MMA Board of Directors

Wednesday, October 17, 2018
4:00 PM
Location of Meeting – The Maine Dental Association (next to MMA building)
CONFERENCE CALL 603-766-5646 Conference ID 699139#

REVISED AGENDA

Time

4:00 pm

1. Call to Order; Determination of Quorum: Karen Saylor, MD, Chair
   Welcome to New Board Members: **Alexandra Barr, DO; Geeta Godara, MD; Samuela Manages, MD; Jennifer Marsidi, Medical Student; Taylor Ouellette, Medical Student; Verity Ramirez, MD, Medical Resident**

2. Board Chair Report: Karen Saylor, MD
   a. Executive Committee Conference Call (October 15)
   b. *Approval of Agenda, late items or other additions to the agenda

3. *Review and approval of minutes of September 7, 2018 (attached)

4. Organizational Meeting
   a. *Election of 3 members at large to Executive Committee
   b. Completion of Conflict of Interest forms (to be distributed)
   c. Recruit members for Transition Committee and approve budget

4:25 pm

5. Priority Presentations and Topics:
   a. *Consideration of Resolutions passed at Annual Session (attached)
   b. *Consideration of Health Equity Alliance Opioid Recommendations (attached)
   c. EVP Search Committee (attached)

5:25 pm

6. Leadership Reports
   a. President: Robert Schlager, MD
      1. Report (attached)
   b. President-elect: Amy Madden, MD
      1. Year-end Annual Fundraising Campaign
      2. Listening Sessions: 10/9 Damariscotta & 10/18 in Waterville

5:35 pm

7. Management Reports: Mr. Smith – Mr. MacLean – Mr. Michaud – Ms. Lukas – Ms. Kring
   a. Financial Reports: Michael Parker, MD, Dieter Kreckel, MD and Ms. Lukas
      1. September Financials (attached)
   b. EVP Report: Mr. Smith (attached)
   c. COO Report: Update on renovations; Mr. MacLean (attached)

5:55 pm

8. Evaluation of Meeting:
   a. What worked well today?
   b. What did not work well today?

6:00 pm

9. Adjourn

*** Items designated require a vote**

FYI's: (attached); Standing Committee Appointments; news clippings

Search Committee to meet following meeting at 6:15pm at MMA Small Conference Room

NEXT BOARD MEETING
Wednesday, December 5, 2018
4:00 PM – 6:00 PM
MMA Headquarters

Maine Medical Association
Meeting Minutes September 7, 2018

BOARD OF DIRECTORS

3.

Board Member	10-4	12-6	1-17	3-9	4-25	6-6	8-3	9-7		Member	10-4	12-6	1-17	3-9	4-25	6-6	8-3	9-7	
A. Madden, MD, Chair	P	P	P	P	P	P	P	P		B. Pierce, MD	CC	CC	P	CC		CC	P	CC	
J. Barkin, MD	CC		CC	P		P		P		A. Qazi, MD									
R. Best, MD		P					CC			L. Ryan, DO	P	P	P	P	CC	P	P	P	
P. Cain, MD	CC	CC	CC		CC		CC	P		K. Saylor, MD	CC	CC		CC		P	P	p	
R. Chagrasulis, MD	P	P	P	P	CC	CC	P	P		R. Schlager, MD	P	P	P	P	P	P	P	P	
K. Christian, MD	P		P	P	P	CC	P	P		E. Steele, DO	P	P	CC		P			P	
G. D'Augustine, MD	CC	CC		CC	P		P	P		M. Wetterhahn	CC	P					CC	P	
S. Feder, DO		CC	CC			CC				S. Woods, MD	P	P	P	P	P	CC	P	CC	
R. Flowerdew, MD	P	P		P	P	P	P	P											
M. Gleaton, MD	CC	P	CC	P		P	CC	P		MMA Staff									
H. Goorhuis, MD	P	CC	CC	P		P	P			S. Kring	P		CC			P		P	
S. Hanson, MD	P	P	CC	P	P	P	P	P		H. Lukas	P	P	P	P	P	P	P	P	
R. Hicks, MD	P	P	CC	CC	CC	P	P	P		A. MacLean	P	P	CC	P	P	P	P	P	
H. Jarawan, MD	CC	CC				CC				D. McMahon	P	P	P	P	P	P	P	P	
P. Killoran, MD	CC	CC	CC		P	CC	CC	P		P. Michaud	P		P	P	P	P	P	P	
N. Knowland	P	P	CC		P					D. Poulin	P	P			CC	P			
D. Kreckel, MD	P		P	P	P	P	P	P		G. Smith			P	P	P	P	P	P	
T. Marshall, MD	P	P	P		P	P	P	P		Guests:									
M. McAllister, MD	P	P	CC		CC					Guy Raymond, MD								P	
M. Parker, MD	P	P	P	P	P	P	P	P		Terri Marchiori								P	
C. Pattavina, MD	CC	P	P	P	P	P	P	P											

Topic	Discussion	Action
1.. Call to Order Determination of Quorum Welcome to Guests	Dr. Madden called the meeting to order at 3:06 pm, with a quorum confirmed. Mr. Smith extended a welcome to Terri Marchiori, Director, AMA Federation Relations and recognized her 15th year attending the MMA Annual Session. Guy Raymond, MD, former Board member and Past President was also welcomed.	
2. Board Chair Report	Dr. Madden summarized important aspects of the September 4 Executive Committee Conference Call, of which the	**Informational**

Topic	Discussion	Action
a. Executive Committee Conference Call, September 4	focus was to review and discuss the Board agenda.	
b. Approval of Agenda, late items or other additions to the agenda	The meeting agenda was approved as presented.	**Agenda approved.**
3. Review and approval of minutes of August 3, 2018.	The August 3, 2018 meeting minutes were presented for approval.	**A motion was made to accept the minutes, motion seconded and approved.**
4. Priority Presentation and Topics:		
a. Changes to Investment Policy, James Jackson, RBC Wealth Management	Mr. Jackson distributed the Portfolio Review (of MMA-Reserve and MMEF-Combined) as of August 31, 2018 for the Annual Report by Investment Advisors. RBC Wealth Management has had 22 years of working with MMA in a supportive relationship. Mr. Jackson met in March with the MMA Finance Committee to review the investment policy. The recommendation of the Finance Committee was to have a 70-30 ratio versus the previous RBC recommendation ratio of 80-20. This 70-30 change was incorporated on July 19, 2018. RBC advisors expressed appreciation for MMA's business	**Informational.**
b. Appointment of EVP Search Committee.	Mr. Smith noted the EVP Search Committee volunteers consisted of Drs. Gleaton, Madden, Parker, Ryan, Saylor and Steele. Dr. Pattavina is Chair of this Committee. Dr. Schlager approved appointment of the new members to the Search Committee. Scott Hanson, MD was appointed to the Transition Committee. Motion was made to accept these members to the EVP Search Committee and the Transition Committee.	**Motion was seconded with all in favor, motioned passed. Any further interest in the Transition Committee should be directed to Ms. McMahon.**
c. Final Schedule of Annual Session 1. Proposed Amendments to Bylaws	Mr. Michaud noted that the requirements was met to have the Bylaw amendments posted 30 days in advance of the General Membership meeting. The provisions added to the Bylaws were Medical Student Section and Medical Resident Section. A recommendation was made to consider capping the number of students on the Board. Discussion followed. Mr. Smith noted that the nominations process is handled through the Nominating Committee It was noted that there did not appear to be any reason to cap this number.	**Informational.**
2. Resolutions.	The two resolutions are submitted by the Public Health Committee to be presented to the General Membership Meeting. Resolution #1: Recognizing the AMA's Most Recent Efforts to Prevent Gun Violence. Resolution #2: Diabetes Care in Maine Implications for All Chronic Conditions Whose Treatment is Costly and Labor-intensive.	**Informational.**
d. MMA Strategic Plan Update (related to Mission Statement, Goals and Vivid Description)	As a follow up to the March Retreat, Mr. Smith addressed the Strategic Plan via a power point presentation, noting the Mission Statement, Big Audacious Goal and the Vivid Description. Four Items from the 2018 Retreat: 1, Building Renovation, Search for New EVP, Member Engagement and Board Engagement. Also noted were the three action Plans from 2017, Opioid Education, Professionalism and Helping Doctors Care for Patients. Six to eight accomplishments that tie back to Member Engagement and reflect to the Mission Statement, Bug Audacious Goals and the Vivid Description: 1. Opioid Education – Outcomes	**Informational.**

Topic	Discussion	Action
	2. Medicaid Expansion 3. Professionalism Conference 4. MPHP Transition 5. Advocacy/Prior Authorization, Medication Costs and Transparency 6. 2018 EVP and Team Goals The effective strategic plan has been reviewed at the President's Retreat yearly since 1993. The Retreat has been professionally facilitated for the past 6-7 years.	
5. Update on Leadership Reports a. President: Dr. Schlager 1. Proposed summit on physician health	Dr. Schlager expressed his interest in addressing the issue of physician wellness in Maine. His goal is for MMA to take the lead in bringing multiple organizations together for a summit on this topic in 2019. Utilizing resource program throughout the State of Maine and sharing thoughts with a multitude of perspectives for pooling resources. Dr. Schlager envisions it as a summit of leaders of medical organizations; i.e. the Hanley Center, MHA, AMA, other specialty society groups, Medical Mutual Insurance Company, major health care systems, and residency programs. The issue of well-being is too large for any one group to handle on a statewide basis. MMA can make a difference collaboratively by reaching out for support and assistance. This could also enhance MMA's leadership role.	**Board members expressed their support of the proposed summit.**
b. President-elect: Kenneth Christian, MD 1. Final Nominating Committee Report	Dr. Christian presented the final Nominating Committee report, noting new members to the board replacing some who are unable to continue to serve. Filling the open chair positions of the committees is always the most challenging although this year we have had success in finding candidates to chair the necessary committees. Two medical students were proposed for membership to the Board both of which attend UNE. A motion was made to accept one medical student to the board, A second motion was made to add the second medical student to the board.	**The first motion was seconded and approved to add one medical student to the board. The second motion was seconded, and motion was approved with three opposed.**
6. Management Reports a. Finance Report; Dr. Parker & Ms. Lukas 1. July/August financials	Dr. Parker noted the Financial reports were tracking normally for this time of year.	**Informational.**
2. Proposed 2019 Budget	The 2019 Proposed Budget was presented. A motion was made to accept for presentation to the membership the proposed 2019 budget despite a proposed deficit of $152,000. Mr. Smith noted the budget deficit is structural and will come together better in December and January when grant renewal and contract information will be known. The goal is for MMA staff to actively pursue other grants and opportunities to reduce the budgeted deficit for 2019. This plan is to have management continue to seek additional revenue and cut expenses with a commitment to bring the budget to break even.	**The motion was seconded and approved.**
b. EVP Report: Mr. Smith	FYI.	**Informational.**

Topic	Discussion	Action
c. COO Report: Andrew MacLean	FYI.	Informational.
7. Organizational Meeting a. Election of Chair	A motion was made to nominate Karen Saylor, MD. No other nominations made.	Motion was seconded, all in favor, none opposed. Motion approved.
b. Election of 3 members at large to Executive Committee	Deferred to October meeting.	Deferred to October meeting.
c. Election of Treasurer	A motion was made to nominate Michael Parker, MD. No other nominations made.	Motion was seconded, all in favor, none opposed. Motion approved.
d. Election of Secretary	A motion was made to nominate Andrew MacLean. No other nominations made.	Motion was seconded, all in favor, none opposed. Motion approved.
e. Proposed Board Meeting Dates	Board meeting date of October 31 noted to be changed to October 17. Will consider a new member orientation to follow October 17 Board meeting. Following the December 5 Board Meeting a Finance Committee meeting is a possibility.	Informational.
Other items:		
Recognition of out-going members of the Board of Directors	Robert Chagrasulis, MD and Richard Flowerdew, MD were recognized for their dedication and service to the Board of Directors. They had served 3, three-year terms and were termed out. Drs. Chagrasulis and Flowerdew expressed their appreciation for serving on the Board. Other outgoing members to the Board not present were recognized: Steven Feder, DO, Mark McAllister, MD and Amina Qazi, MD.	
Large Conference Room Renovations	Dr. Flowerdew noted that the LCR renovations are coming along very well.	Pictures will be sent to the Board of the progress.
8. Evaluation of Meeting	a. What worked well today? 20 members of the Board were in attendance. b. What did not work well today? Conference phone at hotel did not work efficiently.	
9. Adjourn	Meeting adjourned at 5:10 pm. NEXT MEETING Wednesday, October 17 4:00pm - 6:00pm Submitted by Diane McMahon Approved by Amy Madden, MD Attested by Andrew MacLean	.

MMA Board of Directors Policy:

Review of Resolutions Approved by the Membership at Annual Session

Any Resolution approved by the membership at the Annual Session shall be placed on a consent agenda for the first meeting of the Board following the adjournment of the Annual Meeting. If there is no objection, the Resolutions are adopted by general consent as MMA policy. If any Board member requests in advance of the Board meeting, and following notice to the sponsor, one or more Resolutions may be extracted from the consent agenda and placed on the regular agenda under New Business. The Board may take any of the following actions:

1. Adopt the Resolution as MMA policy after discussion

2. Reject the Resolution.

3. Amend the Resolution and adopt the amended Resolution as MMA policy.

4. Table the Resolution in order to obtain more information. If the Resolution is tabled, the Resolution must be tabled only until the next meeting of the Board, at which time all of the options will again be available to the Board, except for this option 4.

The Board will inform the member or Committee which presented the Resolution of the Board action.

March 7, 2012

Maine Medical Association

Resolution #1 RE: Recognizing the AMA's Most Recent Efforts to Prevent Gun Violence

Submitted by the MMA Public Health Committee

Approved September 8, 2018

WHEREAS, thirty thousand people die each year in the United States because of gun violence;

WHEREAS, mass shootings continue to occur in the United States;

WHEREAS, gun violence remains a major cause of both suicide and homicide in Maine and across the United States;

WHEREAS, lawmakers have been slow to act to reduce the impact of this epidemic of gun violence;

WHEREAS, the American Medical Association, the Maine Medical Association, and other physician organizations have a lengthy history of advocating for a strong public policy response to the public health crisis of gun violence; and

WHEREAS, the American Medical Association again identified gun violence as a major public health crisis requiring the attention of all physicians during the 2018 Annual Meeting of its House of Delegates in June when its House of Delegates reaffirmed certain policy statements and adopted other new policy statements on this critical public policy issue.

Therefore, Be It Resolved

1. That the Maine Medical Association endorse the recent action of the American Medical Association (AMA) House of Delegates at its Annual Meeting in June 2018 to address the public health crisis of gun violence as described more fully in the press release dated June 12, 2018 entitled, "AMA Recommends New, Common-sense Policies to Prevent Gun Violence."

2. That the Maine Medical Association join with our American Medical Association to advocate for an immediate public policy response to this public health crisis by our elected representatives at both the state and federal levels.

Maine Medical Association

Resolution #2 RE: Diabetes Care in Maine – Implications for All Chronic Conditions Whose Treatment is Costly and Labor-intensive

Submitted by the MMA Public Health Committee

Approved September 8, 2018

WHEREAS, The United States faces a nationwide epidemic of diabetes mellitus ("diabetes") attributable to many factors;

WHEREAS, The State of Maine has ~115,000 adults with diabetes, a percentage of the population that is above the national average;

WHEREAS, diabetes care is highly time- and personnel-intensive, requiring physicians, physician assistants and nurse practitioners, Registered Nurse and Registered Dietician Certified Diabetes Educators, and medical assistants for careful review and interpretation of multiple daily, and sometimes continuous, blood sugar measurements; application of new and emerging technologies and medications; multiple medication adjustments; and management of complex psycho-social factors impacting glycemic control, in order to prevent both acute complications Diabetic KetoAcidosis, severe hyperglycemia and hypoglycemia) and long term complications (heart disease, renal failure/hemodialysis, amputations and blindness) which are extremely costly to patients, their families, and the medical system;

WHEREAS, Maine is understaffed with the necessary medical infrastructure to treat diabetes, both in primary and specialty care. Patients with Type-1 diabetes and those with complicated Type-2 diabetes particularly need specialized care. A study by the Lewin Group in 2014 determined that ~28 FTE Endocrinologists per 1 million adults are required to provide adequate diabetes care. In Maine, the best current estimate is that there are ~13 to 14 FTE Adult Endocrinologists, and it appears that some of these physicians are leaving the state or retiring now or soon;

WHEREAS, recent diabetes program closures, publicized in the news media and attributed to reimbursement for diabetes care that is inadequate to cover the cost of such care, has resulted in an acute surge of patients with diabetes seeking care. Currently, only one Endocrinology practice in Maine is open to new diabetes patients and the wait time for that practice is unacceptably long (3 to 4 months);

WHEREAS, access to diabetes care in Maine has therefore reached a critical breaking point which can only be ameliorated by viewing the problem as a public health crisis; and

WHEREAS, the U.S. health care system, as currently structured, does not provide financial incentives to invest in primary and secondary prevention measures to properly address difficult

chronic conditions such as diabetes, chronic obstructive pulmonary disease (COPD), and substance use disorder involving opioid drugs, for example.

Therefore, Be It Resolved

1. That the Maine Medical Association employ its communications resources to raise awareness of the diabetes public health crisis, to emphasize the importance of primary and secondary prevention measures for diabetes, and the need for adequate funding for treatment of diabetes among policymakers at the state and federal level, including Maine candidates for elective office in the 2018 General Election on November 6, 2018.

2. That the Maine Medical Association convene one meeting to develop a response to the diabetes crisis during the final quarter of 2018 of stakeholders having an interest in diabetes to include appropriate medical specialty organizations, hospital system representatives, and public health professionals.

HEALTH EQUITY ALLIANCE

Opioids & Drug Policy Work Group

RECOMMENDATIONS

PRIMARY PREVENTION

1. Improve and expand social safety net programs to reduce poverty, deprivation and social marginalization that drive rates of adverse childhood experiences. Specific suggestions to accomplish this include:
    - Ensure universal access to early childhood education.
    - Align minimum wage with the 'living wage'.
    - Promote housing security as a universal right - expand access to low-income and income-sensitive housing throughout Maine.
    - Reduce medical debt and preventable deaths by expanding access to health insurance.
    - Expand access to reproductive health care and family planning services.

2. Increase resiliency among youth and mitigate the effects of childhood trauma by fostering and funding evidence-based, age appropriate programs that:
    - Identify and intervene with youth with high ACE scores or at risk of having high ACE scores; and
    - Increase resiliency among all youth through school-wide and community-level programming.

HARM REDUCTION

3. Support and fund harm reduction programming to establish well-resourced, fully-staffed syringe exchange and naloxone distribution centers in every county and foster outreach programs that conduct community and street-level outreach to distribute naloxone and connect people who use drugs to resources.

4. Fund and sanction the establishment of safer drug consumption facilities in major metropolitan areas throughout Maine.

5. Expand access to case management services for people who consume drugs, people engaged in treatment and people in short-term recovery including support with employment, housing and other needs by amending section 13.03-4 of the Mainecare Benefits Manual to include people with a severe substance use disorder who are not currently engaged in treatment, and removing the requirement that the individual be

pregnant, living with his or her minor children, and/or an "intravenous drug user" (a person who consumes drugs intravenously).

6. Reduce reluctance to seek care by supporting and funding educational programs for health care providers surrounding stigma surrounding people who consume drugs, harm reduction in health care, substance use treatment and compassionate care for people who consume drugs.

TREATMENT

7. Cultivate low-barrier access to medical detox services by supporting and funding the establishment of medical detox services in every county in Maine.

8. Reduce barriers to accessing treatment by expanding Mainecare and exploring and implementing gap coverage for people without insurance to ensure that all people who need substance use treatment can afford it.

9. Establish methadone and buprenorphine maintenance therapy, including comprehensive trauma-informed counseling services, in every county in Maine by:
    - Expanding medicaid to increase access to treatment.
    - Increasing the reimbursement rate for affiliated services to support business viability.
    - Decreasing barriers and burdens on methadone services to increase access through primary care and/or other avenues.

RECOVERY

10. Foster, support and fund programming offered through local recovery community centers established and maintained by people in long-term recovery including employment supports and job readiness programs, housing supports, recovery coaching services and other peer recovery support services.

11. Increase access to housing for people in all stages of recovery, including people who are actively using drugs and people in short-term recovery. Support Maine's recovery housing movement by:
    - Funding 'Housing First' programs for people who use drugs living in extreme poverty in major metropolitan areas throughout Maine, including case management supports, housing and rapid treatment access.
    - Establishing a statewide network of recovery houses, including voluntary certification to ensure safety and quality.
    - Creating a funding mechanism to support certified recovery residences akin to the foster family system that provides a monthly stipend for people who take in people with substance use disorders in need of housing.

- Amending state fire codes regarding maximum occupancy of unrelated people for recovery housing and mandating alignment municipal alignment with state fire codes.
- Prohibiting state certified/funded recovery houses from discriminating against people on medication assisted recovery.

CRIMINAL JUSTICE

12. Decriminalize possession of all drugs. Possession of illicit drugs and/or materials used to administer drugs becomes an administrative offense on all counts, regardless of the quantity of the substance within the possession of the accused. Eliminate the permissible inference of trafficking or furnishing based solely on the weight or amount of a substance possessed by the accused and add intent as an element of the crimes of trafficking and furnishing.

13. Mandate the provision of a full range of treatment, including medication assisted treatment, and assertive post-release supports to cultivate seamless access to treatment upon release for people with substance use disorders in correctional facilities, for all correctional settings throughout Maine.

14. Divert people out of the criminal justice system for crimes driven by substance use by supporting and funding the development of pre-booking diversion programs, modeled off of and adapting the Law Enforcement Assisted Diversion program (ref. Portland, ME, Bangor, ME and others based off of LEAD as established in Seattle, WA) in every county throughout Maine.

15. Require the collection of data related to race, ethnicity and socioeconomic status for all stops, arrests, charges, convictions and other events at all levels of the criminal justice system. Establish a community panel to review data annually with the authority to require further review and action to address disparities. Require racial impact statements for all new policies considered by the Maine State Legislature.

DESTIGMATIZATION, HUMANIZATION AND DISCRIMINATION

16. Support employment for people with a history of drug use and reduce employment discrimination by funding programs to engage employers around the importance of purpose for people in recovery and offering protections and incentives to hire people with substance use disorders as well as passing broad 'Fair Chance' policies that restrict the consideration of criminal history for all employment, housing, licensing and other relevant application processes. These should be supplemented by policies that address racial bias in hiring practices.

17. Establish and/or amend non-discrimination policies to encompass people with substance use disorders, affording them protections against discrimination around housing, employment and other rights.

18. Support and fund a coordinated public education campaign and other efforts to reduce stigma around substance use and shift the cultural perception of people who consume drugs. This should emphasize the impact of trauma and adverse childhood experiences on substance use and break stereotypes related to people who consume drugs by exploring the extent to which they are our neighbors, loved ones, family and friends.

5c.

JOB DESCRIPTION – EXECUTIVE VICE PRESIDENT OF THE MAINE MEDICAL ASSOCIATION

SUMMARY:

The Executive Vice President of the Maine Medical Association is the operational leader of a physician advocacy organization that has 15 staff and, over 4300 active, student, resident, and retired members. It has an annual budget of approximately $2.5 million. In close association with the elected leadership of the Maine Medical Association (MMA) and 29 board members, the Executive Vice President (EVP) manages the primary physician advocacy and support organization for more than 4,300 members, and serves as a trusted advisor to physicians and other healthcare stakeholders in Maine on a broad range of legal, legislative, financial, operational, and other issues that impact and improve the care of Maine's 1.3 million residents.

SCOPE OF POSITION:

Reporting to a 29-member Board of Directors, the Executive Vice President (EVP):

- Oversees management of the MMA, including membership and its engagement, advocacy, education and industry outreach and interaction.
- Oversees the day-to-day operations of the MMA, and is responsible for establishing and achieving operational and financial objectives of the MMA, developing business opportunities, and implementing online and other tools that support and enhance member services and engagement;
- Works closely with the MMA Board to identify and implement the MMA's strategic priorities, modernize the MMA, and attract new physicians to it a dynamic organization that can prove its value to members.
- Builds and maintains external relationships with physician leaders, physician groups, non-member physicians and other licensed practitioners; patient care groups, other healthcare professional associations such as those representing nurses and pharmacists, hospital chief executive and chief medical officers, and other medical societies;
- Builds and maintains relationships - and navigates the issues among - key Maine decision-makers and organizations in Maine's governance;
- Serves along with the elected MMA President as the chief spokesperson for MMA; Oversees the governmental and legislative advocacy work of MMA.

KEY GOALS OF THE EXECUTIVE VICE PRESIDENT:

The EVP will lead the MMA's efforts in achieving the following key organizational goals – among others - over the next three to five years, goals that will sustain the MMA's achievement of its vision to support Maine physicians, improve the quality of medicine in Maine, and to promote the health of all Maine citizens. Key goals aligned with this mission will include:

1. Physician support – physicians practicing in Maine will recognize the MMA as an important source of tools and support that help make Maine a great place to practice medicine;
2. Advocacy – the MMA will be recognized as the trusted voice of Maine physicians by groups, individuals, organizations, government entities, and others making decisions about physician practice and patient care;
3. Physician trust – the MMA will endeavor to establish a personal relationship with every physician in Maine, and be so trusted among physicians that leaders in all delivery settings are advocates for physicians joining and maintaining membership in the MMA.

EXPERIENCE AND QUALIFICATIONS:

- Master's degree or other advanced degree (eg: MD, DO, JD, PhD) is preferred, and Certified Association Executive status is desirable;
  Substantial senior leadership experience is required, with demonstrated success in leading, planning, and organizational operations;
- Experience with the health care environment and healthcare organizations highly desirable, with medical association management experience preferred;
- Experience working with physicians is required;
- Legislative and governmental advocacy experience is highly desirable;
- Experience working with a board of directors is required;
- Proven ability to help manage the annual budgets and financial issues of an organization, are required. Experience with a 501c(6) organization management is preferred;
- Excellence in oral and written communications, with substantial experience presenting to and speaking with groups and organizations is required;
- Experience managing complex discussions with stakeholders in various issues and settings is required;
- Valid driver's license is required.

PERSONAL CHARACTERISTICS:

Among other things:

- Forward thinking and innovative - has a demonstrated ability to anticipate issues before they become problems and to develop creative solutions;
- Positive and optimistic;
- Is a team leader and team player, with a highly collaborative approach to solving problems and building success:
- Calm under pressure, a skilled negotiator, and able to maintain relationships with others despite differences on complex issues;
- Highly responsible, discreet, and professional in all circumstances.
- Serves as a mentor to elected MMA officers and other physicians who work with the MMA;
- Ethical and honest, forthright and fair.

KEY RESPONSIBILITIES IN MANAGEMENT OF THE MAINE MEDICAL ASSOCIATION

General:

- Makes the MMA function as smoothly as possible at all times, serving by example as its flexible and inspiring leader, assuming other duties as assigned and necessary to lead the MMA through every challenge.

Operations and Administration:

- Fosters a corporate culture at the MMA that supports ethical practices, individual integrity, and the promotion of the values and goals of the MMA, among all staff;
- Establishes and ensures appropriate operating and administrative policies, plans, and directives;
- Directs and coordinates staffing to carry out mission of the MMA in a cost-effective manner;
- Serves as the agent of the MMA in routine negotiation and execution of contractual arrangements. For non-routine contractual arrangements, works under the direction of the Board;
- Oversees planning, organization, and coordination of all aspects of the MMA's annual meeting and other events, in conjunction with MMA's elected leadership and its staff;
- Maintains custodial responsibility for all assets of the MMA, including the operating assets, financial assets, and risk management.

Organization and Personnel:

- Maintains and enforces the MMA's organizational structure, including organizational reporting relationships and position descriptions;
- Determines and establishes the staffing needs of the MMA, within the confines of the annual budget,
- Establishes, communicates, and enforces MMA personnel policies and procedures;
- Directs all activities affecting the staff of the MMA;
- Serves as the executive staff to the Board of Directors and its Executive Committee. Those responsibilities include organizing the meetings, and preparing and distributing meeting agendas, materials, and minutes in a timely fashion;
- Serves as the executive staff of the MMA to the American Medical Association (AMA), assisting the President of the MMA in all related AMA activities, including the management of Maine delegates to the AMA and their participation in the activities of the AMA;
- Serves as advisor to the elected officers of the MMA, including its President, President Elect, and Board Chair, in the performance of their duties;

Finance:

- Prepares and submits the MMA annual budget to the Finance Committee for approval;
- Manages the financial affairs of the MMA in accordance with its policies and the annual budget;
- Maintains an adequate system of internal controls to protect the MMA's financial assets, including arrangements for the completion of an annual audit or review of the MMA's financial statements;

- Oversees preparation of monthly financial statements reporting on the finances and operations of the MMA to the Board;
- Approves bills and other financial transactions as required by the policies of the MMA;
- Pursues grant and other funding for projects and initiatives that support the mission of the MMA.

Marketing and Membership:

- Sets realistic goals for obtaining new members, and develops strategies to acquire and retain members for the MMA;
- Identifies and acts upon issues that are important to members;
- Actively engages with, and pursue input from the members in order to address their issues and needs;
- Champions members in ways that appropriately advances their professional status;
- Ensures that the MMA's program delivery and solutions are relevant, of consistently high quality but constantly improving, and member centered;
- Represents the interests of the MMA members to healthcare stakeholders;
- Develops a working relationship with leaders of Maine organizations that educate and train the next generation of physicians for Maine, including residency directors and deans of medical schools.

MEASURES OF SUCCESS

The MMA Board of Directors will conduct an annual performance appraisal of the EVP of the MMA. The basis of that annual appraisal will include, but not be limited to:

- A clearly articulated strategic plan and business model that help sustain and transform the MMA;
- The effectiveness with which the EVP works with the MMA President, Board Chair, Executive Committee and Board of Directors;
- The extent to which the character and quality of the products and services of the MMA ensure a quality reputation for the MMA as a whole;
- The extent to which the EVP exhibits judicious stewardship over the assets of the MMA, the soundness of the financial condition of the MMA, and the extent to which annual organizational goals are achieved;
- An increase in MMA membership, year over year;
- The maintenance of a robust MMA membership;
- The extent to which the MMA carries out its member, employee, professional, governmental and public responsibilities.
- Growth in revenue.

WORKING CONDITIONS AND PHYSICAL REQUIREMENTS

The work of the EVP is generally office, desk and meeting work. The EVP must be able to:

- Travel for work frequently, both inside and outside the state;
- Work in an office environment;
- Sit and stand for prolonged periods;
- Be available for evening and weekend work;
- Be able to lift and carry 25 lbs. occasionally.

September 26, 2018

Executive Vice President of the Maine Medical Association - Search Timeline

August

- **Board meeting** – August 3
  - Planning timeline and process presented
  - Input on organizational priorities and search criteria
- Chair of Search Committee recruits (with input from the Board) members of the Search Committee

September

- **Board meeting** – September 7-9
  - Membership of the Search Committee approved by the Board

October

- **Search Committee meeting** – October 17 (following Board meeting)
  - Finalize search process and timeline and schedule future meetings
  - Review member survey draft and edit as needed
  - Discuss plans for seeking input from MMA staff
- Member survey is sent-out via email to all members (week of October 22nd)
- Consultant meets with MMA staff to get their input regarding the search

November

- Input from surveys and from MMA staff tabulated (to be shared as "themes" with the committee)
- Consultant drafts leadership statement using input received and initial position description draft
- **Search Committee meeting**
  - Review input received from the membership survey and MMA staff
  - Consider first-draft of the leadership statement (document to be used in describing and promoting the opportunity)
  - Advertising and promotion strategy presented

December

- Leadership statement finalized (to be approved by the Search Committee and shared with Board and staff)
- **Board meeting** – December 5
  - Board signs off on Leadership Statement and the Search Committee's timeline and process

January

- Search "goes live" - ads, announcements, etc., purchased, placed and running
- Communication to board, staff, and other "insiders" re: the launch of the search, including guidance on how to maximize their social networks and contacts to support the search
- Targeted outreach to potential candidates and to referral sources

February

- Inquiries and applications followed-up and managed (ongoing throughout)

March

- Deadline for receipt of all applications
- Review of applications conducted to identify A, B, and C level candidates
- **Search Committee meeting** - to select who will be interviewed by phone

April

- Consultant conducts phone interviews
- **Search Committee meeting** - to review phone interview results to determine who will be interviewed in-person or via Skype

May

- **Search Committee** conducts 45-60 minute meetings (in-person or via Skype) with the top candidates to determine who will be considered finalists
- In-depth reference checking conducted for each of the finalists
- Consultant reports to the Search Committee on the reference checking process and works with the Chair to develop the on-site interviews

June

- On-site interviews to include meetings with staff leadership, board members, key stakeholders, Gordon, and the Search Committee (with follow-up process in place to gather their reactions to the candidates and share it with the Committee)
- **Search Committee** meets to formulate a recommendation to the Board that includes the specifics regarding the offer
- **Board meets** in executive session to receive the Search Committee's recommendation and vote prior to an offer being made to the selected candidate
- With Board approval, offer made to final candidate

July

- Announcement of new Executive Vice President

MMA Executive Search Survey

Please take a moment to share your thoughts and offer your suggestions as the MMA Board prepares to begin the search process for its next Executive Vice President. Your responses will be combined with those of others and will remain anonymous, so please be frank. Thank you!

* 1. Please indicate below which category best describes your relationship to the MMA:

- ◯ Resident
- ◯ Active practice physician
- ◯ Retired physician
- ◯ Other

2. What do you see as the unique strengths and/or success stories of the MMA--strengths and/or assets that should be promoted as we seek a new executive vice president?

3. What do you anticipate will be the challenges or organizational priorities that the next executive vice president will have to address either immediately or over the coming years?

4. Looking out 5 years or more, what do you hope that the MMA (and the next executive vice president) will have accomplished?

5. What attributes, qualities, or experience should the Board prioritize in the search for its next executive vice president?

6. Any other advice for the Board as it embarks upon this search process? Anything else to add?

Thank you for your input! Click on "Done" below to conclude the survey and submit your results.

President's report for October 17, 2018

Members of the Board:

On October 9 we had a successful listening session at the Newcastle Publick House. Between 6-8 physicians (including 2 medical students) showed up and asked us some questions as well as the officers and staff (Charlie, Karen, Amy, me, Andy, Peter, and Sue Kring) providing feedback to the attendees. It was a fun while productive meeting. On Thursday, October 18, we will have another listening session in Waterville at Mainely Brews from 6-8. Certainly any of you are invited. Physicians from Kennebec and Somerset counties are invited as well as the presidents from Inland, Redington Fairview, and SVH hospitals.

Planning for the "Wellness Summit" progresses: much information on successful wellness programs is being collected; the list of invitees has been expanding; possible assistance with funding from some of the attendees will be solicited; and a planning session for the summit will be held within the next month or so. If any of you are interested in assisting or planning of the event, please contact Gordon or me.

Robert Schlager, MD
President, MMA

Maine Medical Association
Revenues and Expenditures
Fiscal Year Actual vs. Budget

	PY Actual 9/30/2017	2018 Actual 9/30/2018	2018 Budget	75%	2017 Actual	2017 Budget	2016 Actual	2016 Budget	2015 Actual	2015 Budget
Operating Revenues/Support										
Active Member Dues	577,172	533,959	610,000	88%	607,545	615,000	623,634	610,000	609,214	610,000
Annual session	30,388	41,415	30,000	138%	30,663	30,000	32,448	30,000	21,713	30,000
Peer review	48,575	53,275	80,000	67%	87,505	80,000	70,480	80,000	72,960	85,000
Contracted services/meeting mgmt	193,349	185,524	225,000	82%	245,665	239,000	238,517	212,000	245,665	239,000
Corporate affiliates	19,000	16,750	25,000	67%	23,750	25,000	24,150	30,000	23,850	30,000
MMIC, MMEF, MMET, MPHP	205,000	209,000	211,500	99%	210,500	209,500	209,500	209,500	210,500	209,500
CMEA	20,500	27,000	29,000	93%	28,000	31,500	32,500	30,000	28,000	31,500
MM advertising, website job postings	34,375	36,200	45,000	80%	52,950	40,000	37,600	42,000	52,950	40,000
Other Revenues	93,518	63,535	109,000	58%	125,629	100,000	109,660	95,000	73,184	51,000
Total Operating Revenues/Support	**1,221,876**	**1,166,657**	**1,364,500**	86%	**1,412,207**	**1,370,000**	**1,378,489**	**1,338,500**	**1,338,035**	**1,326,000**
Operating Expenditures										
Salaries, benefits, payroll taxes	822,142	880,753	1,121,835	79%	1,118,535	1,093,235	1,063,771	1,045,273	989,190	967,215
Annual session	37,370	45,417	30,000	151%	38,653	30,000	42,490	30,000	32,208	30,000
Peer review expense	26,376	26,555	56,000	47%	55,540	56,000	39,765	56,000	44,971	59,500
CMEA	13,855	15,951	17,600	91%	13,986	15,600	13,661	15,000	13,986	15,600
Maine Medicine	22,932	23,543	32,000	74%	28,887	30,000	29,789	30,000	28,887	30,000
Other Expenditures	229,215	209,170	299,400	70%	320,793	291,400	310,007	307,256	317,857	322,825
Total Operating Expenditures	**1,151,890**	**1,201,389**	**1,556,835**	77%	**1,576,394**	**1,516,235**	**1,499,483**	**1,483,529**	**1,427,099**	**1,425,140**
Net Operating Revenues over Expenditures	**69,986**	**(34,732)**	**(192,335)**		**(164,187)**	**(146,235)**	**(120,994)**	**(145,029)**	**(89,064)**	**(99,140)**
Other support/grant work	80,970	111,414	173,350	64%	191,840	124,590	144,254	133,596	127,862	87,850
Reserve Offset	16,875	15,000	20,000	75%	22,500	22,500	25,000	25,000	27,500	27,500
Net Budgeted Revenue over Expenditures	**167,831**	**91,682**	**1,015**		**50,153**	**855**	**48,260**	**13,567**	**66,297**	**16,210**
	-	(0)								

50,153 855 **MAINE MEDICAL ASSOCIATION** 1,015

Income and Expense for the period ended September 30, 2018

INTERNAL USE ONLY - NOT FOR DISTRIBUTION 75%

	A/C ##	INCOME	As of 9/30/2017	As of 12/31/2017	Adj/Appvd 2017 Budget	% of Budget	As of 9/30/2018	'18 vs '17 Fav (Unfav)	Adjusted 2018 Budget	% of Budget	Act18-Bud18 Fav (Unfav) Variance	
			9.0	12.0			9.0					
1	4000CY	Dues	577,172	607,545	615,000	94%	533,959	(43,213)	610,000	88%	(76,041)	
	40015	FQHC membership	21,055	25,160	18,000	117%	22,296	1,241	25,000	89%	(2,704)	
2	40020	Voluntary contr. - seniors	11,060	11,450	11,000	101%	12,665	1,605	11,000	115%	1,665	
3	40030	Annual Session	30,388	30,663	30,000	101%	41,415	11,027	30,000	138%	11,415	
#	40040	Seminars	14,563	25,458	15,000	97%	500	(14,063)	18,000	3%	(17,500)	
5	40050	Peer Review	48,575	87,505	80,000	61%	53,275	4,700	80,000	67%	(26,725)	
	40050QI	QI	1,400	5,500	10,000	14%	1,600	200	10,000	16%	(8,400)	
6	40060	CMEA	20,500	28,000	31,500	65%	27,000	6,500	29,000	93%	(2,000)	
8	40090	MMEF - for staffing, overhead	85,000	85,000	85,000	100%	85,000	-	85,000	100%	-	
9	40100	MMET - for staffing, overhead	16,000	16,000	15,000	107%	18,000	2,000	15,000	120%	3,000	
#	40110	MPHP legal/professional services	16,500	22,000	22,000	75%	16,500	-	22,000	75%	(5,500)	
#	40120	Royalties	21,290	30,661	30,000	71%	15,799	(5,491)	29,000	54%	(13,201)	
#	40130	Contracted services	171,349	223,665	217,000	79%	163,524	(7,825)	203,000	81%	(39,476)	
#	40140	Medical Mutual Ins. Co. of ME	71,500	71,500	71,500	100%	71,500	-	71,500	100%	-	
#	40150	Management Fee - MMEF	16,000	16,000	16,000	100%	18,000	2,000	18,000	100%	-	
#	40161..3	Misc. Inc -Legal, Contract Reviews, lists, le	23,985	27,235	15,000	160%	10,600	(13,385)	15,000	71%	(4,400)	
#	40180	Conference Room Fees	165	165	1,000	17%	75	(90)	1,000	8%	(925)	
#	40200	Corporate Affiliates	19,000	23,750	25,000	76%	16,750	(2,250)	25,000	67%	(8,250)	
#	40201	Publications & WebSIte Income	34,375	52,950	40,000	86%	36,200	1,825	45,000	80%	(8,800)	
#	40202	Meeting Management	22,000	22,000	22,000	100%	22,000	-	22,000	100%	-	
#		TOTAL INCOME	**1,221,876**	**1,412,207**	**1,370,000**	**89%**	**1,166,657**	**(55,219)**	**1,364,500**	**86%**	**(197,843)**	
		EXPENSES										
#	50523	Salaries	683,791	939,993	907,000	75%	730,915	(47,124)	927,000	79%	196,085	
#	50524	Other Employee Benefits	68,853	90,342	91,000	76%	72,722	(3,869)	98,000	74%	25,278	
#	50625	Travel Expenses - out of state	16,669	25,388	18,000	93%	14,841	1,828	18,000	82%	3,159	
#	50726	Travel Expenses - In State	12,109	17,813	12,000	101%	11,762	347	12,000	98%	238	
#	50827	Retirement Plan	18,125	23,448	27,210	67%	21,447	(3,322)	27,810	77%	6,363	
#	50928	Audit/Review/IRS 990	-	908	1,800	0%	911	(911)	1,800	51%	889	
#	51229	Outside Consultants/Legal (LM, AB &BM)	5,400	7,379	2,500	216%	-	5,400	2,500	0%	2,500	
#	51530	Vehicle expenses for EVP	3,702	4,315	5,500	67%	2,941	761	5,500	53%	2,559	
#	52632	Payroll Taxes	51,373	64,752	68,025	76%	55,669	(4,296)	69,025	81%	13,356	
#	53133	Major repairs; not maintenance-type	2,085	7,645	10,000	21%	-	2,085	10,000	0%	10,000	
#	53634	Telephone, cell phones, internet	8,609	12,040	14,000	61%	9,570	(961)	14,000	68%	4,430	
#	53635	Utilities	8,771	12,050	14,000	63%	10,991	(2,220)	14,000	79%	3,009	
#	53636	Supplies	6,967	10,147	7,500	93%	7,590	(623)	7,500	101%	(90)	
#	53637	Postage	3,230	4,378	4,500	72%	1,608	1,622	4,500	36%	2,892	
#	53638	Maint./Lease Office Equip	8,496	11,111	12,000	71%	7,159	1,337	12,000	60%	4,841	
#	53639	Maint. & Cleaning Bldg/Grounds	21,239	30,738	27,500	77%	19,350	1,888	27,500	70%	8,150	
#	53640	Miscellaneous	7,122	9,752	8,000	89%	8,887	(1,765)	9,000	99%	113	
	53640L	Legislative exp	998	1,548	5,000	20%	1,994	(997)	3,000	66%	1,006	
	60148	Membership Development	479	1,601	3,000	16%	587	(107)	1,000	59%	413	
#	53641	Subscriptions/Legis Publication	914	2,378	4,000	23%	972	(58)	2,000	49%	1,028	
#	53642	Insurances (MEMIC & Prob/Liab/Auto)	14,710	18,259	19,000	77%	15,242	(532)	19,000	80%	3,758	
#	53643	Property Taxes	8,330	17,352	16,500	50%	9,022	(692)	17,500	52%	8,478	
#	53844	Staff Education and Development	3,206	4,101	1,500	214%	6,755	(3,549)	6,000	113%	(755)	
#	55345	Seminars	24,363	24,522	5,000	487%	-	24,363	7,500	0%	7,500	
#	55446	Peer Review	26,376	55,540	56,000	47%	26,555	(179)	56,000	47%	29,445	
#	55547	CMEA	13,855	13,986	15,600	89%	15,951	(2,096)	17,600	91%	1,649	
#	53641M	Memberships/Dues	7,341	9,431	9,500	77%	6,790	551	9,500	71%	2,710	
#	60249	AMA Delegates	11,417	18,017	18,000	63%	9,842	1,575	18,000	55%	8,158	

50,153 855 **MAINE MEDICAL ASSOCIATION** 1,015

Income and Expense for the period ended September 30, 2018

INTERNAL USE ONLY - NOT FOR DISTRIBUTION 75%

			As of 9/30/2017	As of 12/31/2017	Adj/Appvd 2017 Budget	% of Budget	As of 9/30/2018	'18 vs '17 Fav (Unfav)	Adjusted 2018 Budget	% of Budget	Act18-Bud18 Fav (Unfav) Variance
#	60450	Annual Session	37,370	38,653	30,000	125%	45,417	(8,047)	30,000	151%	(15,417)
#	60551	President's Retreat	750	750	8,800	9%	9,226	(8,476)	8,800	105%	(426)
#	60652	Total Committees	7,194	12,217	8,000	90%	7,478	(283)	12,000	62%	4,522
#	61054	President's Expenses	10,242	11,968	12,000	85%	10,193	49	12,000	85%	1,807
#	61455	AMA Litigation Ctr.	2,850	2,850	2,800	102%	2,870	(20)	2,800	103%	(70)
#	61556	Pres-elect-Leadership Conf./ASAE	-		1,000	0%		-	1,000	0%	1,000
#	61657	Computer Upgrade, Maint., Consult.	7,496	11,868	6,000	125%	8,269	(772)	6,000	138%	(2,269)
#	61658	Website Maint. And Digital Marketing	655	655	5,000	13%	539	116	5,000	11%	4,461
#	61759	Office Furn/Equip (noncomputer)	331	331	500	66%	-	331	500	0%	500
#	62460	Retirement pmts & hlth ins.	21,008	26,201	26,000	81%	21,937	(929)	27,000	81%	5,063
#	62562	Maine Medicine newsletter Expense	22,932	28,887	30,000	76%	23,543	(612)	32,000	74%	8,457
#	62563	Weekly Publications	2,529	3,081	2,500	101%	1,844	685	2,500	74%	656
		TOTAL EXPENSES	**1,151,890**	**1,576,394**	**1,516,235**	**76%**	**1,201,389**	**(49,499)**	**1,556,835**	**77%**	**355,446**
						0%					
		Net Operating Income (expense)	**69,986**	**(164,187)**	**(146,235)**		**(34,732)**	**(104,718)**	**(192,335)**		**157,603**
		OTHER INCOME (Expense)					(0)				
			-		-			-	-		-
	43900	Rent	7,200	9,600	9,600	75%	7,200	-	9,600	75%	(2,400)
	43890	AMA SOPP Grant, net of exp 80100	-	-	-	#DIV/0!	-	-	-		-
	43820	Academic Detailing	44,752	106,565	65,800	68%	64,041	19,289	105,000	61%	(40,959)
	63000	Long-term Development non-wage exp	(26)	(435)	(750)		(8)	19	(750)	1%	742
	43890	Betterment Grant $10K start 6/2017-12/2	-	5,561		#DIV/0!	-	-	12,000	0%	(12,000)
	43842	MeHaf Advocacy	13,713	40,981	22,940		21,215	7,503	30,000	71%	(8,785)
	43840	AMA Diabetes	-		-		8,383	8,383	10,000	84%	(1,617)
	43840	MeHAF-Outreach/PPACA		6,625	-			-	-		-
	43843	MeHaf /MCF Community Opiod Forums	7,713	12,206	15,000		1,616	(6,097)			1,616
	43890	Other grants	7,619	10,736	12,000		8,967	1,348	7,500	120%	1,467
		Total Other Income (Expense)	**80,970**	**191,840**	**124,590**		**111,414**		**173,350**		**(61,936)**
		Net Income (expense) before Reserve Usage Allowance	**150,956**	**27,653**	**(21,645)**		**76,682**	**(74,274)**	**(18,985)**		**95,667**
7	40070	Reserve - allowed for budget	16,875	22,500	22,500	75%	15,000	(1,875)	20,000	75%	(5,000)
		Budgeted Net Income (Expense)	**167,831**	**50,153**	**855**		**91,682**	**(76,149)**	**1,015**		**90,667**

50,153 855 **MAINE MEDICAL ASSOCIATION** 1,015

Income and Expense for the period ended September 30, 2018

INTERNAL USE ONLY - NOT FOR DISTRIBUTION 75%

		As of 9/30/2017	As of 12/31/2017	Adj/Appvd 2017 Budget	% of Budget	As of 9/30/2018	'18 vs '17 Fav (Unfav)	Adjusted 2018 Budget	% of Budget	Act18-Bud18 Fav (Unfav) Variance	
	Non-Budget Income (Expense) and Programs:										
4000x	Prior year dues	-				560					
40080	Interest Income	198	250			1,386					
40205	Golf Tourn income	12,115	12,115			14,360					
62505	Golf Tourn exp	(9,588)	(12,088)	27		(14,452)	(92)				
51000	Depreciation	-	-18407								
50523p	Year-End PTO Adj	-	(8,158)			-					
51228	Temp Labor	-	(150)			(140)					
53640H/PY	Misc. Recon items and p/y adj.	3,447	(243)			(439)	*23,907*	420			
	Capitalize FA > $1000	-									
4350x	MPHP, net (quarterly) 5/31/18	(39,802)	(1,498)			(17,231)	9/30/2018				
53638c	Copier usage recovery	1,754	1,469			1,829					
41500X	MPAF, net (12/31)	-	1,140			-					
40010	Sustaining memberships/LTD	1,790	4,290			1,250					
73000	Comfort Fund	-									
73040	Annual Campaign	100	1,970			1,080					
73010	Silent Auction, net	-									
70300	Other (EVP search retainer)	-	7,645	cap major repairs		(12,000)					
	Total Non-Budget, net inc (exp)	(29,986)	(11,665)			(23,798)					
	Total Income (Expense)	**137,845**	**38,488**			**67,884**					
	Adjust for actual inv income/loss:										
70100	Interest Income PAB	-	36			(543)	LOC interesdt exp				
40070	Investment Income (divs/interest)	8,399	19,362			14,651					
70000	Investment expense	(4,896)	(10,247)			(8,407)					
42500	Realized Gain (Loss)	-	(4,358)			-					
42600	Unrealized Gain (Loss) quarterly	64,540	152,243	12/31/2017		53,378	59,622	9/30/2018			
	Remove budget inv income	(16,875)	(22,500)			(15,000)					
		51,169	134,537			44,079					
			(0)								
	Net income (loss) reconciled to QB	**$ 189,014**	**$ 173,025**			**$ 111,963**					

MAINE MEDICAL ASSOCIATION

Balance Sheets

	10/8/2018		*8/5/2018*		4/13/2017					
	September-18		December-17		December-16		December-15		December-14	
ASSETS										
Cash	$ 76,357		$ 244,859		$ 301,000		$ 98,298		$ 132,210	
Restricted cash:										
MPAF (as of 12/31/17)	1,475		1,475		335		196		541	
MPHP (as of 9/30/18)	270,870		268,968		282,614		227,601		201,222	
Long-Term Development Fund	132,463		130,406		124,396		116,731		110,284	
RBC Dain operating reserve as of 6/30/18	1,189,080		1,129,458		972,458		893,452		884,784	
Draw from reserves for renovations	(200,000)		-	PAI	21,748		21,703		31,544	
A/R miscellaneous	73,394	#	84,834		90,493		86,725	#	97,912	
Due from MMET	18,556		48,427		6,866		52,770		(5,553)	
Due from (to) MMEF	106,412		76,754		(1,475)		(5,111)		(24,466)	
Due from MPHP	25,546		28,932		12,972		90		12,824	
MPHP A/R at 6/30/2018	40,093		62,175		34,087		52,172		68,617	
Prepaid expenses	3,150		8,507		9,610		17,580		5,425	
Fixed Assets, net of depreciation	325,024		124,017		134,779		154,424		177,571	
Total Assets	**$ 2,062,420**		**$ 2,208,810**		**$ 1,989,881**		**$ 1,716,632**		**$ 1,692,916**	
LIABILITIES AND FUND BALANCE										
Accounts payable	40,739	#	27,578		5,268		16,193	#	6,185	
Accrued - car loan	-		-		-		826		5,349	
Accrued Salaries	22,488		41,579		25,191		15,294		21,083	
Other current liabilities/LOC	150,331		165		(119)		5		430	
Due to MMEF	-		-		-		-		-	
Due to MMET	3,881		-		-		(25)		9,428	
CPH due to MMA	25,513		30,552		12,941		-		24,911	
Due to MPAF	-		-		300		50		-	
Accrued personal time off (PTO)	67,708		67,708		59,550		54,219		50,510	
Prepaid member dues	630		380,671		400,607		253,306		269,547	
Prepaid sustaining memberships			-		-		2,300		2,443	
Prepaid corporate affiliate dues	1,000		11,250		10,500		12,400		14,500	
Deferred revenue	15,000		26,389		4,001		570		870	
PAB deferred compensation			-		21,748		21,703		31,544	
Due to L/T Development Fund	250		-		-		-		200	
Total Liabilities	**327,539**		**585,892**		**539,987**		**376,840**		**437,000**	
					1					
Fund Balance	1,622,918		1,449,894		1,339,791		1,255,916		1,195,857	
Current year net income (loss)	111,963		173,025		110,102		83,875		60,059	
	1,734,881		1,622,918		1,449,894		1,339,791		1,255,916	
Total liabilities and fund balance	**$ 2,062,420**		**$ 2,208,810**		**$ 1,989,882**		**$ 1,716,632**		**$ 1,692,916**	
	0		(0)		0		(0)		(0)	

EVP MEMO

To: MMA Board Members

From: Gordon H. Smith, Esq., Executive Vice President

Re: Update for Oct. 17, 2018 Board Meeting

Date: Oct. 15, 2018

Welcome to our six new Board members as we approach the Oct. 17 inaugural Board meeting. I know I speak for all our staff and existing Board members in saying we are very excited about the year ahead and look forward to getting a new member orientation together for the new members as soon as schedules permit. Of the six new members, three are actively practicing physicians, two are medical students and one is a resident. So, our board for the next 12 months includes two residents, three students and 24 physicians in active practice. At the Board meeting on Wednesday, you will elect the three members of the Board to serve as "at large" members on the Executive Committee.

What follows is a summary of MMA activities since the Annual Meeting a short five weeks ago.

1. Governance. As noted above, we have a Board meeting on Oc.t 17 followed by the final meeting of the calendar year on Dec. 5. That meeting will be the first held in the renovated conference room and we look forward to you seeing the results of this project which has been an important part of our year.

2. Membership and Dues. In September, we added 23 new active members and one resident (junior) member. We lost one member via death and another through resignation. The total active membership at the end of the month was 2970 and overall membership was 4,366. The 23 new members were mostly additions to the Spectrum Healthcare Partners group. Our membership will continue to grow through the Fall as groups update their lists of employed physicians. There are still seventy-four members who are delinquent in 2018 dues and we will continue to work on those until the conclusion of the year at which time anyone still unpaid will be dropped. When all is said and done, we will probably end the year with about 3000 active members which was our membership goal for the year. We did not lose any groups this year and no group has indicated an intent to drop in 2019 but not all the group bills have gone out. Our priority now, in addition to getting the 2019 bills all out, is to collect the few remaining group dues owed (and promised) for 2018 and retain as many of the members still delinquent in their dues as possible. I may be asking some of you to assist where I know you have or should have a relationship.

3. Finances. As you can see from the materials Heidi has prepared for the Board meeting, finances continue to be tight but so long as all the groups pay 2018 dues and all our grants and contracts finish the year as expected, we should come close to budget. The off-budget items such as the renovations of the Stred Building are challenging our cash balances, but it is hoped that some of the larger groups will pay their 2019 dues promptly thus assisting with this problem. We will likely be short of 2018 budget for dues, corporate affiliate payments and revenue for the office-based QI program but there are other categories where revenue will exceed the budget and some categories where expenses will be lower than budgeted and I do believe that when all the revenue is in and the expenses paid that we will be near budget. The approved and then amended operating budget was projected to be in the black by slightly over $1,000.

With respect to the proposed deficit in the 2019 budget, we hope to hold a meeting of the Finance Committee following the Dec. 5 Board meeting. We will know by that time the amount of our Academic Detailing contract for the year and that will assist the Committee in determining whether significant adjustments to the budget approved at the Annual Session need to be made.

4. Annual Session. The 165th Annual Session was a successful event with over 96% of attendees indicting that they were either satisfied or very satisfied with the meeting. We will include the results of the post-meeting survey in your materials available at the board meeting. However, we incurred a financial loss of approximately $9,000. This is a larger loss than last year and obviously something that needs to be addressed. I only learned of the amount of the loss this morning as a supplemental invoice was received from the hotel. I had originally thought that the financially loss was in the $4,000 range which I felt was tolerable. I take full responsibility for this breakdown in communication and I am very embarrassed by it. We will address what you think we should do about it on Wednesday. In planning for 2019, a key change from past years will be to begin the planning immediately and involve a larger number of members, including Board members, in the planning committee. Dr. Ryan and I will be soliciting committee members so if you have any interest, please let one of us know. We plan to have the first conference call to discuss themes, topics, speakers and activities within the next month.

5. Committees and Sections. I have been pleased to receive on a nearly weekly basis volunteers for some of our committees. We intend to let you and the membership know of these appointments which are ultimately made by the President. We have a very important meeting of the Legislative Committee scheduled for Dec. 6 and all other committees have meetings scheduled including the Public Health Committee, the Physician Quality Committee and the CMEA Committee. I will be meeting with the new chairs of the Physician Quality Committee soon to discuss both improvements to the external peer review program and the future of the office-based Quality Improvement Program. The Medical Professional Health Program Advisory Committee continues to meet regularly under the careful guidance of chairman Dr. Chagrasulis. The Senior Section will meet for its next luncheon and program on Oct. 24. The program will involve a panel of statehouse lobbyists who will discuss the impact of the mid-term election on healthcare in Maine. I remind you that any MMA member can attend the luncheon whether a "senior" or not, so long as they rsvp to Lisa Martin, so we can ensure enough lunch for all attendees. We had over 30 attendees at the most recent luncheon. The Student Section is functioning well with many student leaders very engaged. Four of the students will attend the interim meeting of the AMA House of Delegates Nov. 10-13 in National Harbour, Maryland. Susan Kring and I look forward to organizing a Resident Section in 2019. The student and resident activity would not be possible without the financial support of the Maine Medical Education Foundation and the Maine Medical Education Trust, which we greatly appreciate.

6. Listening Sessions and other Outreach Activities. The Listening Session last week in Newcastle was sparsely attended but was considered a success by those staff members, officers and board members in attendance. We have another Listening Session scheduled for this coming Thursday night in Waterville and while response has been minimal to date, we expect to have a good crowd there partially because the session has been well promoted by the staffs and administration at both MaineGeneral and Inland hospitals. You are all encouraged to attend if you are available (6:00 to 8:00pm at Mainely Brews on Main St. in downtown Waterville.

   Other outreach occurs through our educational sessions (discussed below) and my personal visitations. I have a meeting scheduled soon with the new CEO of Southern Maine Medical Center, Nathan Howell, and with James Herbert, PhD., President of the University of New England (the Dean of UNECOM Jane Carreiro, D.O. and Susan Kring will attend as well). Educational presentations between

now and the end of the year include Cary Medical Center (Caribou), Redington Fairview Hospital (Skowhegan), Calais Regional Hospital, second and third year residents at CMMC (Lewiston), and specialty society meetings with orthopedic surgeons and emergency physicians. I will also be doing the MICIS legal piece at the upcoming Annual Meeting of the Maine Primary Care Association (MPCA) later this month in Bar Harbor. MPCA, which represents the interests of all the 18 federally qualified health centers in the state, is an important partner of MMA.

If you see an opportunity for myself, MMA officers, or other staff to visit with your practice, medical staff or specialty society, please let us know (I consider this an important part of your board responsibilities).

7. Development Activities. Our 2018 development activities include the annual benefit golf tournament, the silent auction at Annual Session and the upcoming Annual Appeal. This year's golf tournament netted $4000 for the medical student scholarship fund within the Maine Medical Education Trust (MMET). This amount was an increase from 2017. The silent auction netted over $3,000, again for the scholarship fund and this was a decrease from 2017 (we think attributable to the problematic location of the display of the items, beyond our control because of the hotel locating our meeting at the pool building instead of our traditional location at the Bar Harbor Club). The Annual Appeal materials are being prepared this month and will go out in early November. An important objective this year is to achieve 100% board participation and Drs. Madden and Ryan are leading that effort (so expect to hear from them!). Dee Kerry of our staff directs these development activities working closely with myself and others in the office, particularly Lisa Martin (Lisa handles the golf tournament).

8. Election (political) Activities. The important mid-term election is three weeks from tomorrow (Nov. 6). Through the efforts of the Maine Physician Action Fund, our MMA affiliated PAC, we have made financial contributions to over a dozen candidates who are traditionally financed and to a number of so-called leadership PACs. Of the 8 physicians running for the Legislature (all MMA members!), two were eligible for traditional campaign contributions so donations were made to Ted Sussman, M.D. in Houlton and Patricia Nobel, M.D. in Lincoln. Andy has ably guided this PAC activity with assistance from Dr. Pattavina who is the chair of MPAF. The trustees of the MPAF interviewed Jared Golden, the Democrat candidate in the second Congressional District and subsequently recommended that the AMA affiliated PAC (AMPAC) contribute to Jared. That recommendation was accepted, and a $1,000 contribution was made. AMPAC also has made contributions this election cycle to Chellie Pingree and Angus King. We will continue to solicit MPAF donations and will make more contributions as funds allow. The MPAF does not make contributions in gubernatorial races.

   On a more personal note, I have committed quite a bit of personal time to the campaigns of Senator King (I serve as one of his state chairs), Janet Mills and Jared Golden (I grew up with Jared's parents in Winthrop and am close with the family). I have also contributed financially to these campaigns and encourage you to financially support those candidates you are interested in. It is an old but true adage that money is the mother's milk of politics and even modest contributions send an important message. It is very easy to make a contribution by going to any of the candidates' websites.

9. Grants and Contracts. We have a number of grants and contracts that we are in the middle of and some may have significant changes in 2019. The largest of these is the academic detailing contract with the MaineCare program which in 2018 is $256,000. Susan, Peter and I are meeting with the state

next week on the plans for this contract in 2019 and while I am optimistic that the contract will be renewed, nothing is guaranteed. We are completing work on a small grant from the Betterment Fund ($10,000) and are completing the paper work for a renewal of our work with the Maine Community Foundation through its Substance Use Disorder Fund. Most of that work is through our contractor, Carol Kelly. MeHAF is moving the advocacy grants to a supportive arrangement at $25,000 for each of the next two years which is less than the $30,000 we have been netting in the budget in recent years, but which will be easier for staff in terms of reporting our grant activity. The AMA grant from the Scope of Practice Partnership is wholly in my hands and Carol Kelly and I will be working on it over the next two months. That grant was $25,000. In terms of administrative contracts with the specialty societies, we have important opportunities coming up in the next 60 days with neurology and orthopedics. I am hopeful that both these meetings will result in long term administrative contracts for MMA. We also may have an opportunity to do some contract work for the Lewiston-Auburn Physician Association (LAPA). Lastly, our work with the Maine Association of Physician Assistants (MEAPA) has been particularly challenging for staff the last few months and we have not yet returned the signed contract which reduced the payment to MMA from $20,000 to $8,000 annually (as recently as two years ago the contract was over $30,000). Andy and I will be getting together with the staff doing the MEAPA work asap to determine where we are going with MEAPA. All other administrative contracts are on track and I intend to seek an increase in some of the amounts paid to MMA for 2019.

A major grant funded activity the last few weeks has been the updating of the Progress Report on the Recommendations of the Maine Opioid Collaborative. MeHAF has financially supported this work which was accomplished largely by Carol Kelly and Susan Kring (Sarah Lepoff assisted with the mailing) with some oversight by myself. Every legislative candidate has now received the Progress report with a cover letter signed by Dr. Schlager and myself. A copy of this Report will be available to you at the Board meeting Wednesday.

10. Communications. We continue to publish the Maine Medicine Weekly Update every Monday and I continue to track the readership and continue to be disappointed. I plan to give this some attention over the remainder of 2018. I encourage you to open the publication and to forward articles to your colleagues that you believe are pertinent to them. The printed Maine Medicine we continue to publish quarterly and there was some positive comment on the recent issue mailed in August which focused exclusively on the opioid epidemic in the state and MMA's response to it. There are no immediate plans to make changes in these communication vehicles in the short term. In the long term, I would expect us to develop our own platform for the Weekly Update and to potentially move to a different publication schedule. But with the change in executive leadership taking place, you may wish to defer some of these significant changes to late 2019 and beyond.

11. Staffing. I defer to Andy's excellent COO report prepared for Wednesday's Board meeting relative to any issues with staff, the office renovations etc. My transition to working from a home office has worked out well for me personally and I will be meeting with staff individually in the coming weeks to ensure that their needs are being met and that my move has not compromised their work.

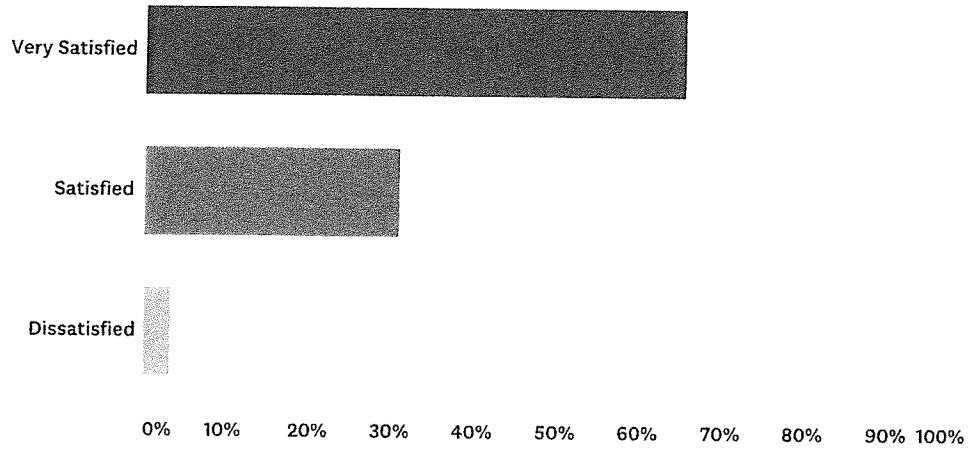
12. Personal. As some of you may recall from it being announced at our Annual Session in 2017 (by Dr. Pattavina), I will be receiving the AMA Medical Executive Lifetime Achievement Award at the upcoming meeting of the AMA House of Delegates Nov. 10 at National Harbor, Maryland. I very much am honored by this award and appreciate MMA nominating me for it. The AMA covers most of the

expense for both Janet and I to be at the meeting and I appreciate that in addition to Dr. Evans and Dr. Gleaton attending as our AMA delegates, Drs. Schlager and Pattavina are attending as is Andy. I am hosting a group of 20 that night for dinner including all of the group from Maine, some AMA friends and others from the Federation.

As always, I appreciate all your support for me personally and all you do for the Maine Medical Association. I look forward to seeing you on Wednesday.

Q1 Please rate your level of satisfaction with your experience overall at the Annual Session.

Answered: 29 Skipped: 1



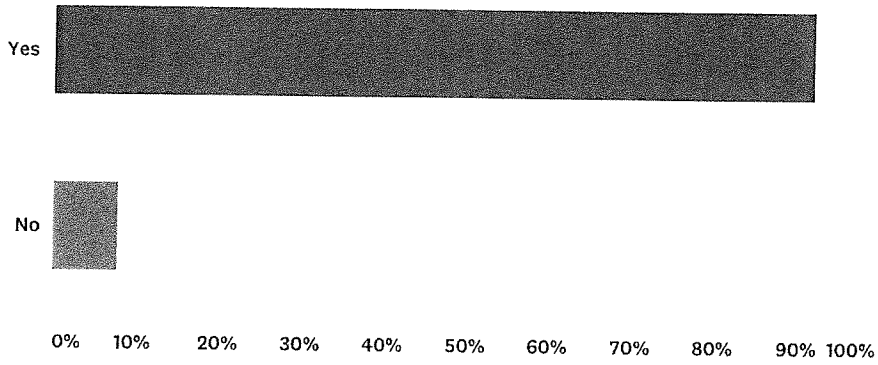
ANSWER CHOICES	RESPONSES	
Very Satisfied	65.52%	19
Satisfied	31.03%	9
Dissatisfied	3.45%	1

Total Respondents: 29

#	COMMENT	DATE
1	Conference room was entirely unacceptable. No one could see the speakers, who stool in front of bright windows. Noise from kitchen was loud. Audiovisual was quite poor	9/17/2018 8:54 AM
2	one of the best in past 3-5 yrs	9/14/2018 2:14 PM
3	It was quite cold in several of the rooms and there wasn't really time for lunch on Saturday	9/14/2018 10:37 AM

Q2 Did you find value in the Friday evening program (opening reception, remarks by Senator Mitchell, and Bar Harbor dine around)?

Answered: 25 Skipped: 5



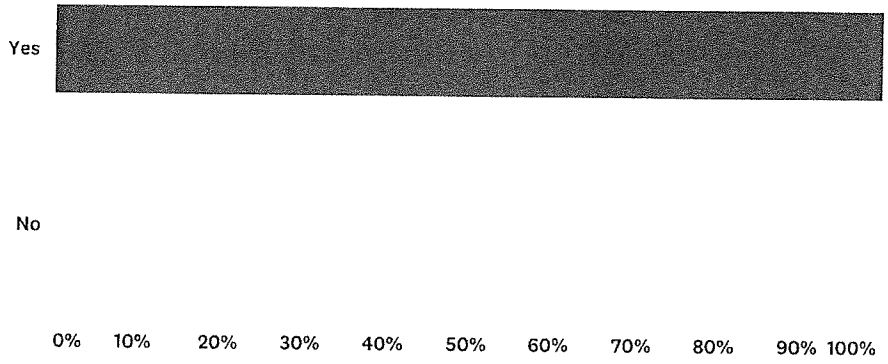
ANSWER CHOICES	RESPONSES	
Yes	92.00%	23
No	8.00%	2

Total Respondents: 25

#	COMMENT	DATE
1	Reception was rushed; hard to hear/acoustics	9/17/2018 8:43 AM
2	A real highlight, glad to hear him in person at least once.	9/16/2018 7:51 PM
3	It's always interesting that the Senator takes the long view.	9/16/2018 7:51 PM
4	Senator Mitchell was outstanding.	9/16/2018 4:04 PM
5	Sorry to say that I missed some events because my wife and I, as usual, went "pet friendly" and couldn't leave our dog at the hotel.	9/15/2018 1:13 PM
6	Super	9/15/2018 1:01 PM
7	I didnt get there in time	9/14/2018 3:27 PM
8	Great to open event witha top thought leader	9/14/2018 2:14 PM
9	Mitchell spent too long in self-depracating banter, cutting into his time for meaningful reflections.	9/14/2018 1:05 PM
10	Sen. Mitchell was an excellent speaker. Enjoyed him so much!	9/14/2018 12:37 PM
11	Excellent talk and fun to see people	9/14/2018 10:37 AM
12	N/A	9/14/2018 10:33 AM

Q3 Did you find value in the Saturday program (MMA General Membership business meeting, Michael Botticelli keynote address, CME on the opiod use disorder crisis, specialty society meetings, MICIS training, media training, and awards banquet):

Answered: 28 Skipped: 2



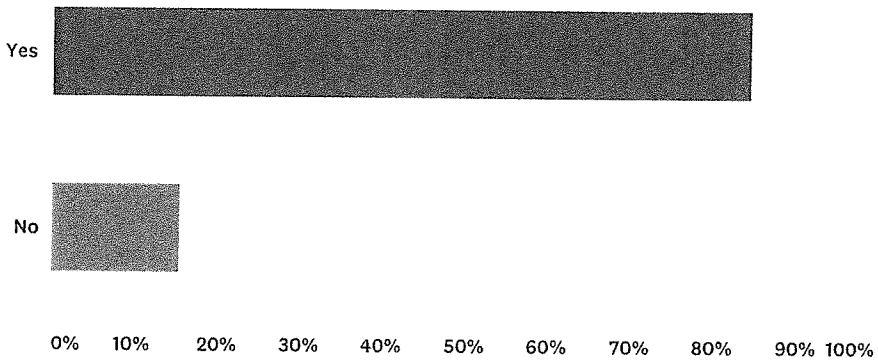
ANSWER CHOICES	RESPONSES	
Yes	100.00%	28
No	0.00%	0

Total Respondents: 28

#	COMMENT	DATE
1	I enjoyed the annual meeting and MICIS training. Having lunch items available even if for purchase would be helpful as there was limited time between the morning meeting and MICIS training. I hope the training on mandatory reporting remains available.	9/16/2018 7:51 PM
2	Did not attend.	9/16/2018 7:51 PM
3	Botticelli's talk and Lisa LeTourneau's advocacy were inspiring and sobering	9/15/2018 4:59 PM
4	Timely	9/15/2018 1:01 PM
5	Attended the child abuse section and it was far too far away	9/14/2018 3:27 PM
6	networking	9/14/2018 12:23 PM
7	see above	9/14/2018 10:37 AM
8	My wife and I only attended the reception and awards banquet. They were both excellent! We much enjoyed meeting old colleagues and make wonderful new contacts. Our son-in-law, Ira Bird and his wife also attended. I am very grateful to the MMA for awarding the 50 year pin and only wish everyone on the list had attended. It was a great gathering and I congratulate the MMA on a meeting we'll run. Thank you!	9/14/2018 10:33 AM

Q4 Did you find value in the Sunday program (Edmund Hardy, M.D. road race, CME on physician executives, and gubernatorial forum)?

Answered: 26 Skipped: 4



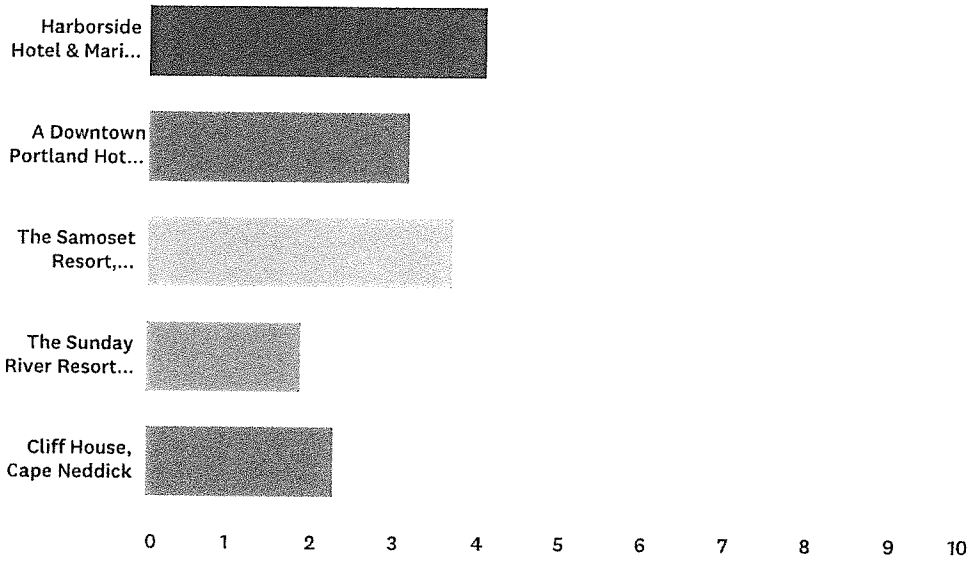
ANSWER CHOICES	RESPONSES	
Yes	84.62%	22
No	15.38%	4

Total Respondents: 26

#	COMMENT	DATE
1	did not attend	9/17/2018 8:43 AM
2	I was not able to attend.	9/16/2018 7:51 PM
3	Did not attend.	9/16/2018 7:51 PM
4	would have been much better if Shawn Moody had been there too	9/16/2018 4:04 PM
5	Physician Execs excellent Gub nice to have them have an interest in MMA	9/14/2018 2:14 PM
6	'twas a real shame Moody chose not to participate. Probably cost him my vote.	9/14/2018 1:05 PM
7	Especially liked hearing from the candidates.	9/14/2018 12:37 PM
8	skipped it	9/14/2018 12:23 PM
9	Needed more time for breakfast, paid but gone when I arrived	9/14/2018 10:51 AM
10	N/A	9/14/2018 10:33 AM

Q5 We have committed to hold the 166th Annual Session in 2019 at the Harborside Hotel & Marina in Bar Harbor, but we are interested in your preference for the 2020 meeting. Please rank the following facilities and /or locations in order of your preference with 1 being your first choice and 5 being your last choice.

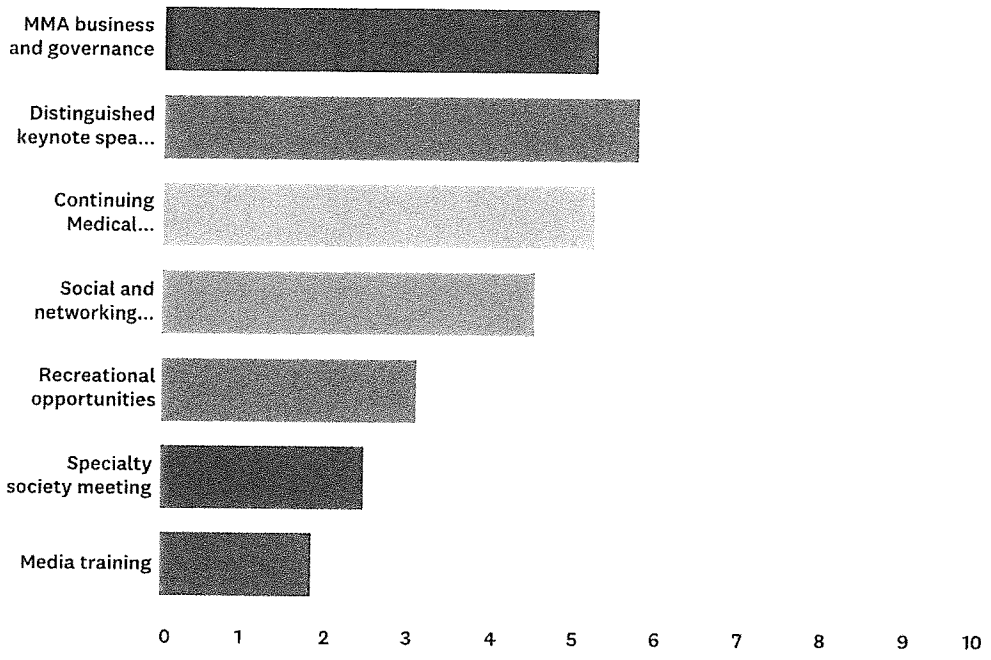
Answered: 27 Skipped: 3



	1	2	3	4	5	TOTAL	SCORE
Harborside Hotel & Marina, Bar Harbor	61.54% 16	11.54% 3	7.69% 2	11.54% 3	7.69% 2	26	4.08
A Downtown Portland Hotel TBD	22.22% 6	29.63% 8	11.11% 3	14.81% 4	22.22% 6	27	3.15
The Samoset Resort, Rockland	14.81% 4	48.15% 13	29.63% 8	7.41% 2	0.00% 0	27	3.70
The Sunday River Resort, Newry	0.00% 0	0.00% 0	26.92% 7	34.62% 9	38.46% 10	26	1.88
Cliff House, Cape Neddick	3.85% 1	11.54% 3	23.08% 6	30.77% 8	30.77% 8	26	2.27

Q6 MMA is obligated to conduct an annual business meeting during the Annual Session, but we have tried to offer additional content that appeals to physicians in all age groups, medical specialties, and practice settings. Please rank the following aspects of the Annual Session that you value most with 1 being most valuable and 7 being the least valuable.

Answered: 29 Skipped: 1



	1	2	3	4	5	6	7	TOTAL	SCORE
MMA business and governance	35.71% 10	10.71% 3	25.00% 7	10.71% 3	7.14% 2	10.71% 3	0.00% 0	28	5.25
Distinguished keynote speaker (s)	27.59% 8	37.93% 11	20.69% 6	10.34% 3	3.45% 1	0.00% 0	0.00% 0	29	5.76
Continuing Medical Education (accredited CME)	24.14% 7	34.48% 10	17.24% 5	3.45% 1	13.79% 4	0.00% 0	6.90% 2	29	5.24
Social and networking opportunities	10.34% 3	10.34% 3	34.48% 10	20.69% 6	13.79% 4	10.34% 3	0.00% 0	29	4.52
Recreational opportunities	3.45% 1	0.00% 0	0.00% 0	41.38% 12	27.59% 8	10.34% 3	17.24% 5	29	3.10
Specialty society meeting	0.00% 0	7.14% 2	3.57% 1	7.14% 2	17.86% 5	39.29% 11	25.00% 7	28	2.46
Media training	0.00% 0	0.00% 0	0.00% 0	7.41% 2	18.52% 5	25.93% 7	48.15% 13	27	1.85

7c.

MEMORANDUM

To: MMA Board of Directors

From: Andrew B. MacLean, Deputy Executive Vice President & General Counsel

Date: 10/12/18

RE: COO REPORT FOR 10/17/18 BOARD MEETING

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1. **Facilities.** The LCR renovation project is in the final phase of furnishings, paint, carpet, and window treatments. I have attached a construction expenses spreadsheet and I draw your attention in particular to the costs or cost estimates for the final phase. The Ad Hoc Committee has made final decisions on furniture and Diane has placed the order with delivery anticipated in mid to late November. The painting contractor has been working on our project on days that are unsuitable to outside work. We anticipate having the LCR ready for your 12/5/18 meeting. I want to mention two related but separate facilities issues.
    a. **LCR Foyer.** The first is improvements to the foyer area outside the LCR which the Ad Hoc Committee believes is going to need improvement when compared with the LCR. We have negotiated with the Home Care & Hospice Alliance to take back the portion of the foyer currently under their lease agreement with MMA, so that we have more room for LCR overflow. The most expensive aspect of improvements to the foyer likely will be the ceiling and lights. Cosmetic improvements should be relatively modest. The Ad Hoc Committee thinks it would be nice to decorate the foyer with MMA's historical items. We will work with the Executive Committee on plans for this in 2019 and will keep you informed.
    b. **Rear Door/Walkway.** The second issue is more immediate and, in my opinion, must be accomplished before snow comes. We have discovered that the Stred Building's secondary means of entrance and egress, the rear door, is inoperable and must be replaced. It is the original door and frame and the frame is rotten and the door rusted. Today, Diane has secured the team from JF Scott Construction to replace the door and frame in the next few weeks at an estimated cost of $600. Also, upon Diane's conferring with our snow removal contractor about maintaining access to the rear door from the parking lot through the winter months, we need a walkway across the grass. Accordingly, Diane has obtained a quote from B&S Paving for $2150. This would accomplish a 5-foot wide paved walkway, built on a bed of 1-foot deep crushed stone at an

appropriate angle from the back door to the nearest paved part of the side parking lot. The project also will replace the concrete slab outside the back door which has settled at an angle towards the building likely causing the water damage to the door. Also, B&S Paving will be carrying out the front entrance walkway to the Hanley Building in accordance with a quote Diane obtained in 2017. The brick walkway at the Hanley Building has been in disrepair for many years and the tenants have complained about it. This project is not a MMA budget item because the Hanley Building is an asset of the MMEF. When the B&S Paving estimator was on site today, he mentioned that we should plan on paving the Hanley Building parking lot next season before the condition deteriorates any further. Some of you will remember that when B&S Paving paved Association Drive and the MMA parking lot several years ago, we deferred work on the Hanley Building lot.

2. **Personnel.** MMA EVP Search Consultant Jeff Wahlstrom will be at MMA on Thursday, 10/18/18 to receive staff input for the EVP search. Diane and I are planning our next staff "mini-retreat" with Carol Kelly for early December as well as annual staff reviews. We will be looking for a date for the MMA holiday party, too. Finally, Dianna Poulin is excited to be a member of the newest Hanley Leadership Development class. She is the third MMA staff member to do the HLD course after Peter and Sue.

MMA 2018 Construction Project

		Estimate	Approved	Expenditures
Phase I - ADA compliance, ceilings & lights				
J.F.Construction		209,000.00	240,000.00	
5/17/18	progress pmt#1			14,098.29
8/23/18	progress pmt#2			24,400.32
9/20/18	progress pmt#3 as of 8/31			80,292.69
Other				
6/29/18	BCC relocated phone and data cable for copier/fax to hallway			323.50
7/25/18	R.J.Enterprises asbestos removal prior to construction			530.00
	LCR lights	10,000.00		
Phase II - Audiovisual				
Pro AV		56,422.00	56,422.00	
8/9/18	video/floor box/lighting			22,568.95
9/20/18	final invoice			34,190.42
9/27/18	Dell Optiplex 5060 XCTO Desktop	1,700.00		1,833.43
Phase III - Furnishings, window treatments, etc.				
	Window treatments	1,700.00		
	Wall/trim painting	2,500.00		
	Stair treads	9,250.00		
	Carpeting	15,300.00		
	LCR furniture/chairs	50,000.00		
TOTAL PROJECT		**355,872.00**	**296,422.00**	**178,237.60**

FYI

Standing Committee Report

10-17-18

New Members to the Committees appointed by Robert Schlager, MD, President

Finance Committee:

G. Thomas Marshall, MD

Legislative Committee:

Craig Hawkins, MD

Renee Fay-LeBlanc, MD

Physician Quality Committee:

John Yindra, MD to Co-Chair Physician Quality Committee with Erik Steele, DO

Lisa Miller: DHHS is in disarray, and Mainers are being hurt

centralmaine.com/2018/09/11/lisa-miller-dhhs-is-in-disarray-and-mainers-are-being-hurt/

By Lisa Miller

September 11, 2018

The Maine Department of Health and Human Services is in disarray.

Two children have died in the past year under the state's watch. The Legislature's Government Oversight Committee tried to investigate but encountered the foot-dragging of Gov. Paul LePage and Commissioner Ricker Hamilton. It took a subpoena to finally get the commissioner to show for a mid-summer committee meeting, where he said that 75 additional child welfare workers would be needed.

Gov. Paul LePage and Health and Human Services Commissioner Mary Mayhew, seen in 2015, are seeking federal approval for the state to charge premiums and co-pays to MaineCare recipients who are able to earn income. Kennebec Journal photo by Joe Phelan

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But the governor's initial bill came out with no additional workers proposed. Leave it to the next administration, says the governor, after which, Hamilton suddenly retired. A later bill adds 18 supervisors but no additional front-line workers. Current department caseworkers express dismay.

Does it have to be this disjointed to do the right thing for Maine children in state care? Granted, the department is unwieldy, being the largest single agency in state government, with the biggest budget and the most employees. An already huge Department of Human Services was made even larger in the Baldacci administration, when the Department of Mental Health and Mental Retardation was merged into the new DHHS. Thought to be a move for greater efficiency and coordination, the merger is said to have created a behemoth.

Enter the LePage administration, which undertook a long list of actions (or inactions) calculated to diminish the public visibility, reach, and prominence of DHHS. Commissioners and other staff have been routinely forbidden to appear before legislative committees of oversight. Data reports and annual reports commonly posted on the website for viewing by the public were taken down. Requests for information by the Legislature's Health and Human Services Committee were ignored or delayed. Freedom of Information requests were priced as high as $65,000 by the department, which doesn't pass the straight-face test. Federal grants provided to states were ignored or proposals withdrawn, resulting in a loss of millions of federal dollars to conduct important health programs.

A churning of leadership and middle-management staff sent a high level of expertise out the door. Overall staffing levels were drastically reduced, affecting the morale of remaining employees. Laws passed by the Legislature or the public through referendum, such as Medicaid expansion and public health nurse staffing requirements were flat-out ignored.

Which makes one ask, where's the accountability? Accountability for all levels of government is a commonly held Republican Party value — built directly into the party platform. Is accountability applied to some but not to others?

Child deaths happened on Hamilton's watch but are also tied to the policy approach of LePage and former Commissioner Mary Mayhew.

That approach, in a nutshell, is that the department is too big, with too many programs, too many employees, and too many contracted vendors. When employees retire, do not replace them. When a program's funding ends, do not reapply. When at all possible, consolidate the number of local grantees and push management of programs and services out the door to large nonprofits.

Dismantling government bureaucracy to make it "leaner and more efficient" has consequences. For example, 10 years of steady downsizing of public health programs in the department — yes, under the Baldacci administration too — have left us exposed and flat-footed in the face of emerging health threats. One out of six high school students now use a vaping product (e-cigarettes) and school systems are alarmed. We know all too well the precipitous rise of opioid deaths in our communities. One out of every 20 Maine kindergarteners has not been vaccinated — more than double the national average. Recently, we have seen troubling rises in maternal and infant deaths. Our ranking among the healthiest states has declined from eighth to 23rd, according to the United Health Foundation.

And two children in state custody fell through the cracks while cases of reported child abuse skyrocketed, and caseworker employment remained flat.

Government is not an enemy — it is a place where collectively we come together to solve problems that we can't address alone. We can solve these problems; we're Maine and we're used to rolling up our sleeves and getting to work. But we need to get back to working together.

It is therefore a good sign that the Legislature is seriously examining the governor's bills to improve the child welfare system. While there is always tweaking around the edges, much of what the governor proposed is supported by advocates and policymakers. Changes must be made at the department, changes that are rooted in good practice and span the transition from one administration to another.

And when we're done with that we've got more work to do to rebuild department programs that prevent illness and injury. If we want healthy kids that are ready to learn, workers that are more productive, and seniors that can stay in their homes, there are common sense measures that the department can and should commit resources to. It's time to roll up our sleeves.

Lisa Miller, of Somerville, is a former legislator who served on the Health and Human Services and Appropriations and Financial Affairs committees.

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