

Maine medicine



IN THIS ISSUE

President's Corner.....	2
MMA 2009 Events	2
MMA Welcomes Back	
Maureen Elwell	2
Upcoming at MMA	3
Notes from the EVP	3
MMIC Risk Management	
Practice Tip	4
Dr. Charles Danielson's Statement on MMA's Behalf at the Governor's Domestic Violence Press Conference	4
Governor's Task Force on Expanding Access to Oral Health Care Update.....	4
Public Health Spotlight.....	5
Legislative Update	6
Maine Physicians Preparing to Launch Patient Centered Medical Home Pilot	6
Improving Patient Safety	6
Influenza Pandemic Emergency Preparedness NHIC, Corp., Medicare Part B.....	6
AMA Program Offers Insight Into Physician Prescribing	7
Unlikely Source Estimates Flu Activity.....	7
MMA'S Web Site Lists Statewide CME Programs.....	7
Growing Physician Dissatisfaction Points to Doctor Shortage.....	7

Obama Transition Team Health Care Listening Session Draws a Crowd

Approximately seventy persons, including physicians, consumer advocates, and patients attended the December 30th Health Care "Listening Session" sponsored by MMA, the Maine Osteopathic Association, and the Downeast Association of Physician Assistants and held at the Augusta Civic Center. During the course of nearly three hours, attendees spoke of problems with the existing system and lamented the lack of a true health care "system." A summary of the comments is available on the MMA website at www.mainemed.com and a link is also available to a video of the session.

The MMA has sent the summary of comments to the Transition Team to be combined with the comments from more than 4000 such listening sessions held across the country between mid and late December 2008. The comments will hopefully assist President-elect Obama and his health care team as they attempt to craft legislation to reform the way health care is financed and delivered in our country.

MMA Executive Vice President Gordon Smith opened the session by encouraging participants to respect the views of one another and by expressing the hope that patients would come forward with their stories.

MOA President-elect Joel Kase, D.O., MPH moderated the discussion and asked for feedback on seven different questions prepared by the Transition Team. The first question was the broadest and asked participants to identify the biggest problem with the system. Responses included the comment that there was no "system," that care was fragmented, and that costs are too high. Many of the comments focused on the current base of employer-sponsored coverage and the need for more transparency of costs and price. Several speakers advocated for more focus on public health and individual responsibility.

State representatives Lisa Miller, MPH and Sharon Treat, JD attended the session and noted some of the attempts the state had made to address cost and transparency. Representative Miller is now on the Appropriations Committee and Representative Treat serves as House Chair of the Joint Standing Committee on Insurance & Financial Services.



Above:
Belfast Family Physician
David Thanhauser, MD
addresses first
question presented.



Above: MMA EVP Gordon Smith
interviewed by veteran State
House reporter Mal Leary.



The Coding Center by Gina Hobert, BS,CPC, CPC-H, CMOM, Director, The Coding Center



Gina Hobert, Director

Maine Medical Association Tel: 888-889-6597 Fax: 207-512-1043 ghobert@thecodingcenter.org

Please allow me to take this opportunity to introduce myself to all of you. My name is Gina Hobert, your new Director of The Coding Center. It is a pleasure to have joined the Maine Medical Association. I consider myself fortunate to have been given this opportunity to join an organization with such a fine reputation whose mission is to support physicians and their office staff.

This position offers new and exciting challenges for me, all of which I am looking forward to. Prior to coming to The Coding Center, I was the Compliance/Charge Master Manager of Franklin Memorial Hospital in Farmington, Maine where my responsibilities included oversight of assessing areas of compliance risk for the hospital by directing the compliance audit programs. In addition, my responsibilities included administering, maintaining, and setting charges to the hospital's chargemaster to ensure timely, accurate

claims processing and data collection. I served as the primary source of all information among all levels of management, reviewing and interpreting payer documents and web sites to ensure proper billing and coding regulations were followed. In addition, I oversaw the monitoring and auditing activities for the professional fee, facility fee and billing system. Now, I look forward to this new position where my responsibilities will include a variety of coding and reimbursement related services to MMA members and other physicians and hospitals throughout Maine, New Hampshire, and Vermont. In addition, The Coding Center will continue to offer coding courses that allow participants who complete the course to sit for the CPC certification exam conducted by the American Academy of Professional Coders as well as chart audits and other educational services. I am quite anxious to get started with these new challenges.

I can see already that this is a fine group of people with whom I will be working. I am looking forward to having an opportunity to meet each of you over the next several months. Glad to be on board!

Parting thoughts.....



Jana Purrell, CPC

As I write my final words for *Maine Medicine* as outgoing director of The Coding Center, I'd like to take the opportunity to thank Gordon Smith, the staff at MMA, and the executive committee for all of their support and guidance over the past five years. The time I have spent working initially with Laurie Desjardins and then as director of The Coding Center have been challenging and rewarding. I have learned much and built many relationships in the medical community.

I especially want to take this time to thank all of the physicians, non-physician providers, practice managers, and coding and billing staffs that I have worked with over the years. I appreciate your willingness and desire to understand the importance of documentation and coding as it relates to being financially successful in our very challenging healthcare environment. While we don't always agree with and we definitely do not understand many of the regulatory requirements placed on healthcare providers, we do recognize that this is the system we have and we need to learn how to work in it until much needed reform happens. I applaud each of you for being active in your practices, supporting your coding and billing staffs and most of all, watching out for the patient.

I encourage all of you to continue to use The Coding Center as a resource for quality education, audit support, and coding and billing guidance. I know you will be served well with Gina coming on board to continue the excellent work that Laurie started and I was fortunate enough to be able to carry on.....

MAINE MEDICAL ASSOCIATION

30 Association Drive
P.O. Box 190
Manchester, ME 04351
207-622-3374
1-800-772-0815
Fax: 207-622-3332
info@mainemed.com
www.mainemed.com

NEWSLETTER EDITOR

Richard A. Evans, M.D.
207-564-0715
Fax: 207-564-0717
raevans95@earthlink.net

PRESIDENT

Stephanie Lash, M.D.
207-947-0558
Fax: 207-947-2540
stephanielash@roadrunner.com

PRESIDENT-ELECT

David McDermott, MD
207-564-4464
Fax: 207-564-4461
dmcdermott@mayohospital.com

EXECUTIVE VICE PRESIDENT

Gordon H. Smith, Esq.
207-622-3374 ext. 212
Fax: 207-622-3332
gsmith@mainemed.com

Information in this newsletter is intended to provide information and guidance, not legal advice. Since exact language and definitions of key terms are critical to understanding the requirements of legislation, rules or laws, we encourage you to read each carefully. Articles submitted to *Maine Medicine* represent the views of the author only and do not necessarily represent MMA policy.

Northern New England Poison Center

In Maine, New Hampshire and Vermont, the Northern New England Poison Center provides immediate treatment advice for poison emergencies. They also provide information about poisons and poison prevention, twenty-four hours a day, seven days a week.



President's Corner

By now you may be aware that the issue of childhood obesity is important to me. You might wonder why, as a neurologist, would this be of particular significance, important enough for me to keep talking about it, and important enough for me to encourage the Maine Medical Association to devote its resources to it. First of all, I am a mother of two and I am very aware of the many ways the life

my two children lead is different from my generation's, different in ways which promote obesity. For instance, unlike me, and despite living far closer to their elementary school than I did, it is not expected that they would walk to school. Unlike me, they have a daily snack before lunch. Judging by the reports I get from them, these snacks, provided by students' families, are frequently calorie rich. And the snack machines in school, (vending machines were a novelty for me growing up and definitely not to be found at my school) stock food and beverages, which are not much better. This is in addition to frequent school parties, which usually feature pizza, soda and assorted high short chain carbohydrate foods. After school activities may include a school sport. But unless both the child and parent have the time and inclination to ensure that this happens, kids do not get themselves to their friends' house and play actively and independently outside as much as we did years ago.

Secondly, I am a neurologist. And with a special interest in stroke, it has long been my impression that obesity is at the root of much of the adult disease burden I care for. A series of articles published in the journal *Neurology* this fall support this sentiment. They support the hypothesis that "the roots of dementia with cerebral vascular features ultimately extend back to childhood."¹ One study found an association between early childhood mental achievement and late life dementia. The most plausible explanation is that childhood academic achievement is correlated with socioeconomic status, which is strongly associated with stroke risk. Personal health choices such as diet, exercise, tobacco use and access to health care are similarly associated with socioeconomic status.² A second article in this same issue of *Neurology* examined the association of

obesity to midlife and late life dementia. A key finding of this report is that central obesity, having a large abdominal girth, was a stronger risk factor than BMI.³ A third report, also from the same issue, examines the impact of glycemic control in midlife and late life dementia. The authors were able to separate the impact of inadequate production of insulin from insulin resistance. These two mechanisms appear to have different associations on dementia with cerebrovascular features (vascular dementia) vs. clinical Alzheimer (AD) disease. Impaired acute insulin response was more strongly associated with clinical AD, while insulin resistance was more closely associated with both AD and vascular dementia.⁴ Diabetes may therefore be a double whammy for the brain in the later years of life.

While only associations, and therefore at most a hypothesis, it repeatedly appears: "1) From unhealthy exercise habits and food preferences acquired in childhood to obesity, 2) From obesity to diabetes and metabolic syndrome, and 3) from smoking, diabetes, and obesity to an increased risk of cerebrovascular disease and dementia. Going to the head of the class academically is important, but perhaps the three Rs are not the only thing to be learning when you are young. Learning healthful behaviors to avoid smoking, diabetes, and obesity are also critical to garnering an "A" for your brain in late life."⁵ And that is very important to this neurologist!

I can be reached at 947-0558 or stephanielash@roadrunner.com.

1. McGurn B, Deary IJ, Starr JM. Childhood cognitive ability and risk of late-onset Alzheimer and vascular dementia. *Neurology* 2008;71:1051-1056.
2. Knopman DS. Go to the head of the class to avoid vascular dementia and skip diabetes and obesity. *Neurology* 2008;71:1046-1047.
3. Ibid
4. Ibid
5. Ibid.

SAVE THE DATES

MMA 2009 Events

APRIL 3, 2009

Maine Medical Association

First Fridays: Annual HIPAA Update for Staff

9:00 a.m. – 12:00 p.m.

Presenters: Gordon Smith, Esq., Andrew MacLean, Esq., and Ken Lehman, Esq.

MAY 1, 2009

Maine Medical Association

First Fridays: Electronic Medical Records

9:00 a.m. – 12:00 p.m.

Possibilities and Pitfalls

Presenter: Kozak and Gayer, PA

JUNE 3, 2009

Augusta Civic Center, Augusta, Maine

Annual Practice Education Seminar

8:30 a.m. – 4:00 p.m.

Presenters and Topics TBA

JUNE 22, 2009

Augusta Country Club, Manchester, Maine

Annual MMA Golf Tournament

11:00 a.m. – 6:00 p.m.

SEPTEMBER 11-13, 2009

Harborside Hotel & Marina, Bar Harbor, ME

MMA 156th Annual Session

OCTOBER 2, 2009

Maine Medical Association

First Fridays: 2009 Physicians Guide to Maine Law

9:00 a.m. – 12:00 pm.

Presenters: Gordon Smith, Esq. and Andrew MacLean, Esq.

NOVEMBER 6, 2009

Maine Medical Association

First Fridays: Transparency and Accountability in Physician Practice

9:00 a.m. – 12:00 p.m.

Panel Discussion (Panel TBA)

Available for rent: MMA Member-owned

Ocean Cliff House Long Island, Bahamas

- Beautiful 3-bedroom Beach House
- Private White Sandy Beach
- Stella Maris Resort Area

oceancliffhouse.com

MMA Welcomes Back Maureen Elwell

We are pleased to announce the return of one of our former administrative assistants. Maureen Elwell has rejoined the staff at MMA Headquarters as Legislative Assistant. Maureen held this position in 2001/2002 before moving out of state. In addition to the legislative position, she was also involved with The Coding Center and the EPEC Program. In 2004 she returned for a short time, assisting in the activities of the Coding Center on a part time basis. Now, in 2008, she is back with us, full time and gearing up for a busy 124th Legislative Session. She'll be contacting members to serve as Doctor of the Day and preparing for Physicians' Day at the Legislature.

Maureen lives in Augusta with her husband of 15 years, Travis, and her two children, Bethany, 14 and Brandon, 12. She enjoys being a soccer mom (as well as basketball, baseball, softball and volleyball) and when she's not on a court or field, she likes to scrapbook and watch movies.



**Annual MMA
Golf Tournament**
June 22, 2009

11:00 a.m. – 6:00 p.m.

**Augusta Country Club
Manchester, Maine**

*Visit the MMA
website at*

www.mainemed.com

Invite a Physician to Join MMA

Encourage your colleagues to become an MMA member and take advantage of the benefits of membership.

Contact Lisa in the MMA Membership Department at 622-3374 ext: 221 or email lmartin@mainemed.com.

Upcoming at MMA

FEBRUARY 4	Noon	Aligning Forces 4 Quality Executive Leadership Team
	2:00pm	Quality Counts! Board Meeting
FEBRUARY 11	11:00am	MMA Senior Section
	4:00pm	MMA Public Health Committee
	6:30pm	MMA Payor Liaison Committee
FEBRUARY 19	4:30pm	Maine Association of Psychiatric Physicians, Executive Committee Meeting
FEBRUARY 25	9:00am	Patient Centered Medical Home
FEBRUARY 26	8:30am	Pathways to Excellence, Physician Steering Committee
MARCH 4	2:00pm	MMA Executive Committee
MARCH 9	5:30pm	Maine Physician Health Committee
MARCH 10	5:00pm	Maine Chapter, American College of Emergency Physicians
MARCH 18	9:00am	Patient Centered Medical Home
MARCH 19	4:30pm	Maine Association of Psychiatric Physicians
MARCH 25	4:00pm	MMA Committee on Public Health
MARCH 31	6:00pm	Maine Association of Psychiatric Physicians
APRIL 1	Noon	Aligning Forces 4 Quality
	2:00pm	Quality Counts! Board Meeting
APRIL 3	9:00am	First Fridays Program: Annual HIPAA Update
APRIL 15	2:00pm	MMA Executive Committee Meeting
APRIL 16	9:00am	Pathways to Excellence
	4:30pm	Maine Association of Psychiatric Physicians, Executive Committee
APRIL 21	6:00pm	American Academy of Pediatrics, Maine Chapter
APRIL 22	11:30am	MMA Senior Section

Upcoming Specialty Society Meetings

FEBRUARY 5-8, 2009	Sugarloaf/USA
Maine Urological Association Meeting	
MMA Contact: Kellie Miller 207-622-3374 ext: 229 or kmiller@mainemed.com	
FEBRUARY 14-15, 2009	Sugarloaf/USA
Maine Society of Anesthesiologists Meeting	
MMA Contact: Anna Bragdon 207-441-5989 or msainfo@roadrunner.com	
MARCH 6-8, 2009	Rangeley Inn, Rangeley, ME
Maine Gastroenterology Society	
MMA Contact: Gail Begin 207-622-3374 ext: 210 or gbegin@mainemed.com	
MARCH 11, 2009	Maine Medical Association – Manchester, ME
Maine Chapter, American College of Emergency Physicians Meeting	
6:00pm – 9:00pm	
MMA Contact: Anna Bragdon 207-441-5989 or maineacep@roadrunner.com	
MARCH 12-14, 2009	Sugarloaf/USA
Contemporary Topics in Orthopedics	
www.orthoconference.org	
Program Coordinator: Donna Rogers 207-947-8381 ext: 212	
or drogers@downeastortho.com	
MARCH 20-22, 2009	Sugarloaf/USA
Maine Otolaryngology Society Annual Winter Meeting	
Contact: Rosaleen Moore 207-361-6169	
MAY 1, 2009	Harraseeket Inn – Freeport, ME
Maine Society of Eye Physicians and Surgeons Spring Meeting	
MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com	
MAY 2-3, 2009	Sunday River – Bethel, ME
Complementary Medicine for Pediatricians Summit	
Spring Conference of the American Academy of Pediatrics, Maine Chapter	
MMA Contact: Aubrie Entwood 207-782-0856 or agridleyentwood@aap.net	
MAY 29-31, 2009	Harborside Hotel & Marina - Bar Harbor, ME
Maine Chapter of American College of Surgeons	
2009 Annual Scientific Meeting	
Contact: Joel LaFleur, MD, FACS 207-593-5723	
OCTOBER 2, 2009	Harborside Hotel & Marina - Bar Harbor, ME
Maine Society of Eye Physicians and Surgeons Fall Business Meeting	
10:30am – 12:00pm (To be held in conjunction with the 8th Annual Downeast Ophthalmology Symposium)	
MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com	
OCTOBER 2-4, 2009	Harborside Hotel & Marina - Bar Harbor, ME
8th Annual Downeast Ophthalmology Symposium	
<i>(Presented by the Maine Society of Eye Physicians and Surgeons)</i>	
MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com	
OCTOBER 16-18, 2009	Jordan Grand Hotel at Sunday River – Bethel, ME
Maine Chapter of the American College of Physicians Annual Scientific Meeting	
MMA Contact: Warene Eldridge 207-622-3374 ext: 227	
or weldridge@mainemed.com	

Sign Up to Be a Doctor of the Day at the Maine State Legislature

Call Maureen Elwell at 622-3374 ext: 219 for details

Notes from the EVP



Gordon Smith, MMA EVP

By the time members read this piece, we will be at least a month into 2009. Where does the time go? You have hopefully already read the articles in the *Weekly Update* and in this issue of *Maine Medicine* regarding the Governor's supplemental and biennial budgets and MMA's legislative agenda for the year. The recent survey of MMA members showed, once again, that advocacy for

the interests of patients and physicians continues to be the most important reason that physicians belong to the Maine Medical Association. This first legislative session will present lots of challenges but MMA will be there in the form of staff and members to make sure that the voice of medicine is heard. We won't always be successful, but it will not be for lack of effort.

In addition to our focus on the legislature, there are many other projects and initiatives MMA is involved in currently. In fact, there are so many that the Executive Committee at its recent yearly retreat spent some time prioritizing the many interest areas that MMA is involved in. There are never enough resources to do everything, so we have no option but to set priorities. I am sure that you do the same in your professional and personal lives.

This year, the Executive Committee had the advantage of the recently completed membership survey as it set priorities. Over six hundred active members completed the survey, a very good response representing over 34% of the membership. Thanks to each and every one of you who responded. Over the course of the next few weeks, we will share with you all the results. But for the time being, let me just say that advocacy was very important to those members responding to the survey. In setting our priorities, the Committee members reviewed your responses and attempted to allocate resources in those areas you considered most important. I can't share all that with readers now,

as publishing deadlines dictate that I prepare this article before the Retreat, but watch for my article in the next issue and for similar information in the *Weekly Update*. I can't emphasize enough the importance of you sharing an e-mail address with us so that we can send you the *Update* every Monday.

Despite wishing to be pro-active and setting priorities based upon member input, MMA also has to maintain resources to respond to events and circumstances beyond our control. Many of the 2500 bills submitted to the Legislature in the next five months will be good examples of that need. Yet, we will try to be strategic and focused on matters of most interest to you, and not be distracted by every new request or demand of us. Sometimes we just have to say no, even to very worthwhile initiatives.

I hope the New Year finds you all well and don't ever hesitate to give me a call at 622-3374 ext: 212 or shoot me an e-mail at gsmith@mainemed.com if I can be of assistance or if you would like to share with me an idea or concern. That is truly my most important function here.

Beth Dobson • Eric Altholz • Will Stiles • Liz Brody Gluck • Kate Healy • Brett Witham

- Licensing
- Compliance
- Physician Contracting
- Anti-kickback and Stark
- Medical Staff Issues
- Employee Benefits
- Corporate Representation of Medical Group Practices
- Reimbursement Involving Commercial and Governmental Payers
- Immigration (J-1, H-1B and Permanent Residence)

A healthy dose of expert advice.

Verrill Dana LLP

Attorneys at Law

Supporting the business of New England for nearly 150 years.

MMA Welcomes Our Newest Corporate Affiliates:

Ameriprise Financial Services, Inc.

Astellas Pharma US, Inc.

Fusion Financial Group

Maine MSO, LLC

Maine Veterans' Homes

We appreciate their support!

Thank You

In November, Ronald M. Davis, MD, immediate past president of the American Medical Association (AMA), lost his battle with pancreatic cancer at his home outside Lansing, Michigan.

Born and raised in Chicago, Dr. Davis attended the University of Chicago's Pritzker School of Medicine and joined his county medical society, ISMS and the AMA as a student.

In 1984, during his first year as a resident physician in Illinois, Dr. Davis was elected to serve as the first-ever resident trustee to the AMA Board of Trustees, where he served with our own Robert McAfee, MD. He then went on to a preventive medicine residency at the U.S. Centers for Disease Control and Prevention.

Throughout his career, and as AMA president, Dr. Davis successfully pushed the AMA to focus more on its "healthy lifestyles" platform and public outreach efforts. Dr. Davis also led the AMA's historic apology to African American physicians.

Dr. Davis founded *Tobacco Control*, an international peer-reviewed journal, and was North American editor of the *British Medical Journal*. He received numerous awards throughout his career, including the Surgeon General's Medallion and the American Public Health Association's Lifetime Achievement Award.

Public Health Spotlight



Kellie Miller, Director of
Public Health Policy, MMA

2009 Public Health Policy Agenda and Maine's Emerging Public Health Infrastructure

Obesity:

More than two-thirds of adults and one in five children are overweight or at risk for obesity (National Health and Nutrition Examination Survey, 2003-2004). According to the 2004 Behavioral Risk Factor Surveillance System, Maine ranked 34th in the United States for obesity rates. Health issues attributable to obesity (diabetes, heart disease, cancer, and premature death) cause an estimated annual medical expenditures of \$357 million for adults in Maine (Finkelstein et al., 2004).

MMA will be working diligently with the Health Policy Partners of Maine to avoid having the first generation of children not living as long as their parents' generation (New England Journal of Medicine, 2005). Our public health policy efforts in this legislative session will require all of us to work both locally and statewide to **support better nutrition and increased physical activity for our children in the school setting** and for all Maine Citizens. It will be helpful for our MMA members to become familiar with our legislative agenda as well as our public health infrastructure to further understand how to move this agenda forward at the community level. This article briefly outlines the legislative agenda and Maine's emerging public health infrastructure.

2009 Legislative Priorities:

BMI Screening added to existing school screenings

Legislation to be submitted that recommends that all schools in Maine gather data on the height, weight, age, and gender of all students in grades K, 1, 3, 5, 7 and 9 and report results to parents along with weight management resources. Schools may voluntarily report the data to all parents, but it is not mandatory. This data will also be sent to the Department of Education and the Maine Centers for Disease Control and Prevention (CDC) for population tracking of obesity trends in Maine.

- Currently Maine has no system in place to capture data on the heights and weights of Maine children. All youth weight data in Maine is self-reported and is obtained via the Maine Child Health Survey (MCHS) and the Youth Risk Behavior Survey (YRBS). Parents report the height and weight on the MCHS before grade 7 and in grade 8 youth self-report height and weight data via the YRBS.
- According to a recent survey conducted by the Maine School Nurse Consultant, 83% of the school nurses that responded reported collecting height and weight data and sixty-three percent of them calculate Body Mass Index (BMI). This means that height and weight data for Maine youth is available and being collected, but it is not aggregated.
- Without an accurate measure of Maine children's weight status, it is difficult to say if Maine is moving in the right direction regarding childhood obesity. Requiring schools to collect BMI data would facilitate Maine's monitoring of statewide efforts aimed at reducing the rising rates of childhood obesity. The data will also be utilized to identify improvement opportunities in current obesity prevention approaches.

Menu Labeling

Though Americans eat out more than ever before, few restaurants provide nutrition information at the point of ordering. As a result, we often get more calories, fat, and salt than we realize. Without clear, easy-to-use nutrition information at the point of ordering, it's difficult to make informed choices at restaurants. Few people would guess that a small milkshake has more calories than a Big Mac or that a tuna sandwich from a typical deli contains twice as many calories as the roast beef with mustard. Maine, along with more than twenty states and localities are considering policies that would require fast-food and other chain restaurants to provide calories and other nutrition information on menus and menu boards.

For more information go to:

<http://www.cspinet.org/menulabeling/>
<http://yaleruddcenter.org/resources/upload/docs/what/reports/RuddMenuLabelingReport2008.pdf> or www.mainedmed.com/public for resources on healthy weight initiatives

An Act to Establish and Promote Statewide Collaboration and Coordination in Public Health Activities and to Enact a Universal Wellness Initiative

This bill recognizes and formally establishes the improvements in the efficiencies and effectiveness in the public health system in the State of Maine. These improvements in streamlining and coordination of existing resources are to help Maine reach its goal of becoming the healthiest state in the nation, to ready and maintain the state public health system for national federally recognized public health accreditation, and to assure the effective, efficient, and evidence-based delivery of the essential public health services. The bill recognizes and formally establishes the existence of the Healthy Maine Partnerships (HMP's), the District Coordinating Councils (DCC's) for Public Health, and a Statewide Coordinating Council (SCC) for Public Health. (See map above for a visual depiction of the infrastructure that provides a complete overview of Maine's Emerging Public Health Infrastructure ~ map provided courtesy of Jaki Elli, MS in Ed., CHES, Director, Coordinated School Health Programs, Maine Center for Disease Control and Prevention Department of Health and Human Services.)

The bill also establishes a **Universal Wellness Initiative** using the resources of the public health infrastructure. The Initiative requires the development and distribution of a "Resource Kit for the Uninsured" and a "Health Risk Assessment" for all people in Maine. It also requires the Maine Center for Disease Control and Prevention to issue an annual report card on health for each public health district in the State, and for the State Health Plan to publish the report.

The 28 HMP's work in collaboration with the community at large, employers and school districts and listed below are their minimum common program (MCP) strategies to improve the health and well-being of Maine citizens. **This is very helpful for physicians in the community to know what the strategies are and who to contact, especially regarding the school district activities. To contact the closest HMP in your community and the School Health Coordinators (only 42**



www.healthymainepartnerships.org

districts have a School Health Coordinator), which are funded by the HMP's to accomplish the strategies listed, go to www.healthymainepartnerships.org/Local_Partnerships.aspx and click on one of the 28 Local HMP sites for contact information. You will also be able to review the eight Health District Profiles and learn more about your districts key health indicators and state comparisons. If you need additional assistance, please don't hesitate to contact Kellie Miller, MMA Director of Public Health Policy at 207-622-3374, ext. 229.

Healthy Maine Partnership (HMP) School-Related Objectives (Minimum Common Program) (MCP) Strategies (12/08):

Nutrition – Strategies for monitoring and strengthening the implementation of school nutrition policies, including Maine DOE Chapters 51 and 435 and the federally required (USDA) local school **Wellness Policies**:

- Only offer beverages and foods that meet or exceed minimum MDOE Chapter 51 Rule in vending machines accessible to students and in staff room vending machines.
- Offer healthy food choices as part of a la carte menu and school events that are based on the current Dietary Guidelines for Americans.
- Offer healthy food and beverage choices at school parties and celebrations.
- Offer healthy food and beverage choices that meet or exceed MDOE Chapter 51 Rule at school-sponsored events open to the public.
- Participate in USDA breakfast and after school snack program.
- Develop a point-of-decision prompt system to increase consumption of healthy options in school meal programs and a la carte menus.
- Communicate policies and guidelines to families and community members attending school events.
- Provide families with access to multiple opportunities to participate in school-related programs that promote healthy eating.
- Involve students in strengthening school nutrition environment and/or policy(ies).

Physical Activity – Strategies to increase **physical activity and physical education**:

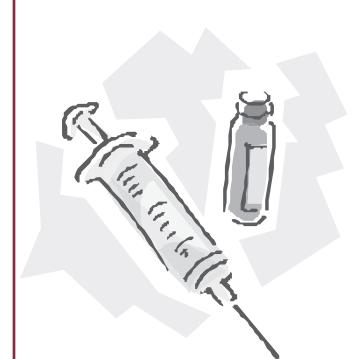
- Increase opportunities for physical activity before and after school for students not involved in team sports.
- Develop a policy or procedures that support increased time for physical activity during the school day, e.g. *Take Time!*
- Provide training and resources to assist staff to offer increased opportunities for physical activity before, during and after school.
- Increase time for physical education and/or increase the amount of time students are active in physical education class (guideline is for students to be active 50% of class time).
- Provide opportunities for physical activity for students with disabilities and special health care needs.
- Train youth to advocate within schools for more opportunities for physical activity before, during and after school.
- Adopt and implement programs to increase the number of students safely walking and biking to school.
- Maintain or increase time for recess.
- Provide families with access to multiple opportunities to participate in school-related programs that promote physical activity.
- Develop and implement policies/procedures for opening school facilities for community use.

PE4ME – This legislation aims to increase the amount of minutes required for physical education and physical activity in the school districts. This requirement was prioritized in *Responding to RESOLVE, Chapter 102, To Increase Physical Education for Elementary School Students* PE4ME recommending the following Physical Education (PE) and Physical Activity (PA) practices be required for all K-8 students in all Maine schools:

1. At least 30 minutes per day of moderate-to-vigorous PA, which must be structured and can include time spent active in PE classes.
2. At least 150 minutes per week of PE that is evidence-based, health-related, and teaches students the motor and behavioral skills needed to develop an active, physically fit lifestyle.

Childhood Immunization

Childhood Immunization Program Legislation – This legislation is being submitted by the Maine Immunization Coalition, of which the Maine Medical Association is a member. It aims to reinstate Maine's favorable universal vaccination status, and intends to provide an equitable load sharing between public and private resources to pay for childhood vaccines in Maine. This in turn, (a) preserves the State's access to the largest available vaccination discount available for purchase of vaccines and (b) reduces paperwork for both providers and the insurance industry.



Improving Patient Safety

People with limited health literacy often make unnecessary doctor visits, have more frequent and longer hospital stays, and fail to comply with medication regimens because they are usually too ashamed or intimidated to ask for help. Furthermore, their physicians assume that they understand their physicians' explanations and instructions. To help solve this problem, the AMA and AMA Foundation have developed free downloadable resources for physicians and their staff to maximize patient understanding, improve quality of care and reduce health care costs. These resources include a kit with an instructional DVD and manual for clinicians, the report "Assessing the nation's

health literacy: Key concepts and findings of the National Assessment of Adult Literacy (NAAL)" and a patient safety tip card on "Safe communication universal precautions."

www.amafoundation.org/go/healthliteracy

Influenza Pandemic Emergency Preparedness NHIC, Corp., Medicare Part B

The Centers for Medicare and Medicaid Services has developed certain emergency policies and procedures that may be implemented in the event of an influenza pandemic.

Providers should monitor the NHIC, Corp. Web site, www.medicarenhic.com, in the event of an influenza pandemic in order to determine the policies being implemented and when and where such policies are applicable. You should also monitor the CMS Web site at http://www.cms.hhs.gov/Emergency/10_PandemicFlu.asp.

Providers must await guidance from NHIC, Corp. and CMS before considering any pandemic policy to be operationally effective.

For the quickest notification method, we strongly encourage you to join our electronic listserv, via our Web site home page at <http://www.medicarenhic.com/>. It is fast and very easy to sign up!

Reference: Change Requests 6146 and 6174
<http://www.cms.hhs.gov/Transmittals/2008Trans/list.asp>



Andrew MacLean, Esq.

Legislative Update

THE 124TH MAINE LEGISLATURE BEGINS 2009 SESSION UNDER SEVERE BUDGET PRESSURE

The new legislature faces budget gaps of approximately \$140 million in the current fiscal year and \$840 million in the coming biennium in addition to calls for action on the economy, energy policy, tax reform, and health care. The 186 members of the 124th Maine Legislature opened their First Regular Session on Wednesday, January 7, 2009 and are expected to adjourn by June 17, 2009.

In keeping with the trend around the country, Maine's Democrats gained seats in both the Senate and House of Representatives. The composition of the 124th Legislature includes 20 Democrats and 15 Republicans in the Senate and 95 Democrats, 54 Republicans, 1 Un-enrolled, and 1 vacancy in the House. The vacancy resulting from Representative Janet Mills' (D-Farmington) resignation to serve as Attorney General will be filled through a special election in the coming weeks.

The four partisan caucuses held their leadership elections prior to the holidays and these are the results:

- **Senate President:** Senator Elizabeth "Libby" Mitchell (D-Kennebec)
- **Senate Majority Leader:** Senator Philip Bartlett (D-Cumberland)
- **Assistant Senate Majority Leader:** Senator Lisa Marrache, M.D. (D-Kennebec)
- **Senate Minority Leader:** Senator Kevin Raye (R-Washington)
- **Assistant Senate Minority Leader:** Senator Jonathan Courtney (R-York)
- **Speaker of the House:** Representative Hannah Pingree (D-North Haven)
- **House Majority Leader:** Representative John Piotti (D-Unity)
- **Assistant House Majority Leader:** Representative Seth Berry (D-Bowdoinham)
- **House Minority Leader:** Representative Josh Tardy (R-Newport)
- **Assistant House Minority Leader:** Representative Philip Curtis (R-Madison)

The new legislature includes two physicians. Senator Lisa Marrache, M.D., a family physician from Waterville, is beginning her second term in the Senate after three terms in the House. Representative Linda Sanborn (D-Gorham) is a freshman member who retired recently from a family practice in Gorham.

The Appropriations & Financial Affairs Committee began public hearings on the Governor's SFY 2008-2009 supplemental budget, L.D. 45, on Monday, January 5, 2009 before the full legislature returned on the 7th. Among the \$37.7 million in cuts from the Department of Health & Human Services is a reduction of \$3.5 million in

the General Fund for reimbursement to hospital-based physicians. The Governor's supplemental budget proposal also transfers \$45 million from the so-called "rainy day" fund, reduces General Purpose Aid to local education by \$27 million, and cuts public higher education by \$11.8 million. On Monday, January 5, 2009, the MMA joined the Maine Hospital Association and eight other hospital representatives in opposing these cuts before a joint meeting of the Appropriations and HHS Committees. You can find a summary of the Governor's supplemental budget proposal on the web at: http://www.maine.gov/legis/ofpr/appropriations_committee/materials/efy09_summary_governor.pdf. This supplemental budget, L.D. 45, is necessary to balance the State's finances between now and the end of the current fiscal year, June 30, 2009. The legislature hopes to act quickly on the supplemental budget so that it can get to work on the bigger budget problem, the \$840 million gap anticipated in the budget for the two state fiscal years beginning July 1, 2009.

During a press conference on Friday, January 9, 2009, Governor Baldacci outlined his SFY 2010-2011 biennial budget. This biennial budget proposal is about \$200 million less than the \$6.3 billion two-year budget adopted for the 2008-2009 biennium. The Governor's proposal includes some increased funding for childhood immunizations and counts upon supplemental Medicaid funding of approximately \$98.8 million from the anticipated economic stimulus package from Congress following the inauguration of President-elect Obama. You can read the Governor's press statement on the biennial budget on the web at: <http://www.maine.gov/tools/whatsnew/index.php?topic=Portal+News&id=66244&v=article-2008>.

As this issue of *Maine Medicine* goes to press, the MMA is finalizing its legislative agenda prior to the deadline for submission of bills on Friday, January 16, 2009. While the state budget situation likely will be the focus of the health care policy debate in Augusta in 2009, the legislature probably will address aspects of the Dirigo Health Program, the state's immunization crisis, physician profiling, and healthy weight initiatives among other health care issues.

Please mark your calendar to join the MMA, the Maine Osteopathic Association, and medical specialty organizations for *Physicians' Day at the Legislature* on Thursday, May 21, 2009. Also, the MMA always is looking for volunteers to participate in the *Doctor of the Day Program* at the Maine State House. Please contact Maureen Elwell, Legislative Assistant, at melwell@mainemed.com to sign up.

During the legislative session, the MMA staff provides links to bills for review and comment, updates on the legislature's work, and calls-to-action through our weekly electronic newsletter, *Maine Medicine Weekly Update*. The MMA also holds weekly conference calls of the Legislative Committee on Tuesdays at 7 p.m. To find more information about the MMA's advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA web site, www.mainemed.com. You will find more information about the Maine Legislature, including schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at: <http://janus.state.me.us/legis/>.

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

"Just because you do not take an interest in politics doesn't mean politics won't take an interest in you."

Pericles
Athenian Statesman

Maine Physicians Preparing to Launch Patient Centered Medical Home Pilot

Up to 20 primary care physician practices in Maine – together with the patients they serve - will soon have an opportunity to participate in a new model of care designed both to improve care and decrease costs. In an era of skyrocketing health care costs, rising rates of emergency department use, and patients and physicians alike frustrated by a fragmented healthcare system, a group of Maine patients, physicians, employers, and health plans have come together to try something new - the "Patient Centered Medical Home." The medical home is a new model of care founded on the idea that each patient should have a personal ("primary care") doctor, and that by paying primary care doctors for the services patients value most, they will have more time and attention to give to their patients, helping patients to avoid unnecessary and expensive tests, hospitalizations, and emergency visits, and ultimately saving money for insurers, employers, and patients.

Practices in Maine will soon have an opportunity to participate in the Maine Medical Home Pilot, an effort led by the Dirigo Health Agency's Maine Quality Forum, *Quality Counts* (QC), and the Maine Health Management Coalition. The Pilot is being supported by a \$300,000 grant recently awarded to *Quality Counts* by the Maine Health Access Foundation (MeHAF), the State's largest health foundation. *Quality Counts* was one of 17 nonprofits and collaboratives across Maine to receive an award from MeHAF.

"We are thrilled and delighted to receive funding to support the pilot", said Dr. Lisa Letourneau, Executive Director of *Quality Counts*. She notes that planning for the Pilot has been led by the Dirigo Health Agency's Maine Quality Forum in conjunction with *Quality Counts* and the Maine Health Management Coalition. Dr. Josh Cutler, Director of the Maine Quality Forum, notes that physicians from around the state have been working alongside consumers, health plans, and employers for the past six months to plan the Pilot, and many are looking forward to an opportunity to participate in this local effort to reform the healthcare system. Dr. Cutler noted, "The Patient Centered Medical Home offers a model for physicians and patients in Maine to work together to improve care and to deliver sustainable value both to patients and those paying for health care."

"This is an exciting opportunity for Maine physicians," notes Dr. Vance Brown, Chief Medical Officer for MaineHealth, Maine's largest healthcare system. "While investing in the changes required by the model admittedly involves some risk for physicians, we think it's a risk worth taking. When we consider the challenges we're all facing today, it's a risk we can't afford not to take." Dr. Erik Steele agrees. As the Chief Medical Officer for Eastern Maine Healthcare in Bangor, Dr. Steele notes, "Our current healthcare system is in crisis. Data from around the globe tells us that building a stronger primary care system is critical to improving quality and lowering costs, and the medical home model is one way to get there. We are very excited about the opportunity for our practices to participate."

States Elizabeth Mitchell, CEO of the Maine Health Management Coalition, a group that includes the largest employers in the state, "The major private payers in the state along with MaineCare have come together to support an alternative payment model for primary care that recognizes its importance in the system and rewards practices for demonstrating high quality and efficient care." She adds that "this is one of several important initiatives supported by the Coalition to improve overall health outcomes and reduce costs because ultimately reducing the costs of care is essential for sustainability of coverage and access."

A set of 10-20 Maine primary care practices will be selected for the Pilot based on their demonstrated ability to meet the core eligibility requirements for participation, and their demonstrated commitment to the medical home model. Selection principles for the Pilot include a plan to select practices representing a range of geographic locations, practice types and size, and populations served.

Quality Counts are accepting applications now from Maine primary care practices that would like to participate in the Maine Medical Home Pilot. For more information on the Pilot, please see the "News" and "Resources" sections of the *Quality Counts* website at www.mainequalitycounts.org.

Q A

AMA Program Offers Insight Into Physician Prescribing

Q & A with the American Medical Association's Director of Educational Products R. Mark Evans, PhD



Q: What is AMA Therapeutic Insights?

A: AMA Therapeutic Insights is an online program that offers disease-specific newsletters with unique prescribing information and evidence-based treatment guidelines. The newsletters are written in case study format, and continuing medical education (CME) credit is available for each issue. Some physicians will also have access to their own personal prescribing profile showing their actual prescribing patterns for the featured diseases. This aspect of the program is being rolled out on a state by state basis. Intended for primary care physicians, a new therapeutic topic is offered every quarter.

Q: What makes AMA Therapeutic Insights unique?

A: While most treatment-oriented CME programs focus solely on disease management, AMA Therapeutic Insights takes it one step further by providing actual prescribing data for the conditions. With these data, physicians have an unprecedented capability to see exactly which medications are being prescribed for the selected diseases on a state, national, specialty and individual level.

The prescribing data are provided by IMS Health, a healthcare information organization (HIO). The AMA does not compile or have access to individual physician prescribing data in any form.

Q: What is included in my personal prescribing profile?

A: Through AMA Therapeutic Insights, physicians can gain secure and confidential access to their own personal prescribing profiles for each of the featured diseases. The profile shows the physician's prescribing activity alongside state and national prescribing patterns as well as the top three specialties treating the condition. These statistics are updated on a monthly basis, so physicians are encouraged to check back periodically to see if treatment trends have shifted. As an additional benefit, since these data are based on filled prescriptions, they also serve as an overall marker for compliance in the physician's patient population.

Q: How does AMA Therapeutic Insights help physicians help patients?

A: By providing physicians the most current treatment recommendations, up-to-date overviews of the classes of drugs used, current prescription data and the treatment approaches of their peers, AMA Therapeutic Insights helps physicians to effectively evaluate their therapeutic approach to each disease condition.

Q: Where does the prescribing data for AMA Therapeutic Insights come from?

A: The prescribing data are provided by IMS Health. The HIOs routinely obtain prescribing data from pharmacies, claims processors, and Pharmacy Benefit Managers (PBMs). Prescribing data purchased by HIOs, which are subject to HIPAA privacy requirements, do not contain patient identifiable information.

Q: Who develops the content for the newsletters?

A: The AMA's extensive editorial board of top experts permits the AMA to collaborate with leading disease specialists in the development of AMA Therapeutic Insights newsletters. In many cases the physician author of a newsletter was also involved in the development of the treatment guidelines for that disease topic.

Q: Can I obtain CME credit?

A: Each program is certified for *AMA PRA Category 1 credit™*. The CME self-assessment may be taken online or the completed answer sheet provided with the newsletter may be faxed or mailed to the AMA.

Q: How do I obtain more information on AMA Therapeutic Insights?

A: The program can be accessed online at www.ama-assn.org/go/therapeuticinsights.



Growing Physician Dissatisfaction Points to Doctor Shortage

A new national survey indicates primary care physicians are so frustrated by the hassles of medical practice that nearly half plan to stop practicing or reduce their patient loads.

The study by The Physicians' Foundation found 78 percent of physicians believe there is a shortage of primary care doctors. Also, 49 percent said that over the next three years they plan to reduce the number of patients they see or stop practicing entirely.

In that same time frame, other physicians said they would:

- Retire (11 percent)
- Work in a non-clinical setting (13 percent)
- Cut back on patients seen (20 percent)
- Work part-time (60 percent)

"Going into this project we generally knew about the shortage of physicians; what we didn't know is how much worse it could get over the next few years," said Lou Goodman, Ph.D., president of The Physicians' Foundation. "The bottom line is that the person you've known as your family doctor could be getting ready to disappear and there might not be a replacement."

The foundation study was based on nearly 12,000 responses nationwide. It also revealed:

- 63 percent of doctors said non-clinical paperwork caused them to spend less time with patients.
- 94 percent said time they devote to non-clinical paperwork in the last three years has increased.
- 82 percent said their practices would be "unsustainable" if proposed cuts to Medicare reimbursement were made.
- 33 percent had closed their practices to Medicaid patients and 12 percent closed to Medicare patients.
- 45 percent would retire today if they had the financial means.
- 76 percent said they were either at full capacity or overextended and overworked.

But also, physicians rated patient relationships highest on the list of things they find satisfying about medicine.

The survey was conducted between May and July 2008. The margin of error was less than one percent. Find the survey at www.physiciansfoundation.org.

Unlikely Source Estimates Flu Activity

Internet search engine Google and the Centers for Disease Control and Prevention (CDC) have developed a new online tool that accurately tracks flu trends in every state. Officials at the CDC hope the site will serve as an early warning system for flu outbreaks.

Free to everyone, Flu Trends uses aggregated search data to estimate flu activity. Google researchers compared flu-related search queries from each state and region, correlated with the number of people who actually had flu symptoms. However, Google's data made it possible to estimate flu activity nearly two weeks ahead of traditional systems.

CDC officials said the information will allow them to alert hospitals, clinics and doctors to stock up on tests and drugs before an outbreak intensifies in their areas.

Read how data is collected for Flu Trends at www.google.org/about/flutrends/how.html. Access the site at www.google.org/flutrends.

MMA'S Web Site Lists Statewide CME Programs

Looking for seminars to fulfill your continuing medical education (CME) requirements? The Maine Medical Association can help.

Our web site, www.mainemed.com has a page that provides a listing of upcoming CME-accredited programs. Information for each CME activity includes the name, speakers, date(s), location, and contact person for inquiries/registration. Most of the listings are from institutions/organizations that are accredited through the Maine Medical Association as Providers of Continuing Medical Education.

This is another way the Maine Medical Association is looking to serve you, our members, by providing a resource for CME needs. The listing can be found at www.mainemed.com/cme.

Organizations seeking to list their seminars on the MMA web site should contact Shirley Goggin at sgoggin@mainemed.com or call 207-445-2260.

DocExecutive

SERVICES

- Physician Assistance Programs
- Physician Support Programs
- Individual Physician Counseling

AREAS OF SUPPORT:

- Life crisis issues • Anger •
- Malpractice threats and realities of practice •
- Conflicts with practice partners • Stress and its impact on practice •
- Balancing life issues with medical practice •
- Dealing with current/ongoing medical practice requirements •

All services are strictly confidential and provided by M.D. or Ph.D. prepared staff.

Margaret J. Palmer, Ph.D.

DocExecutive

(207)-926-4117

Email: mpalmer@DocExecutive.com • www.DocExecutive.com

Brown & Meyers Your Rx for Transcription.

Nothing is easier than our Internet-based transcription service. Use your phone to dictate anytime, anywhere. Or use a digital recorder and upload the files. Access your completed transcription in 24 hours or less on our secure website. Call us today.

BROWN & MEYERS
YOUR TRANSCRIPTION, SCANNING & DOCUMENT MANAGEMENT PARTNER

1-800-785-7505 207-772-6732 www.BrownMeyers.com

536 Washington Avenue, Portland, Maine 04103

In 1854, Henry Martyn Payson founded an investment firm dedicated to putting its clients first.

One hundred and fifty four years and numerous financial crises later, H.M. Payson & Co. remains one of the oldest independent advisory firms in the country, offering comprehensive wealth management and trust services to qualified individuals and institutions throughout New England.

We owe our longevity to a culture of integrity, and the loyalty of our clients.

If stability and peace of mind are important to you, we welcome your call.

H.M. Payson & Co.

A FOUNDATION OF TRUST – FOR OVER 150 YEARS

A Maine Trust Company &
Registered Investment Advisor

One Portland Square • Portland • (207) 772-3761 • www.hmpayson.com



Maine Medical Association
30 Association Drive • P.O. Box 190
Manchester, ME 04351

POSTAGE PAID
Permit #121
Augusta, ME

Visit us on
the web at

www.mainemed.com

SAVE THE DATE

Physicians'
Day
at the
Legislature

Thursday
May 21
2009

**NORMAN
HANSON
DETROY**

We provide advocacy & counseling services to Maine physicians & health care providers in:

Managed care, Fraud & abuse, Contract negotiations, Medical malpractice defense, Business & practice planning, Litigation in Federal & State courts, Professional licensure & disciplinary proceedings, Insurance & risk management, Medical staff issues, & more.

415 Congress Street
P.O. Box 4600
Portland, Maine 04112
Phone: 207.774.7000
Fax: 207.775.0806

100 Lisbon Street
P.O. Box 7230
Lewiston, Maine 04243
Phone: 207.777.5200
Fax: 207.777.0037

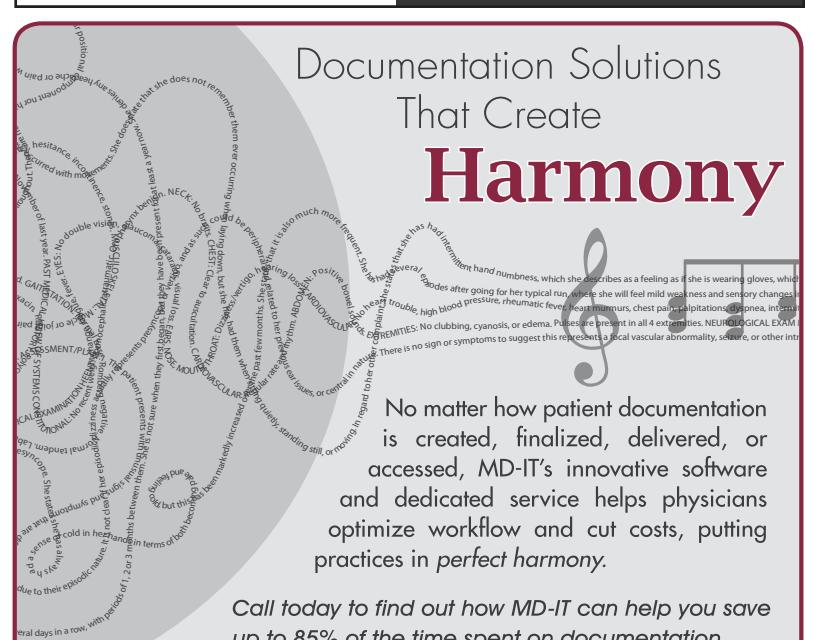
www.nhdlaw.com



To some companies, you're a risk,
subject to underwriting rules.
To us, you're a partner in need of coverage.

Medical Mutual
Insurance Company of MAINE
207-775-2791 • 1-800-942-2791
www.medicalmutual.com

Documentation Solutions
That Create
Harmony



No matter how patient documentation is created, finalized, delivered, or accessed, MD-IT's innovative software and dedicated service helps physicians optimize workflow and cut costs, putting practices in perfect harmony.

Call today to find out how MD-IT can help you save up to 85% of the time spent on documentation.

Ella Hudson
207-878-8183 x107
www.md-it.com

md-it™