

# Maine medicine



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## White House, Congressional Democrats Hope for Action on Health Care Reform Before Easter Recess

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 must first pass the Senate bill. Then, both 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 Senator 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. MMA continues to report on the status of federal health system reform efforts in *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](mailto: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." MMA 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. McAfee, 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 McAfee as the founding chair of the Dirigo Health Agency Board and of Dr. Maroulla Gleaton, 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.



From the top:  
1) Congressman Mike Micbaud and Governor Baldacci 2) AMA Delegate Richard Evans, M.D. with the Governor and Congresswomen Chellie Pingree 3) NBC medical correspondent Nancy Snyderman, M.D.



Clockwise: 1) Dr. Snyderman, Governor Baldacci and Rebecca Patchin, M.D., Chair, AMA Board of Trustees 2) Governor Baldacci with MMA President David McDermott, M.D. 3) In Senator Snowe's office, from left, Drs. McDermott, Evans, Senator Snowe, McAfee, Gleaton, Linder and Mr. Smith.

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**Annual MMA  
Golf Tournament**

June 7, 2010

11:00 a.m. – 6:00 p.m.

Augusta Country Club  
Manchester, Maine



**Invite a Physician  
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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

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**President's Corner**



David B. McDermott, M.D.,  
President, MMA

I have learned my lesson with respect to predicting Congress. I assured you in my February-March column that we'd have a health bill to address from this Congress. Written before the election of Senator Brown from Massachusetts, that column spoke of the challenges we face as physicians in Maine. We still face those challenges, and now, more than ever, need to work together

to address them.

Although the likelihood of passage of serious reform legislation seems low on the national level, I spent time with Gordon and other MMA leaders meeting with our delegation in Washington during the first week of March. They told us that they want to work on the SGR fix, but likely won't fund more than a short term fix at this time. A permanent solution needs to be integrated into health reform legislation. We talked about the politics of comprehensive reform and the difficult issues with incremental reform efforts, given the inter-connectedness of each element of reform. I remain convinced that the members of our Congressional delegation understand the issues we face as physicians in Maine and are working toward achieving sustainable solutions to those problems.

We need to continue to work to achieve the goals of health reform here in Maine, forging ahead as so many leaders in Maine have done. We understand quality in physician offices and hospital settings better than any other state in the nation, thanks to the work of the Maine Health Management Coalition, the Maine Quality Forum, Quality Counts, the Maine Hospital Association and the Maine Medical Association. At the table at each of these organizations are active members of the MMA, bringing their knowledge, perspective, and urgency to the discussions. A sincere thank you goes out from the MMA to each member engaged in this critical work. It was fitting to see the AMA present the Nathan Davis Award to Governor Baldacci for the leadership role he has filled in Maine over the past eight years for quality and reform in health care (see separate story on front page).

Our members are working across the state to ensure access to quality primary care and specialty services. Many are engaged in the work of the Patient-Centered Medical Home pilot, or paralleling the work they are doing in their own offices. We need to continue to promote the medical home in the context of a healthy medical neighborhood as we work together to make medicine in Maine an effort we find fulfilling and rewarding, at the same time as we work to make sure that every Maine resident has access to our care. If we don't build an environment that energizes us, then it will be that much harder to recruit colleagues to join us and to continue our legacy in future years.

Many of our members have found that service to others in free clinics in Maine, or internationally as we have seen with our members who have served in Haiti since the earthquake there, helps them to keep their focus and remember why they are physicians. I salute these physician leaders as they share the best of Maine with the world.

Finally, I want to speak again about the communications transformation we are working to develop for your medical association. Dr. Paul Klainer heads our technology committee, which is actively working to build member-to-member communications through web-based products; these will remove many of the distance barriers that make Maine seem like a large state. We are a small state when you measure our medical community, and physicians from across the state have personal bonds with others hundreds of miles away, yet the distances can be barriers. With social networking on [www.mymainemed.com](http://www.mymainemed.com) and the new Web-ex technology employed now for all MMA committee meetings, physicians from across the state are closer to one another now than at any time in the past. Join our group Maine Medical Association on LinkedIn®, follow our tweets (@mmapresident) on Twitter®, or build your own blog on [www.mymainemed.com](http://www.mymainemed.com). Stay connected with us and with one another—and invite a colleague who is not a member to join! Our strength across the state is, more than ever, related to the strength of our membership.

As always you can share your thoughts with me at [president@mainemed.com](mailto:president@mainemed.com).

**Visit the MMA website at [www.mainemed.com](http://www.mainemed.com)**

**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.
- Fulfill legal requirements related to employment retirement plans.
- Determine obligations for employees' health insurance coverage.

**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.

**Active**

- Three (3) months prior to closing, send active patients a notification letter and enclose a records release authorization form.
- Place a copy in each 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

**Key Entities to Notify**

- State Licensing Board
- State and Local Medical Societies
- Drug Enforcement Administration (DEA)
- Hospitals
- Associates
- 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

*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.*

## Upcoming at MMA

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

## Upcoming Specialty Society Meetings

<b>APRIL 24, 2010</b>	Hilton Garden Inn – Freeport, ME
<b>Topics in Gastroenterology 2010 Update</b> MMA Contact: Gail Begin 207-622-3374 ext: 210 or gbegin@mainemed.com	
<b>APRIL 29, 2010</b>	Holiday Inn by the Bay - Portland, ME
<b>Maine Association of Psychiatric Physicians General Membership Meeting</b> MMA Contact: Warene Eldridge 207-622-7743 or weldridge@mainemed.com	
<b>APRIL 30, 2010</b>	Holiday Inn by the Bay - Portland, ME
<b>Maine Association of Psychiatric Physicians 2010 Psychiatry Update Educational Sessions</b> MMA Contact: Warene Eldridge 207-622-7743 or weldridge@mainemed.com	
<b>MAY 1-2, 2010</b>	Sunday River – Bethel, ME
<b>American Academy of Pediatrics, Maine Chapter Spring Conference: What you need to know tomorrow to take care of neonates</b> Contact: Aubrie Entwood 207-782-0856 or agridleyentwood@aap.net	
<b>MAY 6-7, 2010</b>	Hilton Garden Inn – Freeport, ME
<b>Maine Academy of Family Physicians 18<sup>th</sup> Annual Family Medicine Update</b> Contact: Deborah Halbach 207-938-5005	
<b>MAY 14, 2010</b>	Harraseeket Inn – Freeport, ME
<b>Maine Society of Eye Physicians and Surgeons Spring Meeting</b> MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com	
<b>JUNE 4-6, 2010</b>	Colony Hotel – Kennebunkport, ME
<b>Maine Chapter of American College of Surgeons 2010 Annual Scientific Meeting</b> Contact: Parker Roberts, MD, FACS 207-761-6642	
<b>JUNE 24, 2010</b>	Cabbage Island, ME
<b>Maine Chapter of the American College of Emergency Physicians Clam and Lobster Bake</b> Contact: Anna Bragdon 207-441-5989 or maineacep@roadrunner.com	
<b>SEPTEMBER 11, 2010</b>	Bar Harbor, ME
<b>Maine Society of Anesthesiologists Fall Business Meeting</b> Contact: Anna Bragdon 207-441-5989 or msainfo@roadrunner.com	
<b>SEPTEMBER 24, 2010</b>	Harborside Hotel & Marina – Bar Harbor, ME
<b>Maine Society of Eye Physicians and Surgeons Fall Business Meeting</b> (To be held in conjunction with the 9 <sup>th</sup> Annual Downeast Ophthalmology Symposium) MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com	
<b>SEPTEMBER 24 - 26, 2010</b>	Harborside Hotel & Marina – Bar Harbor, ME
<b>9<sup>th</sup> Annual Downeast Ophthalmology Symposium</b> (Presented by the Maine Society of Eye Physicians and Surgeons) MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com	
<b>OCTOBER 8-10, 2010</b>	Harborside Hotel & Marina – Bar Harbor, ME
<b>ACOG District 1 Meeting</b> MMA Contact: Diane McMahon 207-622-3374 ext: 216 or dcmahon@mainemed.com	
<b>OCTOBER 15-17, 2010</b>	Jordan Grand Hotel at Sunday River – Bethel, ME
<b>Maine Chapter of the American College of Physicians Annual Scientific Meeting</b> MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com	

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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.

## 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.

1. A Clinician's Guide to Electronic Prescribing (AMA)  
[www.ama-assn.org/ama1/pub/upload/mm/472/electronic-e-prescribing.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/472/electronic-e-prescribing.pdf)
2. Medicare's Practical Guide to the E-Prescribing Incentive Program (CMS)  
[www.cms.hhs.gov/partnerships/downloads/11399.pdf](http://www.cms.hhs.gov/partnerships/downloads/11399.pdf)

Physicians may earn a 2-percent bonus on all 2009 Part B charges if they successfully meet Medicare's electronic prescribing reporting requirements.

## 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*



Gordon Smith, MMA EVP

## 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 Elwell 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 AMA'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 AMA through his receipt of one of the Nathan Davis 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 live or through WebEx. With winter coming to a close, our educational programming and other conferences will accelerate. I hope you will consider attending or sending staff to the 19<sup>th</sup> Annual Practice Education Seminar at the Augusta Civic Center on Wednesday, May 19. This annual seminar gives us a single opportunity each year to share with members and their staffs the information that we think is critical to practicing successfully in Maine today. I hope to see many of you there!

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 622-3374 ext. 212 or shoot me an e-mail to gsmith@mainemed.com.

## 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](http://www.mainemed.com)

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

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

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

## SAVE THE DATE

157<sup>th</sup>  
MMA Annual Session

September  
10<sup>th</sup> -12<sup>th</sup>  
2010  
Bar Harbor



## 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.

## Quality Counts by Lisa M. Letourneau, MD, MPH, Executive Director, Quality Counts



Lisa M. Letourneau, MD, MPH

### Maine's Aligning Forces for Quality (AF4Q) Initiative – Part II

“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.

### Part II : Diversity

While we are working hard within AF4Q to improve the quality of care for all Mainers, we have a special focus on diverse populations based on racial, ethnic, language and income differences.

National research suggests that people with diverse backgrounds don't always receive the same quality of care. We want to develop better mechanisms to measure the quality of care received by diverse populations in Maine, so our first focus is on data collection. AF4Q is working closely with several hospitals and the Maine Hospital Association to provide updated training on collecting diversity data for Maine hospitals, as well as other organizations. Also in 2010, we will be piloting training for physician practices using electronic medical records. The University of New England's Center for Transcultural Health will be helping with these initiatives.

Meanwhile, Central Maine Medical Center and Mercy Hospital are participating in an AF4Q-sponsored national collaborative for participating hospitals to work together to identify, test and assess strategies to provide timely, effective language services to patients with limited English proficiency. The program focuses on how hospital staff can better structure and manage language services programs in order to have effective, efficient and timely communication with patients who speak little English. The hospitals will participate and collaborate through a 'learning network' structure to test new ideas, quantify results and share lessons learned.

As we develop better understandings of the quality of care received by diverse populations, we will incorporate that learning into our ongoing quality improvement initiatives. In that way, we can ensure that over time, all Mainers will have access to equitable quality of healthcare no matter their background.

For more information contact: Ted Rooney RN, MPH, Aligning Forces for Quality Project Leader & Pathways to Excellence Project Leader, Ph: 207-729-4929 Email: [trooney@healthandwork.com](mailto:trooney@healthandwork.com).

## 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 in UNE's College of Osteopathic Medicine, is a contributing author to the paper. UNE graduate Jill Hoffman, College of Arts and Sciences class of 2003, is also a contributing author.

SIDS has been linked to the area of the brain called the brainstem. In the brainstem, serotonin helps to regulate some of the body's involuntary actions, such as breathing, heart rate and blood pressure during sleep. The researchers believe that a low serotonin level impairs the function of the brainstem circuits that regulate these activities, putting a baby at risk for sudden death from stresses such as rebreathing carbon dioxide when sleeping in the face-down position.

Dr. Mokler, who conducts research at the UNE Center for Excellence in the Neurosciences on the Biddeford Campus, is well-known for his research on the serotonin systems of the brain. This research study involved a comparison of brainstem samples from infants dying of SIDS compared to brainstems of infants dying from other, known causes. Dr. Mokler developed a protocol that measures the level of serotonin in the brainstem tissue in the babies who died of SIDS. Tissue samples from the brainstem were obtained from autopsies and provided by research partners at the San Diego County Medical Examiner's Office in California.

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 verifies and extends these serotonin deficiencies in the brain; from here, the research will move to other areas, such as investigating a possible genetic link to unusually low serotonin levels.”

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, CJ Martin Overseas Fellowship, the CJ Murphy Foundation, the National Institute of Child Health and Development, and the Developmental Disabilities Research Center at Children's Hospital Boston.

**Citation:** Jhodie R. Duncan, PhD, David S. Paterson, PhD, Jill M. Hoffman, BS, David J. Mokler, PhD, Natalia S. Borenstein, MS, Richard A. Belliveau, BA, Henry F. Krous, MD, Elisabeth A. Haas, BA, Christina Stanley, MD, Eugene E. Nattie, MD, Felicia L. Trachtenberg, PhD, Hannah C. Kinney, MD. Brainstem serotonergic deficiency in Sudden Infant Death Syndrome. *JAMA* Feb. 3, 2010, Vol. 303, No. 5.



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Kellie Miller, Director of Public Health Policy, MMA

## Public Health Spotlight

**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 1408, *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 3<sup>rd</sup> 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 physicians 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 Pelletreau; Antbem BCBS, Kristine Ossenfort; Maine CDC, Peter Smith, PhD; Maine State Chamber of Commerce, Peter Gore; Maine Primary Care Association, Kevin Lewis, Executive Director and Peter Kraut, Public Policy Analyst; MMA and Maine Chapter of the AAP physicians, Syd Sewall, MD and Larry Losey, MD, Maine Osteopathic Association, Angela Westhoff and Health and Human Services Legislative Analyst, Jane Oberton. Norma Dreyfus, 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, whose 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 1408. Get up to the minute updates at [www.twitter.com/KellieSMiller](http://www.twitter.com/KellieSMiller) (@KellieSMiller) 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 UNE/Maine Center for Public Health's Climate Change and Public Health Forum occurring on April 7<sup>th</sup>. To register go to: <http://www.une.edu/conferences/climatechangeandpublichealth.cfm>.
- Collaborating with the AMA 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 EPA's 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 23<sup>rd</sup> 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 26<sup>th</sup>, 4pm – 6pm 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](mailto:kmiller@mainemed.com) to ensure that you are on the interested parties email listing to receive webinar invites and instructions. The focus for the April 26<sup>th</sup> meeting will be on the National Children's Study. Dr. Laura Blaisdell 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.

## "Your Decisions Matter" National Healthcare Decisions Day, April 16, 2010

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 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.nationalhealthcaredecisionsday.org](http://www.nationalhealthcaredecisionsday.org)

## 19<sup>th</sup> Annual Practice Education Seminar: May 19<sup>th</sup> in Augusta

MMA will hold its 19<sup>th</sup> 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 Martin'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](http://www.mainemed.com). For more information, call the MMA office at 622-3374 (press "0" and ask for Maureen or Gail).



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## Save The Dates! MMA 2010 Events

**April 2, 2010  
First Fridays:  
Annual HIPAA Update**  
Maine Medical Association  
9:00 a.m. – 12:00 p.m.

**May 7, 2010  
First Fridays:  
Risk Management Seminar**  
Maine Medical Association  
9:00 a.m. – 12:00 p.m.

**May 19, 2010  
Annual Practice  
Education Seminar**  
Augusta Civic Center,  
Augusta, Maine  
8:00 a.m. – 4:00 p.m.

**June 4, 2010  
First Fridays:  
Treating Minors in a  
Primary Care Setting in  
conjunction with American  
Academy of Pediatrics**  
Maine Medical Association  
9:00 a.m. – 12:00 p.m.

**June 7, 2010  
Annual MMA Golf  
Tournament**  
Augusta Country Club,  
Manchester, Maine  
11:00 a.m. – 6:00 p.m.

**September 10-12, 2010  
MMA 157<sup>th</sup> Annual Session**  
Harborside Hotel & Marina,  
Bar Harbor, ME

**October 1, 2010  
First Fridays:  
Medical Records  
(Everything You Want to  
Know)**  
Maine Medical Association  
9:00 a.m. – 12:00 p.m.

**November 5, 2010  
First Fridays:  
Compliance Seminar**  
Maine Medical Association  
9:00 a.m. – 12:00 p.m.

**December 3, 2010  
First Fridays:  
Medical Legal Seminar  
(Consent/Capacity  
Documentation)**  
Maine Medical Association  
9:00 a.m. – 12:00 p.m.

## Legislative Update



Andrew MacLean, Esq.

### LEGISLATIVE UPDATE: BUDGET REMAINS UNRESOLVED WITH LESS THAN A MONTH LEFT IN SESSION

The pressure is on Maine legislators to complete their work, including the F.Y. 2010-2011 supplemental budget, L.D. 1671, and adjourn the second session *sine die*. February brought some good news for the State's fiscal situation with an increased revenue projection, thereby reducing the budget gap initially estimated at \$438 million in January. In early March, Governor Baldacci released his "change package" to the supplemental budget with his recommendations to restore some funding to health and human services lines.

As anticipated, the supplemental budget has been the focus of the legislature's attention during this Second Regular Session. After seven years of difficult budgets, the legislature faces some very tough choices in this budget, particularly in the health and human services area. The Health & Human Services Committee has had several meetings with the Appropriations Committee to discuss aspects of the Governor's recommendations rejected by the HHS Committee.

In late February, the State increased its General Fund revenue forecast by \$51 million for the year. This positive news, along with an additional \$27 million from the extension of enhanced Medicaid rates to Medicare "clawback" payments amounts to a \$78 million reduction in the \$408.4 million budget shortfall.

On March 3<sup>rd</sup>, Governor Baldacci released his second "change package" of the session in which he outlined his priorities for restoration of funds to areas of state government he proposed to cut in the original version of L.D. 1671. He proposed to restore \$37 million in health and human services, including increased support for nursing homes, assisted living facilities, disability services, mental health crisis intervention, and home-based services. He also proposes \$13 million in alternative cuts and \$5.3 million in new initiatives. The change package restores little, if any, of the funding cut from acute care services such as hospitals and does not restore the cut for critical access hospital reimbursement from 109% to 101% of costs. You can read the Governor's press release on the budget change package on the web at: <http://www.maine.gov/tools/whatsnew/index.php?topic=Portal+News&id=92820&v=article-2008>. The HHS Committee held work sessions on the change package during the first week in March and was scheduled to have another discussion with the Appropriations Committee during the second week of March. The Appropriations Committee members have been holding partisan caucuses on the budget weekly since mid-February. The legislature hopes to adjourn the second session *sine die* (meaning to adjourn without assigning a day on which to assemble again) prior to the start of the Easter weekend on April 2<sup>nd</sup>.

In addition to the state budget, the following is a list of some of the bills in which the MMA has been involved in the policy debate this year.

- L.D. 1408, *An Act To Establish the Universal Childhood Immunization Program* (unanimous "ought to pass as amended" report from the HHS Committee; expect enactment of this bill carried over from the first session)
- L.D. 1611, *An Act to Ensure Humane Treatment for Special Management Prisoners* (divided report from the Criminal Justice & Public Safety Committee so will go to floor debate)
- L.D. 1617, *An Act Enabling Expedited Partner Therapy* (unanimous "ought

to pass as amended" report from the HHS Committee, with ACOG's suggested amendments; expect enactment)

- L.D. 1620, *An Act to Protect Health Care Consumers from Catastrophic Debt* (bill bans annual and lifetime caps in health insurance policies; divided report along party lines from the Insurance & Financial Services Committee so will go to floor debate)
- L.D. 1672, *An Act to Require a Pharmacist to Provide Prior Notification to and Obtain Consent from the Prescribing Physician before Changing from One Formulation or Manufacturer of an Antiepileptic Drug to Another* (bill submitted on behalf of the American Academy of Neurology; closely divided report from HHS Committee so will go to floor debate)
- L.D. 1687, *Resolve, to Define High-Risk Populations for the Purposes of Hospital Surveillance for Methicillin-resistant Staphylococcus Aureus and to Implement Public Law 2009, Chapter 346* (2 bills on the subject passed just last session; strong majority "ought not to pass" vote from the HHS Committee, but still will be debated on the floor)
- L.D. 1709, *An Act to Enhance Public Awareness of Lyme Disease* (compromise bill eliminated mandated insurance coverage; unanimous "ought to pass as amended" report from Insurance & Financial Services Committee; expect enactment)
- L.D. 1761, *An Act to Authorize a General Fund Bond Issue to Create a New Electronic Medical Records Infrastructure* (unanimous "ought to pass as amended" report from the HHS Committee; now in Appropriations Committee awaiting determination of bond package, if any)
- L.D. 1811, *An Act to Amend the Maine Medical Marijuana Act* (bill includes recommendations from the Committee on the Implementation of the Maine Medical Marijuana Act of which MMA EVP Gordon Smith was a member; scheduled for public hearing March 11<sup>th</sup> with a work session on March 16<sup>th</sup>)

The MMA Legislative Committee, chaired by Bridgton pediatrician Lisa Ryan, D.O., held a successful forum on the state budget situation and its impact on health care and social services on Thursday, February 25<sup>th</sup>. The Committee's guests for the forum included DHHS Commissioner Brenda Harvey, the Department's Director of Legislative & Constituent Services Lucky Hollander, Senators Peter Mills (R) and Lisa Marrache, M.D. (D) from the HHS Committee, Representatives Meredith Strang Burgess (R) and Linda Sanborn, M.D. (D) from the HHS Committee, and Representatives Pat Flood (R) and Lisa Miller (D) from the Appropriations Committee.

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](http://www.mainemed.com). You will find more information about the Maine Legislature, including schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at: <http://janus.state.me.us/legis/>.

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

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\* Dr. Peter E. Masucci participates in athenahealth's National Showcase Client Program. For more information on this program, please visit [www.athenahealth.com/NSC](http://www.athenahealth.com/NSC).



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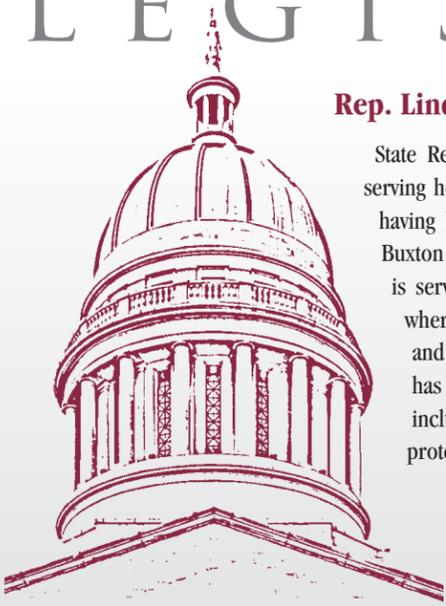


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## Rep. Linda Sanborn, M.D.

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 Barrows 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 Mainers are fortunate to have her among our 186 legislators."



Rep. Linda Sanborn, M.D.

Rep. Sanborn can be reached via e-mail at:  
[RepLinda.Sanborn@legislature.maine.gov](mailto:RepLinda.Sanborn@legislature.maine.gov)

## SAVE THE DATE May 19, 2010 MMA's Annual Practice Education Seminar

### Doctor's Emergency Medical Evacuation Begins in a Wheelbarrow

#### Medical Evacuation Testimonials from Members of MedjetAssist

Imagine being in the jungles of El Salvador and suddenly experiencing chest pains. Dr. Stephen Gleason, Iowa's former Commissioner of Health, was lending his medical expertise to victims of an earthquake, when the crew ran out of water. He suffered heat stroke, which led to heart problems. His colleagues managed to get him out of the remote village via wheelbarrow and boat; however, it was Dr. Gleason's MedjetAssist membership that brought him back home to his family and doctors in Des Moines, IA.

"I always keep my membership card on me," said Dr. Gleason. "I bought it eight years ago after hearing about it through a medical society. I don't think people should travel without it."

MedjetAssist is a worldwide air medical evacuation and consultation service available 24 hours a day, seven days a week. Members are transported to the hospital of their choice, when they are hospitalized more than 150 miles away from home - either in the U.S. or abroad. Unlike many insurance or platinum card plans, MedjetAssist arranges transport for members regardless of medical necessity. This enables the patient to decide where they will receive treatment and gives them the ability to be transported back to family and friends in times of crisis.

The demand for air ambulance service is growing fast. MedjetAssist has a global network of evacuation affiliates and can access medically equipped jets with medical personnel onboard to keep the patient stable during flight. The expense for such flights can be enormous. For Dr. Gleason, a medical evacuation from El Salvador could have cost him as much as \$40,000. Some international flights can even exceed \$120,000. Fortunately for Dr. Gleason, members of MedjetAssist don't pay anything for such flights, as it is covered by their membership.

Travel insurance policies and platinum card benefits can include an air medical transport benefit. In many cases, though, these policies are written so that the coverage is limited to transportation to the "nearest adequate facility." Most often this means transportation, if approved, to a nearby major hospital instead of your home hospital. MedjetAssist members are taken to any hospital, as long as they meet inpatient criteria in a medical facility more than 150 miles away from home.

"I can't say enough about the quality of staff and their attention to detail... and I'm a physician. That says a lot," commented Dr. Gleason.

Just 1300 miles North of El Salvador, another Medjet member found himself in an emergency room in Mazatlan, Mexico. Laurence Sturtz is the chairman of a company that provides live video interpreters in 150 languages and American Sign Language in emergency rooms throughout the U.S. Yet when the English-speaking Sturtz, who has a history of heart problems, found himself in Mexico with medical personnel who only spoke Spanish, he was desperately in need of an interpreter himself.

"I couldn't communicate with them to tell them my history, my wishes, or anything. Pretty ironic isn't it? But then I pulled out my card and told my wife to call MedjetAssist," Sturtz said. Then, he explained, MedjetAssist performed what Sturtz called, "the most precise, clockwork operation I've seen" to get him home to his hospital and physicians. From Mexico, he was flown by dedicated air-ambulance to Mobile, Alabama, where they stopped to clear Customs and refuel. Since the Customs representative in Mobile was familiar with MedjetAssist, the process was expedited. Before he knew it, they were back up in the air and on their way home to Ft. Myers, Florida.

"It's the best investment I've ever made," Sturtz recalls. Sturtz had been a MedjetAssist member for nearly two years when he traveled to Mexico.

Maine Medical Association members can join MedjetAssist at discounted rates starting at \$235 for individuals and \$365 for families. To learn more about MedjetAssist or to enroll, visit [www.medjet.com/MMA](http://www.medjet.com/MMA). You may also call 1-800-527-7478 and mention Maine Medical Association.



### UNE College of Medicine Dean Shares Vision in University Address

University of New England dean of the College of Osteopathic Medicine and vice president for health affairs, Marc B. Hahn, DO, presented his "Dean's Address and Vision" to more than 100 UNE faculty, students and invited guests at UNE's Alford Center for Health Sciences recently.

Citing his creative vision and leadership, UNE President Danielle Ripich, Ph.D., introduced Hahn, stating, "I cannot think of a better person to lead our college."

Hahn served as the Senior Vice President for Health Affairs for the University of North Texas Health Science Center at Fort Worth and the Dean of the Texas College of Osteopathic Medicine prior to joining UNE in September.

Hahn discussed the vital role that Maine's only medical school plays in the region, from its establishment 30 years ago with just 32 students to its status as the primary provider of physicians for the state today.

He shared bold one-year and five-year plans for the college that call for expanded student enrollment, a \$1 million scholarship program, strengthened investment in faculty, staff and research, and establishment of another UNE College of Osteopathic Medicine in either the U.S. or abroad. "We have a model that works, and we have an obligation to grow - logical growth that makes sense for the university, the community, and the states we serve."

Hahn discussed changes to the curriculum that include expanding use of the latest technology such as hands-on simulation, and interdisciplinary training among all UNE health care professionals. He also stressed the benefits of the uniqueness of the osteopathic approach, and the advantages of being a small university with a world-class faculty who can work together and share knowledge among disciplines.

As Maine's largest provider of primary care physicians, Hahn stated, "...we fill a very important void in this region and the state...to get to the next level, we need the commitment of everyone in this room, and in our community."

Dr. Hahn is a member of both the Maine Medical Association and the Maine Osteopathic Association. He was recently named to the Board of Directors of the American Board of Pain Medicine, the specialty board that certifies interdisciplinary pain medicine physicians.



Marc B. Hahn, DO

### Lani Graham, M.D., MPH Named Medical Director of Medical Professional Health Program

Lani Graham, M.D., MPH, of Freeport has been named Medical Director of MMA's Medical Professional Health Program (MPHP). Dr. Graham is a former Director of the Bureau of Health. She is currently serving as Co-Chair of the Maine Chapter of Physicians for Social Responsibility.

The Medical Directorship has been vacant since the resignation of David J. Simmons, M.D. last October. The Program has been re-structured and the position is now part-time and is enhanced with the presence of a clinical director (currently Margaret Palmer, PhD, a psychologist) and a full-time case manager. Catherine Stratton serves the Program ably as Administrative Director.

On January 1, 2010, the Program began providing services to nurses, supported by a contract with the state Board of Nursing. The Program now serves physicians (MD's and DO's), dentists, physician assistants, dental hygienists, pharmacists, dental radiographies, and nurses.

The MPHP is overseen by the MPHP Committee which is chaired by Guy Raymond, M.D., a family physician currently serving as Emergency Medical Services Director at Northern Maine Medical Center in Fort Kent.

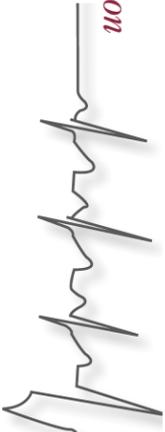


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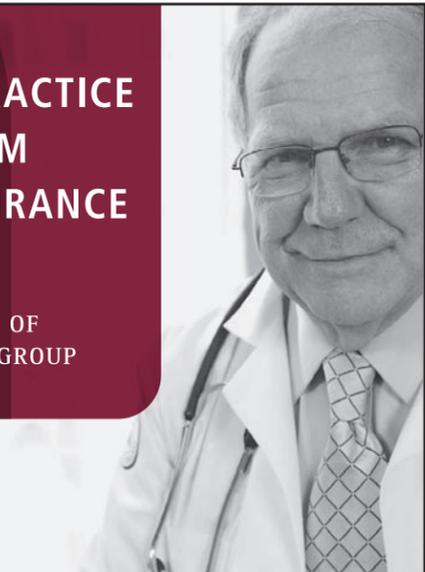
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