

**Maine Medical Association  
Meeting Minutes August 3, 2012**

**BOARD OF DIRECTORS**

Board Member	10-5	12-7	1-20	3-7	4-25	6-6	8-3	Member	10-5	12-7	1-20	3-7	4-25	6-6	8-3
K. Christian, MD, Chair			P	P	P	P	P	G. Raymond, MD			P	P	P	CC	P
R. Chagrasulis, MD				P	P	P	P	C. Reddy, MD			P	CC	CC	CC	CC
J. Charity, MD			P			P		L. Ryan, DO			P	CC	CC	CC	CC
N. Cummings, MD			P	P	P	P	P	J. Smith, MD							
I. Daudi, MD															
R. DeJong, MD				P	P										
R. Evans, MD			P	CC	CC										
K. Flanigan, MD				CC	P			<b>Staff</b>							
R. Flowerdew, MD			P	P	P	CC	P	J. Barnard			P	P	P	P	P
M. Gleaton, MD			P	P	P	P		H. Lukas			P	P	P	P	CC
P. Klainer, MD				P				A. MacLean			P	P	P	P	
D. Kreckel, MD			P	P	P	P	P	D. McMahon			P	P	P	P	CC
J. Linder, MD				CC	CC	P	CC	G. Smith			P	P	P	CC	P
M. McAllister, MD								D. Poulin				P	P	P	P
D. McDermott, MD			P	P	CC		P								
B. Miller, MD			P	P	P	P	CC	<b>Guests:</b>							
M. Parker, MD			P			P	P								
C. Pattavina, MD			P	P	P	CC	P								
B. Pierce, MD			P	CC	P	CC	P								

Topic	Discussion	Action
1. Call to Order	Dr. Christian called the meeting to order at 3:05 pm	
2. Review and approval of minutes of June 6, 2012		A motion was made and seconded to accept the minutes of June 6, 2012. Motion approved.
3. Approval of Agenda	Agenda reviewed.	
4. Report of Executive Committee		The agenda was approved as presented.
a. EC Conference Call (July 30)	Dr. Christian reviewed the attached minutes of the Executive Committee Conference Call of July 30.	
5. Membership Report		
a. Membership	Membership numbers were reviewed by Mr. Smith noting that MMA is expected to reach the 2200 active membership goal by year end.	
b. New & potential group memberships	Mr. Smith continues working on opportunities for group memberships. Acadia Hospital is a good potential for group membership of a total of 15 physicians (all psychiatrists) with only 2 who are current members of MMA. He is also	

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	<p>working with St. Joseph’s hospital in Bangor and will be meeting with the CMO, Dennis Schubert, MD. We have not lost any group memberships this year and we are growing individual membership slowly.</p>	
<p>6. Priority Presentations &amp; Topics                      a. Proposed 2013 budget</p> <p>b. Nominating Committee Report</p> <p>c. Draft policy on statements made on behalf of MMA</p> <p>d. Pilot Project for FQHC Membership</p>	<p>Dr. Parker reviewed the proposed 2013 budget that reflects a \$734 positive balance.</p> <p>The proposed report of the Nominating Committee was reviewed. Mr. Smith noted the terms of the Board of Directors and noted the seven members whose terms will end in September 2012. The Nominating Committee report recommends the names of six new members to the Board bringing the total membership of the Board to 21. Of the six members proposed, Mr. Smith noted 3 have had seats on the Board previously. The MMA bylaws state that the Board of Directors have “no less than 25 members and no more than 30 members”. Thus, there is a need for an additional four members to be nominated for Board positions.</p> <p>The draft Communication Policy was reviewed. Ms. Barnard noted that other medical societies shared their policies and excerpts from the medical societies of Delaware, Massachusetts &amp; New Hampshire were utilized.</p> <p>Mr. Smith presented this as an opportunity on a pilot basis to do work for these health centers with few physicians (1-5 FTE). The Budget Committee supported FQHC’s joining MMA by paying an associate membership fee and then receiving a menu of benefits. The Proposed Pilot Project for Small FQHC Membership in MMA was reviewed and discussed. Mr. Smith noted the federally qualified health centers that may participate in the pilot project are limited to not more than eight centers and most are likely to include: Lubec, Harrington, Vinalhaven, Sacopee Valley, Seabasticook, Eagle Lake, DFD Russell Center in Leeds, and Portland Community Health Center in Portland. The following motions were made but NONE passed; \$1000 annual dues with individual costs for each benefit menu item; \$2500 annual dues as proposed in original document; \$2500 annual dues. Final motion was made to accept \$3,000 annual dues.</p>	<p>A motion was made to accept and move the proposed 2013 budget for a vote at the General Membership meeting of the Annual Session. The motion was seconded and approved.</p> <p>A motion was made to move the approval of the Executive Committee of six members to the Board of Directors, contingent on Nominations Committee looking for further nominations to the BOD prior to the Annual Session, to be approved by Executive Committee.</p> <p>A motion was made to accept the Communication Policy. The motion was seconded and approved.</p> <p>A final motion was made to accept the Pilot Program for FQHC’s at \$3,000 annual dues and eliminating the word “unlimited” from Item 5. The motion was seconded and approved.                      Mr. Smith will present the proposal to the FQHC’s and will report results at the BOD meeting on September 7.</p>

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<p>7. Finance Report; Dr. Parker, Ms. Lukas            a. June 2012 Financials</p> <p>8. Leadership Reports            a. President; Dr. Cummings                1. Observations from AMA Meeting</p> <p>b. President-Elect: Dr. Kreckel                1. Observations from 21<sup>st</sup> Annual Practice Education Seminar</p>	<p>Dr. Parker reviewed the June 2012 financials noting the major income and expense items. Dues are tracking well, although slightly behind last year. The Senior contributions are still in progress. Corporate Affiliates is significantly behind budget and needs attention. Peer Review is doing well, having already met the budget for 2012. The server replacement for MMA estimate of \$7,000 was exceeded by \$6,000 to a total invoice of \$13,000 to date. The overage was accountable due to more labor costs than anticipated.</p> <p>Dr. Cummings reported that the new AMA strategic plan will focus on three areas: improving health incomes, medical education and enhancing physician satisfaction. Other topics of interest at the meeting were the transition to ICD 10 and recommendations re: mammography.</p> <p>Dr. Kreckel shared he felt the PES was a great success noting Dr. Kassler’s overview of CMS initiatives and Dr. Turney, President of MGMA as keynote speaker. He noted positive comments received from his staff and others. Dr. Pierce commented that he felt the value of the program is more appropriate for Practice Managers and suggested that MMA reach out to 3<sup>rd</sup> year residents to attend. Mr. Smith noted that out of 85 registrations, approximately 70 were Practice Managers and 15 were physicians.</p>	<p>Recommendation made that the 2013 PES have a track on Contract Reviews that would attract young physicians and 3<sup>rd</sup> year residents.</p>
<p>9. Committee, section or delegation reports requiring discussion            a. Committee for Tomorrow, Mr. Smith                1. MMEF 1962-2012 50<sup>th</sup> Anniversary</p>	<p>A solicitation on behalf of MMEF and celebration of the 50<sup>th</sup> year anniversary is about to be rolled out. Mr. Smith acknowledged the difficulties in locating some of the loan recipients living out of state as the AMA is not able to assist us with addresses without further information, i.e. date of birth, etc. It is anticipated about 300 physicians who were loan recipients are out of state.</p>	<p>It was suggested that MMA summer staff may have success in using Google search in attempting to locate previous loan recipients.</p>
<p>2. Silent Auction</p> <p>3. 160<sup>th</sup> MMA Anniversary Celebration, Oct. 2013</p> <p>b. Legislative Committee; Dr. Ryan &amp; Ms. Barnard</p>	<p>Ms. deHaas has a donation form that will be sent out soon seeking donations for the Silent Auction to be held at the Annual Session. Proceeds from this auction will be divided between MPHP and the MMA Long Term Development Fund.</p> <p>This event will be held at the Holiday Inn by the Bay in Portland, ME October 4-6, 2013.</p> <p>The MMA summary of the 125<sup>th</sup> Legislative Session is now complete and on the website. Hard copies of the summary are available upon request. Legislative updates will be starting for specialties and physician groups with PowerPoint presentations updated on all the top issues. PAC meeting is scheduled on August 21 at 6 PM at MMA to review the</p>	<p>All are welcomed to attend the PAC meeting on August 21.</p>

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<ul style="list-style-type: none"> <li>c. Public Health Committee               <ul style="list-style-type: none"> <li>1. Resolutions 2012</li> </ul> </li> <li>d. Senior Section               <ul style="list-style-type: none"> <li>1. August 22 meeting</li> </ul> </li> <li>e. Committee on Membership &amp; Member Benefits</li> <li>f. Committee on Technology &amp; Communications               <ul style="list-style-type: none"> <li>1. Website re-design</li> </ul> </li> <li>g. AMA Delegation</li> <li>h. Committee on Physician Quality               <ul style="list-style-type: none"> <li>1. Update on Peer Review</li> </ul> </li> <li>i. Medical Professional Health Program</li> <li>11. EVP Report               <ul style="list-style-type: none"> <li>a. Between Meeting Memo 7-30-12</li> <li>b. Annual Session 2012</li> </ul> </li> </ul>	<p>candidate listing and make recommendations for AMPAC contributions in federal races.</p> <p>Ms. Barnard noted that the next meeting is scheduled for August 8. At the current time there are no resolutions although they are considering a possible resolution on physician work environment and wellness. The committee is focusing on the sugar sweetened beverage tax policy along with the AMA; proper use of antibiotics with Stephen Sears, MD and; federal budgetary priorities extending public health provisions.</p> <p>Dr. Miller reported the next Senior Section meeting is August 22 with Robert McAfee, MD presenting on <i>Is Violence a Medical Issue?</i> The next quarterly meeting is October 24 to discuss <i>How Physicians Deal with Stress and Depression</i>. This very active group has topics planned thru 2014.</p> <p>This committee has been quiet and has not met since the Corporate Affiliate Breakfast. A fall meeting will be scheduled to discuss how to enhance the committee by adding a few more physicians, especially those practicing independently.</p> <p>Mr. Smith reported that the goal continues to be to unveil the new website at Annual Session.</p> <p>In the absence of the AMA delegates, Dr. Pattavina reported briefly on the New England Delegation meeting in Rhode Island.</p> <p>Ms. Poulin noted the committee is active with more work to do with the increased Peer Reviews and the QI based Program. The Committee is in need of a Chair which the Nominating Committee will focus on. Out of state interest in our Peer Review Program continues with interest from the Rhode Island Medical Society and the New England Alliance for Healthcare which is associated with Dartmouth Hitchcock Hospital. This may be a good opportunity to grow the program. Currently, we have an existing Peer Review from North Carolina. The Greeley's popular Peer Review Boot Camp has 18 registered to date and is being funded by the CDC grant.</p> <p>MPHP is going well. Meetings with the Boards continue with upcoming meetings with the Attorney General and Assistant Attorney General to discuss consent decrees. Program staff has recently presented to the Pharmacy Board with positive results.</p> <p>Memo was furnished to attendees for their information.</p> <p>Mr. Smith reviewed the schedule for the 159<sup>th</sup> Annual Session <i>Caring For Our Elders</i>, at the Harborside &amp; Jackson Lab. The original plan was to have a senatorial forum on Sunday morning; unfortunately not all the candidates were able to attend. This forum has been replaced with a panel discussion <i>Enjoying Medicine in a Variety of Settings</i>. We have two sponsors to date, Harvard Pilgrim Healthcare for \$5,000 and RBC Wealth Management for \$5,000. Mr. Smith and Ms. Martin continue to seek more sponsors.</p>	<p>Board members were encouraged to attend the Annual Session and to encourage others to attend particularly first time attendees.</p>

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c. MHMC Health Care Cost Workgroup	FYI. Mr. Smith informed that we will include in our newsletter that physicians are working with MHMC on this initiative.	
d. Physician Education Seminar July 25	Previously discussed under 8b.1.	
e. Golf Tournament July 30	Mr. Smith was pleased to report a successful golf tournament with 88 golfers. The proceeds will benefit the MMET scholarship fund for students.	
f. Report on Prescription Drug Task Force	Mr. Smith noted this 17 member task force will have Noel Genova, PA-C and Kevin Flanigan, MD presenting to them at the next meeting. Mandatory participation in the Prescription Monitoring Program will happen in 2014. Governor LePage is not in favor of mandates but supportive of providing incentives for appropriate use. Dr. Flanigan has two task forces; one on narcotic limits and one on the 2 year limit on Saboxone.	
g. Conference Call with ACCME	Mr. Smith noted recent participation in a conference call with the Board of ACCME. All of the new requirements of the ACCME make it difficult for staff. The costs keep increasing as well. Currently looking at partnerships in which we can still get Category 1 CME credits.	Further discussion for the President's Retreat in Quebec in January 2013 once better data on costs and value are available.
h. Staff Retreat	The Staff Retreat is to be scheduled in the fall. A facilitator will be utilized with emphasis on development of tools for staff to utilize to implement findings from the retreat.	
Added item:		
Rural Medical Access Program	The Rural Medical Access Program provides medical malpractice premium assistance to qualified eligible physicians licensed and practicing in Maine who provide prenatal care and delivery services and practice at least 50% in underserved areas of the state. This only benefits a handful of providers in Maine. The market has changed and most physicians are employed. All physicians pay an assessment fee thru their professional liability insurance. All assessments are remitted to the principle writer which is Medical Mutual Insurance Company, which is responsible for holding the RMAP funds and administering the program funds under the direction of the Bureau of Insurance. Does this fund still have a need? Mr. Smith has a meeting with Medical Mutual to discuss where the money is going and to further discuss lowering the assessment but not eliminating it. Several members commented on options available, with several expressing the need to either retain the fund for the original purpose or eliminate it.	Bureau of Insurance has asked MMA and Medical Mutual to discuss RMAP. Further discussion in September.
MEHAF Grant Opportunity: 2012 Advancing Payment Reform in Maine	Ms. Barnard is working on a grant application for a 2-year grant with funding from \$75,000 to \$100,000 per year. MeHAF's mission is to promote access to quality health care, especially to those who are uninsured and underserved, and to improve the health of everyone in Maine. MMA would oversee the grant but would contract the work out. The grant deadline is August 10. This situation would be similar to the Academic Detailing program, with only a few hours of Ms. Barnard's time. The grant supports our mission to educate physicians on payment reform. Ms. Barnard discussed a couple different approaches to MMA activities under the grant.	
	Prior to adjournment, Dr. Cummings and her husband, Michael, were thanked for their generous hospitality.	

Topic	Discussion	Action
Meeting adjourned at 5:50 pm.	<p data-bbox="478 316 882 349"><i>Submitted by Diane McMahon</i></p> <p data-bbox="1066 316 1612 349"><i>Authenticated by Kenneth Christian, MD</i></p> <p data-bbox="844 381 1192 527"><b>Next Meeting: Friday, September 7, 2012 10:00 am Bar Harbor Club</b></p>	

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