Party Control of Maine Legislature Shifts Again; 4 Physicians Among Apparent Winners

Demonstrating just how volatile the electorate continues to be, at press time Maine voters in the 2012 General Election appear to have restored Democratic control of both chambers of the 126th Maine Legislature. Among the apparent Democratic winners are four physicians: Representative Linda F Sanborn, M.D. (District 130, parts of Buxton and Gorham), Senator-elect Geoffrey M. Gratwick, M.D. (District 32, Bangor and Hermon), Representative-elect Ann E. Dornay, M.D. (District 86, Madison, Norridgewock, and Solon), and Representative Jane P Pringle, M.D. (District 111, part of Windham). The MMA congratulates these successful physician candidates! They will bring great credibility to the continuing debate about health care reform and other important health policy matters in the Maine legislature.

With the election now over, the MMA leadership and staff are busy preparing for the First Regular Session of the 126th Legislature. The new legislature is scheduled to convene on December 6th for swearing in ceremonies and the election of leadership and constitutional officers. The deadline for legislators to file bills is December 21st and the MMA expects hundreds of bills impacting on medical practice and public health to be considered in 2013. Budget errors continue, both in Augusta and Washington, D.C. with continuing uncertainty about federal approval of 2012 MaineCare cuts and the so-called ‘fiscal cliff’ facing President Obama and the Congress on January 1st. Among the federal fiscal problems is the 27% Medicare SGR cut that would be devastating to both physicians and patients, but the AMA, MMA, and other medical societies are working hard to achieve another short-term patch during the lame duck session. The new Congress must, however, work toward a permanent solution to the Medicare SGR problem.

The MMA Legislative Committee, now chaired by Amy Madden, M.D., a family physician practicing in Belgrade, will meet on December 12th to review the composition of the new legislature and to finalize the Association’s legislative agenda for 2013-2014. Dr. Madden invites any interested physician and medical specialty society representative to the meeting to discuss policy priorities for the medical community.

So, please join the MMA leadership and staff in advocating for the interests of your patients, public health, and responsible professional regulation. Serve as Doctor of the Day, participate in Physicians’ Day at the Legislature on March 19th, and join the weekly Legislative Committee conference calls when you can. Democracy is a participatory sport and we need your help!

MMA Concludes Successful 159th Annual Meeting

Members and guests of the Maine Medical Association met for the 159th time this past September in Bar Harbor. Over 250 people attended some or all of the meeting, which featured CME sessions on aging with the theme of “Caring for Our Elders.” Keynote Speaker Dennis McCullough, M.D. set a serious tone for the Distinguished group of Past Presidents.

At the annual business meeting on Saturday morning, the members passed six resolutions and adopted a balanced budget for 2013. Dieter Kreckel, M.D., a family physician practicing in Rumford, was installed as President of MMA for the next year, following Nancy M Cummings, M.D. Dr. Kreckel was elected as President-elect. Lisa Ryan, D.O., of Bridgton, was elected by the Board of Directors as Chair of the Board.

The six resolutions were passed as presented and can be found on the MMA website at www.mainemed.com. Following are the titles of each of the Resolutions:

1. Appropriate Use of Antibiotics
2. Support for our Public Health Infrastructure
3. Focus on the Possession of Dangerous Weapons
4. Taxes on Beverages with Added Sweeteners
5. Operation of Maine’s Pre-litigation Screening Panels
6. Maintenance and Expansion of Health Care Coverage in Maine

Resolution #6 was a late resolution presented by the Board of Directors that calls on the Association to reaffirm its support for universal health care coverage and oppose reductions to MaineCare eligibility enacted by the 125th Maine Legislature, as well as support the expansion of MaineCare to all eligible individuals up to 133% of the federal poverty level in 2014.

Presentations were made at the Saturday morning session by Terrance Sherahan, M.D., President of Medical Mutual Insurance Company of Maine; Michael Sherman, M.D., MBA, Chief Medical Officer of Harvard Pilgrim Health Care and James Harnar, Executive Director of the Hanley Center for Health Leadership.

On Sunday morning, several practicing physicians shared with attendees their experiences in different types of practice models.

Other highlights of the meeting included the presentation of the Annual Award for Distinguished Service to Charles "Tom" McGill, M.D. of Baileyville and a special presentation to Patricia Bergeron who began work at MMA 50 years ago, in 1962. Three senior physicians attended to be presented with 50 year pins recognizing the 50th anniversary of their graduation from medical schools. John Serrage, M.D., John Van Pelt, M.D. and Eric Nicholas, M.D., all made brief remarks expressing their appreciation for having had the opportunity to practice in Maine.

The 2013 Annual Meeting, celebrating the Association’s 160th anniversary, will be held in Portland, Maine at the Holiday Inn by the Bay October 4-6th. We hope to see you there!

Outgoing MMA President, Nancy Cummings, M.D. presents the Distinguished Service Award to Charles "Tom" McGill, M.D. of Baileyville.

More photos of Annual Meeting on page 4
Greetings to all the physicians of Maine. My name is Dieter Kreckel and I have the honor of being the President of the Maine Medical Association for the next year. The year started at our annual session held in Bar Harbor, Maine. Our theme this year was “Dental Care” and the session was well attended by physicians from around the state.

I would first like to thank Nancy Siemens, M.D., for her exceptional leadership as president this past year. She continues to be an active member of the Association and we appreciate all the time and effort she has committed on behalf of Maine physicians.

Your association continues to be active in many areas on your behalf. Certainly each of you brings a unique challenge to the table by state and national level. This year has been particularly challenging and with the upcoming elections, the coming year promises to be equally interesting. The Medicare SGR problem and general reimbursement for service at all levels, continue to affect a long term solution. Meaningful use and changes in medicare/medicare payments will need to be taken into account. Your association will help you navigate your practice through these minefields.

The association has worked hard with Dr. Kevin Hamigan and MaineCare to develop a reasonable set of guidelines for prescripions for controlled substances. We continue to work on the changes that the Affordable Care Act (ACA) will bring and how we can help you and your practice get ready for those changes. Other issues change the upcoming change in CPT coding and how that will affect your practices. The association will be offering First Fridays where many of these issues and others are addressed/presented. A list of all the 2013 presentations are included as an insert with this issue of Maine Medicine.

The practice of medicine continues to change and we must adapt and in fact lead the change. Whether you are in a group practice, solo practice, or in a hospital owned practice, all of these changes and more will affect the way you take care of your patients today and tomorrow.

Your team at the association continues to work hard for you and represent you at all levels, including working on contracts, peer review, and voicing your concerns in the state and national legislative arenas. To continue to do so, we need your input and help. You can inform us of issues or problems and can even add your expertise to help us address some of these issues as we site our seminars or send you our staff. Serve as ‘Doctor of the Day’ at the state legislature and see how things work in Augusta, come to our seminars or send your staff. Serve as ‘Doctor of the Day’ at the state legislature and see how things work in Augusta, come to our seminars or send your staff. Serve as ‘Doctor of the Day’ at the state legislature and see how things work in Augusta, come to our seminars or send your staff. Serve as ‘Doctor of the Day’ at the state legislature and see how things work in Augusta, come to our seminars or send your staff. 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Common Sense Compliance

Lessons from the Wall of Shame
By Stacey Mondschein Katz, Esq.

Have you ever looked at the federal Department of Health and Human Services (HHS) Breach Notification page, also known as the ‘Wall of Shame’? If you haven’t, you should. Where a breach of unsecured protected health information (PHI) impacts 500 or more individuals, and ‘safe harbor’ or exception applies after an investigation, a report to HHS is mandated within 60 days of when the breach was, or reasonably should have been discovered. That information is posted to the HHS website for the world to see.

As of this writing, 498 organizations, including individual medical practices and mammograph healthcare entities, have made such reports. The reports range from an impact of 140 individuals’ records to a mind-boggling 4,901,432 patients’ PHI affected by a breach at TRICARE Management Activity, when EHR back-up tapes were lost.

The vast majority of breaches appear to be caused by theft or loss of unencrypted desktop or laptop computers or other electronics, including servers and portable devices. Other reasons for posting include lost, stolen or unauthorized access to paper documents and improper disposal of PHI. The sinister hacking scenario appears to be a rare cause of breach. A number of these breaches have occurred at the hands of business associates.

This data can be very useful in informing your overall breach protection and compliance strategies and steps, as there is almost always a place where security or privacy practices can be strengthened. How do you prevent those events posted on the Wall of Shame from being repeated in your practice?

Along with having understandable written policies and strong business associate agreements, consider low tech fundamentals such as locking paper charts away when not in use, and storing tablets and laptops in a secure cabinet after hours. Physical security, such as window and office door locks, an alarm system, and anti-theft devices may help prevent the loss of a desktop computer or server that hosts patient data.

Appropriate encryption of electronic PHI would keep your organization from having in publically post a sizeable breach to the Wall of Shame, and is high on the list of considerations in the Stage 2 Meaningful Use criteria.

Don’t forget regular education on these issues. The Office of the National Coordinator recently posted a training ‘game’ at www.healthit.gov that may help support your privacy and security efforts. While not a substitute for in-person education that allows for questions and responses applicable to your practice, the free training is another tool in your compliance toolbox. Be sure to document any training to demonstrate your good faith compliance efforts in the event of a regulatory review.

And if you feel like you are falling behind, you are not alone. Even CMS and its contractors were recently found to have missed several HIPAA requirements in reporting numerous breaches of PHI, which included mailings to wrong addresses, loss of documents in transit, and erroneously posting patient PHI online. CMS agreed that it needed to improve its breach notification measures.

But while CMS won’t be subject to enforcement and financial penalties, your practice could be. That is why putting common sense safeguards into place may be the key to your compliance success.

Stacey Mondschein Katz, Esq. is the founder and president of SMK Consulting Services, LLC, a healthcare compliance and education company. She may be reached at stacey@smkconsultingservices.com or visit her website at www.smkconsultingservices.com.

Upcoming Specialty Society Meetings

DECEMBER 5, 2012
Dry Dock Restaurant & Tavern – Portland, ME
Maine Chapter, American College of Emergency Physicians Chapter Meeting
MMA Contact: Maureen Ellwell 622-3374 x219 or melwell@mainemed.com

DECEMBER 19, 2012
Maine Medical Association – Manchester, ME
Maine Chapter, American College of Physicians GAC & Chairs Meeting
Contact: Warren Erlsdorf 207-215-7118 or warren54@yahoo.com

FEBRUARY 2-3, 2015
Sugarloaf Mountain Hotel & Conference Center
Maine Urological Association Annual Winter Conference
MMA Contact: Diana Poulin 207-622-3374, x225 or dpoulin@mainemed.com

FEBRUARY 9-10, 2015
Sugarloaf Mountain Hotel & Conference Center
Maine Society of Anesthesiologists Winter Meeting
Contact: Anna Bregdon 207-441-5989 or natalieh@gmail.com

MARCH 6, 2013
Exact location TBD – Lewiston, ME
Maine Chapter, American College of Emergency Physicians Spring Business Meeting
MMA Contact: Maureen Ellwell 622-3374 x219 or melwell@mainemed.com

APRIL 18-19, 2015
Harvest Portland at Sable Oaks
Maine Association of Psychiatric Physicians Spring General Membership Meeting & Clinical Conference
MMA Contact: Diana Poulin 207-622-3374, x225 or dpoulin@mainemed.com

MAY 3, 2013
Harrahsnet Inn - Freeport, ME
Maine Society of Eye Physicians and Surgeons Spring Business Meeting
MMA Contact: Sherry Goggin 207-445-2260 or sgoggin@mainemed.com

MAY 4-5, 2013
Harborside Hotel & Marina – Bar Harbor, ME
Maine Chapter, American Academy of Pediatrics Spring Educational Conference – Theme: Pediatric Hospital Medicine
Contact: Leslie Goode 207-782-0850 or lgoode@rap.net

JUNE 27, 2013
Fisher’s Wharf – Boothbay Harbor, ME
Maine Chapter, American College of Emergency Physicians Lobster & Clam Bake on Cabbage Island
Contact: Maureen Ellwell 622-3374 x219 or melwell@mainemed.com

SEPTEMBER 4, 2013
Maine Chapter, American College of Emergency Physicians Fall Business Meeting
Contact: Maureen Ellwell 622-3374 x219 or melwell@mainemed.com

SEPTEMBER 20, 2013
Harborside Hotel & Marina – Bar Harbor, ME
Maine Society of Eye Physicians and Surgeons Fall Business Meeting
To be held in conjunction with the 12th Annual Downeast Ophthalmology Symposium
MMA Contact: Sherry Goggin 207-445-2260 or sgoggin@mainemed.com

SEPTEMBER 20-22, 2013
Harborside Hotel & Marina – Bar Harbor, ME
12th Annual Downeast Ophthalmology Symposium
(Presented by the Maine Society of Eye Physicians and Surgeons)
MMA Contact: Sherry Goggin 207-445-2260 or sgoggin@mainemed.com

Maine Primary Care Association Annual Meeting

Norman Fourner, retiring CEO at Fish River Rural Health of East Lubec and Fort Kent and his wife Aime with Holly Gartmayer-DeYoung, CEO of Fastport Health Care, Inc. Mr. Fourner received the MPCA President’s Award at the Maine Primary Care Association meeting.

Calling Hospice of Southern Maine doesn’t mean you’re giving up... It means you’re taking charge.

Many patients tell us they wish they’d come into hospice sooner. Contact us today to learn more about the care we provide through our home program and Gosnell Memorial Hospice House.

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**Legislative Update**

*MMA Legislative Committee Prepares for 126th Maine Legislature*

The 126th Maine Legislature will be seated in early December and will begin the work of its First Regular Session in early January 2013. The MMA Legislative Committee, now chaired by Amy Madden, M.D., has scheduled an organizational meeting in anticipation of the new legislature on Wednesday, December 12, 2012 at the MMA headquarters in Manchester and any interested member is welcome to attend.

With the election of Lisa Ryan, D.O. as Chair of the MMA Board of Directors, the Legislative Committee members thank her for her service to the Committee and welcome Amy Madden, M.D. as the incoming Chair. Dr. Madden is board certified in family medicine and practices at the Belgrade Regional Health Center. As mentioned above, the organizational meeting of the MMA Legislative Committee will take place on Wednesday, December 12, 2012 from 6:00 to approximately 8:30 p.m. at the Frank O. Stred Building, 10 Association Drive in Manchester. Because the Committee will be discussing the MMA’s legislative agenda for the new legislature, medical specialty societies are strongly encouraged to have one or more representatives at the meeting. Any interested member also is welcome. Please RSVP to Maureen Elwell, Legislative Assistant, at melwell@mainemed.com or 622-3374, ext. 291.

The MMA staff has prepared a comprehensive summary of the health care legislation considered by the outgoing legislature that is now available in printed form from the MMA office and is available on the MMA web site, www.mainemed.com. Also, you can find the 2012 Annual Report of the Legislative Committee, presented to the membership at the Annual Session in Bar Harbor in early September, on the web at http://www.mainemed.com/annual/2012/2012AnnualReport_LegislativeCommittee.pdf.

During the legislative session, the MMA staff provides links to bills for review and comment, updates on the legislature's work, and calls-to-action through our weekly electronic newsletter, *Maine Medicine Weekly Update*. Also, the MMA Legislative Committee holds a weekly conference call to review bills and brief members on legislative action. The conference call information is published each week in the *Maine Medicine Weekly Update*. Look for these calls to begin again in mid-January 2013.

To find more information about the MMA’s advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA web site, www.mainemed.com/legislation/index.php. You will find more information about the Maine Legislature, including schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at http://www.mainemed.com/legislation/index.php.

The MMA welcomes your participation in our legislative advocacy activities. For more information, please contact Andrew MacLean, Deputy Executive Vice President, at amaclean@mainemed.com.

Thank You!

The second-session of the 125th Legislative Session is now behind us. The MMA would like to acknowledge all members who assisted in the legislative process to advocate for patients and fellow physicians during the session. We appreciate the time that these physicians took out of their busy schedules to come to the State House and participate in the Doctor of the Day Program and those who testified in person or submitted testimony for public hearings. Testimony at public hearings and participation in the Doctor of the Day Program are essential elements of MMA’s role in promoting a good practice environment for physicians in the State of Maine and quality healthcare for Maine citizens. The MMA would also like to thank the children of our Doctor of the Day participants who served as honorary pages in the House of Representatives. We have done our very best to include all participants in the following lists and we apologize if we have omitted anyone. If your name was omitted, please contact Maureen Elwell at melwell@mainemed.com.

**Doctor of the Day 2012**

**Participants:**
- William Atie, Jr., MD
- Michael Bell, MD
- A Jan Berlin, MD
- Carla Burkeley, MD
- Rebecca Chagouralis, MD, FACEP
- Judith Chamberlain, MD
- Kenneth Christman, MD
- Barbara Govey, MD
- Nancy Cummings, MD
- Russell Dyjong, MD
- Richard Fen, DO
- Richard Flowerdew, MD
- Janet Fowle, MD, FACEP
- Jonathan Gasper, MD
- Marcella Grant, MD
- Lani Grahan, MD, MPH
- Daniel Hammond, DO
- Sue-Sane Hammond, DO
- Andrew herson, MD
- David Jones, MD
- Scott Kenmerrer, MD, FACEP
- Peter Lightghon, MD
- Lisa Letourneau, MD, MPH
- David McDermont, MD
- Dylan McKerney, MD
- Elisabeth Noeck, MD, MPH, FAAP
- Barbara Moss, DO
- Tim Nuce, MD
- Thomas Page, DO
- Charles Pattavina, MD, FACEP
- Jamin Petel, MD
- Chris Pezzullo, DO
- Melaune Rand, DO
- Lisa Ryan, DO
- Sydney Sewall, MD, MPH
- Daniel Sanhexer, MD
- Donald Strickland, MD
- Robert Striba, MD, MPH, PhD
- William Tapley Jr., MD
- Emily Trask-Easton, MD
- Robert Weiss, MD
- Gary Wim, DO, MPH

**Honorary Pages:**
- Luke Gerard Moss Bartol
- Kate Boston
- Gabriel Fen
- Jakob & Alexandra Hammond
- Rayanne Harris
- Cole & Lauren Jakobs
- Laura & Emily Mock
- Alex, Henry & Josephine Nuce
- Caleb Rand
- Susie Strickland
- Emily & Benjamin Talpey

**Public Testimony:**
- Paul Berknan, DO
- Steve Diaz, MD, FACEP
- Steven Feder, MD
- Lani Graham, MD, MPH
- James Maier, MD
- Tamas Perydy, MD, FACEP
- Jeffrey Young, MD

We look forward to seeing you at the Statehouse in 2013!

**More Photos of Annual Meeting**

- From top: Fifty year pin recipients John Serrage, M.D., John Van Helt, M.D., and Eric Nickolau, M.D.
- Patricia Bergeron does the honors.

- From left: Janet Smith, Margaret Kenney, and Katherine Ayer at Annual Meeting reception.

- AMA Delegate Richard A. Evans, M.D. moderated the Saturday morning business meeting.
it can be challenging to know how to help patients feel more comfortable making health care choices. As we strive to learn how best to support these changes, Maine Quality Counts has been working with consumers and experts around the country, and offers some specific suggestions for actions that could help:

1) Create a safe space: The first step in helping patients become more engaged in these important discussions is to realize they often may not feel safe or encouraged to do so. Recognizing that, providers need to actively encourage patients to become engaged. We need to actively persuade patients that it is not only okay to ask questions or challenge recommendations, but that we actually encourage it. Making statements such as, “I know it can sometimes be hard to ask doctors questions, but it would be very helpful to me if you’d share some of your questions,” can be hugely helpful to change perceptions and create space for collaborative discussions.

2) Use your team: While patients trust their doctors, studies show that patients also have great trust in nurses and other members of the health care team, especially when their physician expresses confidence in that team. Given the busy pace of practices, physicians need to empower, train, and use their staff team to be part of the process of educating and engaging patients in shared decision making. By delegating and distributing tasks across the team, physicians will be better able to ensure that our patients can get their needs met during a busy visit.

3) Use the tools: There are a growing number of well-developed decision support tools that providers can use to introduce the concepts of shared decision making, and provide patients with more information about their treatment choices for specific conditions. Locally, MaineHealth is currently leading an effort to promote shared decision making (http://www.mainehealth.org/mh/body.cfm?id=7868).

Providers can also find resources at other trusted organizations such as:
- AHRQ’s “Choosing Wisely”: www.choosingwisely.org

Additionally, Maine Quality Counts (QC) launched the “Better Health. Better MD.” (BHBM) patient engagement campaign to help patients and care-givers to become more confident participants in their care. The goal of this effort is to empower patients to engage in a dialog with their physician, ask questions to better understand their options, and take accountability for their own health and health care. The BHBM initiative seeks to reduce communication barriers between patients and their physicians, and assist in creating an effective dialog that can lead to more meaningful partnerships (shared decision-making) to improve the quality of health and health care.

As part of this effort, QC has developed a patient brochure titled “It’s All About ME!” that offers patients specific steps to partner in their health care. The brochure encourages patients to take four steps to become more active partners in their care: (1) visit your primary care provider; (2) ask questions; (3) know your health-related numbers; and (4) use community resources to help reach health goals. For more information, contact lambertcoffin@mainequalitycounts.org.

Ultimately, changing these behaviors is nothing less than changing the culture of health care in this country. While challenging, it is possible. Let this be the legacy of our generation that will change the culture of health care as we know it.
From the State Epidemiologist

By Stephen D. Sears, M.D., M.P.H., State Epidemiologist, Maine Center for Disease Control and Prevention

Hepatitis C – New Guidelines

Why baby boomers should get tested for Hepatitis C Virus Infection (And Yes I am a Boomer):

Hepatitis C virus (HCV) infection is an increasing cause of morbidity and mortality in the United States. Many of the 2.7-3.9 million persons living with HCV infection are unaware that they are infected and do not seek care or treatment. The most recent data show that an estimated 17,000 persons were newly infected in 2010. Maine Center for Disease Control and Prevention (Maine CDC) estimates there are 21,000-26,000 persons living with chronic HCV infection in the State. Over 16,000 reports of chronic HCV have been made since reporting began in 1980. U.S. CDC estimates that although persons born during 1945–1965 may make up about 27% of the population, they account for approximately three fourths of all HCV infections in the United States, 73% of HCV-associated mortality, and are at greatest risk for hepatic and extrahepatic complications resulting from HCV-related liver disease.

With the development of new therapies, we can stop disease progression and provide a virologic cure in most patients. With targeted testing and linkage to care for infected persons in this birth cohort, it is likely we can reduce HCV-related morbidity and mortality.

Why baby boomers?

We don’t completely understand why baby boomers have the highest rates of chronic hepatitis C. Most are believed to have become infected in the 1970s and 1980s when rates of the disease were the highest. Since chronic hepatitis C can go unnoticed for up to several decades, it is possible that baby boomers could be living with an infection that occurred many years ago. Hepatitis C is primarily spread through contact with blood from an infected person. This may have been the cause of infection in this baby boomer population before widespread screening of the blood supply became common in 1992 and universal precautions were adopted. Others may have become infected from injecting drugs, even if only once in the past. To many, the source of infection remains a mystery.

What test?

We know that early diagnosis and treatment of hepatitis C can help prevent liver damage, cirrhosis, and even liver cancer. The sooner a person is aware of his/her infection, the sooner he/she can take steps to seek care and treatment and learn how to prevent the spread of infection to others.

What the CME Accreditation Statement Means for You

When you review announcements of continuing medical education (CME) activities, you may notice an accreditation statement, which tells you that the education provider is accredited by the Accreditation Council for Continuing Medical Education (ACME®) or by the Maine Medical Association (MMA) to provide CME for physicians. What is the meaning of that statement? What is its value and benefit for you?

The statement tells you that the CME provider is part of a community of more than 2,000 accredited organizations across the country that offer more than 150,000 educational activities each year, addressing national, regional, and community-based health care improvement priorities. ACME accreditation assures physicians and other health care professionals that CME is designed to be relevant, effective, and independent. The ACME accredits organizations that offer CME primarily to physicians. ACME provides a voluntary, self-regulatory system that has been in place for more than three decades and has become a model for professional, state, and other national organizations to adopt and implement standards of quality and best practices in CME.

The accreditation statement is brief, but it stands for a voluntary, self-regulatory system that has been in place for more than three decades and has become a model for professional, state, and other national organizations to adopt and implement standards of quality and best practices in CME. The ACCME Standards for Commercial Support create a framework for ensuring that CME is accountable to participants, the profession of medicine, and to the public for promoting health care quality improvement. The Standards require CME providers to design activities that are independent, free from commercial bias, and based on valid content. Providers must identify and resolve conflicts of interest, and disclose to learners the relevant financial relationships of all those in control of CME content. The ACCME’s objective is to support the free flow of scientific exchange while safeguarding accredited CME from commercial influence.

The accreditation statement shows that the provider is a voluntary, self-regulatory system that has been in place for more than three decades and has become a national model. Since its founding in 1981, the ACME has focused on setting and maintaining accreditation requirements that are relevant to physicians’ lifelong learning needs and responsive to changes in the health care environment. The ACME accreditation system is your assurance that CME is of, by, and for the profession of medicine.

The ACME Accreditation Statement

The Accreditation Council for Continuing Medical Education accreditation statement must appear on all CME activity materials or brochures. The ACME Accreditation Statement (the name of accredited provider) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

For jointly sponsored activities: The (name of accredited provider) is accredited by the Accreditation Council for Continuing Medical Education through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the ACME to provide continuing medical education for physicians.

The MMA Accreditation Statement

The name of the state medical association that provides CME for physicians is accredited by the Maine Medical Association’s Committee on Continuing Medical Education to provide Continuing Medical Education (CME) to physicians.

The AMA Designation of Credit Statement

The (name of accredited provider) designates this activity for a maximum of ___ credits, which is acceptable for ___ credits. The statement must include the number of credits earned. The statement must identify the CME activity, the name of the provider, and the name and address of the provider. The statement must appear on all CME activity materials or brochures.

To successfully claim credit, a physician must meet all the eligibility criteria for the activity, complete the learning objectives of the activity, and pass the posttest with a passing grade. The statement must also include the AMA Designation of Credit Statement. The statement must appear on all CME activity materials or brochures.
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Public Health Spotlight

By Jessa Barnard, J.D., Director of Public Health Policy, MMA

Antimicrobial Resistance Posing Growing Health Threat: MMA, MeCDC and Partners Join Get Smart About Antibiotics Week to Draw Attention to the Issue

Jessa Barnard, J.D.

Millions of americans take antimicrobial drugs each year to fight illness, trusting they will work. However, the bacteria, viruses and other pathogens are fighting back. Within the past couple of years alone, new drug-resistant patterns have emerged and resistance has increased — a trend that demands urgent action to reverse the last lines of defense against many of these germs. This year, the Maine Medical Association and Maine Center for Disease Control and Prevention join with the US CDC and other health partners in recognizing Get Smart about Antibiotics Week, November 12-18th.

People assume that antibiotics will always be there to fight the worst infections, but antimicrobial resistance is robbing us of that certainty and new drug-resistant pathogens are emerging,” said MeCDC State Epidemiologist and MMA Member Stephen Sears, MD, MPH. “It’s not enough to hope that we’ll have effective drugs to combat these infections. We must all act now to safeguard this important resource.”

Antimicrobial resistance—when germs change in a way that reduces or eliminates the effectiveness of drugs to treat them—is a growing global problem. Sporadic cases of pandemic H1N1 flu have shown resistance to oseltamivir, one of only two antivirals that work against it. In the United States, methicillin-resistant Staphylococcus aureus, known as MRSA, remains a problem in many health care settings. Drug-resistant Klebsiella pneumoniae, previously seen in a limited number of hospitals, has now been reported in at least 36 states. Gonorrhea is now showing potential for resistance to cephalosporins, the only recommended antibiotic left to treat this common sexually transmitted infection.

Antibiotic resistance increases the economic burden on the entire health care system. Resistant infections are often more severe, leading to longer hospital stays and increased costs for treatment. According to the latest available data, antibiotic resistance in the United States costs an estimated $20 billion a year in excess health care costs, $55 million in other societal costs and more than 8 million additional days that people spend in the hospital.

As part of the effort to address this concerning trend, US CDC, FDA, and an alliance of partners representing national health organizations, state and local health departments, non-profits, managed care organizations, pharmaceutical companies, and other groups concerned about this problem, hope to reverse the public perception that ‘antibiotics cure everything’ through their Get Smart campaign. The campaign relies on featuring a series of television, radio, and print public service announcements and comprehensive national, state, and local outreach. The campaign aims to better inform the public and prescribers about when antibiotic treatment is warranted.

The public can play a role in reducing the threat of antimicrobial resistance by not pressuring their health care providers for antibiotics, not sharing or saving antibiotics, and taking antibiotics exactly as prescribed, including taking the entire amount prescribed.

Health care providers can prevent antimicrobial resistance by ensuring prompt diagnosis and treatment of infections, prescribing antibiotics appropriately, and following infection prevention techniques to prevent the spread of drug-resistant infections in health care facilities. According to the CDC, tens of millions of the antibiotics are prescribed in doctors’ offices for viral infections that are not treatable with antibiotics. Doctors cite diagnostic uncertainty, time pressure, and patient demand as the primary reasons for their tendency to over-prescribe antibiotics. Doctors cite diagnostic uncertainty, time pressure, and patient demand as the primary reasons for their tendency to over-prescribe antibiotics.

For treatment guidelines for Upper Respiratory Tract Infections, see:

For more information about antimicrobial resistance, including background articles, patient materials and continuing education programs, see:
http://www.cdc.gov/getsmart-specific-groups/hcp/

Medical Mutual Insurance Company of Maine Risk Management Practice Tip: Communication: Managing Conflict

Effective communication is a two-way process that involves sending the right message to the right way that is correctly received and understood. It sounds like an easy process and in fact people communicate everyday in many ways. But is this communication always effective?

Providers and staff members who feel increasing pressure to do more with less resources may wonder how they can find time in their busy schedules to improve patient communications. Studies have shown that when communications are effective, patients are more likely to follow their providers’ recommendations. At times communications will run smoothly. Far too often however, there are breakdowns in communication which often lead to conflict and defensiveness. When people encounter conflict they typically respond in one of two ways, they will either defend themselves or find a way to escape from the situation. Neither of these is an effective method for dealing with conflict.

When encountering conflict consider the following steps:

Build Skills:

First ask:

• What is my conflict style?
• How adept am I at communication?
• What are my triggers and beliefs that might interfere with my conflict style?

Evaluate:

• When conflict arises do a quick “self-assessment.”
• What am I bringing to the discussion?
• Does my background affect how I communicate?
• Am I making assumptions about the person or situation?
• What else is influencing the situation?

Determine what you want from this discussion, e.g., a resolution with a win-win outcome.

Engage:

Once you are prepared to interact:

• Acknowledge the patient and elicit their concern.
• Remember to remain calm, respectful and professional.

Empathize:

Empathic communication can help to diffuse situations. One article notes that “extending empathy, by focusing on the patient’s emotions and being firm but compassionate... can return a difficult encounter to success.”

When interacting:

• Actually listen with a posture signaling openness, make good eye contact and use a non-threatening tone of voice.
• Remember to accept the patient and not judge them.
• Acknowledge their feelings and reflect on your understanding using statements such as: “Let’s see if I have this right.”

Impact:

• How adept am I at communication?

Present:

• What are my triggers and beliefs that might interfere with the communication?

End:

• Conclude the interaction by:
  • Verifying the plan with the patient
  • Committing to continually communicate expectations.
  • Confirming that the patient feels the conflict has been resolved.

Effective communication is not always easy. Taking the time to assess our communication skills and then working on techniques to improve our skills will greatly enhance our chances of communicating effectively with not only our patients, but also fellow employees and colleagues.

Medical Mutual Insurance Company of Maine offers this tip as reference information only. It is not intended to establish practice standards or serve as legal advice. Please obtain a legal opinion from a qualified attorney for any specific application to your practice.

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