Jerry Carr, the company's president.

At LifeSpan Fitness, based in Salt Lake City, sales of treadmill desks more than tripled over 2012, said Peter Schenk, company president.

"We don't see the growth slowing down for several years as right now we are just moving from early adopters, which are educated and highly health-conscious, to more mainstream users," Schenk said.

With bicycle desks or desk cycles, workers can pedal their way through the day on a small stationary bike mounted under their desks.

Treadmill desks can range from about $800 to $5,000 or more, depending on the manufacturer and model. Desk cycles start as low as $149 for models that can fit under an existing desk but can run $1,400 or more for those with a desk built in. Standup desks can run as low as $250 for platforms that can rest on an existing desk.

Some workers have opted for lower-profile -- and lower-cost -- ways to stay fit at work, such as sitting on giant exercise balls instead of chairs. Using the inflatable balls can help improve posture and strengthen abs, legs and back muscles.

"I've got nurses in my operating room who will use one of those balls instead of a chair," said Michael Maloney, a sports medicine specialist at the University of Rochester Medical Center.

Maloney said anyone trying an exercise ball, treadmill desk or other moving workstation should approach it as they would any new exercise regimen. Those who have not been working out regularly should start using the equipment in small time increments to avoid injury, he said.

"They have to just do it with some common sense and not overdo it," Maloney said.

Georges Harik, founder of the Web-based instant messaging service imo.im in Palo Alto, Calif., bought two treadmill desks for his 20-person office to share three years ago.

Employees tend to sort through email or do other work while using the treadmills.

"I do it when I can," he said. "Sometimes it's not possible if you're really thinking hard or programming a lot. But this sort of low-grade activity that keeps people from being sedentary probably helps extend their lives by a few years, and we're big fans of that."

The office also has purchased standing desks for most of its employees. The desks can be raised up or down with the touch of a button, and Harik says three or four workers can be seen standing at their desks at any one time.

But not everyone wants one, Harik said. Some workers find it too distracting to incorporate standing or walking into their work, and some feel they are just not coordinated enough to multitask as they exercise.

Levine said he was at first skeptical that a standup desk would offer health benefits.

"It appears I was completely wrong," he said. "Once you're off your bottom, it's inevitable that you start meandering around. Within two minutes of standing, one activates a series of metabolic processes that are beneficial. Once you sit, all of those things get switched off."

Denise Bober, director of human resources at The Breakers, a resort hotel in Palm Beach, Fla., said having a treadmill desk has made a big difference in how she feels after work.

"The more movement and interaction I have, the more energy I have at the end of the day," she said.

Bober spends one to three hours walking when she's in the office, usually at 2 mph.

"If I go faster, then I make too many typing errors, but if I'm just reading a report I can go faster," she said.

Were you interviewed for this story? If so, please fill out our accuracy form

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Find this article at:
http://www.pressherald.com/business/going-the-extra-mile_2013-09-15.html?pagenum=full

Check the box to include the list of links referenced in the article.

Portland Press Herald

PRINT THIS

September 12

Anthem: Network will bring savings to Mainers

Maine's largest insurer answers questions from officials about moving individuals to new plans.

By Jessica Hall jhall@pressherald.com
Staff Writer

AUGUSTA – Anthem Blue Cross and Blue Shield said Monday that individual subscribers in Maine who buy its new insurance product, which includes only 32 out of 38 hospitals in the state, will save about 12 percent compared with a broader plan.

Anthem, the state's largest insurer, and MaineHealth, the state's largest network of hospitals and care providers, plan to offer an insurance network on the health exchange being created in Maine under President Obama's Affordable Care Act.

The planned network excludes three hospitals owned by Central Maine Healthcare in Lewiston, as well as Mercy Hospital in Portland, Parkview Adventist Hospital in Brunswick and York Hospital in York.

In a hearing before the state Bureau of Insurance, Anthem answered questions about its plan to transfer existing individual subscribers to new insurance plans. The change would affect about 9,000 people, Anthem said. The insurer provides coverage to about 320,000 subscribers in a range of plans.

Chris Dugan, a spokesman for Anthem, said fewer than 10 percent of the individual subscribers, or fewer than 1,000 people, use primary care physicians and specialists who are not in the new narrow network.

The provider network and pricing system have already been approved by the state insurance bureau.

Executives from MaineHealth and St. Mary's Regional Medical Center testified on Monday that they agreed to take reduced reimbursement rates from Anthem in exchange for the insurer directing more of its subscribers to their hospitals. The specific details of the contracts were not disclosed.

Critics have argued that the narrow plan would disrupt care for subscribers in central and western Maine, who would have to change doctors or chose a new insurance plan.

"As consumers and patients, we don't deserve being brought up against a corporate giant that is for-profit," said Donna Goodrich, a nurse from Greenwood. She is not an individual Anthem subscriber, but spoke during the public comment period of the hearing.

None of the 10 speakers at the evening public comment period were affected by the change in the individual plans, but spoke generally against the Anthem-MaineHealth partnership.

Although critics have said the Anthem-MaineHealth pact goes against Obama's pledge that consumers would not have to change doctors, the emergence of so-called narrow networks that exclude certain hospitals or providers is a trend emerging in other states as well.

In New Hampshire, for example, Anthem has proposed a similar narrow network for that state's insurance marketplace.

Anthem has said individuals would have choices among its plans, as well as a competing plan on the health exchange offered by Maine Community Health Options, which has a proposed network of 34 hospitals.

Outside of the exchange, Mega Life and Harvard Pilgrim will also offer individual health insurance options.

"Many consumers will chose a better price," said Dugan. "If they want to stay with their current doctor, we respect that and they can purchase another product."

Jessica Hall can be contacted at 791-6316 or at:

jhall@pressherald.com

Were you interviewed for this story? If so, please fill out our accuracy form

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Find this article at:
http://www.pressherald.com/news/healthcare/anthem-network-will-bring-savings_2013-09-10.html

Letters

IN REBUTTAL: K. McCall: Profession practively addresses substance abuse

Kenneth McCall

Letters | Tuesday, September 10, 2013

Last week, Naomi Schalit and John Christie of the Maine Center for Public Interesting Reporting authored an article titled, "Pharmacy employees take more than one-third of prescription drugs stolen in Maine."

The article falsely characterized the profession of pharmacy by "investigating" the problem of prescription drug abuse through a microscopic lens.

The National Institute on Drug Abuse has reported that addiction to prescription drugs in the United States affects all socioeconomic segments of our society. No group is immune to this problem and that includes health care workers such as pharmacists, nurses, physicians and dentists. However, there is currently no scientific evidence that drug abuse by pharmacists in Maine significantly exceeds that of other groups of health care professionals or the general population.

The profession of pharmacy is not ignoring this issue nor covering it up. In fact, all of the cases examined by Schalit and Christie are a matter of public record. The key question that Schalit and Christie never reported nor adequately answered in their "investigation" is this: "What is the profession of pharmacy in Maine doing to proactively address this problem and protect the public?"

The profession of pharmacy has taken a multifaceted and proactive approach to address this issue.

First, all pharmacists and pharmacy technicians in Maine must be licensed. The licensing process requires a verification of any past disciplinary actions in other states and jurisdictions. Furthermore, the licensing process requires a criminal background check.

Second, all retail pharmacies are required to install security cameras that monitor all critical areas of the pharmacy, including the prescription filling area and the narcotics safe 24 hours per day every day of the year. These recordings must be stored for a minimum of 30 days and must be produced to the Board of Pharmacy upon request.

Third, pharmacies must perform a complete inventory of all controlled substances twice per year and these records must be available for inspection

by the board.

Fourth, all pharmacies must notify the board of termination of a pharmacist or pharmacy technician for any drug-related reason, including theft or diversion.

Fifth, the Board of Pharmacy must address public complaints against pharmacists.

Lastly, the Maine DEA, local law enforcement, both Colleges of Pharmacy in Maine, the Medical Professionals Health Program, the Maine Board of Pharmacy and the Maine Pharmacy Association provide education and awareness of these issues.

Pharmacists are consistently ranked among the most trusted professionals, second only to nurses in 2012, according to a national Gallup poll. Pharmacists are highly trusted medical professionals, with a minimum of six years of college education to receive their degrees and licenses.

The high respect the profession of pharmacy has earned from the public is based on honesty and high ethical standards.

Kenneth McCall, PharmD, RPh, president

Maine Pharmacy Association, Portland

BANGOR DAILY NEWS

Eliot Cutler: To grow Maine, health care reform a good place to start

By Eliot Cutler, Special to the BDN
Posted Sept. 05, 2013, at 12:10 p.m.

Maine's economy is stuck in neutral, a victim of bad choices made by both Democratic and Republican governors. It's time for bold changes and reforms that will make Maine once again a state of growth and opportunity.

Maine's health care system is a good place to start. We are spending too much for health care in Maine without getting the value we deserve.

Maine has the 5th highest health care spending per capita in the nation, 25 percent higher than the national average. Our health care system imposes hidden taxes on Maine citizens and acts as a major drag on our economy.

Senseless partisanship led Maine to leave on the table hundreds of millions of dollars in federal funds under the Affordable Care Act. These funds would have provided coverage to 70,000 Mainers and could be used to plan a new universal health care system right here in Maine. Maine taxpayers are now paying for better health care for citizens in other states while our governor turned his back on Maine's own share of those benefits.

Too many Mainers today are uninsured and dependent on expensive emergency room care. Others are covered under expensive plans where health insurers and providers recover the costs (and more) of providing care to the uninsured. This is driving our costs higher, isn't working for anyone – and it's unfair.

If we want to grow Maine's economy and create opportunity for all Maine citizens, we need to get health care right, and that means providing universal access to quality health care, period.

Maine's problems are largely of our own making. They aren't caused by federal policies and won't be fixed by Obamacare.

The lion's share of avoidable costs in Maine's health care system can be traced to excessive equipment and facilities driving unnecessary procedures; to costs imposed by a claims-based system; to weak incentives that fail to encourage healthy behaviors; and to the failure to provide primary and secondary preventive care to all Maine citizens.

We've known all this for years. Yet, against this background of high costs, excessive spending and diminished access, Maine has taken too many steps that are making our problems worse.

» Public oversight of health care systems' spending is too limited. Incentives to order expensive procedures have largely gone unchecked, further escalating costs.

» Insurance companies can now charge more for less, too often without getting permission from the Bureau of Insurance, while receiving a $22 million subsidy from taxpayers in the bargain.

» Because Maine opted out of the Medicaid expansion under Obamacare and booted folks off the MaineCare rolls, tens of thousands of Mainers depend for care on the emergency rooms of Maine hospitals, driving costs higher, opportunities lower and increasing hospital debt all over again.

We can make Maine more competitive as a place to live and to work by applying traditional Maine concepts of value and innovation to our health care system, achieving a healthier population and workforce at a lower and more sustainable cost. Some of the principles that ought to guide a better approach include these:

» Every Mainer needs a "medical home." Universal access to primary and secondary preventive care can lower the incidence of acute and chronic diseases and accidents and reduce the complications of unavoidable chronic illness.

» Maine's health care system should reward high-quality care and positive outcomes — not high volumes of procedures.

» Maine should have emergency and ambulatory care centers in community service centers with telemedicine links to major medical centers; enough ambulances and helicopters to transport patients who urgently need higher-level care; and high-functioning, critical care hospitals in sensible locations.

» Incentives for healthy behaviors should cause patients and providers alike to have "skin in the game," sharing responsibility for good health care outcomes.

» Efforts to improve physical and mental fitness and a more robust public health effort can help assure employers that they can find a healthy workforce and a safe and healthy environment here in Maine.

Most of us in Maine believe in fairness when it comes to health care. Whether they are old or young, employed or unemployed, whoever they are and wherever they live, all Mainers should have access to health care – because it is the right, fair and morally responsible thing to do, and because it is the financially and economically smart thing to do. Making certain that the care is appropriate and not excessive is the fiscally responsible thing to do.

With universal access to essential health care services, Maine can muscle down our health care costs — while staying in the top tier of America's healthiest places and making Maine more competitive as a place to live and to work.

Eliot Cutler will be an independent candidate for governor in 2014. This article is adapted from a forthcoming book.

http://bangordailynews.com/2013/09/05/opinion/eliot-cutler-to-grow-maine-health-care-reform-a-good-place-to-start/ printed on September 27, 2013

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Steady, persistent changes in how Maine delivers health care

Posted on August 16, 2013

Health reform is spurring big, overdue changes within Maine hospitals. One broad change involves doing more to track and boost the health of entire populations, not just individual patients. That means more accountability for doctors, more preventive health options, more measuring of health outcomes, and greater efforts to keep patients out of hospitals, serving them instead in their homes or doctors' offices.

Studies show the Affordable Care Act will both help and hurt different health care industries. Private insurers, for example, are likely to benefit from the individual mandate that everyone carry an insurance plan, but they will also face restrictions. There will no longer be lifetime or annual limits on benefits; they can't deny people based on pre-existing conditions; and more than 80 percent of their premium dollars must be spent on medical care, instead of administration or profit.

For hospitals' bottom lines, health care reform has its benefits, especially if Maine expands Medicaid to low-income residents. Hospitals must treat whomever walks into the emergency department, whether they have insurance or not. With fewer uninsured people, hospitals are projected to provide less in charity care. (In 2011, the state's 39 hospitals provided free care totaling $196 million.) People with insurance are also more likely to seek medical help, benefiting hospitals.

At the same time, however, hospitals are essentially redesigning their revenue structure. They are transitioning to a system where they are paid based more on their quality of care and less on the number of services provided.

For Lincoln County HealthCare, the parent company of St. Andrews Hospital in Boothbay Harbor and Miles Memorial Hospital in Damariscotta, adapting from providing less medical care in its hospitals, to being more outpatient-delivery based, is a matter of law and financial necessity. Between 2003 and 2013, St. Andrews — which is closing its emergency department Oct. 1 — saw a 30 percent decrease in emergency room use. At Miles, it's dropped 5 percent. At the same time, outpatient visits have risen steadily.

Mark Fourre, an emergency room doctor and chief medical officer of Lincoln County Healthcare, spoke this week about specific efforts to adapt to local and national forces. The company is part of the state's largest hospital network, MaineHealth, for which Fourre is also senior medical director for clinical integration.

The irony is that often what's beneficial for patients' health and wallets isn't good for business. Declining admissions and hospital stays is "a significant part of what the struggle financially for hospitals is," Fourre said. At the same time it provides opportunities.

One opportunity has come in the form of the MaineHealth Accountable Care

not-for-profit insurer Harvard Pilgrim Health Care, launched the ACO in January 2012. Propelled by the Medicare Shared Savings Program under the Affordable Care Act, the goal is to lower growth in health care costs, while meeting certain quality care standards.

Under the program, providers, hospitals and suppliers are eligible to receive payments for the shared savings if they meet the quality care goals. Preliminary results from the first 12 months show costs within the MaineHealth Accountable Care Organization fell more than 7 percent over the previous year.

Part of moving to a health care system based more on quality of care means hospitals must do much more to measure, report and improve upon that quality. And that means they need data.

Some of the biggest changes MaineHealth is undergoing stem from its co-founding of the Northern New England Accountable Care Collaborative, with Dartmouth-Hitchcock Health, Eastern Maine Healthcare Systems and Dartmouth College. The collaborative provides technology that allows the health systems to integrate and analyze clinical data, claims data, public health data and patient-reported data.

MaineHealth is starting to systematically track, for example, how well its physicians take care of diabetes patients, whether they screen people for depression, how well they screen people for high blood pressure and the rate at which their patients have to be readmitted soon after leaving the hospital, Fourre said. It can then compare its results with those of other providers, learn where the gaps are and improve care.

Some practices are already doing this. "What hasn't happened until recently is there hasn't been a systematic approach," Fourre said. Also, the health system hasn't been able to break down the performance numbers by physician. Doing so — and getting physicians to alter their practices — will require a culture change, he said.

Content-management technology can also help direct preventive care. For example, MaineHealth is developing systems to track and notify patients who haven't had colon cancer screenings or mammograms and could benefit from them, Fourre said. Preventing disease also means educating more people about immunizations.

The overall vision must shift, he said. Hospitals and providers must focus on managing the health of entire populations, not just individuals.

Improving people's wellness can't be done without engaged, informed patients, however. One provision of the ACA, to expand Medicaid, has been opposed by Gov. Paul LePage and many legislative Republicans.

For Fourre, the question is less about whether everyone should have insurance — the "obvious answer," he said, is that "we would all be better off" — and more about how to make sure patients are more accountable for their health. While privately insured individuals share in the cost of their insurance programs, and therefore tend to be more informed consumers, those on Medicare or Medicaid don't have the same level of financial responsibility.

With the constant uproar about health care reform, people might think changes will happen quickly. The reality is they are more likely to be steady and persistent changes, Fourre said. The health care industry won't be torn out and planted anew. It will build upon and adapt current practices. It will experience setbacks and improvements, both in quality of care and, hopefully, patients' quality of life.

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