

Maine medicine



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Updated Medical Legal Code of Cooperation Available

A revision of the Medical Legal Cooperation Code, effective January 1, 2010, has been prepared by the five signatories to the Code including the Maine Medical Association, the Maine State Bar Association, the Maine Trial Lawyers Association, the Maine Chiropractic Association, and the Maine Osteopathic Association. Copies of the eleven page document (in brochure format) are available from MMA and will be mailed to each practice in February.

Originally developed in the 1980's, the Code of Cooperation was established in recognition of problems of cooperation between the medical and legal professions and the duties of both professions to the public and to the administration of justice and in further recognition that medical-legal cooperation is necessary in order to maintain the proper attitudes of mutual respect of each of these learned professions for the other.

The Code has been updated to include the language acknowledging the provisions of the HIPAA Privacy Rule and court decisions adopting the "common fund doctrine." The Code is voluntary and applies only in civil (as opposed to criminal) proceedings.

The document includes articles on:

- Medical Reports and Records
- Conferences between the Attorney and the Physician
- Court Testimony
- Depositions of the Physician
- Physician's Bill for Medical Services
- Mediation
- Social Relations

The Code provides guidance on common issues that arise in areas such as appearances in court, payment for testifying, and non-payment. Augusta attorney Sumner H. Lipman chairs the Medical-Legal Committee of the Maine State Bar Association and chaired the effort to update the Code.



Andrew MacLean, Esq.

GOVERNOR LEPAGE IS INAUGURATED AND 125TH MAINE LEGISLATURE BEGINS FIRST REGULAR SESSION

On Wednesday, January 5, 2011, the 186 members of the 125th Maine Legislature returned to Augusta for the beginning of the new legislature's First Regular Session and for the inauguration of Governor Paul R. LePage, the state's first Republican governor since John R. McKernan, Jr. left office in 1993. Since Election Day, the new Republican leadership in Augusta has been outlining its governing priorities.

Following the Republican electoral victories last year, the LePage Transition Team and the new Republican legislative leadership described two broad policy goals that would be their highest priorities:

1. To reform "the way state government does business," to seek greater efficiency; and
2. To make Maine "more business friendly," that is, to review Maine's regulatory climate.

The LePage Transition Team pursued the second goal first by reaching out to business and trade groups for feedback on their concerns about the regulatory climate. This outreach became known as "Red Tape Audits:" http://www.maine.gov/governor/lepage/issues/red_tape_audit.shtml. Following inauguration, the Governor issued Executive Order 09 FY 11/12, *An Order to Improve Review of the Rule Making Process*, an effort to strengthen the Governor's control of the executive agency rulemaking process: http://www.maine.gov/tools/whatsnew/index.php?topic=Gov_Executive_Orders&id=182022&v=article2011. Among the first actions of the new legislative leadership was the establishment of a *Joint Select Committee on Regulatory Fairness and Reform*, http://www.maine.gov/legis/house/jt_com/rfr.htm, and the drafting of the first bill of the new session, L.D. 1, *An Act to Ensure Regulatory Fairness and Reform*, <http://www.mainelegislature.org/LawMakerWeb/summary.asp?ID=280038559>. The Joint Select Committee is conducting public hearings around the state in late January and early February.

The new Republican leadership also has expressed its opposition to the federal health care reform law, the *Affordable Care Act* (ACA), and has stated its intention to "push back" against the federal government on implementation of the ACA and perhaps to join other states in litigation challenging the constitutionality of the "individual mandate" and mandated expansion of Medicaid eligibility. In mid-January, Republican Attorney General William Schneider confirmed that he and several other newly-elected Republican attorneys general would seek permission to join approximately 20 other states challenging the ACA in a federal court in Florida.

During the First Regular Session of each legislature, members may submit any number of bill requests. This year, the deadline for legislators' requests was Friday, January 7, 2011. The Office of the Revisor of Statutes then produces a list of bill titles by sponsor, a document that gives us a sense of the hot issues to be considered and debated during the next two years. The following are some highlights among the health care bills in the list:

- **Health Care Reform.** Several bills each aimed at either implementing the ACA in Maine or prohibiting implementation, including one that would authorize state law enforcement action against federal officials involved in implementing the ACA in Maine. Two bills would encourage the State to pursue a single payer health care system.
- **Regulation of Health Insurance.** Eight legislators have submitted bills to permit the purchase of health insurance across state lines. At least a half dozen bills appear to suggest amendments to the community rating and "guaranteed issue" and portability provisions of Maine's insurance code.
- **Health Insurance Mandates.** One bill would limit health insurance mandates. Others would require insurance coverage of infertility treatment or of nutritional supplements and wellness products.
- **Children's Issues.** Four bills would create a new law against bullying and/or cyberbullying. At least one would promote physical education in schools. Three would require specific parental consent for certain types of treatment. Several bills seek to protect children from environmental toxins. This category also includes bills considered and rejected by the last legislature requiring specific disclosure of vaccine ingredients and specific warnings on the dangers of cellular phone use.
- **Firearms & Domestic Violence Issues.** A number of bills would relax current gun control laws or would legalize fireworks.
- **Health Care Information & Confidentiality Issues.** Several bills will address privacy issues relating to HealthInfoNet. Others deal with vital records or health care quality improvement initiatives.
- **Abortion Issues.** The Judiciary Committee will consider bills requiring parental consent, a 24-hour waiting period, and specific requirements for informed consent prior to an abortion procedure.
- **Medicaid Issues.** Several bills might be categorized as "welfare reform," including two instituting a residency requirement for benefits.

• **Medical Liability Issues.** This category includes one "pro" and two "anti" tort reform bills.

• **Mental Health, Mental Retardation, & Substance Abuse Issues.** One bill seeks to protect Maine's mental health parity law and another would require DHHS to have the advice of a psychiatrist in the Division of Adult Mental Health.

• **Prescription Drug Issues.** Several bills are aimed at the state's drug diversion problem and others would either amend Maine's Medical Marijuana Act or legalize marijuana.

• **Public Health Issues.** Public health bills include those prohibiting either texting or use of a cellular phone while driving, attempting to improve oral health care, or combating environmental toxins. One would weaken enforcement of the seat belt law and one appears that it might require use of a helmet when operating a motorcycle.

• **Regulation of Health Care Facilities.** Several bills propose amendments to the certificate-of-need (CON) program, including two suggesting repeal of the Capital Investment Fund, an element of the Dirigo Health Program that limits annual investment in health care capital projects. Other bills urge greater transparency and accountability of health care facilities, including publishing of price lists, salary limits for hospital administrators, and renewed efforts to address hospital-acquired infections.

• **Scope of Practice, Licensing, & Disciplinary Issues for Individual Health Care Practitioners.** No significant scope of practice issues for physicians are apparent from this list of bills.

• **Workers' Compensation Issues.** Following approximately eight years of debate before the Workers' Compensation Board and some litigation about the medical fee schedule in the workers' compensation system, one bill seeks to define "charges."

You can find the entire list of bill titles filed by the deadline by sponsor or by subject area on the legislature's web site at: <http://www.maine.gov/legis/lip/publications.htm>.

During the week of January 24, 2011, the Appropriations & Financial Affairs Committee began its public hearings on the Governor's FY 2011, L.D. 100, <http://www.mainelegislature.org/LawMakerWeb/summary.asp?ID=280039043>. The supplemental budget includes funding to cover a gap created by the growth in the MaineCare program and a reduction in the federal Medicaid matching rate (FMAP) and about \$250 million to address past due MaineCare hospital settlements. The budget also includes a proposed \$125,445 cut in the Doctors for Maine's Future Scholarship Fund, a program created by the 124th legislature to encourage more Maine students to pursue a medical education in a Maine-based medical school.

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 26, 2011. 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*.

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://maine.gov/legis/>.

The MMA welcomes your participation in our legislative advocacy activities including our weekly conference calls during the session at 8:00pm every Tuesday. For more information, please contact Andrew MacLean, Deputy Executive Vice President, at amaclean@mainemed.com.



Governor Paul R. LePage

Thank You

A special thank you to the following physicians who served as volunteers on prelitigation screening panels from July through December 2010. Physicians willing to volunteer may contact the MMA EVP Gordon Smith at 622-3374 ext: 212 or via email at gsmith@mainemed.com.

- Robert P. Walker, MD
- Lorry Widger, MD
- Wade Hamilton, MD
- Ken Banasiak, MD
- Charles Alexander, MD
- Stanley Chaleff, MD
- Peter Ossanna, MD

Physician's Guide to Maine Law Available at www.mainemed.com

The ever-popular *Physician's Guide to Maine Law*, alerting Maine physicians to law affecting aspects of their practice, can be found on the MMA website at www.mainemed.com under the members-only area. If you would prefer to purchase a cd and hardcopy binder, you may do so by contacting Maureen Elwell at 207-622-3374 ext: 219 or melwell@mainemed.com.

If you have not registered to access the members-only area, it is an easy process. Simply go to <https://www.mainemed.com/register.php> and complete the very brief registration form and press submit. Your username will be your email address and your password will be a six-character minimum password that you choose. Once you press submit, an MMA member will be notified and will review the registration form and grant you access.



President's Corner



Jo Linder, M.D.
President, MMA

It is the second month of the second decade of the 2nd millennium after the Common Era... We are in the midst of a sea change in health care. Opportunities to help guide the course are presented every day. The Maine Medical Association is the strong voice for physicians and our patients, poised to respond, to inform, and to lead us through these uncharted waters.

The first session of the 125th Maine State Legislature is in full swing with over 1800 bills filed by elected representatives and a sizable proportion of those relevant to healthcare and the health of our patients and our ability to care for them. The MMA Legislative Committee, under the leadership of Dr. Lisa Ryan, hosts a conference call every week to consider our position on several of these bills. Every Tuesday evening, members of the MMA discuss the important issues and help determine our strategy. We have excellent, highly respected staff members who provide testimony and information on our behalf. Our voice grows stronger when you, our members, join the debate and help deliver the message. I encourage you to reach out to your representatives to build a personal relationship and become a resource for them as they deliberate on issues of interest to you. Other opportunities to get involved at the State House include:

- Serving as "Doctor of the Day" on a morning when the legislature convenes.
- Joining your friends and colleagues for Physicians' Day at the Legislature, May 26, 2011.

For more information on these opportunities, contact Maureen Elwell at melwell@mainemed.com or visit our website: <http://www.mainemed.com/>.

To help members learn more about legislation that ultimately was enacted into law, MMA offers a wealth of information. We also provide educational sessions with CME credit to help you understand the healthcare reform legislation passed in 2010, thanks to grant funding from the Maine Health Access Foundation (MeHAF). Other CME opportunities available from MMA upon the request of your medical staff and/or practice include presentations on the new Medical Marijuana law, the Prescription Monitoring Program, and HIPAA staff training. To find additional CME programs near you, check out the CME section of our website at <http://www.mainemed.com/cme/index.php> or contact Gail Begin at gbegin@mainemed.com.

For MMA to be effective, we need to hear from you! Tell us your thoughts and concerns. Let us know if you need advice or have a question by calling 207-622-3374. I thank those of you who reached out to me recently. I am awed by your dedication and I welcome your input! You can reach me via email: president@mainemed.com.

Medical Students from Tufts-MMC testify against reduction in Doctors for Maine's Future Scholarship Program (\$125,000) in Supplemental State Budget. (January 24, 2011)



Marya Spurling, Medical Student and MMA Member



Chad Szylyan, Medical Student and MMA Member



Coley Barbee, Medical Student and MMA Member

2011 Physician Fee Schedule Final Rule Offers Bonus Payments

The Centers for Medicare & Medicaid Services (CMS) published its *Payment Policies under the Physician Fee Schedule and Other Revisions to Medicare Part B for Calendar Year 2011* final rule in the November 29, 2010, *Federal Register*. It finalizes several provisions of the Patient Protection and Affordable Care Act (PPACA) related to physician services. Significant changes include the following:

- **Expanding access to primary care and general surgery services** – Primary care physicians (family practice, internal medicine, pediatrics, and geriatrics) and non-physician practitioners (nurse practitioners, certified clinical nurse specialists and physician assistants) whose Medicare charges for office, nursing home and home visits account for at least 60 percent of charges for such physician or non-physician practitioner will be eligible for 10 percent bonus payments for certain evaluation and management services from 2011-2016.

All general surgeons performing identified major surgical procedures (with a 10 or 90 day global period) in a Health Professional Shortage Area (HPSA) will be eligible for 10 percent bonus payments in addition to the amount otherwise paid for their services from 2011-2016.

- **Medicare coverage of annual wellness visit providing a personalized prevention plan** – With the exception of the Initial Preventive Physician Exam, Medicare payment for routine physical check-ups has previously been prohibited. However, preventive care has become an increasing focus of the Medicare program. As such, Medicare will provide coverage for an annual wellness visit that includes and/or takes into account a health care risk assessment.

- **Patient payment responsibility for screening/wellness services** – Effective January 1, 2011, CMS will waive deductible and co-insurance amounts for most preventive services, including cardiovascular disease and diabetes screening lab testing, screening mammography, bone density testing and many vaccines. Medicare beneficiaries will incur no out-of-pocket costs for eligible preventive services.



Gordon H. Smith, Esq.

Notes from the EVP

The MMA Executive Committee met recently for its annual President's Retreat. President Jo Linder, MD selected the city of Boston for this year's mid-January retreat and nearly twenty members braved a significant snowstorm to get to the city via auto, train or bus. Meeting three times over the course of the weekend, the committee focused primarily on the recommendations of an Ad hoc Committee on Governance that met five times between August and December in order to review the process by which Executive Committees members are selected and other governance issues. Other issues included:

- Review of all standing and ad hoc committees
- Consideration of the role of the Annual Session
- Potential role of an audit committee

Following robust discussion on virtually all of the issues, members voted to move all the recommendations to the Bylaws Committee which has been changed with the task of drafting amendments which, if passed, would implement the recommendations. The most significant change involves moving from the current geographical representation (by county) for Executive Committee representation to a new process of recruiting the most capable candidates regardless of where they live or practice. While geography will remain a criteria for nomination to the Committee, it will be simply one criteria to be considered along with several other criteria such as specialty, gender, age, leadership ability, etc. These changes promise to give MMA the best prospect for establishing a Board that is truly representative of Maine's physicians.

These changes will be voted upon at the Annual Meeting being held this year September 9-11 in Bar Harbor. I hope many members will join us this year for the meeting. These governance changes, along with work being done by the Ad hoc Committee on Technology and Communications gives MMA the best chance to engage the physicians of Maine in a dialogue about what matters to them – their hopes and desires – and any issues MMA should be working on their behalf.

More on these exciting initiatives in the next issue of *Maine Medicine!*

Upcoming Specialty Society Meetings

MARCH 4-6, 2011 Rangeley Inn – Rangeley, ME
Maine Gastroenterology Society Winter Meeting
 MMA Contact: Gail Begin 207-622-3374 ext: 210 or gbegin@mainemed.com

MARCH 16, 2011 MMA Headquarters – Manchester, ME
American College of Emergency Physicians, Maine Chapter
 Contact: Anna Bragdon 207-441-5989 or maineacep@roadrunner.com

MARCH 17, 2011 MMA Headquarters – Manchester, ME
Maine Association of Psychiatric Physicians Meeting
 (Dinner 5:30pm, Meeting 6:00pm)
 MMA Contact: Warene Eldridge 207-622-7743 or weldridge@mainemed.com

MARCH 24, 2011 Harraseeket Inn – Freeport, ME
Maine State Rheumatology Association, Member Meeting
 MMA Contact: Gail Begin 207-622-3374 ext: 210 or gbegin@mainemed.com

APRIL 9, 2011 Harraseeket Inn – Freeport, ME
Maine Gastroenterology Society, Topics in Gastroenterology Conference
 MMA Contact: Gail Begin 207-622-3374 ext: 210 or gbegin@mainemed.com

APRIL 29, 2011 Portland Regency Hotel – Portland, ME
Maine Association of Psychiatric Physicians Annual Education Session
 MMA Contact: Warene Eldridge 207-622-7743 or weldridge@mainemed.com

MAY 6, 2011 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 13-15, 2011 Harborside Hotel – Bar Harbor, ME
American Academy of Pediatrics, Maine Chapter Controversies in Adolescent Medicine & NNERPA Meeting
 Contact: Aubrie Entwood 207-782-0856 or agridleyentwood@aap.net

JUNE 23, 2011 Cabbage Island – Boothbay Harbor, ME
American College of Emergency Physicians, Maine Chapter
 Contact: Anna Bragdon 207-441-5989 or maineacep@roadrunner.com

SEPTEMBER 7, 2011 MMA Headquarters – Manchester, ME
American College of Emergency Physicians, Maine Chapter
 Contact: Anna Bragdon 207-441-5989 or maineacep@roadrunner.com

SEPTEMBER 10, 2011 Harborside Hotel and Marina – Bar Harbor, ME
Maine Society of Anesthesiologists Fall Business Meeting (to be held in conjunction with MMA's Annual Session)
 Contact: Anna Bragdon 207-441-5989 or msainfo@roadrunner.com

SEPTEMBER 23, 2011 Harborside Hotel & Marina – Bar Harbor, ME
Maine Society of Eye Physicians and Surgeons Fall Business Meeting (To be held in conjunction with the 10th Annual Downeast Ophthalmology Symposium)
 MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

SEPTEMBER 23 - 25, 2011 Harborside Hotel & Marina – Bar Harbor, ME
10th Annual Downeast Ophthalmology Symposium (Presented by the Maine Society of Eye Physicians and Surgeons)
 MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

OCTOBER 1, 2011 Portland Regency Hotel – Portland, ME
Maine Society of Orthopedic Surgeons
 MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

OCTOBER 7-9, 2011 Point Lookout – Northport, ME
Maine Chapter of American College of Physicians Annual Chapter Educational Sessions
 MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

Upcoming at MMA

February 16	9:00am – 11:00am	Patient Centered Medical Home, Conveners
	11:00am – 1:00pm	Patient Centered Medical Home, Working Group
	1:00pm – 4:00pm	Aligning Forces for Quality, Patient Family Leadership Team
March 2	9:00am – 12:00pm	Maine Health Management Coalition
	1:00pm - 2:00pm	Aligning Forces for Quality, Executive Leadership Team
	2:00pm – 5:00pm	Quality Counts Board
	2:00pm – 5:00pm	MMA Executive Committee
	5:00pm – 7:00pm	MMA Budget and Investment Committee
March 7	4:00pm – 6:00pm	Academic Detailing Work Group
March 8	1:00pm – 4:00pm	Lifelight Board Meeting
March 10	1:00pm – 3:00pm	OSC HIT Steering Committee
March 14	4:00pm – 7:00pm	Medical Professionals Health Program Committee
March 16	9:00am – 11:00am	Coalition to Advance Primary Care
	11:00am – 1:00pm	Patient Centered Medical Home, Working Group
	1:00pm – 4:00pm	Aligning Forces for Quality, Patient Family Leadership Team
March 17	6:00pm – 9:00pm	Maine Association of Psychiatric Physicians
April 4	4:00pm – 6:00pm	Academic Detailing Work Group
April 6	9:00am – 12:00pm	Maine Health Management Coalition
	1:00pm - 2:00pm	Aligning Forces for Quality, Executive Leadership Team
	2:00pm – 3:30pm	Quality Counts Executive Committee
	3:30pm – 5:00pm	QC Behavioral Health Committee
April 13	2:00pm – 5:00pm	MMA Executive Committee
	4:00pm – 6:00pm	Public Health Committee
April 14	1:00pm – 3:00pm	OSC HIT Steering Committee
April 26	6:00pm – 9:00pm	ME Chapter American Academy of Pediatrics
April 27	9:00am – 11:00am	Patient Centered Medical Home, Conveners
	11:00am – 1:00pm	Patient Centered Medical Home, Working Group
	1:00pm – 4:00pm	Aligning Forces for Quality, Patient Family Leadership Team
	11:30am – 2:00pm	MMA Senior Section
April 28	8:30am - 4:00pm	Pathways to Excellence (Maine Health Management Coalition)
May 2	4:00pm – 6:00pm	Academic Detailing Work Group
May 4	9:00am – 12:00pm	Maine Health Management Coalition
	1:00pm - 2:00pm	Aligning Forces for Quality, Executive Leadership Team
	2:00pm – 5:00pm	Quality Counts Board
May 5	11:00am – 4:00pm	Committee on Continuing Medical Education and Accreditation
May 9	4:00pm – 7:00pm	Medical Professionals Health Program Committee
May 12	1:00pm – 3:00pm	OSC HIT Steering Committee
	4:00pm – 6:00pm	Committee on Physician Quality
May 18	9:00am – 11:00am	Coalition to Advance Primary Care
	11:00am – 1:00pm	Patient Centered Medical Home, Working Group
	1:00pm – 4:00pm	Aligning Forces for Quality, Patient Family Leadership Team

****All MMA Committee Meetings are now being offered through WEBEX**

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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.

Thanks to 2011 Sustaining Members

Thank you to the following individuals and practices who have shown their support for the MMA's long-term growth by renewing at an additional sustaining membership level.

Charles McHugh, MD
 Brett Rankin, MD
 Verne Weisberg, MD
 Edward White, MD
 CMMC Anesthesia
 CMMC Emergency Medicine
 Dahl-Chase Pathology Associates
 Mid Coast Hospital Group
 Orthopaedic Associates of Portland
 Sunbury Primary Care

Maine Medicine Goes to Four Issues in 2011

In 2011, MMA will publish four issues of *Maine Medicine*, with this issue being the first. Due to increasing electronic communications and budget constraints, MMA leadership has elected to reduce the number of issues from six to four publications a year.

The remaining issues will be mailed to members on the following dates:
May 10 - August 16 - November 15

Please note that the current issue and past issues of the *Maine Medicine* publication and the *Maine Medicine Weekly Update* e-newsletters can be found in the members-only area of the MMA website at www.mainemed.com.

If you have not registered to access the members-only area, it is an easy process. Simply go to <https://www.mainemed.com/register.php> and complete the very brief registration form and press submit. Your username will be your email address and your password will be a six-character minimum password that you choose. Once you press submit, an MMA member will be notified and will review the registration form and grant you access. Any questions can be addressed to Shirley Goggin at 445-2260 or sgoggin@mainemed.com.

And, as always, if you have any comments, suggestions, or feedback on *Maine Medicine*, please feel free to contact Newsletter Editor Richard A. Evans, M.D., at 564-0715 or raevans95@earthlink.net, Shirley Goggin at 445-2260 or sgoggin@mainemed.com or Gordon Smith at 622-3374 ext: 212 or gsmith@mainemed.com.



**Save
the Date:
May 6, 2011**

Point Lookout
Northport, ME

**Oral Health
for Young
Children:
Everybody's
Business**

This conference will bring together dental, medical and family care providers to learn more about strategies and skills for early intervention and prevention of dental disease in pregnant women and young children. Speakers from Maine and other states will share their experience and research.

For more information, contact Sarah Shed at 207-622-7566 ext: 248 or email sshed@mcd.org.

**Invite a
Physician
to Join MMA**

Encourage your colleagues to become a 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.



Lisa M. Letourneau,
M.D., MPH

Quality Counts by Lisa M. Letourneau, M.D., MPH, Executive Director, Quality Counts

Maine's Aligning Forces for Quality (AF4Q) Initiative: Public Reporting of Quality Data and the Pathways to Excellence Program

We all know how much hard work it takes to deliver good care to patients, so it's particularly difficult to know that many providers feel squeezed by the current payment system. We know that our misaligned system with its emphasis on paying for visits instead of value puts pressure on providers to see more and more patients and frustrates them with growing administrative requirements.

So how do we change this broken system? One way is for providers to measure and report quality data as a vital tool for improving quality and value and transforming the current health care system into one that rewards delivering high quality care. Maine's progress is positive proof that "aligning the forces" of improvement, including transparency of quality data, can lead to better care. It also points toward the value of incentives that help to shift the health care system away from paying providers for volume, to one that pays for value.

There is growing evidence to suggest that public reporting of quality data can really work. Providers who review their performance measures are able to see where care delivery may not be working, where they can make adjustments, and where they are succeeding to help patients get and stay well. And, performance measures facilitate improvement across practices, not just among individual providers. In addition, as public reporting grows, patients are becoming informed and able to make better choices, ask questions, and advocate for good health care.

Maine's AF4Q initiative (the Robert Wood Johnson Foundation endeavor led by Quality Counts in conjunction with the Maine Health Management Coalition and the Maine Quality Forum) is a statewide effort to align activities in key areas to drive improvements in health care quality in Maine. As one of the key areas of focus for the Maine AF4Q initiative, public reporting of quality data is being used to move the health care system toward:

- Rewarding providers who deliver high-quality, cost-effective care or who improve significantly; and
- Providing incentives for providers to spend time on services not currently reimbursed, such as coaching patients, giving them preventive care, and coordinating care for their patients with chronic conditions.

Here in Maine, quality reporting is spearheaded by the Maine Health Management Coalition (MHMC) in the form of the Pathways to Excellence (PTE) program. For the past decade, MHMC/PTE has worked with primary care physicians and hospitals in Maine to voluntarily measure and publicly report their quality data. PTE more recently has been working with cardiologists and orthopedists to report quality measures, and efforts are underway to develop and report additional measures.

The effectiveness of our collaborative work in Maine was recently demonstrated by a report from the Agency for Healthcare Research and Quality indicating Maine as the state most improved when it comes to health care quality. Maine moved up from 12th place overall the previous year, which was the biggest one-year improvement for any state.

As PTE has moved to use national recognition programs over the last few years, primary care practices have been given extra time to allow for expansion and participate in these programs. Moving forward, adult practices will now need to use one of the national recognition programs, such as the National Committee on Quality Assurance (NCQA) or Bridges to Excellence (BTE). Local submission of clinical data will only be available for pediatric practices and for a few adult practices that are unable to participate in national programs.

As the bar is raised to achieve PTE recognition through one of these national recognition programs, we have seen a decrease in the number of primary care practices recognized for their performance. The good news is that there is tremendous support for primary care practices seeking recognition for their performance. To help with these changes, both MHMC and Quality Counts are offering additional communications and assistance to help more primary care practices participate. Those who stay involved will find that raising quality ratings is not as daunting as it may seem.

The Maine AF4Q initiative's leadership for public reporting means that rewards are already in place for providers who show such good performance and more rewards are in the offing. In addition to Maine employers and payers using PTE results for their incentive programs, the Centers for Medicare & Medicaid Services (CMS) is offering incentives for reporting quality data through their "Physician Quality Reporting System" and for the adoption and use of electronic prescribing (eRx) systems.

Changing our broken system certainly won't happen overnight. But we're already seeing progress being made as a result of physician leadership in our state and collaborative alignment efforts. Who knows? With the help of Maine physicians, maybe shifting our health care system to one that rewards delivering high quality care isn't as far off as we think.

From the State Epidemiologist

By Stephen D. Sears, M.D., M.P.H., State Epidemiologist, Maine Center for Disease Control and Prevention

Bad Bugs – Bad Bugs.....What we gonna do?

MRSA – KPC – CRE – NDM-1 - These are bad bugs that are increasing world-wide and they are winning. We have seen the rise of resistant gram positive bacteria such as MRSA in hospitals and community settings. Now, we are commonly seeing resistance in gram-negative rods such as Klebsiella and Pseudomonas which are also producing enzymes that destroy antibiotics. Unfortunately, we do not have new antibiotics to treat many of these bad bugs --so what are we going to do? The answer is simple - it involves all of us using antibiotics wisely and getting back to basic infection control.

Where did these bad bugs come from? Well, let's look at MRSA. Methicillin-resistant *Staphylococcus aureus* (MRSA) is a type of staph bacteria that is resistant to certain antibiotics called beta-lactams. These antibiotics include methicillin and other more commonly prescribed antibiotics such as oxacillin, penicillin, and amoxicillin. In the community, most MRSA infections are usually skin infections. More severe or potentially life-threatening MRSA infections occur most frequently among patients in healthcare settings. MRSA is serious. Though it has been around since the 1960's, its presence has increased dramatically in the last decade. Federal CDC estimated that the number of people developing a serious MRSA infection (i.e., invasive) in 2005 was about 90,000, with several thousand dying during a MRSA related hospital stay.

And What About Those Bad Gram Negative Rods?

Most gram-negative rods are in the family Enterobacteriaceae, which are common causes of community and healthcare acquired infections. Enterobacteriaceae include *E. coli* and Klebsiella. *E. coli* is the most common cause of outpatient urinary tract infections, and *E. coli* and Klebsiella species are important causes of healthcare associated infections. Another family of gram negatives include the pseudomonads. Pseudomonads can cause very serious hospital acquired infections. β -lactam antibiotics (derivatives of penicillin) have long been the mainstay of treating infections caused by gram negative rods. Unfortunately, resistance to β -lactams emerged several years ago and has continued to rise. This resistance is caused by extended spectrum β -lactamase producing Enterobacteriaceae [ESBLs]. Fortunately, our most potent β -lactam class, carbapenems (Doripenem, Ertapenem, Imipenem, Meropenem), still remains effective against almost all Enterobacteriaceae as well as pseudomonads but Carbapenemase-resistant Enterobacteriaceae (CREs) are increasing in numbers. As the saying goes, "Antimicrobial resistance follows antimicrobial use as surely as night follows day". KPC (*Klebsiella pneumoniae* carbapenemase) is the primary type of carbapenemase to date in the U.S. KPCs (CRE) cause pneumonia, bloodstream infections, wound infections and meningitis. KPC is a class A β -lactamase and confers resistance to all β -lactams,

including extended-spectrum cephalosporins and carbapenems. In the U.S., CRE was first reported in North Carolina in 1999. Since then, CRE has been reported in at least 32 states. And now, there's a new kid on the block called NDM-1. New Delhi metallo- β -lactamase or NDM1, was first isolated from India and is now seen sporadically in the U.S. This enzyme destroys every one of our antibiotics and is almost untreatable.

Prevention of MRSA and CRE Infections in Healthcare Settings

So what can we do to prevent MRSA and CRE? Well, basic infection control practices are key to the prevention and control of all bad bugs in healthcare settings.

Standard Precautions should control the spread of infections in hospitals in most instances and should be used for all patient care. But Federal CDC also recommends contact precautions for MRSA. Healthcare professionals should educate patients and visitors on methods to avoid transmission of MRSA to close contacts. The key control measure is hand washing with either soap and water or hand hygiene with alcohol-based hand gels. Gloves and gowns may also be needed. Infection prevention and control measures should be implemented immediately. It is important to recognize that Enterobacteriaceae and MRSA can be transmitted if the patient is colonized or infected.

So the bottom line is that the bugs are winning. Antibiotic resistance has been called one of the world's most pressing public health problems. Whenever a person takes an antibiotic, weaker bacteria are destroyed while stronger (more resistant) bacteria are left behind. Today, bacteria that cause common diseases are resistant to many antibiotics. One of the main causes of the growth of resistant bacteria is indiscriminate and inappropriate use of antibiotics. Antibiotics are truly wonderful medicines, but if they do not stay effective we will not be able to treat serious infections. If antibiotics don't work, infections last longer. This is costly and can lead to the use of higher priced, stronger antibiotics. Bad bugs – bad bugs – time to get smart with antibiotics.

Getting smart with antibiotics means we all need to think every time we prescribe an antibiotic. Is it needed? Can we use a shorter course? Can we use a more narrow-spectrum drug? These are all principles of a growing movement called antibiotic stewardship. Antibiotic stewardship is a key element of a comprehensive hospital program to reduce infections and antibiotic resistance. It supports the optimal selection, dosage and duration of antimicrobial treatment to achieve the best clinical outcomes, reduces the proliferation of potentially lethal antibiotic resistant bacteria and reduces costs. Effective use of antimicrobials is a proven patient safety initiative. So let's get smart with basic infection control and let's get smart with antibiotics. We need to beat these bad bugs.



Stephen D. Sears, M.D.

Visit the MMA website at www.mainemed.com



MMA Members can contact the Learning Center via email; learningcenter@bnnca.com or at 888-889-6597 with coding questions.

Vaccine Administration with Counseling Codes 2011

By Jana Purrell, CPC-I, CEMC

Two new codes established for 2011 (codes 90465-90468 have been deleted). The new immunization administration codes are to be used for all pediatric patients that receive counseling prior to the vaccination but at the same visit.

90460 - Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component

+90461 each additional vaccine/toxoid component

These codes are reported **per vaccine/toxoid component**. CPT defines a component for these purposes as each antigen in a vaccine that prevents disease(s) caused by one organism. A vaccine can contain multiple components (i.e. MMR).

Code 90460 is reported for the administration of the first component of each vaccine product administered to patients 18 years of age and under who receive counseling about the vaccine from a physician or qualified health care professional at the time of administration. Code 90461 is an add-on code reported for each additional vaccine component administered (no modifier 51 required).

HOW CODES ARE USED

- These codes are for the administration of the vaccine only, the product(s) are billed separately

- There must be a face-to-face service where the physician or other qualified health care professional (qualified by state license) provides counseling to parent/patient at the time of the administration
- If no counseling takes place at the time of the administration of the vaccine, codes 90471-90474 apply
- Codes are for all routes of administration (nasal, oral, injection) and are for patients up through the age of 18
- Documentation must describe content of counseling
 - Not enough to hand patient/parent educational material

EXAMPLE:

A pediatrician counsels a mother on vaccine risks and benefits prior to giving her 2-year-old Pediarix, which has five components: DTaP-HepB-IPV. Correct coding for the visit and vaccinations in 2011 would be:

- 99392 Well child visit
- 90723 Pediarix
- 90460 Administration first component
- +90461 x 4 each additional component

REMINDER: Per CPT, this methodology is correct coding, however not all insurance companies have chosen to follow this methodology. Office staff should check with payors to determine the appropriate billing process.

What Health Care Reform Means for Your Patients

Contact the MMA today to request free educational materials that inform patients of coverage opportunities in the *Affordable Care Act*

- Brochures
- Posters
- Note pads

The MMA can also visit your practice to provide information on how the Affordable Care Act (ACA) impacts Maine patients and physicians.

This program is associated with a grant MMA has received from the Maine Health Access Foundation.

For more information or to request materials, contact either Jessa Barnard (jbarnard@mainemed.com, 207-622-3374 x 211) or Gordon Smith (gsmith@mainemed.com).

Save the Date:

158th Annual Session
Sept. 9-11, 2011
Bar Harbor, ME



Northern New England Poison Center

In Maine, New Hampshire & 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.

Public Health Spotlight



The MMA Public Health Committee has set a full policy agenda for 2011, continuing its four priorities from last year (addressing toxics in the environment, global climate change, Maine's public health infrastructure and implementation of Maine's universal vaccination program) and officially elevating tobacco use and obesity to a fifth priority. The Committee expects to be very busy this legislative session, both working for affirmative changes, such as improving school nutrition, and preserving existing programs such as the Fund for Healthy Maine and the Act To Protect Children's Health and the Environment from Toxic Chemicals. The Committee recently enjoyed a major success when the United States Senate, along with Senators Snowe and Collins, voted to ratify the START nuclear weapons treaty with Russia.

One document guiding public health efforts in the state is Healthy Maine 2010. The Maine CDC set targets for 2010 at the beginning of the decade as a way to gauge the state's status and accomplishments in ten subject areas including access to quality care, chronic disease, family planning and substance abuse. The MeCDC recently released an update on progress made towards reaching its 2010 goals.

The agency was able to update data for 72 measures. The results show that the state met 23 percent of its goals but did not reach its target for 60 percent.

Among the goals met:

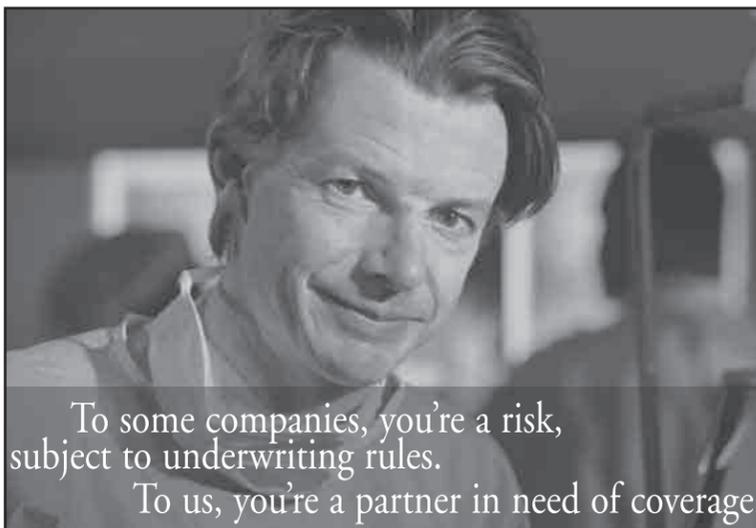
- Only 17 percent of Maine adults now smoke.
- More than 96 percent of adults with diabetes had a Hemoglobin A1C test within the past year.
- More than 80 percent of adults have had their cholesterol checked in the past five years.
- Almost 60 percent of teens who were sexually active used condoms.
- More than 92 percent of adults use seat belts.

- Among the goals not met:
- Only 62.5 percent of women in their 50s are getting mammograms or clinical breast exams.
 - Only 61 percent of one-year-olds and 31 percent of two-year-olds were screened for lead.
 - Only 28.9 percent of adolescents engaged in moderate physical activity and only 20.4 percent ate 5 or more fruits or vegetables per day.
 - Fewer Mainers are protecting themselves from skin cancer.
 - The smoking rate among adolescents has risen from 14 percent to over 18 percent.
 - More teens are sexually active.
 - Fewer adults are getting flu shots.

Stephen Sears, MD, acting director of the Maine CDC, commented that the data helps set the direction for public health efforts in the state moving forward. Maine's progress towards meeting its Healthy Maine 2010 goals and objectives can be found on this updated website: http://www.maine.gov/dhhs/boh/healthy_maine/index.shtml.

The State is also revisiting its public health goals. Healthy People 2020 (HP2020), the decade's public health plan for the country, was released in mid-December. Maine, along with all other states, is expected to start creating its version of the plan, Healthy Maine 2020, in the coming months. The HP2020 website can be found at: <http://www.healthypeople.gov/2020/default.aspx>.

If you would like to be part of the State's public health activities, please join the MMA Public Health Committee to learn more. The Committee will meet from 4:00-6:00 p.m. at the Maine Medical Association on April 13th, June 8th, August 10th, October 12th and December 14th. I will be on maternity leave from March through June, so for public health related questions during that time, please call the MMA main number at 207-622-3374.



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Maine Court Appointed Special Advocates Seeks Volunteers - Speak Up for a Child

Maine's Court Appointed Special Advocates (CASA) is the only volunteer organization that empowers everyday citizens as appointed members of the court to act as guardian ad litem for abused and neglected Maine children involved in protective custody cases. CASA volunteers are appointed by the judge and act as his or her neutral and impartial eyes and ears. CASA volunteers typically handle just one case at a time – and commit to staying on that one case until the child is placed in a safe, permanent home. Training is free and CASA offers supervision and ongoing support.

For more information contact Reid Hayton-Hull at 287-5830 or Reid.Hayton-Hull@maine.gov, or Lisa Waitt at 287-5403 or casamaine@maine.gov. You may also visit the CASA website for more information or to download the application directly at www.courts.state.me.us/maine_courts/specialized/family/casa.

Good News for Your Patients! New Affordable Health Coverage Options Available for People with Pre-Existing Conditions and Part Time and Seasonal Workers!

By Consumers for Affordable Healthcare

DHA (Dirigo Health Agency) is offering the new **Pre-Existing Condition Insurance Program (PCIP)** to people who have a qualifying pre-existing condition on a list of 37 possible conditions. To be eligible for the pre-existing condition plan the individual must meet the following criteria:

- Uninsured for the previous 6 months before applying for assistance and provide a signed statement. (Note: If you have a pre-existing condition, but have had coverage within the past six months, you still may qualify for enrollment in another DHA program).
- Be 1) a citizen or national of the US and able to provide a copy of their US public birth certificate or passport or 2) lawfully present with permanent resident status in the US and able to provide a copy of their permanent resident card.
- Have at least one of the following medical conditions and provide supporting documentation from a medical provider:

- | | |
|---|--|
| 1. Angina pectoris | 19. Heart Disease Requiring Open Heart Surgery |
| 2. Asthma | 20. Hemophilia |
| 3. Cancer | 21. Hodgkin's Disease |
| 4. Celiac Disease | 22. Huntington's Chorea |
| 5. Cerebral Palsy | 23. Hypertension |
| 6. Chronic Kidney Disease | 24. Juvenile Diabetes |
| 7. Chronic Obstructive Pulmonary Disease (COPD) | 25. Leukemia |
| 8. Cirrhosis of the Liver | 26. Motor or Sensory Aphasia |
| 9. Congestive Heart Failure | 27. Multiple Sclerosis |
| 10. Coronary Artery Disease | 28. Muscular Dystrophy |
| 11. Coronary Occlusion | 29. Myasthenia Gravis |
| 12. Crohn's Disease | 30. Myotonia |
| 13. Cystic Fibrosis | 31. Parkinson's Disease |
| 14. Dementia and Alzheimer's Disease | 32. Polycystic Kidney Disease |
| 15. Depression | 33. Psychotic Disorders |
| 16. Diabetes | 34. Quadriplegia |
| 17. Friedreich's Ataxia | 35. Stroke |
| 18. HIV/AIDS | 36. Syringomyelia |
| | 37. Wilson's Disease |

The PCIP was made possible by passage of the Affordable Care Act last March.

The new **Voucher Program** allows businesses to offer health insurance coverage to their part-time and seasonal workers. The program allows employers to offer health insurance to employees that: earn less than \$32,500 annually, work between 10-35 hours/wk averaged annually, live and work in Maine, and have been uninsured for at least the previous 90 days before applying. The only cost to employers is a contribution of at least 5% of the employee's monthly premium.

The Voucher Program is made possible through a federal grant from the Human Resources and Services Administration (HRSA) to fund this program until 2014, when the State Exchange becomes operational.

DHA subsidies are available on a sliding scale to enrollees with household incomes under 300% of the Federal Poverty Level (\$32,490 for a single, \$66,150 for a family of four) and assets under \$60,000 for a single and under \$120,000 for a household of 2 or more.

In addition to these two new programs, DHA recently re-opened enrollment in DirigoChoice and announced that it will not raise its rates in the non group market in January even while its competitors' premiums are rising by double digits. DirigoChoice is offered by the non-profit Harvard Pilgrim Health Care and represents approximately 16% of the non-group market in Maine, bringing competition to the State.

For more information about Dirigo coverage options, visit the DirigoHealth website <http://www.dirigohealth.maine.gov/> or call DHA at 1-877-892-8391.

Play to the last note.

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Apology

The November/December issue of *Maine Medicine* misidentified the physician seen in this photo receiving



a 50-year pin from MMA in Bar Harbor in September. The physician is, of course, Winton Briggs, MD, not Hans Holzwarth, MD of Bangor. And, a big thank you to Patti Bergeron for bringing the error to our attention!

Maine Health Management Coalition Mission

Mission: The MHMC is a purchaser-led partnership among multiple stakeholders working collaboratively to maximize improvement in the value of healthcare services delivered to MHMC members, employees, and dependents.

We execute our mission by:

- Engaging employees/dependents to understand and seek high quality healthcare and facilitating the use of cost and quality information by employers and employees to make informed decisions.
- Measuring and reporting on the cost of healthcare services.
- Promoting the development and adoption of payment and incentive systems that reward providers for improving quality and efficiency.
- Promoting benefit designs that encourage high value healthcare.
- Fostering collaboration among diverse stakeholders through facilitation, negotiation and mediation to accelerate the process of consensus building.
- Promoting an urgency for market driven health care reform to improve quality and contain the direct and indirect costs of healthcare.

Key Strategies:

- Assisting employers to implement the principles of value based healthcare purchasing: standardized performance measures, transparency and public reporting, payment reform, and informed choice.
- Challenging employers to act as, and see themselves as, leaders and as "critical external motivators" in encouraging providers and health plans to embrace, lead, and implement the redesign of healthcare delivery.

Maine Health Management Coalition Foundation Mission

Mission: The Maine Health Management Coalition Foundation is a public charity whose missions is to bring the purchaser, consumer and provider communities together in a partnership to measure and report to the people of Maine on the value of the healthcare services and to educate the public to use information on cost and quality to make informed decisions.

We execute our mission by:

- Measuring (where necessary) and reporting on the quality of healthcare services.
- Engaging health care consumers to understand and seek high quality healthcare.
- Educating the public and key stakeholder in the use of cost and quality information to make informed decisions.
- Assisting the public and governmental and nonprofit organizations in the process of sharing and analyzing data related to the provision of healthcare services.
- Fostering research and education with regard to healthcare services, and serve as a resource to promote solutions to healthcare services issues.
- Fostering collaboration among diverse stakeholders through facilitation, negotiation and mediation to accelerate the process of consensus building.

Key Strategies:

- The MHMC Foundation will seek funding and contributions to support its mission.
- Partner with other organizations who share our mission.
- Sponsor educational programming that increases public awareness of the importance of health care value.

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Each Monday, *Maine Medicine Weekly Update* keeps physicians and practice managers in the loop with breaking news by email only. It's a free member benefit – call 622-3374 to subscribe.

Medical Mutual Insurance Company of Maine Risk Management Practice Tip: Environmental Safety in the Physician Office Practice

Proactive safety management helps to ensure a safe environment in the physician office practice. Use the following recommendations as a guide in the development of an environmental safety program.

I. Environmental Safety Plan

Operational

- ✓ Develop a safety plan that describes how to maintain a safe environment. Include the role of the physicians and employees.
- ✓ Conduct walk-around inspections on a regular basis to identify potential risks. Correct identified risks.
- ✓ Encourage physicians and employees to report unsafe or potentially hazardous conditions. Immediately remedy high risk situations.

II. Plan Elements

Life Safety: Office Setting

- ✓ Arrange furniture away from traffic areas.
- ✓ Remedy sharp table corners and worn carpeting.
- ✓ Install call bells, safety bars in patient restrooms.
- ✓ Remove clutter, equipment and obstacles from walkways.
- ✓ Limit height of stacked materials to prevent collapse.
- ✓ Maintain stairwells with firmly attached handrails, adequate lighting.
- ✓ Identify glass doors with emblems.
- ✓ Clearly mark all exits. Post evacuation routes.
- ✓ Check emergency exit signs for visibility and lighting.
- ✓ Test emergency lighting.

Life Safety: Grounds and Parking Areas

- ✓ Remove snow from parking areas and walkways as needed.
- ✓ Frequently sand/treat icy areas.
- ✓ Repair uneven surfaces, potholes, cracks.
- ✓ Remove debris.
- ✓ Maintain adequate lighting to minimize shadows; replace burned out bulbs.
- ✓ Install signage to identify parking entrances and exits.

Fall Prevention

- ✓ Closely monitor occupants of waiting areas.
- ✓ Clearly identify wet floors and steps with a warning sign.
- ✓ Seat the patient in a chair in the exam room, not on the exam table, while awaiting the physician. Do not leave a patient alone if they are at risk for a fall.
- ✓ Use chairs and examination tables appropriate to the needs of the patient.
- ✓ Assist unstable patients with accessing the exam table, opening doors or maneuvering through corridors.

Electrical Hazards

- ✓ Keep electrical outlets in good condition.
- ✓ Store electrical cords appropriately to prevent tripping hazards.
- ✓ To maintain child safety, utilize plugs for electrical outlets or install child safe outlets.

Equipment Safety

- ✓ Properly ground equipment.
- ✓ Inspect office equipment for functionality and integrity.

- ✓ Follow manufacturer requirements for safe usage.
- ✓ Secure oxygen cylinders.

Fire Safety

- ✓ Check for signage warning that elevators are not to be used in a fire emergency.
- ✓ Place fire alarms and fire extinguishers in an accessible area.
- ✓ Service fire extinguishers annually.
- ✓ Install No Smoking signage in designated areas.
- ✓ Routinely inspect sprinkler system.

Hazardous Materials

- ✓ Label and store hazardous products in appropriate containers in a locked storeroom.
- ✓ Provide personal protective equipment.

Emergency Preparedness

- ✓ Ensure federal, state and local standards have been met regarding disaster preparations.

Medical Emergency

- ✓ Inspect emergency equipment for accessibility, proper functioning. Resupply at designated intervals and after each use.

III. Education

- ✓ Educate new physicians and staff on safety practices and expectations.
- ✓ Provide annual safety education to physicians and employees.
- ✓ Train physicians and staff on the proper use of equipment and recognition of product hazards.

Medical Mutual's "Practice Tips" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.

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MMA/BOLIM Chronic Pain Project Home Study

*Treating Chronic Pain in Maine:
Improving Outcomes, Recognizing Adverse Effects
of Medications, Preventing Drug-Related Deaths*

Maine physicians and other clinicians struggle to treat chronic pain conditions effectively and compassionately. The task is particularly difficult for primary care providers working in rural areas, who do not have ready access to specialty consultation in chronic pain or addiction medicine. The issue of diversion is perplexing to professionals who have been trained to engage with patients in trusting and healing relationships. This CME offering undertakes to give clinicians useful guidance in both the treatment of chronic pain, including use of opioid medication, along with safeguards to ensure that diversion is kept to a minimum, and issues of addiction, when they co-occur with chronic pain, are recognized and addressed effectively. Due to the generosity of the Board of Licensure in Medicine, there is no cost associated with this course and the Board's funding has recently been continued for an additional year.

This monograph (available at mainemed.com) is estimated to require two hours to read. **The accompanying post-test must be submitted and successfully completed in order to obtain two Category I CME credits.**

The course will be available until October 1, 2011, after which it will be either updated or terminated.

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Human Resources in a Medical Practice

Maine Medical Association
9:00 a.m. – 12:00 p.m.

April 1, 2011

First Fridays:

No April's Fool:

Annual Coding Seminar
Maine Medical Association
9:00 a.m. – 12:00 p.m.

May 6, 2011

First Fridays:

Annual HIPAA Training
Maine Medical Association
9:00 a.m. – 12:00 p.m.

May 18, 2011

20th Annual Practice Education Seminar

Augusta Civic Center,
Augusta, Maine
8:00 a.m. – 4:00 p.m.

June 3, 2011

First Fridays:

Annual Risk-Management Program

Maine Medical Association
9:00 a.m. – 12:00 p.m.

September 2, 2011

First Fridays: Legal

Compliance in the Medical Practice

Maine Medical Association
9:00 a.m. – 12:00 p.m.

October 7, 2011

First Fridays: Topic TBA
Maine Medical Association

9:00 a.m. – 12:00 p.m.

November 4, 2011

First Fridays: Treating Minors in a Medical Practice

Maine Medical Association
9:00 a.m. – 12:00 p.m.

December 2, 2011

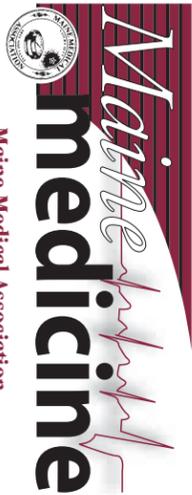
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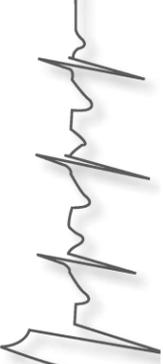
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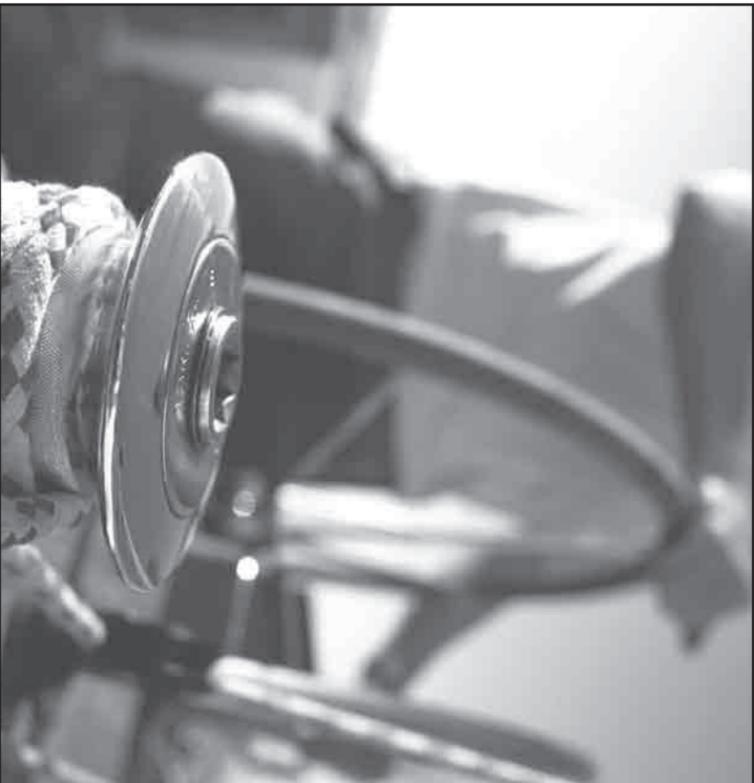
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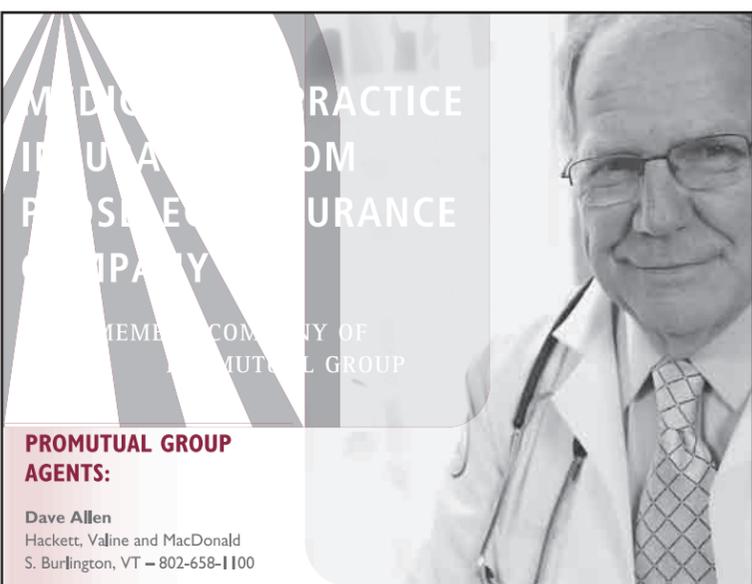
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