125th Legislature Debates Many Healthcare Bills; Join MMA at State House on May 26th

The 125th Legislature is now more than half way through its first regular session. The Maine Medical Association is currently following 282 bills that impact in some way on medical practice or public health, and at this point, most of the bills are still being worked on by the committees of jurisdiction. Every Tuesday night during the session, interested MMA members join Legislative Committee Chair Dr. Lisa Ryan and Deputy EVP Andrew MacLean at 8:00pm to review the legislative documents printed that week and to review legislative action that week. Many thanks to those loyal members who do this important work every week, so that MMA can have a wide variety of input prior to taking a position that not only may impact on the actual course of the legislation, but which also paints a picture over time of what MMA stands for and its priorities. All specialties are also encouraged to participate on the calls in order to inform the Legislative Committee of any specialty interests that members may not otherwise be aware of. This year, pediatrics and psychiatry have been the most active participants and the Association appreciates their input.

In addition to the daily work of MMA advocates and the grassroots involvement of members, two other programs positively impact on MMA advocacy. The biennial Physicians’ Day at the Legislature, being held this year on Thursday, May 26, gives members a first hand view of the legislative process and provides an opportunity to meet with legislative leaders, the Governor and members of the administration. All members are encouraged to attend and each specialty is encouraged to set up an exhibit in the Hall of Flags. The days activities are co-hosted by the Maine Osteopathic Association. The second critical program is the Doctor of the Day program which involves MMA and MOA committing to having a physician available on-site to handle medical emergencies each day the legislature is in general session. Thanks to the many physicians who have served in this capacity. If you have not done so and would like to serve, there are still slots available in May and June and you should contact Maureen Elwell at MMA via e-mail to melwell@mainemed.com.

The major issues this year are shaping up to include a host of regulatory, health insurance and public health issues. As a quick review, the weekly e-mail newsletter, Maine Medicine Weekly Update, reveals bills dealing with prescription drug abuse, medical marijuana, Dirigo Health, health insurance reform, immunizations, certificate of need, insurance mandates, abortion, minors rights to care and workers compensation are keeping MMA advocates very busy. If you wish to be more involved in public policy issues on behalf of your profession and specialty, please contact Andrew MacLean, at amaclean@mainemed.com or EVP Gordon Smith via gsmith@mainemed.com.

May 18th Annual Practice Education Seminar to Feature Your Most Pressing Issues

MMA’s 20th Annual Practice Education Seminar, being held again this year at the Augusta Civic Center, will feature presentations on a number of topics that members say are difficult for them to get their hands around. The program will be held on Wednesday, May 18, 2011 from 8:30 a.m. to 4:30 p.m.

Among the topics are the following:

- Measuring Quality in a physician practice;
- What’s New at Medicare;
- Achieving Meaningful Use in a Meaningful Way;
- Preparing for Accountable Care Organizations;
- Addressing Issues with Elderly Drivers;
- Social Media in Your Practice: Friend or Foe; and
- Preventing Prescription Drug Abuse

Speakers include Insurance Superintendent Mila Koffman, J.D., John Freedman, M.D. of Freedman HealthCare, and Thomas Arnold, Deputy Secretary of State.

Registration materials were mailed in April, but you may also register now on the MMA website at www.mainemed.com.
Medicare Now Covers Preventive Services
Preventive Services – start date of new requirement that Medicare pay 100% of the cost of certain preventive services *(1040)*, Implementation Date: January 1, 2011

**BACKGROUND**
Medicare recipients are no longer required to pay co-pays or co-insurance for preventive services. The government (Medicare) will reimburse the full amount of the preventive service, which means that your medical practice should not collect any co-pays or co-insurance from traditional Medicare Part B patients.

So what are considered preventive services? The specific preventive services covered by Medicare include the following:
- Pneumococcal, influenza and hepatitis B vaccine and administration
- Screening mammography
- Screening pap smear and screening pelvic exam
- Prostate cancer screening tests
- Colorectal cancer screening tests
- Diabetes outpatient self-management training (DSMT)
- Bone mass measurement
- Screening for glaucoma
- Medical nutrition therapy (MNT) services
- Cardiovascular screening blood tests
- Diabetes screening tests
- Elective or planned abdominal aortic aneurysm (AAA)

Additional preventive services identified for coverage through the national coverage determination (NCD) (currently this is limited to HBV testing)

The Affordable Care Act (ACA) waives the deductible and coinsurance/copayment for the preventive services listed above with a recommendation grade of A or B from the United States Preventive Services Task Force (USPSTF). In addition, the ACA waives the deductible and coinsurance/copayment for the Initial Preventive Physical Examination (IPPE) and annual wellness visit.

All preventive services recommended by the USPSTF do not have a grade of A or B. In some cases where they do not have this grade, the deductible and coinsurance may be applied in the usual manner. Other than the waiver of deductibles and coinsurance and copayment that currently applies to all diagnostic clinical laboratory tests.

The following Medicare covered preventive services do not comply with the USPSTF recommendation requirement (that is, the USPSTF does not recommend them with a grade of A or B):
- digital retinal examination provided as a prostate screening service
- DSM, services, and barium enema provided as a colorectal cancer screening service.

However the deductible does not apply to barium enemas provided as colorectal cancer screening tests because colorectal cancer screening tests are explicitly excluded from the deductible under another section of the statute.

**U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATIONS**

A. The USPSTF strongly recommends that clinicians routinely provide the service [the service] to eligible patients. (The USPSTF found good evidence that the service improves important health outcomes and concludes that benefits substantially outweigh harms.)

B. The USPSTF recommends that clinicians routinely provide the service [the service] to eligible patients. (The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.)

C. The USPSTF makes no recommendation for or against routine provision of [the service]. (The USPSTF found at least fair evidence that [the service] can improve health outcomes, but concludes that the balance of benefits and harms is too close to justify a general recommendation.)

D. The USPSTF recommends against routinely providing the service [the service] to asymptomatic patients. (The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.)

E. The USPSTF concludes that the evidence is insufficient for recommending for or against routinely providing [the service]. (Evidence that [the service] is effective is lacking, or patients who do not have the service are not the focus of the review, and the balance of benefits and harms cannot be determined.)

**BEST PRACTICES**
Practices will need to "flag" these services so staff knows not to collect any money from the patient.

**WHAT TO DO**
Medicare recipients are no longer required to pay co-pays or co-insurance for preventive services, for services identified by the USPSTF as a grade A or B. For additional grades, co-pays or co-insurance may need to be waived on another basis. The USPSTF does not apply to barium enemas provided as colorectal cancer screening tests, because colorectal cancer screening tests are explicitly excluded from the deductible under another section of the statute.

Article originally published in Ohio Medicine, published March 2011. Reprinted with permission of the Ohio State Medical Association.

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Gordon H. Smith, Esq.
Sheila Pinette, D.O. Appointed to Lead Maine Center for Disease Control and Prevention

DBBS Commissioner Mary Mayhew on March 31st named Cape Elizabeth physician Sheila Pinette, D.O. as Director of the Maine Center for Disease Control & Prevention. Interim Director Stephen Sears, M.D. M.P.H. is expected to return to his previous position as the State Epidemiologist. An internist who most recently has operated an independent internal medicine practice in Cape Elizabeth, Dr. Pinette graduated from the University of New England College of Osteopathic Medicine in 2000 and completed a residency in internal medicine at the Maine Medical Center in 2005. Prior to medical school, she worked as a physician assistant in Connecticut. She will begin her work in Augusta on May 1st.

The Maine CDC is a division of the Department of Health & Human Services and employs nearly 400 individuals and is responsible for virtually all aspects of public health in the state, including prevention of infectious diseases, food inspections, vaccine administration, and emergency medical response. The Center was responsible for establishing a new public health infrastructure in the state which consists of eight public health districts and is in the process of securing national accreditation for the system. Dr. Pinette follows Dora Jane Mills, M.D., M.P.H. who served 14 years as the Commission’s first Director.

In an interview with the Bangor Daily News following the announcement, Dr. Pinette (Sheila) described herself as conservative and pro-life, but noted that she did not consider herself a political person and that she did not intend to become embroiled in the current abortion bills pending before the state legislature. She stated that she did not believe her personal faith (she serves as a Eucharistic minister at the Saint Bartholomew Catholic Church in Cape Elizabeth) would affect her professional work at the Center. MMA congrats Dr. Pinette on her appointment and will invite her to share her vision for the Center at the May 18, 2011 158th Annual Meeting. The 158th Annual Meeting, Maine Medical Association will be held in conjunction with the MMA’s Annual Session.

Upcoming at MMA

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<tr>
<th>Date</th>
<th>Time</th>
<th>Description</th>
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<tbody>
<tr>
<td>May 9</td>
<td>4:00pm</td>
<td>Medical Professionals Health Program Committee</td>
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<tr>
<td>May 12</td>
<td>4:00pm</td>
<td>MMA Committee on Physician Quality</td>
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<tr>
<td>May 18</td>
<td>9:00am</td>
<td>Coalition to Advance Primary Care</td>
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<tr>
<td>June 1</td>
<td>9:00am</td>
<td>Maine Health Management Coalition</td>
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<td>June 3</td>
<td>9:00am</td>
<td>First Fridays Seminar/Risk Management</td>
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<td>June 6</td>
<td>4:00pm</td>
<td>Academic Detailing Work Group</td>
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<td>June 7</td>
<td>1:00pm</td>
<td>Lifeflight Board Meeting</td>
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<td>June 8</td>
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<td>MMA Public Health Committee</td>
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<td>June 9</td>
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<td>OSC HIT Steering Committee</td>
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<td>June 15</td>
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<td>Coalition to Advance Primary Care; Patient Centered Medical Care, Conveners</td>
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<td>June 16</td>
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<td>Pathways to Excellence (Maine Health Management Coalition)</td>
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<tr>
<td>July 4</td>
<td>4:00pm</td>
<td>Academic Detailing Work Group</td>
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<td>July 6</td>
<td>9:00am</td>
<td>Maine Health Management Coalition</td>
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<td>July 11</td>
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<td>Quality Counts Board</td>
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<td>July 14</td>
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<td>OSC HIT Steering Committee</td>
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<td>July 20</td>
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<td>July 26</td>
<td>6:00pm</td>
<td>ME Chapter American Academy of Pediatrics</td>
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<td>August 1</td>
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<td>Academic Detailing Work Group</td>
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<tr>
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<td>9:00am</td>
<td>Maine Health Management Coalition</td>
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<td>August 10</td>
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<td>OSC HIT Steering Committee</td>
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<td>August 17</td>
<td>9:00am</td>
<td>Coalition to Advance Primary Care; Patient Centered Medical Care, Conveners</td>
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<tr>
<td>August 24</td>
<td>11:30am</td>
<td>MMA Senior Section</td>
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**All MMA Committee Meetings are now being offered through WEBEX**
Collaboration Is Key to Successful Health Care and Health Transformation

In April, more than 500 health professionals from across Maine participated in QC 2011: Creating Accountable Communities of Care. Realizing the Promise of Better Health Care for Maine, the Quality Counts annual conference and best practice college. Susan Denzer, the editor-in-chief of Health Affairs and one of the nation’s most respected health and health policy journalists, shared her views on accountable communities of care from a national, policy-oriented perspective. Dr. Jeffrey Brenner, executive director and founder of Camden Coalition of Healthcare Providers (New Jersey), whose work was profiled in a New Yorker article by Anj Garwade, offered insights from his work on the front lines of an accountable community of care in action.

To hear from these national speakers was both fascinating and inspiring. Brenner, for example, described the high users of health care services with whom he works as “gurus who can help us see where the health care system is broken.” For me, the gems of our annual conference are the many different stakeholders who leave their respective areas of activity in order to come together to share ideas and learn from one another. Through breakout sessions highlighting best practices, we were able to take away strategies for engaging consumers, improving care integration, reducing hospital readmissions, and so much more. What we collectively learned is that now, more than ever before, transformation of health care and health is happening within these areas of activity and providing tangible evidence that achieving patient-centered care that is uniformly high-quality, equitable, and efficient across the state is possible.

One of the keys to success—and one of Maine’s distinct advantages—is the spirit of collaboration. That spirit was animated throughout the day. We were privileged to have national speakers and guests from “away” who spoke about the critical importance of collaboration and who commented again and again about the striking spirit of collaboration that exists in Maine. The award was presented to Frank Johnson and the State Employee Health Commission (SEHC) at a luncheon ceremony.

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No one at QC 2011 said the work of health care transformation was easy, but Maine certainly has a lot of things working in its favor. Regardless of whether our families have been here for six generations or we moved here last week, those of us who call Maine home know that it’s a special place full of people who are willing to roll up their sleeves and get things done. We know change, collaboration, and transformation are all possible, because they are all already happening here in Maine. As we share and demonstrate the results achieved by these successful collaborations, our hope is that they will galvanize Maine’s greater health care and health community and inspire a renewed sense of our collective desire for a state in which every person can enjoy the best of health and have access to patient-centered care that is uniformly high-quality, equitable, and efficient.

We need everyone to be involved in the work of health care transformation and look forward to collaborating with you!
Lyme disease is the most common vector-borne disease in Maine and the second most common of the reportable infectious diseases in Maine. It is time to start tick checks. Ticks may be active any time the temperature is above freezing, and we expect the number of tick bites and therefore cases of Lyme to increase as the weather continues to get warmer. May is Lyme Disease Awareness Month in Maine so remember to educate your patients about ticks and how to avoid exposure.

Although these diseases are not currently endemic in Maine, they are becoming more common either from potential travel to endemic areas or as the climate changes. Lyme disease, Anaplasmosis, Ehrlichiosis, and Tularemia are also tick borne infections carried by ticks other than the deer tick. Babesia and send a PCR.

If you see a patient with “summer flu” especially if their wbc is low—think Anaplasma and Babesia and send a PCR.

Cases can be reported by fax at 1-800-293-7534 or by phone at 1-800-821-5821.

disease) rashes be reported to the state, as well as all positive lab diagnoses for any tick borne disease.

PCR is available for RMSF, but preferred method when testing for Anaplasma, Ehrlichia and Babesia. Babesia and send a PCR.

About 6 months. Consideration of the likelihood and impact of risks leads to discussion of the costs and benefits of proposed solutions. Short-term versus long-term strategies are considered within a well-defined risk environment. In the end, an exercise that started as a compliance requirement will lead to a greater understanding of the business, and a basis for enterprise planning going forward.

Resources:
- Lyme disease case reporting in Maine: For accurate surveillance we need your help. To report a case, please contact the Maine Department of Health and Human Services, Public Health Division, 950 Capitol Street, Room 201, Augusta, ME 04333, 1-800-293-7534.

Dr. David Dixon was the initial instigator and advocate for the medical school partnership

On October 8, Franklin Community Health Network (FCHN) President and CEO Rebecca Ryder proclaimed the former McLean house on the Wilton Road in Farmington as the Dixon House, a residence for third year medical students working at Franklin Memorial Hospital (FMH). Ryder stated that under his guidance as vice president for Medical Staff Affairs and Education, Dr. Dixon was the initial instigator and advocate of Franklin Memorial’s involvement as a rural training site with the Maine Medical Center/ Tufts Medical School partnership.

The medical school partnership is aimed at addressing the severe shortage of physicians in Maine, a shortage heightened in rural areas. Maine students receive preference for 20 of the 36 seats available each year. The third-year program of study focuses on rural and small-town practice.

“This is our future-fight right. I don’t mind being part of that,” said Dr. Dixon after being surprised with the announcement.

The residence, which was recently renovated, serves as living accommodations for students enrolled in the medical school program as they complete their rural practice educational requirements. The house is connected to the hospital campus by a serene walkway, about 100 yards in length, that winds its way among the stately pine trees.

As stated in a prepared remark by Senator Olympia Snowe that was read to the audience by Diane Jackson, regional representative for Representative Snowe, “Maine is running low on general care practitioners. Doctors are more likely to practice medicine near where they undertook their residencies and programs that bring more medical students into the community are a positive step.”

“This residence will serve as a ‘home away from home’ for future medical students. Through teamwork and partnership, the future for rural primary care medicine is strengthened and a little brighter today,” said Gerald Cayer, FCHN executive vice president prior to a light-hearted partnership drill to demonstrate teamwork. “People coming together and working as a team is the essential ingredient in a strong partnership.”

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Legislative Update

**LEGISLATIVE UPDATE: GOVERNOR LEPAGE & HIS ADMINISTRATION SEEK PRO-BUSINESS TONE, BUT MESSAGE DILUTED BY DISTRACTIONS**

Beginning with his "Red Tape Audits" around the state after inauguration, Governor LePage has sought a pro-business agenda, but he has struggled to articulate clear and achievable goals in furtherance of that agenda and his message has been diluted by political distractions - including a dispute with the NAACP about its advocacy role and an invitation to a Martin Luther King holiday event - off-hand comments about the Kids Safe Products Act and Bipartisan A (BPA); chastising the legislature for a lack of action, a comment that reveals a lack of understanding of the legislative process; and, more recently, the financial troubles and resignation of Administration spokesman Dan Demeritt. A conservative shift in the composition of the 125th Legislature is evident in the nature of bills introduced: threats of vaccine, actual violence or gun regulation, bills aimed at limiting the influence of the federal government in state affairs and divided committee votes on bills (minority rights to health care treatment and anti-immunization) that have not been seriously debated in the past. When the legislature returns from a break during the school vacation week (April 18 – 21), it will still have a full plate as it works to complete negotiations on a biennial budget (L.D. 1043) and to process most of its substantive bills by its statutory adjournment date of June 15, 2011.

Throughout the first several months of the year, the LePage Administration has continued to fill cabinet posts and other key policymaking appointed positions, including the appointment of former Maine Hospital Association Vice President Mary Mahew as Commissioner of Human Services and Sheila Pistone, D.O. as Director of the Maine Centers for Disease Prevention & Control (Maine CDC). The partisan composition of the 151 House members of the 125th Legislature is 78 Republicans, 72 Democrats, and 1 Unenrolled. The House includes 50 new members, 35 of whom are Republicans, 14 are Democrats, and 1 is Unenrolled. Included among the 35 Senate members of the 125th Legislature are 20 Republicans, 14 Democrats, and 1 Unenrolled. The Senate includes 14 new members, 8 who moved from the House, 1 who served previously in the Senate, and 5 who were appointed by the governor.

As is common during the First Regular Session of each legislature, members have been focused on budget issues for much of the first half of the session. In January, the legislature enacted a FY 2011 supplemental budget (L.D. 100) to ensure a balanced budget for the rest of the current fiscal year ending June 30, 2011. In L.D. 100, Governor LePage fulfilled a campaign promise to Maine hospitals by making a substantial payment towards reducing the State's MaineCare debt. Beginning in early February, the Appropriations Committee began public hearings on Governor LePage's proposed supplemental budget for the next two state fiscal years beginning July 1, 2011 (the FY 2012-2013 biennial budget, L.D. 1043). The Governor's proposed budget addresses a structural gap of approximately $800 million by shifting money from the Fund for a Healthy Maine, by restricting eligibility for MaineCare and other welfare benefits, and by amending the public employee retirement system. The biennial budget remains in work sessions in the Appropriations Committee during the third week of April. The legislature recently enacted a second supplemental budget (L.D. 1572), again to ensure a balanced budget for the current fiscal year and to address a funding shortfall mostly in the health and human services area. You can find current budget materials on the legislature's web site at: http://www.maine.gov/legisl/ ofpr/appropriations_committees_materials/index.htm

Because of the focus on budget matters, legislative committees have considered and reported out relatively few bills, particularly those dealing with health care policy. Still, the MMA is tracking nearly 300 bills printed and referred to committees at this point in the session with more being referred each day the legislature is in session. The following are some of the key health care policy debates in which the MMA has been involved to date:

- The “regulatory reform” initiative (L.D. 1);
- Maintaining Maine’s “primary enforcement” seat belt law (L.D. 64);
- Opposing the legalization of fireworks (L.D. 83);
- Opposing the sale of health insurance across state lines (L.D.s 226, 455, 473, 645, 1162, and 1200);
- Relocating the certificate-of-need law (L.D.s 360, 581, and 582);
- Protecting the mental health parity law (L.D. 364);
- Supporting passage of the Bipartisan A (BPA) rule of the DEP (L.D. 412);
- Encouraging payment reform initiatives (L.D. 540);
- Opposing efforts to repeal laws governing minors’ rights to confidential health care treatment (L.Ds 31 and 746);
- Opposing anti-immunization bills (L.Ds 694 and 941);
- Supporting efforts to prevent cyberbullying (L.D. 980);
- Prohibiting so-called “most favored nation” clauses in health insurance carrier provider agreements (L.D. 1222).

You can find the MMA’s testimony on many of these issues on the MMA web site at: http://www.mainemed.com/legislation/testimony/index.php.

Before the end of this legislative session, anticipated on or about June 15th, the MMA expects to face many more health care bills addressing important issues such as establishment of an insurance exchange and other aspects of implementation of the Affordable Care Act (ACA); health insurance regulation; abortion; obesity; physical education, and other public health legislative experience.

To find more information about the MMA’s advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA web site, www.mainemed.com. You will find more information about the Maine Legislature, including schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at: http://www.maine.gov/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.

- Send the termination letter certified mail, return receipt requested.
- If the certified letter is returned, resend it in a plain envelope.
- Document the termination process in the patient's record. Include copies of letters, receipts and referrals.
- Advise staff not to schedule the patient after the termination effective date.
- For complex situations, consult with your professional liability insurance carrier or an attorney.

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<th>V. PHYSICIAN ON CALL TO THE EMERGENCY DEPARTMENT (ED)</th>
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| When a physician is on ED call, the physician must respond to requests to treat a patient even if the patient has been terminated from the 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. MMC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.

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**Medical Mutual Insurance Company of Maine Risk Management Practice Tip: Termination of the Physician/Patient Relationship**

A physician’s improper termination of the physician-patient relationship may put the physician at risk for a claim of abandonment. Following the guidelines below may mitigate this risk.

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**I. POLICY**

- Identify common causes of termination such as non-payment, excessive missed or canceled follow-up appointments, failure to follow agreed upon treatment plan and the refusal of a patient to maintain acceptable behavior.
- Formalize your termination process in a policy and procedure.
- Provide all patients (active and new) with the MMA’s “Termination Policy and Procedure.”
- Include an authorization for release of medical records.
- A statement that the office will facilitate a transfer of care during the transfer period.
- Notification that the relationship is being terminated.
- Stating the reason for termination in the letter.
- Consequences of forgoing continued care.
- The need for ongoing care and the physician’s opinion on further care.
- The transfer period is not more than 30 days.
- Include copies of letters, receipts and referrals.
- Advise staff not to schedule the patient after the termination effective date.
- For complex situations, consult with your professional liability insurance carrier or an attorney.

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**II. CONSIDERATIONS**

- Don’t act hastily in making a decision, try to salvage the relationship.
- For “patient noncompliance,” facilitate a face-to-face conversation with the patient to clearly communicate expectations.
- Clarify any misunderstanding (MD) misperceptions. Develop a documented, mutually agreeable plan.
- Review the patient’s medical record to determine if the documentation supports termination.
- Review managed care contacts to determine if termination is permitted.
- For disabled patients or those in a protected class, consult an attorney before terminating.
- cauliflower, violence, rape or other sexual criminal acts may necessitate verbal and immediate termination. Follow-up with a termination letter.
- Do not terminate if:
  - Similar medical care is not locally available.
  - The patient is urgent, emergent or is being treated for an acute condition requiring continuous care.

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**III. PROCESS**

- Author a termination letter signed by the physician that contains the following:
  - Notification that the relationship is being terminated.
  - Identification of the physician’s name.
  - Identification of the institution.
  - Identification of the patient’s health plan.
  - Identification of the patient’s name.
  - Stating the reason for the termination in the letter is optional.
  - If stated, the reason should be clear, concise, and objective.
  - A deadline: Thirty days is a general guideline; longer may be necessary based on patient circumstances.
  - Clarification that the physician is available to provide care during the transfer period.
  - Resources to assist in locating another physician.
  - Need for ongoing care and the consequences of forgoing continued care and treatment (as appropriate).
  - A statement that the office will facilitate a transfer of records at the patient’s request.
  - Include an authorization for release of records.
  - The need for ongoing care and the physician’s opinion on further care.
  - The transfer period is not more than 30 days.
  - Include copies of letters, receipts and referrals.
  - Advise staff not to schedule the patient after the termination effective date.
  - For complex situations, consult with your professional liability insurance carrier or an attorney.

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**IV. PHYSICIAN ON CALL TO THE EMERGENCY DEPARTMENT (ED)**

- When a physician is on ED call, the physician must respond to requests to treat a patient even if the patient has been terminated from the practice.

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For more information, go to http://www.mainemed.com/mds_care/mdg_care_index.html.

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**MaineCare Managed Care Postponed**

The Maine Department of Health & Human Services (DHHS) announced at their February Managed Care Stakeholders’ Meeting that plans to move MaineCare to a managed care program have been put on hold indefinitely. DHHS had planned to issue an “RFP” for managed care companies across the US to respond with proposals to manage the care of Maine’s population on Medicaid. Over 250,000 Mainers currently receive some coverage from DHHS.

DHHS Commissioner Mary Mahew said that the administration wants to explore all of the options in the market instead of simply proceeding with the previous administration’s program approach. She could not say what the range of “options” included or when the process would be resumed, if at all. Managed care companies had been active in Maine over the past few months seeking provider participation in contracts that would have positioned them to respond to the MaineCare RFP. Activities of these companies are being suspended until further guidance from DHHS is forthcoming.

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Subscribe to MMA’s Maine Medicine Weekly Update

Each Monday, Maine Medicine Weekly Update keeps physicians and practice managers in the loop with breaking news by email only. It’s a free member benefit – call 622-3374 to subscribe.
Who We Are: Quality Counts is a regional health care collaborative committed to improving health and healthcare for the people of Maine by leading, collaborating, and aligning improvement efforts. Formed in 2003 and incorporated in 2006, QC provides leadership, advocacy and support for improving care. QC works through a broad group of stakeholders to coordinate disparate efforts to support local, patient-centered care and the resources that support them. Its goals are to improve health, promote consistent delivery of high-quality care, improve access to care, and contain healthcare costs.

Our Mission: Quality Counts is transforming health and healthcare in Maine by leading, collaborating, and aligning improvement efforts.

Our Vision: Through the active engagement and alignment of people, communities and healthcare partners, every person in Maine will enjoy the best of health and have access to patient centered care that is uniformly high quality, equitable, and efficient.

Strategic Priorities of Quality Counts include the following:

1. Further increase system alignment to uniform health and healthcare delivery
2. Promote a sustainable system of quality improvement assistance to all providers in Maine
3. Foster meaningful consumer engagement in transforming health and healthcare in Maine
4. Promote integration of behavioral and physical health care
5. Assure the organizational success and sustainability of QC needed to meet our mission

What We Do: Improve Quality – We develop community-wide programs to improve and sustain equitable, high-quality health care in Maine that closely involves the patient – the kind of care patients and doctors want.

Promote Public Reporting of Performance – We encourage providers to publicly report their performance based on nationally accepted, standardized health care measures, including patients’ experiences.

Engage Consumers – We encourage people to take an active role in their own health care, from understanding their conditions and the available treatments to making decisions based on comparisons of local health care providers, to understanding new developments in care.

Share Information – We foster opportunities to discuss and learn about better managing chronic illness, creating stronger relationships between doctors and patients and living healthier lifestyles.

Getting Involved: Members of Quality Counts are part of a nationally recognized initiative that is making great strides in improving health for the people of Maine. Quality Counts provides an impartial forum where diverse stakeholders in health and health care throughout Maine can exchange views and share ideas in an open and unbiased environment. QC Members have a voice in health care reform on the local, state and national levels and enjoy access to professional development and networking opportunities as well as nationally renowned health care experts.

Join Us: To learn more about our work, or to see a list of our Members and information on membership, visit www.mainecountss.org.

Background and History: A diverse group of stakeholders, including health care providers, employers, payers and policy-makers joined in fall 2003 to promote improved quality, decreasing disparities in health care disparities and engaging nurse leaders to improve quality. Now as one of 17 AF4Q grantees nationwide, QC has an opportunity to apply for continued and additional funding to expand AF4Q activities even more widely to align our efforts with emerging payment reform, HIE, and national health reform initiatives.

In 2008, QC secured additional funding from AF4Q to expand its efforts to support hospitals in improving quality, decreasing disparities in health care disparities and engaging nurse leaders to improve quality. Now as one of 17 AF4Q grantees nationwide, QC has an opportunity to apply for continued and additional funding to expand AF4Q activities even more widely to align our efforts with emerging payment reform, HIE, and national health reform initiatives.

Quality Counts is an IRS-approved 501(c)3 organization incorporated in the state of Maine. Organizations and individuals in the state interested in improving chronic illness prevention and care and willing to commit to supporting QC are invited to join. Member organizations annually elect a voluntary board of directors that oversees QC. Members have a voice in QC governance, support the organization with an annual dues payment, and are encouraged to participate in QC activities.

Funding: The activities of Quality Counts are supported by contributions from its Members, sponsorships, contracts, and grants.

Quality Counts! Measurably Improving Health and Healthcare for Maine

Website Can Help Your Patients Make Decisions, Obtain Information About New Health Care Law

Patients need simple, straightforward information about provisions of the new health care law, the Affordable Care Act, and now there is a new, reliable source you can direct them to for help.

A coalition of some of the nation’s most trusted organizations – representing consumers, patients, physicians, nurses, pharmacists and hospitals – has launched HealthCareandYou.org to help Americans aware of the site, to include giving presentations at regional and local events.

“HealthCareandYou.org is a critical resource for patients to quickly access valuable information about the health care law and how it affects them,” said AMA President Cecil B. Wilson, M.D. “Our physician members look forward to working with our coalition partners to make this important information available to Americans.”

Visit the website at www.HealthCareandYou.org, then recommend it to your patients when they ask you questions about the law.

Apothecary by Design is on a mission to change the face of pharmacy. We’re uniquely focused on, well, the practice of pharmacy. Apothecary by Design is built around the forgotten notion that patients don’t just need prescriptions filled; they need attention, advice and individualized care. Likewise, health care practitioners need a pharmacy resource that understands their needs, supports their practice and skillfully coordinates patient care. Of course, we offer all the usual services you’ve come to expect from a pharmacy. But at our pharmacy, you’ll find specialty pharmacy services, prescription compounding for customized needs, and an experienced clinical team with advanced training in nutrition, women’s health, organ transplant, hepatitis C, and other complex disease states. Come visit us in person or online to see how we can help.

Providers Can Meet Meaningful Use with Services from the MEREC

The MEREC is pleased to announce that EHR vendors athenahealth, Ingenix, and e-MDs, as well as EHR implementation support provider Concardiant, are now supported in the MEREC program. A multi-stakeholder advisory group underwent an extensive selection process to evaluate and compare candidates’ products, services and pricing structures. In addition to discounted EHR products and services, all enrolled providers receive eight hours of care quality coaching support services through our partner Quality Counts, connection to Maine’s statewide health information exchange, and access to low interest loans to these services through the Maine Health Access Foundation and the Finance Authority of Maine. To enroll in the MEREC program or learn more about eligibility and services, contact Gemma Cannon at 541-9250, ext 214 or gcanon@merec.org and visit our website at http://www.merectomy.org/REC.html.
Dr. Masucci found a better way.

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

Dr. Peter E. Masucci* participates in athenahealth’s National Showcase Client Program. For more information on this program, please visit www.athenahealth.com/NSC.

Save the Date: May 26, 2011

Physicians Day at the Legislature