

Maine Medical Association
Meeting Minutes June 4, 2014

BOARD OF DIRECTORS

Board Member	12-4	1-24	4-30	6-4					Member	12-4	1-24	4-30	6-4				
B. Pierce, MD, Chair		P	P	P					G. Raymond, MD	P	P	P	P				
P. Cain, MD				P					C. Reddy, MD			CC					
R. Chagrasulis, MD	P	P	P	P					B. Young, MD			CC					
K. Christian, MD	P	P	P	P													
G. D'Augustine, MD				P					Staff								
J. Fazeli, MD	P	P	P						J. Barnard	P	P	P	P				
S. Feder, DO	CC	P	P	P					H. Lukas	P	P	P	P				
K. Flanigan, MD		P							A. MacLean	P	P	P	P				
R. Flowerdew, MD	P	P	P	P					D. McMahon	P	P	P	P				
M. Gleaton, MD	P	P	P	CC					D. Poulin	P	P	CC	CC				
K. Lombard, MD	CC		P						G. Smith	P	P	P	P				
D. Kreckel, MD	P	P	P	P													
G. T. Marshall, MD		P	P	P													
M. McAllister, MD	P		P	P					Guests:								
D. McDermott, MD		P		CC					MHA Representatives								
K. Mitchell, DO		P							Eileen Skinner				P				
M. Parker, MD	P		P						Steve Diaz, MD				P				
C. Pattavina, MD	P	P	P	P													
J. Petzel, MD	CC			CC													

Topic	Discussion	Action
1. Call to Order	Dr. Pierce called the meeting to order at 4:14 pm. Welcome to Maine Hospital Association Board Representatives: Eileen Skinner, President & CEO, Mercy Hospital Steve Diaz, MD, Chief Medical Officer, MaineGeneral Medical Center Introductions of attendees.	
2. Executive Committee Meeting Report of 6-4-14	Brian Pierce, MD, Board Chair noted the new format of the BOD Agenda intended to allow more opportunity for open discussion by board members. MOA Annual Meeting with an invitation for an MMA representative to attend their luncheon on Saturday, June 7 at the Samoset. Dr. Pierce willing to attend luncheon but welcome to step aside if another Board member is available to attend.	Dr. Pierce & Dr. Feder to further discuss who will attend MOA meeting.
3. Review and approval of minutes of April 30, 2014.	The April 30, 2014 Board meeting minutes were approved as presented.	Accepted.
4. Membership Report	Mr. Smith reported that membership numbers are at an historic high, attributable to group memberships. Active membership is currently 2,578 and total members at 4,245. Group membership dues are offered at a considerable reduced rate in the low \$300's, compared to the full dues membership of \$480. Retention of individual physicians from	Mr. Smith to follow up with St. Mary's and

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	<p>Franklin Memorial Hospital (a former group membership with 40 physicians that was not renewed due to financial difficulties) has not proven to be very successful, with only 6-8 individual physicians retained. A second letter, under the signature of Dr. Marshall, will be sent to the Franklin physicians. Dr. Marshall noted the hospital medical staff did vote to support the MPHP program with a \$1,000 donation. Nancy Cummings, MD, orthopedic surgeon at Franklin Memorial Hospital has accepted a position with the Mayo Clinic in Minnesota which includes staffing of both the NBA and WNBA teams. Mr. Smith will continue to meet with St. Mary's and Eastern Maine Health Care. With a new CMO at EMHC, Robert Thompson, MD (a family physician and former President of North Dakota Medical Society), Mr. Smith is hopeful for a group membership. Mr. Smith reiterated the difficulty in engaging physicians to become members, until a crisis arises when the physician does need the assistance of MMA. It is important to consider as we look at models of membership, that recruiting/maintaining one physician at a time is not a successful way to manage membership. Mr. Smith was successful in the recruitment of Maine Ortho, (Sean Hanley, MD practice) with a total of nine orthopedic surgeons.</p>	<p>Eastern Maine Healthcare.</p> <p>Mr. Smith to follow-up on DO component at CMMC with Dr. Goldstein & Mike Huppe (40 DO's in limbo on MMA membership).</p>
<p>5. Report of Chief Operating Officer; Andrew MacLean</p>	<p>Mr. MacLean referenced his COO Report. He welcomed any questions or concerns relative to his report. It was noted that although there is an updated <i>Closing your Practice</i> guide there is no plan at this time to update <i>Opening your Practice</i>, as there are not many requests for this guide.</p>	<p>Informational</p>
<p>6. Finance Report; Ms. Lukas</p>	<p>a. May financials. Ms. Lukas noted that to date finances are on target for the year. A total of \$605,000 in dues income is projected, with receipt of \$533,000 to date. \$40,000 is in unpaid group memberships. Individual dues collection is trailing in comparison to the previous year. \$37,000 in individual dues to be collected to meet budget. Ms. Lukas noted the more significant items: Seminars currently behind although the Physician Education Seminar generally brings in between \$12,000-\$13,000; Corporate Affiliates are stagnant and will be until we start billing in October; MMA Staff Retreat expense at \$3500 was not budgeted; flyte media represents a new expense at \$4500. MMA saved \$2,000 with the elimination of the Corporate Affiliate Breakfast this year and saved \$2,000 on the Legislative Committee Calls by changing vendors. Promotion of the Physicians Foundation survey brought in \$1,000. Mr. Smith referenced the Delinquent Dues list represents about \$60,000, reflecting the difficulty in trying to collect individual dues payments.</p> <p>Ms. Barnard, MMA Associate General Counsel was recognized by Dr. Raymond on behalf of the entire Board for her 4 years of dedicated service to MMA as she prepares to relocate to Vermont with her family.</p>	<p>Informational</p> <p>Mr. Smith to share the delinquent dues list with board members.</p>
<p>7. Priority Presentations & Topics</p>	<p>Board members asked to share the most significant topic or concern from the perspective of their specialty, geographic region or employment that MMA needs to be aware of consistent with the mission "To support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens."</p> <p>Dr. McAllister shared his concerns arising from a recent meeting in the Emergency Department at MaineGeneral in regard to the inevitable change from fee-for-service reimbursement; going forward with enormous pressure on diagnostic treatment and reducing these without considering effect on the patient – how are physicians to accomplish this – what about malpractice with these changes and how the community will feel – bad outcomes will be looked at in retrospect. How can physicians be proactive?</p> <p>Discussion among elicited the following comments:</p>	<p>Informational.</p> <p>2015 President's Retreat will further review 1st Friday Programs, Physician Education Seminar and HIPAA training.</p> <p>Mr. Smith to send article written for PIAA regarding Maine legislative experience with</p>

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	<ul style="list-style-type: none"> ➤ Follow safe guidelines – establish legal safe harbors. ➤ Guidelines are helpful – core measures prescribe certain things that are not only good ways to practice but which promote consistency and standardization. ➤ Do not mix up quality guidelines, it would be most important to engage more medical staff ➤ Choosing Wisely in Maine (lead by Maine Quality Counts) is an initiative of the ABIM Foundation to help physicians and patients engage in conversations about the overuse of tests and procedures; support physician efforts to help patients make smart and effective care choices. ➤ High level of concern is -how are these going to be perceived – with the big push on the consumer side to educate patients and minimizing costs – hoping we are all going to be smarter and not look to litigation. ➤ Mr. Smith noted a law that was passed in the State of Maine in the early 1990's. Mr. Smith noted the difficulty in drafting guidelines general enough to be accepted by physicians but specific enough to be used in litigation. The current pre-litigation panel system in Maine is solid. ➤ Pressure to meet quality measures in the office including administrative and financial burdens. ➤ Pressure is on primary care providers on a daily basis. ➤ The ACA and how a physician looks at the care of a patient vs. a hospital looks at their bottom line; thus increasing conflict - need to have MMA act as a leader in this role avoiding an antagonistic atmosphere. Tools are needed to work with ACO & CMS. ➤ Dynamics have changed over the years as employed physicians are dictated to. ➤ More intervention, but not simple ones, more and more mandates without proven results. Mandates order policy change – all overwhelming. ➤ The real challenge is to keep the communications open as the healthcare system is redesigned. ➤ Physicians do respond to the need for a voice in the legislature. Thru MMA we do have a voice – which is a great marketing opportunity for MMA. By providing a voice with common issues – it may be difficult to get their attention – but the survey results show that physicians felt the most valued MMA service to them is advocacy. <p>Mr. Smith noted the importance of MMA continuing the positive relationships that we have with hospitals in Maine. The MMA attorneys can work with the hospitals on interpretation of the law. As an association, MMA can represent physicians to hospitals and legislators – representation as a group.</p> <p>Mr. Smith also noted it is an unprecedented time and he has not seen it quite so tough with everyone struggling – including financial difficulties within hospitals. The majority of hospitals recognize that they need to work collaboratively with physicians. The Dan Hanley Center for Health Leadership education (with its partnership with Brandeis University) is highly credible with hospitals.</p> <p>Maintenance and Recertification – Dr. Petzel stated the concern with the increased yearly expense associated with maintenance of recertification (moc). Members shared the same concerns noting much time and money involved with no positive or beneficial results. Is more of an academic issue than an MMA issue?</p> <p>Mr. Smith further stated that MMA provides more services than most other state medical societies our size and we work with the employers (of physicians) (i.e. MPHP services, peer reviews). MMA wants involvement and engagement with</p>	<p>anesthesiology, ob-gyn, radiology and emergency medicine practice guidelines.</p> <p>MMA Staff to add <i>Protecting Emergency Services</i> to potential topics for legislative agenda.</p> <p>Mr. Smith to share the law.</p> <p>Mr. Smith requested the Board to sort the top 10 issues for MMA to address, (i.e. inconsistent administrative support, Emergency Medicine precise topics). You as MMA board members are the key and we need to hear from you more often.</p> <p>Mr. Smith will receive more information at the AMA meeting on this topic. An important topic to work with others on.</p>

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	physicians and the top selling point is MMA’s focus on advocacy. Medical Professionals Health Program – Dr. Chagrasulis, MPHP Advisory Committee Chair, referenced the release of the MPHP Annual Report. The MPHP held its first MPHP Board and Staff Retreat. The retreat was a success with Mr. MacLean; Mr. Smith and Angela Westhoff, Executive Director of MOA in attendance. The Advisory Committee has a subcommittee structure that is evolving. The focus on a new health and wellness committee is to work proactively in areas of health, wellness and recovery for health care professionals.	Questions or concerns about the program can be directed to Dr. Chagrasulis or Dr. Raymond, previous chair of the committee.
8. Leadership Reports	a. President; Dr. Raymond (see written report) b. President-elect; Dr. Ryan. 1. Dr. Ryan encouraged members to review the Annual Session materials and agenda and attend the meeting September 5-7 at the Harborside in Bar Harbor. Several significant changes have been made to the traditional agenda.	Informational.
9. EVP Report	a. EVP memo. (see written report) Additional FYI’s Physician Education Seminar- June 18 program distributed with members encouraged to assist in promoting attendance. Carol Vargo from the AMA will be addressing many of the issues discussed at the Board meeting today. <i>10% Happier</i> – by ABC Good Moring America Co-host, Dan Harris. Mr. Smith highly recommended this book that addresses how meditation helped the author confront serious health issues. Mr. Harris is a graduate of Colby College and began his television career in Bangor and Portland before moving to Boston and New York. flyte Media Contract – Mr. Smith will tweak the notes of the meeting on developing a digital marketing plan and return them to flyte. MMA will implement any appropriate recommendations, with appropriate support of the Board. IRS Scam – Mr. Smith reported that MMA is assisting the IRS with the information received from the physicians who have been affected by the scam. At this time, it is not certain exactly what happened, but one Maine physician was also scammed with the filing of a state tax return in Michigan.	Informational.
10. Evaluation of Meeting	a. Meeting evaluation results on a scale of 1 to 10. (1 being the worst and 10 being the best) AVERAGE 7.79	
11. Adjourned.	Meeting adjourned at 6:02 pm. <p style="text-align: center;">NEXT MEETING Friday, July 18 3:00 pm – Dr. Raymond’s Residence, Wallagrass, ME</p>	

Submitted by: Diane McMahon
 Approved by: Brian Pierce, MD