

**MAINE MEDICAL ASSOCIATION – PUBLIC HEALTH COMMITTEE
MEETING MINUTES
June 9, 2010**

MEMBERS PRESENT: Co-Chairs, Lani Graham, MD and Norma Dreyfus, MD, Duke Dufresne, MD, Daniel Oppenheim, MD, John Garofalo, MD, Richard Jennings, MD, Robert Struba, MD, Jim Maier, MD, Ted Walworth, MD

OTHERS PRESENT: Gordon Smith, Andrew MacLean and Kellie Miller (staff), Mariah Gleaton (MMA Intern) Lisa Pohlmann, Deputy Dir. NRCM

TOPIC	DISCUSSION	ACTION/FOLLOW UP/RESULTS
<p>Welcome & Introductions Members attended in person and via conference call and video-conference.</p> <p>Review of the April 26, 2010 PHC meeting minutes</p>	<p>Dr. Dreyfus opened the meeting at 4:05 pm, and asked for all to introduce themselves.</p> <p>Members reviewed the minutes, motion to approve. All in favor</p>	<p>Minutes Accepted.</p>
<p>Old Business</p>	<ol style="list-style-type: none"> 1. Dr. Dreyfus summarized the forum on Climate Change and Human Health, held May 20th. Increase in infectious diseases, lyme disease occurring earlier, increase in co2 and its effects on allergens. We need to educate our physicians to mitigate and adapt and also work with the hospitals (MeshNET). 2. Dr. Jennings expressed his concern about wind energy opposition and believes it's a devastating slow down of the process. He requested a letter writing campaign. Dr. Graham thought it would be helpful to send a note out to the MMA membership about climate change, include the resolution and there are concerns. Dr. Walworth suggested that any letters that are written, should be copied and sent to the MMA staff to ensure a respository. 	<p>Action Item:</p> <p>MMA assist in educational efforts towards members to mitigate and adapt climate changes.</p> <p>Letter/education to members to encourage their participation in the Climate Change issue.</p>

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<p>Guest Speaker – Lisa Pohlmann, Assistant Executive Director of Natural Resource Council of Maine (NRCM)</p>	<p>Ms. Pohlmann spoke to the Public Health implications of Climate Change and the current events on the national level on federal legislation. She stressed the importance of the medical community voicing their opinion about the health effects, etc...</p>	<p>Action: Dr. Graham will prepare a plan of next steps for our PHC action items to discuss at the August meeting.</p> <p>Identify high profile republican physicians in Maine who would agree to sign onto a letter to our Congressional Delegation.</p>
<p>Staff Resignation</p>	<p>Mr. Smith announced the resignation of Kellie Slate Miller, Director of Public Health Policy, with her last day being July 2nd.</p>	
<p>New Business:</p> <ul style="list-style-type: none"> • UEVHPA 	<p>Dr. Walworth brought the issue forward regarding, Uniform Emergency Volunteer Health Practitioner Act (UEVHPA). Passage of UEVHPA would open the door for volunteers with appropriate skills and expertise to volunteer services in a state with an emergency as if they are licensed in that particular state. Mr. MacLean indicated that he believes we in Maine have addressed most of this and he will thoroughly review prior to the next PHC meeting.</p>	<p>Action Items:</p> <p>Ask Dr. Dora Mills to review, ask the Red Cross and MEMA.</p> <p>Mr. MacLean will also review and bring back information to the committee for their</p>

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<ul style="list-style-type: none"> • Use of Antibiotics in livestock agriculture • State Health Plan public health committee comments • Gubernatorial Forum Update • Resolutions <p>Committee adjourned at 6:00 pm</p> <p>Next meeting scheduled for October 13, 2010.</p>	<p>next PHC meeting.</p> <p>The committee agreed that we need to follow up on this issue to find out the status on the national level.</p> <p>The Co-chairs and staff prepared comments for inclusion in the MMA's overall written testimony. (a copy is attached to these minutes) Much discussion ensued amongst the committee members.</p> <p>To date a list of questions have been generated and are attached to these minutes.</p> <p>For clarification - There is no moratorium on submitting resolutions.</p>	<p>committee for their August 11th meeting.</p> <p>Staff to follow up and bring additional information to the August 11th meeting.</p> <p>Ask if Webex could be available to broadcast the forum to members unable to attend the Annual Session.</p> <p>PHC to forward questions to MMA Executive Committee to make a final decision on the questions that will be included.</p> <p>Encourage PHC members to submit resolutions by the August 11th meeting.</p>

Public Health Committee
Draft Questions for Gubernatorial Candidate Forum on 9/12/10
June 10, 2010

(To be submitted to the Executive Committee by 7/20/10 for review and final selection)

1. What is your plan for the Office of Health Policy and Finance?
2. What do you see as the best way for Maine to implement the new federal health care reform?
3. What is your assessment of Maine's State Health Plan?
4. What ideas do you have for reducing health care costs?
5. Would you support an increase in Maine's tobacco tax?
6. Do you believe the Fund for Healthy Maine should remain protected, as it has been in the past?
7. What environmental issues do you believe are important to address because they impact health?
8. What do you plan to do about Dirigo?
9. What is your plan to attract general surgeons, psychiatrists and primary care physicians to rural areas of Maine?
10. What is your commitment to ensure that there is broadband access throughout the state to promote the use of electronic medical records?
11. What is your stance on casinos in Maine?
12. In what specific ways as Governor do you intend to work to enhance collaboration between the parties?
13. Please identify several specific things that you intend to do differently from the way the Baldacci Administration has conducted State business.

State Health Plan 2010-2012 Public Health Focused comments

- This plan targets our efforts to improve health and health status through expanded primary care and prevention while producing real and reasonable savings by eliminating waste and inefficiency.
- This plan links evidence-based public health strategies with measurable outcomes to lower the trajectory of health care costs.
- This plan lays out a path and identifies the policy choices now provided Maine through newly enacted national health reform law.

Comments:

Eight principles guide the plan and number #5 – Consumers must be engaged participants – what exactly is meant by this statement? **Need specifics spelled out and we should engage the new public health infrastructure by engaging the Healthy Maine Partnerships and charge them with a uniform task of “engaging consumers” across the state of Maine and ensure involvement with the learning collaboratives. (pages 12, 23)**

Chronic Disease is rampant among Mainers. It is stated that approximately 30 percent of Maine’s Medicare population has a chronic disease and drives an estimated 65 percent of total spending and 70 percent of total inpatient spending and approximately 10 percent of Maine’s Medicaid members and commercial populations have a chronic disease, together accounting for 30 percent of total spending and an estimated 40 percent of inpatient spending. Preventing and managing chronic disease would significantly impact the State’s healthcare spending. **By adopting and integrating the Maine Independent Clinical Information Service (MICIS), also known as Academic Detailing or referred to as therapeutic management, the Maine Independent Clinical Information Service is voluntary, guided by a physician-led advisory committee that uses trained clinicians known as “academic detailers” to visit practices throughout the state. At these visits the academic detailers provide literature and a review of continuous up-to-date research based on analysis conducted by the Independent Drug Information Service of Harvard Medical School. The program engages physicians and other providers in clinical discussions to share their accumulated experience and wisdom with each other. The intent of the MICIS is straightforward: to provide health care professionals with the information they need to prescribe the best – not necessarily the newest or most expensive – drugs for their patients. Combined with the information provided about disease management, this has the potential to improve outcomes. And while the primary goal of this program is quality, the experience in other states, including Pennsylvania, Vermont, South Carolina, Massachusetts, New**

York and the District of Columbia, has demonstrated that academic detailing also helps to control costs, a critical consideration as our national undertakes health care reform and considers the values of universal access, cost management and quality. This service (MICIS) was developed as the result of a 2007 legislative mandate intended to improve health care quality and clinical outcomes. It is administered by the Maine Medical Association in partnership with the Department of Health and Human Services. On the national level, the Agency for Healthcare Research and Quality initiative, “Innovative Adaptation and Dissemination of AHRQ Comparative Effectiveness Research Products (iADAPT)” funding in the amount of \$?????? millions to assist states in providing health care professional and consumers with the balanced evidenced-based information they want and need to preserve and improve health care quality in the United States. Funding on a national basis to be awarded summer 2010. Overall, the state health plan at all levels must employ evidence-based medicine at all levels of healthcare and be integrated into the work of the Maine Center for Disease Control, the Maine Quality Forum, Pathways to Excellence, the Patient Centered Medical Home and others. (pages 15, 20 and 21)

Enhance access to primary care through the introduction 24/7 call systems; evening and weekend hours could be **integrated into the Patient Centered Medical Home pilot to fully understand the complexities and challenges to assist in a redesign of the system. Also, the Federally Qualified Health Centers (FQHC’s) should participate as well to integrate the 24/7 health care design. (page 17)**

Assess the potential role of telehealth in a statewide health information exchange. Telehealth is an emerging need and one of utmost importance in a rural state like Maine. Currently, the public carrier doesn’t reimburse automatically and providers must jump through hoops with the Prior Authorization. **We support legislation that would require carriers to reimburse for services provided by physicians/mid-levels such as physician assistants through telemedicine. (page 17)**

Workforce Issues - **Workforce needs must be addressed strategically and we support the use of the “Recommendations Guide to Ensure an Adequate Supply of Skilled Health Professionals In Maine.” However one must be cognizant of the fact that we are graduating an large supply of mid-levels here with physician assistants and nurses are they are unfortunately being turned away from practices in Maine because they don’t have experience and many must leave the state of Maine. Without strategically incorporating on the job training opportunities and incentives, we will not be able to achieve our workforce needs. We highly recommend that all planning activities engage the university graduate programs to ensure that at the practice site training/mentoring is available to keep our mid-levels in the state of Maine. This could certainly become one of the major objectives of the many patient centered initiatives already occurring in the state. This same model of collaboration should also be utilized when working with the dental professional organizations to facilitate the delivery of oral health care services. (pages 31 and 35)**