In early March, Obama Administration officials and representatives of the Democratic leadership in Congress suggested that they hoped to take action on health care reform before a scheduled 2-week recess on March 29th. With Republican Scott Brown’s election to the U.S. Senate from Massachusetts to fill the late Ted Kennedy’s seat, the path to health care reform now means that the House and Senate would use the so-called “budget reconciliation” process to make changes to the Senate bill in order that the Senate could ultimately enact a bill by simple majority. According to the Congress, the budget reconciliation process has been used 22 times since 1980, 16 times while the Republicans controlled Congress and 6 times while the Democrats were in control. Congressional Republicans continue to insist that President Obama and the Democratic leadership in Congress scrap the entire health care reform effort and to start over, something the President and the Democratic leadership have consistently rejected. President Obama has indicated a willingness to consider four Republican proposals:

- a proposal by Senate Tom Coburn (R-OK) to conduct random investigations of providers receiving reimbursement under the federal health care programs;
- expanded medical malpractice demonstration projects;
- higher Medicaid reimbursement for physicians; and
- permit health savings accounts to be offered through the health insurance exchanges.

This offer was insufficient to bring along Congressional Republicans. The White House continues to report on the status of federal health system reform efforts in the Maine Medicine Weekly Update, published electronically each Monday. If you are not receiving the Weekly Update and would like to, please forward your email address to Lisa Martin at lmartin@mainemed.com.

Governor John Baldacci Receives 2010 Nathan Davis Award from AMA

On March 2nd, during the American Medical Association’s annual National Advocacy Conference, the AMA Board of Trustees honored Maine Governor John E. Baldacci as “Outstanding Governor.” The “Outstanding Governor” is one of several Dr. Nathan Davis Awards for Outstanding Government Service presented each year for exceptional contributions “to promote the art and science of medicine and the betterment of public health.” The AMA nominated the Governor for the award.

Named for the founding member of the AMA, the Dr. Nathan Davis Awards for Outstanding Government Service include:

- Outstanding Governor
- Outstanding Member of the Executive Branch in Career Public Service
- Outstanding Elected Statewide Official
- Outstanding U.S. Representative
- Outstanding State Senator
- Outstanding Career Public Servant at the Local Level
- Outstanding Member of the Executive Branch in Career Military Service
- Outstanding State Representative
- Outstanding Career Public Servant at the State Level

Dora Anne Mills, M.D., MPH, Director of the Maine Center for Disease Control and Prevention is a previous recipient of the award granted for outstanding career public servant at the state level. The Master of Ceremonies for the awards dinner on March 2nd was Dr. Nancy Snyderman, the chief medical editor for NBC News. Dr. Snyderman’s reports appear on Today, NBC Nightly News with Brian Williams, Dateline NBC and MSNBC.

Snyderman has reported on wide-ranging medical topics and has traveled the world extensively, reporting from many of the world’s most troubled areas. She currently is on staff in the department of otolaryngology-head and neck surgery at the University of Pennsylvania.

The awards program for the event included the following biography of Governor Baldacci:

Since his election in 2002, Governor John E. Baldacci has made health, education, and the well-being of Maine citizens his top priority. He has worked toward providing health insurance coverage to all state residents and improving the quality of health care delivered in the state, including successfully leading the effort to redesign and enhance Maine’s public health infrastructure. In addition, he created the Dirigo Health Agency, appointing former AMA President Robert E. McFer, M.D. as its chair. Governor Baldacci also raised tobacco taxes to fund a multi-faceted campaign aimed at reducing tobacco consumption, decreasing youth smoking rates from 40% to 14% since 2002. Prior to serving as governor, Baldacci was elected to the Maine State Senate in 1982 and to the U.S. House of Representatives in 1994. He was re-elected to Congress in 1996, 1998, and 2000, and served as a member of the House Agriculture Committee and the Committee on Transportation and Infrastructure.

During his remarks, Governor Baldacci recognized the individual efforts of Dr. Robert McFer as the founding chair of the Dirigo Health Agency Board and of Dr. Marcella Glaton, the MMA Past President and Augusta ophthalmologist who chaired one of the “health action teams” involved in the development of the Dirigo program and who has served on the Advisory Council on Health Systems Development. The Governor also pointed to the leadership role of the MMA in improving the quality of health care in Maine.

Clockwise: 1) Dr. Snyderman, Governor Baldacci and Rebecca Patchin, M.D. | Chief, AMA Board of Trustees 2) Governor Baldacci with MMA President David McDermott, M.D. | 3) In Senator Scurry’s office, from left, Drs. McDermott, Evans, Senator Scurry, McFer, Glaton, Linder and Mr. Smith
MMA Welcomes Our
free member benefit – call
lmartin@mainemed.com.

Higgins Billing Services, LLC
by fax or email only. It’s a
benefits of membership.

Golf Tournament
Manchester, Maine

Weekly Update
keeps physicians and
their support!

MMA "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.

Medical Mutual Insurance Company of
Maine Risk Management Practice Tip:
Closing Your Practice

Circumstances may lead a physician to end his/her current practice arrangement. A carefully executed departure plan promotes continuity of patient care, avoids allegations of abandonment, and fulfills contractual and regulatory obligations.

Staff
Inform staff three (3) months in advance of closing date.
Outline a severance policy and benefits plan.
Negotiate staff retention if the practice is acquired by another physician.

 Patients
High Risk
Advise each patient with a chronic or complicated medical condition to promptly secure a new physician. Emphasize that his/her medical condition requires ongoing medical attention. This may be done by phone, in person or by letter (registered, return receipt requested).

If notification was done by phone or in-person, send the patient a follow-up letter summarizing the discussion.

Document discussions and place copies of all correspondence in the patient’s medical record.

Insurance
Contact your professional liability insurance carrier to discuss purchasing tail insurance.

Newspaper Advertisement
Publish an announcement several times within a month in area papers serving your patient population. Include the following information:
Office closing date
Last scheduled appointment date
Process to transfer medical records (copy) to another physician
Process to obtain a copy of medical records

Financial Resources:
Hospitals
Medicare
Medicaid
Third-party payers, MCOs, Workers Compensation
Professional Associations
Insurance Companies

Medical Records
Retain the original medical record. Provide a copy to the new physician once a valid, signed authorization form has been received.

Storage of Medical Records
Retained records must be secured, protected from water, fire, insects, etc., and retrievable by authorized persons.

 Destruction of Medical Records
Review your state’s retention requirements. Medical Mutual’s Practice Tip, Medical Record Retention, provides an overview of the standards for ME, NH and VT. When destroying records, disposal must ensure patient confidentiality.

Additional Considerations
Review current contracts with an attorney to ensure compliance with regulatory requirements.

Destroy prescription pads and letterhead after your last appointment.
Discard controlled drugs in accordance with DEA procedures.

Maintain an answering service for 90 days after you close to remind patients of the office closure and to direct them to appropriate care providers.

If a contracted service is utilized for storage or destruction of medical records, obtain a HIPAA business associate agreement.

Resources:
American Medical Association
MMIC Practice Tip, Closing Your Practice - Retirement - Relocation - Selling your practice.

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.

Visit the MMA website at www.mainemed.com

www.mainemed.com
Upcoming at MMA

APRIL 4  4:00pm – 6:00pm  Academic Detailing Work Group
APRIL 7  1:00pm – 2:00pm  Aligning Forces for Quality, Executive Leadership Team
     2:00pm – 4:00pm  Quality Counts Executive Committee
APRIL 9  8:00am – 12:30pm  Home Care Alliance of Maine
APRIL 10  9:00am – noon  Downeast Association of Physician Assistants
APRIL 14  2:00pm – 5:00pm  MMA Executive Committee
APRIL 21  6:00pm – 9:00pm  Maine Association of Psychiatric Physicians
APRIL 26  4:00pm – 6:00pm  Public Health Committee
APRIL 27  2:00pm – 4:00pm  Consumer Education Leadership Team
     2:00pm – 4:00pm  Aligning Forces for Quality, Pressure Ulcer Project Steering Committee
     6:00pm – 9:00pm  Maine Chapter, American Academy of Pediatrics
APRIL 28  9:00am – 11:00am  Patient Centered Medical Home, Conveners
     11:00am – 1:00pm  Patient Centered Medical Home, Work Group
     1:00pm – 3:00pm  Aligning Forces for Quality, Patient Family Leadership Team
APRIL 29  8:30am – 4:00pm  Pathways to Excellence (Maine Health Management Coalition)
MAY 3  4:00pm – 6:00pm  Academic Detailing Work Group
MAY 4  6:00pm – 7:30pm  Kennebec County Medical Society
MAY 5  1:00pm – 2:00pm  Aligning Forces for Quality, Executive Leadership Team
     2:00pm – 5:00pm  Quality Counts Board Meeting
MAY 6  4:00pm – 6:00pm  Committee on Physician Quality
MAY 7  9:00am – noon  First Fridays Educational Presentation
MAY 12  11:30am – 2:00pm  MMA Senior Section
MAY 19  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
MAY 25  2:00pm – 4:00pm  Consumer Education Leadership Team
JUNE 2  2:00pm – 5:00pm  MMA Executive Committee
JUNE 4  9:00am – noon  First Fridays Educational Presentation

Thanks to 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:

Jo Linder, MD
and
Mount Desert Island Hospital

Notes from the EVP

With legislative activities in Washington and Augusta in full swing, this is a busy time for MMA leadership and staff. MMA remains very much engaged in the effort to restore the scheduled reduction in Medicare reimbursement and in the effort to enact comprehensive health system reform. On the state side, we continue to oppose many aspects of the supplemental budget proposal that seeks to cut over $400 million from the budget. Recently, some better news about state revenues and some additional federal funds have mitigated some of the more severe cuts. Legislative leaders still hope to adjourn in early April and at this point, that seems possible. I want to thank Andy MacLean, Kellie Miller and Maureen Ewells for their terrific work this session. I am particularly proud of the fact that we have had a volunteer physician serve as Doctor of the Day virtually every day the legislature was in general session. Additionally the weekly conference calls and budget forums with legislators have been successful as well.

The visit to Washington in early March to attend the ANA’s National Advocacy Conference brought MMA leaders and myself to Capitol Hill at a very critical time. We did meet with each member of Maine's congressional delegation and advocated for a permanent fix to the Medicare payment problem and for comprehensive health system reform. The recognition of Governor Baldacci by the MMA through his receipt of one of the Nathan Dust awards was a highlight of the Conference.

Another recent highlight was the first MMA educational program offered remotely through WebEx. The participants were universally supportive of the effort by MMA to save them travel time and cost. All of our educational offerings will now be available through WebEx. The participants were universally supportive of the effort by MMA to save them travel time and cost. All of our educational offerings will now be available through WebEx.

Upcoming Specialty Society Meetings

APRIL 24, 2010
Hilton Garden Inn – Freeport, ME

Topics in Gastroenterology 2010 Update
MMA Contact: Gail Begin 207-622-3574 ext. 210 or gbegin@mainemed.com

APRIL 29, 2010
Holiday Inn by the Bay – Portland, ME

MMA Association of Psychiatric Physicians General Membership Meeting
MMA Contact: Warren Eldridge 207-622-7743 or weldridge@mainemed.com

APRIL 30, 2010
Holiday Inn by the Bay – Portland, ME

MMA Association of Psychiatric Physicians 2010 Psychiatry Update Educational Sessions
MMA Contact: Warren Eldridge 207-622-7743 or weldridge@mainemed.com

MAY 1-2, 2010
Sunday River – Bethel, ME

American Academy of Pediatrics, Maine Chapter Spring Conference: What you need to know tomorrow to take care of neonates
Contact: Jared Emmons 207-782-0866 or agrdnyetwood@aap.net

MAY 6-7, 2010
Hilton Garden Inn – Freeport, ME

Maine Academy of Family Physicians 18th Annual Family Medicine Update
Contact: Deborah Halbach 207-938-5005

MAY 14, 2010
Harraseeket Inn – Freeport, ME

Maine Society of Eye Physicians and Surgeons Spring Meeting
MMA Contact: Shirley Goggins 207-445-2260 or sgoggins@mainemed.com

JUNE 4-6, 2010
Colony Hotel – Kennebunkport, ME

Maine Chapter of American College of Surgeons 2010 Annual Meeting
Contact: Parker Roberts, MD, FACS 207-761-6642

JUNE 24, 2010
Cabbage Island, ME

Maine Chapter of the American College of Emergency Physicians
Clan and Lobster Bake
Contact: Anna Bragdon 207-441-5989 or mainecep@roadrunner.com

SEPTEMBER 11, 2010
Bar Harbor, ME

Maine Society of Anesthesiologists Fall Business Meeting
Contact: Anna Bragdon 207-441-5989 or maineafb@roadrunner.com

SEPTEMBER 24, 2010
Harborside Hotel & Marina – Bar Harbor, ME

Maine Society of Eye Physicians and Surgeons Fall Business Meeting
To be held in conjunction with the 9th Annual Downeast Ophthalmology Symposium
MMA Contact: Shirley Goggins 207-445-2260 or sgoggins@mainemed.com

SEPTEMBER 24 – 26, 2010
Harborside Hotel & Marina – Bar Harbor, ME

9th Annual Downeast Ophthalmology Symposium
Presented by the Maine Society of Eye Physicians and Surgeons
MMA Contact: Shirley Goggins 207-445-2260 or sgoggins@mainemed.com

OCTOBER 8-10, 2010
Harborside Hotel & Marina – Bar Harbor, ME

ACOG District 1 Meeting
MMA Contact: Diane McAlmon 207-622-3574 ext. 216 or dmcalmon@mainemed.com

OCTOBER 15-17, 2010
Jordan Grand Hotel at Sunday River – Bethel, ME

Maine Chapter of the American College of Physicians Annual Scientific Meeting
MMA Contact: Warren Eldridge 207-622-3574 ext. 227 or weldridge@mainemed.com

Notes from the EVP

Gordon Smith, MMA EVP

With legislative activities in Washington and Augusta in full swing, this is a busy time for MMA leadership and staff. MMA remains very much engaged in the effort to restore the scheduled reduction in Medicare reimbursement and in the effort to enact comprehensive health system reform. On the state side, we continue to oppose many aspects of the supplemental budget proposal that seeks to cut over $400 million from the budget. Recently, some better news about state revenues and some additional federal funds have mitigated some of the more severe cuts. Legislative leaders still hope to adjourn in early April and at this point, that seems possible. I want to thank Andy MacLean, Kellie Miller and Maureen Ewells for their terrific work this session. I am particularly proud of the fact that we have had a volunteer physician serve as Doctor of the Day virtually every day the legislature was in general session. Additionally the weekly conference calls and budget forums with legislators have been successful as well.

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As always, if I can ever be of assistance to you or if you would like to share any thoughts you have regarding MMA and its work, don’t hesitate to give me a call at 622-3574 ext. 212 or shoot me an e-mail to gsmith@mainemed.com.

Looking for E-Prescribing Info?

These online publications from the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) are a good place to start.


Physicians may earn a 2-percent bonus on all 2009 Part B charges if they successfully meet Medicare’s electronic prescribing reporting requirements.
Maine’s Aligning Forces for Quality (AF4Q) Initiative – Part II

Maine’s Aligning Forces for Quality (AF4Q) is the name of a set of statewide improvement efforts that aim to align activities in three key areas that drive improvements in healthcare quality in Maine:

- Engaging consumers to understand that quality matters, quality varies, and people have a role in improving their health care.
- Performance measurement and public reporting of quality data
- Capacity to help healthcare professionals improve the quality of care

In addition, there is also a focus within AF4Q improvement efforts to build nurse leadership, encourage diversity and improve the equity of healthcare.

The organization behind the research and management of AF4Q is the Robert Wood Johnson Foundation (RWJF). Across the country, RWJF is working with 15 AF4Q communities to improve the overall quality of healthcare within their region. We are very fortunate that Quality Counts, in conjunction with the Maine Health Management Coalition and the Maine Quality Forum, were selected to participate. The Maine Medical Association (MMA) has been a supporter of the AF4Q initiative and has a seat on the Quality Counts Board of Directors. For the next two years, Gordon Smith, Esq., Executive Vice President of MMA will serve as Chairman of the Board. Steve Ryan of the Maine Network for Health is the Vice-Chair.

Through a series of articles in this and subsequent e-newsletters, we will explore the key components of the AF4Q effort in Maine, beginning with consumer engagement which was featured in the last Maine Medicine, and now with the topic of diversity.

Low Levels of Serotonin in Brainstem Linked to Sids

In a collaboration with researchers at Children’s Hospital Boston, University of New England professor of pharmacology David Mokler, Ph.D., has played a key role in research that has linked sudden infant death syndrome (SIDS) with low production of serotonin in the brainstem.

The findings, published in the Feb. 3 issue of The Journal of the American Medical Association, may give a concrete approach to identifying babies at risk for SIDS, the leading cause of death for infants between 1 and 12 months old in the United States. Dr. David Mokler, a professor at the University of New England’s College of Osteopathic Medicine, is a contributing author to the paper. The study was supported by the National Institute of Child Health and Human Development.

The results showed that compared with controls, the serotonin levels in the lower brainstem were 26 percent lower in the SIDS cases compared to controls, while the tryptophan hydroxylase (the enzyme that helps make serotonin) levels were 22 percent lower. Levels of binding to serotonin receptors were also lower by more than 50 percent. The consistency and correlation of these findings with each other reinforce the idea that SIDS in the majority of cases is a disorder of serotonin in the brainstem, the researchers say.

The future goal of this work is to devise a test to identify infants with a serotonin brainstem defect early, and to develop preventive treatments that would correct the serotonin deficiency.

Dr. Mokler states, “This research greatly advances our understanding of this devastating syndrome. This paper presents and extends these serotonin deficiencies in the brain; from here, the research will move to other areas, such as investigating the relationship of the serotonin deficiency to the risk factors for SIDS.” While this study provides strong evidence for a biological cause of SIDS, it also shows that other risk factors, such as the baby sleeping on its stomach, alcohol consumption by the mother during pregnancy, and exposure to smoking, can increase the risk. Of the SIDS infants in the current study, 95 percent died with at least one risk factor, and 88 percent died with at least two.

This study was supported by funds from the First Candle/SIDS Alliance, the National Institute of Child Health and Development, and the Developmental Disabilities Research Center at Children’s Hospital Boston.

Citation: Jodie R. Duncan, PhD, David S. Paterson, PhD, Jill M. Hoffman, BS, David J. Mokler, PhD, Natalia S. Borensztajn, MS, Richard A. Belliveau, BA, Henry F. Kroun, MD, Elizabeth A. Hau, BA, Cheryl N. Stavros, MD, Eugene L. Nattie, MD, Felicia L. Trachtenberg, PhD, Hannah C. Kinney, MD. Brainstem serotonin deficiency in Sudden Infant Death Syndrome. JAMA Feb. 3, 2010, Vol. 303, No. 5.

MMA’s Website 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, speaker(s), 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.
Maine’s Public Health Collaboration = Optimizing Public and Private Resources, Lowering Costs and Leveraging Federal Resources to Prevent Disease and Keep People Healthy

“The nine-month incubation period of the Maine Childhood Immunization Program’s new infrastructure.”

Readers may not be aware of LD 1406, An Act to Establish the Universal Childhood Immunization Program workgroup’s dedication, commitment, and tenacity to birth a public-private infrastructure to establish the Maine Vaccine Board. This universal childhood immunization program is established to provide all children from birth through age 18 in the state with access to a uniform set of vaccines as determined and periodically updated by the Maine Vaccine Board. The program is administered by the Maine Department of Health and Human Services for the purpose of optimizing public and private resources and lowering the cost of providing immunizations to children by leveraging the federal CDC contract prices for vaccines. The program costs associated with children covered by assessed entities are funded by assessments paid by health insurance carriers and 3rd party administrators. Any costs associated with children covered by the US Department of Health and Human Services, Centers for Disease Control and Prevention, Vaccines for Children program are the responsibility of the state.

This entire process has been led by Representative Gary Connor (D), Kennebunk, who gathered and inspired a cadre of individuals and associations, by helping all to focus on the end goal—a universal childhood immunization program that (1) ensures all children are given the opportunity to be immunized. (2) ensures a universal set of childhood vaccines are provided, regardless of health insurance coverage, and (3) simplifies the extraordinarily complex process of administering vaccines in the physician’s office. In times of strife, opportunities and people rise to the occasion. The Maine Medical Association’s Public Health Committee, a partner in this process, would like to acknowledge the following groups: Maine Association of Health Plans, Katherine Pellegrino; Anthem BCBS, Kristine Ossenfort; Maine CDC, Peter Smith, PhD; Maine State Chamber of Commerce, Peter Gare; Maine Primary Care Association, Kevin Lewis, Executive Director and Peter Knaus; Public Policy Analyst; MMA and Maine Chapter of the AAF physicians, Syd Sewall, MD and Larry Loory, MD; Maine Osteopathic Association, Angela Westhoff and Health and Human Services Legislative Analyst, Jane Gobert; Norma Drayges, MD and Lani Graham, MD, Co-chairs of the MMA Public Health Committee stated, “we have labored long and hard and have created a shared public health responsibility—an old fashioned idea, about time has come in Maine.”

By the time this article is printed, we sincerely hope that both the Senate and House have voted in favor of LD 1406. Get up to the minute updates at www.mainemed.com/kellermiller (#KellerMiller) of the House and Senate votes, as well as other pertinent public health issues as they unfold!

The strength of the MMA’s Public Health Committee lies in the active pursuit of our goals by our committee members. Below is a brief synopsis of a few of our current public health activities:

- Continuing our advocacy efforts on the Kids Safe Product Act of 2008 final rules.
- Supporting the UNMC/State Center for Public Health Climate Change and Public Health Forum occurring on April 7th. To register go to: http://www.unmc.edu/conferences/climatechange/publichealth.cfm.
- Collaborating with the MMA to conduct a CME program on the topic of Climate Change and Human Health. Dr. Paul Epstein from the Harvard Center for Global Health and the Environment (2007 recipient of the Nobel Peace Prize), has been invited to speak.
- Participating in Health Policy Partners Tobacco Tax Campaign advocacy.
- Sent letters to Senator Collins and Snowe on the Murkowski Amendment to uphold HIPAA Cleaner Air Laws.
- Assisting in the Gubernatorial Candidate Forum at the MMA’s 2010 Annual Session which is focused exclusively on public health issues.
- Hosting by special invitation only, a roundtable dinner discussion with Dr. Vincent Felitti on Adverse Childhood Experiences on June 23rd from 5:30 – 7:30pm at the Maine Medical Association, funded by the Bingham Foundation.

The next meeting of the MMA’s Public Health Committee is scheduled for April 26th, 6pm – 8pm at the MMA office. All members are invited to attend. Webex is also available for those unable to participate in person. If you are interested in participating and you aren’t currently a member of the Public Health Committee, contact Kellie Miller at kmiller@mainemed.com to ensure that you are on the interested parties email list to receive webinar invites and instructions. The focus for the April 26th meeting will be on the National Children’s Study. Dr. Laura Blassel from the MMC Research Institute will provide an overview of this study that will examine the effects of environmental influences on the health and development of 100,000 children across the US, following them from before birth until age 21.

19th Annual Practice Education Seminar: May 19th in Augusta

MMA will hold its 19th Annual Practice Education Seminar at the Augusta Civic Center on Wednesday, May 19, 2010 from 8:30am to 4:00pm. David Howes, M.D., President of Martini’s Point Health Care and Chairman of the Board of HealthInfoNet will be the keynote presenter and the general theme will be, “What is expected of me, as a physician.” Several presenters will address expectations of physicians from the perspective of patients, employers, (business) health plans, the Board of Licensure in Medicine, the legislature and the regulators. Breakout sessions will include sessions on Technology and “meaningful use,” quality improvement and compliance. The latest information on federal health system reform will also be presented, and discussed.

Registration materials will be sent to each practice by early April and registration is available on the MMA website at www.mainemed.com. For more information, call the MMA office at 622-5374 (press “0” and ask for Maureen or Gail).

We’re proud to be the endorsed Pension Advisory Program for the Maine Medical Association.

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• Professional PM (formerly HealthInfoNet)
• Abscriptis® Document Management


Join your colleagues across the country to take this opportunity to talk to others about their future healthcare decisions and encourage them to complete their advance directive!

Studies indicated that most Americans have not exercised their right to make decisions about their healthcare in the event that they cannot speak for themselves. In our business of health care, we know all too well the importance of this information as we care for our clients and their families.

Start at home. If you have not already made these decisions and completed these documents for yourself or your loved ones, please consider doing so. MMA has the Maine Health Care Advance Directive Forms available for all.

According to the Pew Research Center’s study in 2006:

• 71% of Americans have thought about their end-of-life treatment preferences
• 95% had heard of a living will
• 29% had a living will

For more information, go to: www.nationalhealthcare decisionsday.org

Time for a checkup?
Physicians Need Protection Too

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attorneys at law

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Philipp M. Coffin III

Maine Medical page 5
Dr. Masucci found a better way.

After 30 years running a solo pediatric practice, Dr. Peter E. Masucci found a better way to manage his practice. Now, he spends more time with patients than ever and getting paid the money he’s owed — when he’s owed it.

Here’s how he did it.

- Low-cost, web-based, CCHIT-certified software
- A constantly updated, patented database of insurance and clinical rules
- Back-office services to handle your most time-consuming tasks
- A "continuous" model of care for patients who have "burned out" on the traditional model ("played to the last note.

To learn more, please contact Andrew MacLean, Deputy Executive Vice President, at amaclean@mainemed.com.

Visit the MMA website at www.mainemed.com

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Play to the last note.

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.
State Representative Linda Sanborn, M.D. (D, Gorham) is serving her first term in the Maine House of Representatives, having been elected by the voters of District 130 (Part of Buxton and part of Gorham) in November of 2009. She is serving on the Health and Human Services Committee where she has been a strong advocate for public health and quality health care. On the floor of the House, she has been a strong supporter of environmental causes, including the Kid-safe Products Law which sought to protect children's health and the environment from toxic exposure to dangerous chemicals found in everyday products in Maine homes. She also supports "legislation to grant a minimum number of 'sick-days' to Maine employees."

Rep. Sanborn is a family physician who practiced for twenty-five years in Gorham, retiring in 2007. Her practice emphasis was on obstetrics and pediatrics. She is a native of Aurora, Illinois and received her bachelor's degree from Michigan State University and her medical degree from the University of Illinois, Chicago. She completed her residency in family practice at the Edwards Barrues Hospital in Lansing, MI. She has resided in Gorham for nearly twenty years with her husband, Jeffrey and their three sons.

As one of only two physicians currently serving in the Maine legislature, and the only physician in the House (Lisa Marrache, M.D. serves as Assistant Majority Leader in the Senate), Dr. Sanborn plays a pivotal role in the debate of health care issues in Augusta and has brought both knowledge and a passion for health care to the State House.

"We are proud to have Dr. Sanborn as a member of MMA and we have thoroughly enjoyed working with her during her first term," noted Gordon H. Smith, Executive Vice President of MMA. "Her many years of family practice have clearly served her well in her new role and the citizens of District 130 and indeed, all Matters are fortunate to have her among our 186 legislators."
Why do more than 17,000 healthcare professionals choose ProMutual Group as their medical liability insurance provider?

- Financial strength – more than $2.2 billion in net admitted assets and $612 million in policyholder surplus; a Best’s Rating of A- (Excellent) for 13 consecutive years
- Unparalleled experience – more than three decades of service to the healthcare community
- Aggressive claim defense – nearly 73% of cases closed without an indemnity payment; win rate of more than 93% for those that went to a verdict at trial
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SAVING THE DATE

157th MMA Annual Session

September 10th - 12th 2010

Bar Harbor

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.

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, 2010, after which it will be either updated or terminated.