

# Maine Medical Association

Meeting Minutes December 8, 2010

# Executive Committee

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Member	10-20	12-8								Member	10-20	12-8							
N. Cummings, MD, Ch	P	P								K. Mitchell, MD									
D. McDermott, MD	P	P								M. Parker, MD	P	P							
J. Linder, MD	P	P								B. Pierce, MD	P	P							
R. Chagrasulis, MD		P								C. Reddy, MD	Web	CC							
J. Charity, MD	P	CC								L. Ryan, DO									
W. Chernin, MD		CC								J. Smith, MD									
K. Christian, MD	P	CC								W. Strassberg, MD									
I. Daudi, MD		P								J. VanKirk, MD									
R. DeJong, MD		P																	
R. Evans, MD	Web	CC																	
K. Flanigan, MD		P																	
R. Flowerdew, MD		P																	
M. Gleaton, MD	P	P								STAFF									
D. Hallbert, MD										J. Barnard	P	P							
P. Klainer, MD	Web									H. Lukas	P	P							
D. Kreckel, MD		P								A. MacLean	P								
J. Makin, Jr., MD	P	P								D. McMahan		P							
M. McAllister, MD	P	P								G. Smith	P	P							
B. Miller, MD		P																	

TOPIC	DISCUSSION	ACTION
1. Call To Order and Determination of Quorum	<ul style="list-style-type: none"> <li>Called to order at 2:00 pm, Chair, Jo Linder, MD acting on behalf of Kenneth Christian, MD</li> </ul>	
2. Review of Minutes of October 20, 2010	<ul style="list-style-type: none"> <li>The minutes of the meeting were reviewed. A motion was made and seconded to accept the minutes of the October 20, 2010.</li> </ul>	The minutes of October 20, 2010 were approved.
3. Approval of Agenda	<ul style="list-style-type: none"> <li>A motion was made and seconded to accept the agenda.</li> </ul>	Motion was approved to accept agenda.
4. Report of Operations Committee	<ul style="list-style-type: none"> <li>The attached Operations Committee Report was noted.</li> </ul>	Questions relative to the report were welcomed.
5. Membership Report		
a. Membership numbers	<ul style="list-style-type: none"> <li>Dues paying members of the association has now reach over 2000. Mr. Smith is planning an event to recognize and acknowledge the 2000<sup>th</sup> member to join the association. Every delinquent member on the delinquent list is being addressed. Membership dues is short only \$2,500 from meeting the budgeted goal \$613, 500. It is hoped to meet this goal by collecting from some of the 70 physicians who are still delinquent in paying 2010 dues.</li> </ul>	

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<p>b. Report of any new group memberships</p>	<ul style="list-style-type: none"> <li>One group payment is pending.</li> </ul>	
<p>6. Finance Report a. November financials</p>	<ul style="list-style-type: none"> <li>Dr. Flanigan reviewed the financials and reported that overall the financials are running very close to budget. The daily cash flow is a problem. Currently \$60,000 has been taken out of the trust and \$70,000 out of the reserves. Grants and entity programs expenses are the issues that contributed to the daily cash flow as they are paid in advance by MMA before payments from the sources are received. Dr. Flanigan noted that line items in the budget are cut some, but acknowledge that each line item needs to be reviewed more intensively. The membership dues invoices for 2011 have been sent out.</li> <li>The MMET contributed to the funds for the audio visual cost of the Governors Forum at Annual Session \$3200, which assisted in the Annual Session being revenue neutral for 2010.</li> <li>The goal is to work toward a more programmatic budget to analyze what we are doing and how we are using the funds allocated in the budget.</li> </ul>	<p>An invitation was extended to the Executive Committee members to attend the Budget &amp; Investment Committee meeting to be held in March following the Executive Committee meeting.</p> <p>It was further agreed to vary the meeting times. The meeting in March will be in conjunction with a Budget &amp; Investment Committee to follow, so the meeting in March will be 2-5 pm, with the Budget meeting being at 5:30 pm.</p>
<p>7. ProMutual Group; Thom LaVoie and Nancy Chasse</p>	<ul style="list-style-type: none"> <li>Thom LaVoie and Nancy Chasse from ProMutual Group were introduced and welcomed as they presented a donation of \$5,500 to the Medical Professionals Health Program.</li> </ul>	
<p>8. Priority Topics for Discussion  Added: Future Executive Committee Meeting Dates</p>	<ul style="list-style-type: none"> <li>Dr. Linder reviewed the results of the Monkey Survey, which showed Wednesday was unanimous for the meeting day. The time of the meeting was tied with 2pm-5 pm and 4pm-7pm time slots. It was agreed to keep the meeting time at 2 pm thru the winter months and to have the June 1 meeting from 4-7 pm.</li> </ul>	
<p>a. Topics for Discussion with MOA</p>	<ul style="list-style-type: none"> <li>The agenda for the meeting with MOA was reviewed. MOA and MMA will be asked to present key activities. MMA/MOA have had great success with collaborative programs.</li> </ul>	<p>A follow-up meeting with MOA can be scheduled if it becomes necessary.</p>
<p>b. Communicating With Senators Snowe and Collins re: ACA and individual mandate</p>	<ul style="list-style-type: none"> <li>Mr. Smith noted the importance of MMA standing by our goals to support the individual mandate in the ACA and modeled under the Massachusetts law. <b>EC members confirmed MMA will continue to support the guiding principles in 2003 White Paper and the AMA principles.</b> In the communication to Senators Snowe and Collins, Mr. Smith will note the list of items in the law that benefit Maine immediately.</li> </ul>	<p>A survey monkey will be sent to members inquiring of their position on the affordable care act and individual mandate. The survey may also involve other pending issues. Mr. Smith to meet with Attorney General Schneider and Governor elect LePage. After completion of these two efforts he will communicate to Senators Snowe and Collins</p>
<p>c. ACO's</p>	<ul style="list-style-type: none"> <li>A rising concern of the potential divide between primary care and specialties. Do ACOs ultimately benefit the bottom line versus quality patient care? A direct link to ACO information, in the New England Journal, "Physicians versus Hospitals as Leaders of Accountable Care Organizations";</li> </ul>	<p>ACO's to be further discussed at the January meeting. More material to be sent out prior to meeting. Share the</p>

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<p>Overview of Medical Professionals Health Program</p>	<p><a href="http://www.nejm.org/doi/full/10.1056/NEJMp1011712">http://www.nejm.org/doi/full/10.1056/NEJMp1011712</a>. The ACO principles of the AMA on their web site via <a href="http://www.ama-assn.org/ama1/pub/upload/mm/399/aco-principles.pdf">http://www.ama-assn.org/ama1/pub/upload/mm/399/aco-principles.pdf</a>.</p> <ul style="list-style-type: none"> <li>Lani Graham, MD, Medical Director of the MPHP program gave an overview of the program. Over the past year the program has changed dramatically. It has made great strides with the addition of nurses in the program. New procedures and protocols have been developed to help manage the program. Progress continues to assure accountability is in place for the program as it expands. Dr. Graham reviewed the status of members of the program noting that 78 participants have active contracts, with 10 participants with pending contracts. The program is currently only accepting participants with substance abuse and/or re-occurring substance abuse issues. Behavioral contracts are not currently being accepted. The base of nurses in the state is 25,000 with only 27 currently in the program. The potential is in place for this to become a much larger group. The Advisory Committee for the MPHP is being reorganized with a view toward the new professionals who will be joining the program. The process has been initiated to go to the Legislature to complete the legal material to incorporate veterinarians and podiatrists to the program. Upon successful completion of these two groups, MPHP will have contracts with 7 Boards. The Advisory Committee guides and assists the program using standing committees as necessary to enhance the program.</li> <li>2011 challenges include the fact that many of the new professionals entering the program have more financial issues. The Advisory Committee will need to focus on working efficiently and effectively with these participants. MPHP has raised more money this year with the medical staffs setting a financial foundation for the program.</li> <li>Mr. Smith recognized the excellent work of Dr. Graham on behalf of the MPHP. Mr. Smith continues doing development work for the program and Ms. Barnard and Mr. MacLean work on the legal issues.</li> </ul>	<p>principles and talk to local and state representatives.</p>
<p>8. Leadership Reports  a. President; Dr. Linder  1. Ad Hoc Committee on Governance  2. January Retreat Schedule  3. Programming for 2011 Annual Session</p>	<ul style="list-style-type: none"> <li>Minutes are in the informational packet. .</li> <li>The tentative schedule was reviewed. Members were encouraged to make their room reservations as the first deadline of December 7 expired, with an extension until December 17. The hotel has a valet parking rate of \$42.00 per night. Options available to avoid the parking fee is to use Concord Trailways to South Station in Boston, followed by a short cab ride to the hotel.</li> <li>The programming for Annual Session is very preliminary at this time. Topics include HIT, EMR, meaningful use, innovation and simulation with a whole new section at Jackson Labs on bio.</li> </ul>	<p>Further discussion to be held at the Retreat in January.</p> <p>Ms. McMahon will send a list of restaurants and activities in Boston.</p> <p>Anyone interested in the Planning Committee for Annual Session is welcomed. Technology Committee members invited to participate and be involved in the planning.</p>
<p>9. Committee, section or AMA delegation reports requiring discussion  a. Legislative Committee</p>	<ul style="list-style-type: none"> <li>Ms. Barnard gave an overview and summarized notable items of the Legislative Committee meeting as per the attached agenda. The meeting was a success with great attendance. January 7, 2011 is the deadline to submit bills for consideration.</li> <li>Psychiatrists are interested in blister packaging for medications. OSCO is doing it free of charge. Other</li> </ul>	<p>The tentative schedule is to start the weekly Conference Calls in mid-January on Thursdays from 8pm-9pm.</p>

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	<ul style="list-style-type: none"> <li>• pharmacies may do it but may charge a fee.</li> <li>• Cancer clinical trials will be covered with Mr. MacLean working on these.</li> <li>• Provider Agreements – Mr. Smith reported the legislated commitment of Anthem to do these. The large companies are not aware they are doing it. MMA will plan to protect the provider agreements.</li> <li>• Crime for violence against emergency room staff - although it is a felony, the statute is not clear as it only references social workers.</li> <li>• Childhood obesity, environmental toxins, bullying to be addressed in conjunction with the Public Health Committee</li> <li>• Include medical marijuana card holders in Prescription Monitoring Program</li> </ul> <p>Maternity Leave</p> <ul style="list-style-type: none"> <li>• Mr. Smith noted that Ms. Barnard will take a maternity leave in March for 12 weeks. MMA will contract as needed in her absence.</li> </ul>	
b. Public Health Committee	<ul style="list-style-type: none"> <li>• The Public Health Committee maintains the same priorities as the previous year. Any input from physicians or specialties are welcomed.</li> </ul>	
c. Senior Section	<ul style="list-style-type: none"> <li>• Dr. Miller was pleased to announce that the Senior Section continues to grow. The meetings grow larger in attendance each time. The previous meeting discussion was on Alternative Energy with three speakers. Four meetings are scheduled in 2011, the fourth Wednesday of January, April, Augusta and October. Topics for the meetings: <ul style="list-style-type: none"> <li>• January – Academic Detailing</li> <li>• April – Medical Education and the newer methods 100 years after the Flexner report</li> <li>• August – This meeting will be held in conjunction of the Stred family a rededication of the MMA building. Mr. Smith added that all the presidents who served with Frank Stred will be invited to the event. MMA will recognize Stred's years of leadership and dedication with photos outside of the Large Conference Room. The Committee for Tomorrow hopes to raise money for a Buildings &amp; Grounds fund. The Kennebec County Medical Society will also be invited to participate in the event.</li> <li>• October – Drug Addiction and Substance Abuse</li> </ul> </li> </ul>	
d. Committee on Membership & Member Benefits	<ul style="list-style-type: none"> <li>• Judith Conley continues to help some members find alternate coverage when the health care plan ends</li> <li>• Exhibitors at the Annual Session were surveyed and results showed they were pleased with the event and the location.</li> <li>• The Corporate Affiliated Breakfast is scheduled for April at the Portland Country Club</li> <li>• The private practice physician group is currently not active</li> </ul>	
e. Committee on Technology & Communications 1. Web-site redesign	<ul style="list-style-type: none"> <li>• A proposal was sent to several vendors for the redesign of the website. The response has been successful with quotes starting as low as \$3,000 and we are currently focusing on a few of these quotes. Shirley Goggin and Lauren Mier are also involved in the website redesign.</li> </ul>	
f. AMA Delegation	<ul style="list-style-type: none"> <li>• The AMA will continue with its interim meeting. Other notable items the AMA is addressing:</li> <li>• ACO guidelines from the AMA are available as noted previously in these minutes.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Credentialing on invasive procedures with full clarity</li> <li>• Looking at the issues with children and concussions during sports activities</li> <li>• Medicare Empowerment Act</li> <li>• The Ethics Committee is looking at how physicians use social media with patients (privacy rules)</li> <li>• Red flags Rule have been eliminated</li> <li>• The AMA is in opposition to state and federal taxes that are being charged to college students</li> <li>• The Council on Science and Health Report on medical health professionals recommended that physician health programs move into behavioral health.</li> </ul>	
	<p>A discussion followed on behavioral health issues among physicians and the issues that this can lead to. A motion was made that the Medical Professionals Health Program define disruptive behavior and to recommend if a behavioral program is feasible.</p>	<p>The motion was seconded and approved</p>
	<p>Mr. Smith noted that MPHP could be a resource to assist medical staffs with this type of program. This would be an excellent opportunity for the MMA to be in a leadership role. It is a potential for a great program as physicians and hospitals need it. To develop a program for behavior issues will need time, a process for evaluation, and additional resources.</p>	
<p>9. EVP Report</p>		
<p>a. First Friday's Educational Presentations</p>	<ul style="list-style-type: none"> <li>• A total of 9 programs are scheduled for 2011. The previous two educational sessions were very successful. Webex is a benefit as it allows MMA to conduct programs in the winter months which otherwise are not possible due to winter weather conditions.</li> </ul>	
<p>b. Meeting with Aetna on MaineCare Managed Care</p>	<ul style="list-style-type: none"> <li>• Meeting scheduled for December 13 with representatives from Aetna to discuss MaineCare managed care</li> </ul>	
<p>c. EVP Annual Eval</p>	<ul style="list-style-type: none"> <li>• Mr. Smith noted his evaluation is in four parts being conducted by Kenneth Christian, MD. A self-evaluation, evaluation by members of the MMA Executive Committee; MMA staff members and some interviews with key third party associates. The review is to be finalized with a meeting at the Retreat in January.</li> </ul>	
<p>d. Proposed increase in employee health insurance plan</p>	<ul style="list-style-type: none"> <li>• The MMA health insurance plan is a community based plan with Anthem and has between 8-10 MMA employees in the plan. The 2011 increase is 38%, which would mean a \$25,000 cost to MMA. The broker is looking at alternative options.</li> </ul>	
<p>e. Update on existing grants</p>	<ul style="list-style-type: none"> <li>• All existing grants have been renewed. Mr. Smith noted at this time we do not have a person to manage these grants.</li> </ul>	
<p>Additional information</p>	<ul style="list-style-type: none"> <li>• Mr. Smith and Mr. MacLean will be conducting year-end staff reviews. Mr. Smith noted he will need to keep in mind as MMA takes on more work how many FTE's are needed.</li> </ul>	

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	<ul style="list-style-type: none"> <li>MMA business continues to grow, i.e. peer reviews, education programs, and medical staff work. A contract with Acadia Hospital was just confirmed to review and redraft their medical staff bylaws for \$10,000. Acadia has 23 employed psychiatrists of which only 4 are MMA members. It is anticipated that the remaining physicians will join MMA at some point during 2011.</li> </ul>	
<p>11. Legislative Update</p> <p>a. Election results</p> <p>b. Governor-elect Page Transition team</p> <p>c. Medicare SCR cuts</p> <p>d. Report on Joint Select Committee on Health System Reform</p>	<ul style="list-style-type: none"> <li>Mr. Smith noted that Drs. Landry, Thibodeau and Marrache are re-elected transition team members that MMA are in regular communications with.</li> <li>It will take time to get to become familiar with the new 55 Republicans</li> <li>PAC- 5 physicians ran for the Senator – 4 lost with Dr. Sanborn winning re-election in which MMA supported her.</li> <li>No report</li> <li>Update provided.</li> <li>The legislators came up with general recommendations to the next group of elected officials to seek out federal funding. A report is due next with comments to be heard at a hearing on December 13.</li> </ul>	
<p>12. Old Business</p>	<ul style="list-style-type: none"> <li>None.</li> </ul>	
<p>13. New Business</p> <p>a. Formation of Alliance to protect mental health mandate</p> <p>b. Formation of Alliance of licensed health professionals</p> <p>Meeting adjourned at 4:53 pm.</p> <p>Submitted by Diane McMahon</p>	<ul style="list-style-type: none"> <li>Mr. Smith reported this is a coalition of mental health organizations to form a coalition to retain what they have achieved over the past 10 years in terms of mental health mandate/parity. A meeting at MMA is scheduled for December 21 to focus on collaboration of this effort.</li> <li>The interest of MMA is to have a meeting to work collaboratively with licensed health professionals because of issues on the regulatory side from the Business And Financial Regulation Department of the State. This would involve a meeting with chiropractors (which are licensed medical professionals) and others. It is about protecting the integrity of licensing boards. MMA would not be committed to anything but for working on a collaborative basis; consistent with healthcare which is based on teamwork.</li> </ul> <p>Minutes authenticated by Kenneth Christian, MD</p>	

**NEXTING MEETING: JANUARY RETREAT, JANUARY 21-23, 2011 – FAIRMONT BATTERY WHARF, BOSTON, MA**

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