

Maine medicine



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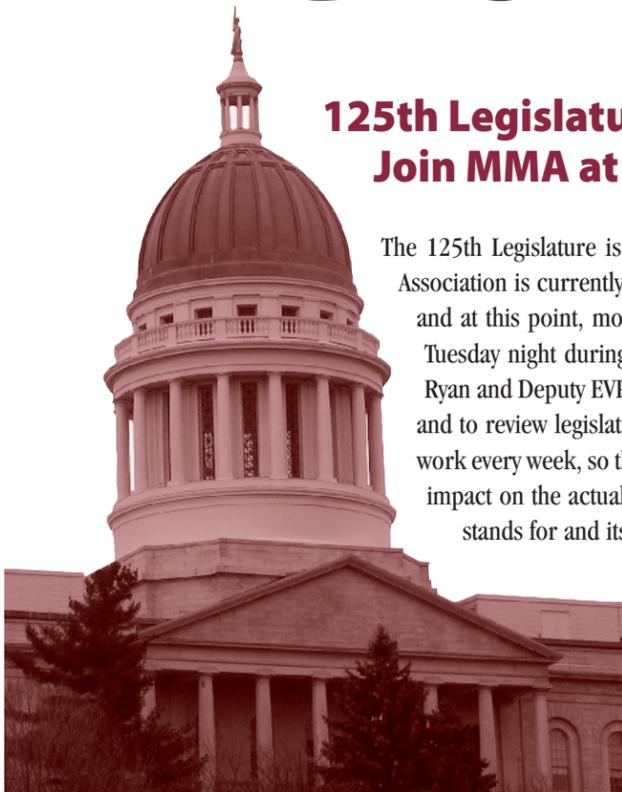
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125th Legislature Debates Many Healthcare Bills; Join MMA at State House on May 26th



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.

SAVE THE DATE

**Monday
June 6th
2011**

8th Annual MMA Golf Tournament at the Augusta Country Club



Maine Health Management Coalition Launches New Website

At a state house news conference April 12, 2011, the Maine Health Management Coalition announced the creation of a new website intended to compare both physicians and hospitals based upon nationally and locally accepted standards of care. **GetBetterMaine.Org** hopes to drive improvements in quality and to engage patients in the effort. The effort is voluntary and no physician or hospital is required to submit data to the Coalition for the site.

The Maine Health Management Coalition (MHMC) is a purchaser-led partnership among multiple stakeholders working collaboratively to maximize improvement in the value of health care services delivered to MHMC members, employees, and dependents. The Coalition is made up of large employers, hospitals, large medical practices, and insurers and has been publishing health care data since 2004. The new website replaces a site formerly used by the Coalition Foundation to publicize quality ratings.

GetBetterMaine.Org is a project of the Coalition's Foundation, the Maine Quality Forum, and Maine Quality Counts, with additional funding provided by the Maine Health Access Foundation and the Robert Wood Johnson Foundation.

The website lists providers in two groups: hospitals and physician practices. A user enters his or her zip code and indicates how far he or she is willing to travel from home. The site then lists the number of hospitals or physician practices within the designated area. Hospitals are then rated for Effectiveness, Safety, and Patient Satisfaction for certain medical conditions like heart attack care, health failure care, pneumonia etc. For physician practices, the practice is rated on different medical conditions like heart disease care or diabetic care in the same categories as hospitals.

The web site will be regularly updated as additional medical conditions are added. The Foundation also plans to begin to introduce cost information later this year.

For more information, see www.GetBetterMaine.org.

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.



Mila Koffman, J.D.



John Freedman, M.D.

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.

Michael Parker, MD
Mary Walsh, DO
Coastal Women's Healthcare
Pen Bay Medical Center
Pines Health

Attend the EHR Educational Events For Critical Access Hospitals and Primary Care Providers

Maine Regional Extension Center (MRECE), in partnership with *Quality Counts*, will be hosting the second in a series of free regional forums about electronic health records, meaningful use and related federal and state incentive programs. The forums are specifically targeted for primary care providers and staff of small independent practices as well as clinical and administrative staff in Maine's rural and critical access hospitals. The events will include a panel of health information technology experts, both local and national, a specific discussion on the integration of HIT in the patient centered medical home, and as group breakout sessions focused on using EHRs (inpatient and outpatient) to improve health care quality and outcomes, reduce costs and ultimately achieve federal meaningful use requirements. Hope to see you at one of the following events.

Franklin Memorial Hospital
Tues, May 10, 1:30-5:30pm

Mt. Desert Island Hospital
Wed, May 11, 2-6pm

Mayo Hospital
Wed, May 25, 2-6pm

Goodall Hospital
Wed, Jun 1, 2-6pm

Register online at
http://www.hinonet.org/rec_news.html
or by calling Maria Stevenson
at 207-541-9250, ext 201.

President's Corner



Jo Linder, M.D.
President, MMA

What does it mean to be a member of the medical profession? Physicians in our great state came together to form the Maine Medical Association nearly 160 years ago to help answer that question, on April 28, 1853 to be exact. Over the past decade members and staff of our Maine Medical Association have worked to bring the organization into the 21st century. A strategic planning process led us to the following statements that help guide us every day:

Mission Statement: To support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens

Big Audacious Goal: To be the premier healthcare organization recognized by all physicians and the public as the leader and the voice of the physician community.

Vivid Descriptions: 1) The MMA will be an expert on healthcare systems, delivery and reform for Maine. 2) The MMA will be recognized as an expert on healthcare, healthcare delivery and potential healthcare threats to the citizens of Maine. 3) Each and every physician will feel an individual connection with the MMA. 4) The MMA will be viewed by its membership as the best advocate and voice for all Maine physicians. 5) The MMA inspires us to be the very best physician we can be; and provides assistance daily, to help us reach that goal.

We are the recognized premier healthcare organization serving as the voice of physician's advocating for our members and our patients on many important health policy issues. If you need evidence, please read this issue's column by Gordon Smith, EVP/CEO where he describes a typical week of MMA activities.

As one of our Congressional representatives reminded us all at our 2010 annual session, "when a doctor speaks, people listen." It's important to recognize that you are a critical part of MMA's voice. When you contact your elected officials or write an editorial letter or Op-Ed piece, when you serve on the Board of Licensure in Medicine or other state board or committee, when you participate in a review of your peers or present a CME program, your voice is a reflection of the MMA. There will be times when our members see a different side to an issue or present differing points of view. It is better to have healthy discourse and bring non-confirming information to the table than to criticize from the sidelines. Being a member of the medical profession requires respect for our colleagues, for our healthcare team members, and especially for our patients. Being a member of your professional organization, MMA provides opportunities for you to make a difference as a physician. Ultimately, we all strive to be the very best we can be with our eyes focused on advancing the quality of medicine in Maine and advancing the health of all Maine citizens. You can reach me via email: president@mainemed.com.

Notes from the EVP



Gordon H. Smith, Esq.

As I write this regular column, MMA and the legislature have just wrapped up the busiest week of the year, to date. The legislature was particularly busy as the members sought to get out of town for the Patriot's Day break. As the work so far has been dominated by the budget, there are still hundreds of bills to be discussed and voted upon between now and the statutory adjournment date of June 15. When the legislature returns from this break, there are some days where we will face hearings on more than a dozen bills in three or four different committees of jurisdiction. If you are interested in public policy, I encourage you to join our weekly Tuesday night conference calls (8:00pm) during which MMA's position is established on all the legislation impacting physician practice, healthcare delivery and public health. The call also provides an opportunity for the specialty societies to weigh in on issues of particular interest to their specialty. Many thanks to those of you already participating on the calls on a regular basis and to Lisa Ryan, D.O., Maureen Elwell and Andy MacLean, Esq. who do the heavy lifting in preparation for the calls.

On the MMA side, we just finished up a three day period during which we had meetings of the Executive Committee, the Operations Committee, the Public Health Committee, the Committee for Tomorrow (formerly the Long-term Development Committee), the Committee on Membership and Member Benefits and the Committee on Physician Quality. Any voluntary membership Association is only as strong as the interest and participation of its members and leadership and I am incredibly impressed with the time donated by our members to lead this Association and to participate in a meaningful way in its governance. Despite obligations to patients and family and the general busyness of our lives, hundreds of Maine physicians choose to be involved in MMA and its activities. We could not be more proud.

This time of year, one of my responsibilities I most enjoy when I am able to do it is meeting our Doctor of the Day at the State House. Many of these physicians I have not met previously and I learn a lot about what is happening around Maine by listening to their stories. Just two days ago, I met an internist in independent, solo practice who proclaimed that he loved his practice, that he felt that now was the easiest it had ever been to manage it (partly because of the growth of hospitalists) and that he was very grateful for his work and the opportunity it afforded him to spend time at his children's events during the day. I didn't even need to ask whether he thought there was a future in solo practice, I could tell by the smile on his face that he did. I had a similar conversation over a wonderful dinner with some members up in northern Penobscot county earlier in the week. So much for conventional wisdom.

So let me close with this thought. The Maine Medical Association mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens. Whether a physician chooses to practice in an employment setting or to work independently, we will be there to assist in whatever way we can. And we will do so enthusiastically and with a smile on our face. I can be reached at: gsmith@mainemed.com or 207-622-3374 ext. 212. Have a great day.

Medicare Now Covers Preventive Services

Preventive Services – start date of new requirement that Medicare pay 100% of the cost of certain preventive services (4104). 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
- Ultrasound screening for abdominal aortic aneurysm (AAA)
- Additional preventive services identified for coverage through the national coverage determination (NCD) (currently this is limited to HIV 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 by 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 waived on another basis, such as the waiver of deductible and coinsurance 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 rectal examination provided as a prostate screening service, DSMT 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 preventive services [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] 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] 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 to recommend for or against routinely providing [the service]. (Evidence that [the service] is effective is lacking, or poor quality, or conflicting 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, such as the waiver of deductible and coinsurance that currently applies to all diagnostic clinical laboratory tests. Practices will need to adjust their collections process for patients to ensure they are not collecting fees for these services provided.

Upcoming Specialty Society Meetings

MAY 13-15, 2011 Harborside Hotel – Bar Harbor, ME
American Academy of Pediatrics, Maine Chapter
Adolescent Medicine Mega Meeting in conjunction with NNERPA and an Eating Disorders Workshop
 Contact: Aubrie Entwood 207-782-0856 or agridleyentwood@aap.net

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

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

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

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

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

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

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

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



Sheila Pinette, D.O.

DHHS 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 2003. 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 disease, 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 Anne Mills, M.D., M.P.H. who served 14 years as the Director prior to resigning late last year.

In announcing the appointment, Commissioner Mayhew cited Dr. Pinette's "well-rounded professional experience, commitment to public health, and her knowledge of the health care system."

Dr. Pinette moved to Maine in 1989 with her husband, Michael Pinette, M.D., a native of Aroostook County and Director of the maternal-fetal medical program at the Maine Medical Center.

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 anti-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 congratulates Dr. Pinette on her appointment and will invite her to share her vision for the Center at the May 18, 2011 *20th Annual Physician Practice Education Seminar* at the Augusta Civic Center.

Upcoming at MMA

May 9 4:00pm – 7:00pm Medical Professionals Health Program Committee
 May 12 4:00pm – 6:00pm MMA Committee on Physician Quality
 May 18 9:00am – 11:00am Coalition to Advance Primary Care
 11:00am – 1:00pm Patient Centered Medical Home, Working Group
 1:00pm – 4:00pm Aligning Forces for Quality, Patient Family Leadership Team

June 1 9:00am – 12:00pm Maine Health Management Coalition
 2:00pm – 5:00pm MMA Executive Committee

June 3 9:00am – 12:00pm First Fridays Seminar/Risk Management

June 6 4:00pm – 6:00pm Academic Detailing Work Group

June 7 1:00pm – 4:00pm Lifeflight Board Meeting

June 8 4:00pm – 6:00pm MMA Public Health Committee

June 9 1:00pm – 3:00pm OSC HIT Steering Committee

June 15 9:00am – 11:00am Patient Centered Medical Home, Conveners
 11:00am – 1:00pm Patient Centered Medical Home, Working Group
 1:00pm – 4:00pm Aligning Forces for Quality, Patient Family Leadership Team

June 16 8:30am - 4:00pm Pathways to Excellence (Maine Health Management Coalition)

July 4 4:00pm – 6:00pm Academic Detailing Work Group

July 6 9:00am – 12:00pm Maine Health Management Coalition
 1:00pm – 2:00pm Aligning Forces for Quality, Executive Leadership Team
 2:00pm – 5:00pm Quality Counts Board

July 11 4:00pm – 7:00pm Medical Professionals Health Program Committee

July 14 1:00pm – 3:00pm OSC HIT Steering Committee
 4:00pm – 6:00pm MMA Committee on Physician Quality

July 20 9:00am – 11:00am Coalition to Advance Primary Care
 11:00am – 1:00pm Patient Centered Medical Home, Working Group
 1:00pm – 4:00pm Aligning Forces for Quality, Patient Family Leadership Team

July 26 6:00pm – 9:00pm ME Chapter American Academy of Pediatrics

August 1 4:00pm – 6:00pm Academic Detailing Work Group

August 3 9:00am – 12:00pm Maine Health Management Coalition
 2:00pm – 5:00pm MMA Executive Committee

August 10 4:00pm – 6:00pm MMA Public Health Committee

August 11 1:00pm – 3:00pm OSC HIT Steering Committee

August 17 9:00am – 11:00am Patient Centered Medical Home, Conveners
 11:00am – 1:00pm Patient Centered Medical Home, Working Group
 1:00pm – 4:00pm Aligning Forces for Quality, Patient Family Leadership Team

August 24 11:30am – 2:00pm MMA Senior Section

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

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



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.

SAVE the DATE

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

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

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Time for a checkup?

Physicians Need Protection Too

Licensing Issues
 Employment Agreements
 Estate Planning

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Maine Tobacco HelpLine Referral Form Simplified

The Partnership for a Tobacco-Free Maine's Maine Tobacco HelpLine recently simplified its referral form for providers who wish to refer patients interested in quitting tobacco. The new form can be found at <http://www.tobaccofreemaine.org/channels/providers/documents/MTHLFaxReferral.PDF>

and can now be emailed or faxed to the HelpLine!

The Maine Tobacco HelpLine has a proven track record of providing high-quality telephonic tobacco counseling by trained specialists. Long-term abstinence rates for tobacco users who have received HelpLine services have consistently been between 25-35%. These rates are 20-30% higher than those quitting on their own. Free nicotine replacement therapy is also available to eligible callers.

Providers who use the approach of recommending their patients call the HelpLine will see that about 3-4% of their patients will make that call. On the other hand, providers who use the approach of proactively referring (either via fax or email) will see that HelpLine staff are able to reach 50% of those referred.

If your practice would like a free, in-office educational session to learn more about the Maine Tobacco HelpLine services, please contact Sarah Gagne at gagnes@mainehealth.org or 662-4795.

Invite a Physician to Join MMA

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

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

MMA Welcomes Our Newest Corporate Affiliates:

MBA Healthgroup
Merchant Warehouse

We appreciate their support!



Lisa M. Letourneau, M.D., MPH

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

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 (QC) annual conference and best practice college. Susan Dentzer, 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 Atul Gawande, 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 "gems 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 and palpable 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.

Maine's spirit of collaboration was perhaps most evident in the introduction and presentation of the *Quality Counts* Quality Improvement Leadership Award. This annual award was initiated to recognize outstanding efforts and to distinguish leaders who have been dedicated to advancing health care quality, provided an example for others to follow, and raised awareness of QC's commitment to transform health care quality. The award was presented to Frank Johnson and the State Employee Health Commission (SEHC) at a lunchtime ceremony.

Johnson is Executive Director of the Office of Employee Health and Benefits for the State of Maine and responsible for managing the state employee group health plan with approximately 40,000 covered lives. He also is an ex-officio member and advisor to SEHC, a twenty-four member labor/management organization that serves as trustees to the group health plan.

What's most significant about the efforts of Johnson and SEHC truly is their spirit of collaboration. Their innovative leadership has helped to create the business case for quality improvement for hospitals and physician practices in the state. In addition, they have promoted value-based purchasing and consumer engagement. As a group, they made the decision to work to achieve quality health care, not only for those within the group health plan, but for all Maine people. They declined to make special arrangements for their group only, and they used quality and cost ratings based on the providers' total population, to ensure that the quality of care would improve for everyone.

This extraordinary leadership is unparalleled in Maine and in the nation. The cooperative, community-minded approach of Johnson and SEHC paved the way for entry into a pilot project with MaineGeneral Health to introduce an accountable care organization model to promote payment reform. Again and again across the country, Maine is held up as an example of what is possible in terms of health care transformation, because of the collaboration among Johnson and SEHC, which led in turn to partnership with MaineGeneral Health.

Other exemplary team efforts are currently happening all across the state. All of the other *Quality Counts* Quality Improvement Leadership Award nominees -- John Baker, MD, and Newport Family Practice; Neil Korsen, MD, MSc, Medical Director, Mental Health Integration Program, MaineHealth; Maine Association of Psychiatric Physicians; and Penobscot Community Health Care--represent extraordinary efforts, by individuals and organizations that traditionally operate independently of others, to come together to solve some of Maine's most pressing health and health care challenges.

In addition, many of the breakout sessions offered at QC 2011 reflect cooperative efforts that have had a much larger impact than would have been the case if only one individual or organization had made the attempt. The content of all of the breakout sessions has been posted online at www.mainequalitycounts.org to provide ideas and insights and serve as a resource for information and support.

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!

MMA/BOLIM Chronic Pain Project Home Study

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

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

This monograph (available at mainemed.com) is estimated to require two hours to read. **The accompanying post-test must be submitted and successfully completed in order to obtain two Category I CME credits. The course will be available until October 1, 2011, after which it will be either updated or terminated.**

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HIPAA/HITECH Changes and the Physician Practice

By Jeff Mansir, CISA, Manager, IT Consulting

Subtitle D of the *Health Information Technology for Economic and Clinical Health Act*, known colloquially as "HITECH," extends the Privacy and Security Provisions of HIPAA, previously applicable only to covered entities, to the business associates of covered entities as well. The targeted goal for both HIPAA and HITECH is to effectively reduce risks and vulnerabilities to a "reasonable and appropriate" level – a vague and subjective term which begs further consideration.

A useful method for assessing the "reasonableness," "appropriateness," and "effectiveness" of a HIPAA/HITECH program is to formulate a focused risk assessment based on the framework provided by the HIPAA Security and Privacy rules. While HIPAA guidelines provide discourse on the expected outcomes from an effective program perspective, they do not give clear guidance to an entity. A risk assessment provided by a third-party consultant can provide the discipline necessary to objectively assess the entity against reasonable and appropriate standards by focusing on a few critical aspects of the plan: risk, design of controls, and effectiveness of the controls in place.

RISK

Risk can be defined as a function of potential impact and likelihood of an event. By crafting a risk assessment plan of attack, essential tools are provided to think through the "what-if" scenarios that yield insight into the true risks faced by the organization. A third-party consultant can provide a useful assessment of potential risks and their impact, while management can best assess the likelihood of the scenario. Risk is best assessed collaboratively, combining the external view with internal knowledge of operations.

DESIGN OF CONTROLS

Once risks are defined, a review of policies, procedures, and process yield the controls in place that "effectively" mitigate risks to a "reasonable and appropriate" standard. Management is best situated to identify the processes in place, and the consultant can help identify the controls inherent to these processes. Not all controls exist as a neat checklist; the consultant can help recognize the processes in place that mitigate risk – including those that management may have overlooked.

EFFECTIVENESS OF CONTROLS

Just as not all controls exist as a checklist, not all checklists are controls. Locked doors can be bypassed by propping them open, and system access controls can be circumvented by printing PHI to paper. By designing tests of controls, the consultant can detect instances in which management assertions about controls are not accurate, or not functioning as designed.

A well-designed risk assessment will likely leave the entity with more questions than answers. 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.



Stephen D. Sears, M.D.

From the State Epidemiologist

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

TICK ME OFF Ticks are back in Maine

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.

The most common tick in Maine is *Ixodes scapularis* (the deer tick). This tick can carry not only Lyme disease, but also Babesia and Anaplasma phagocytophilia, two emerging tick borne infections in Maine. Cases of all three diseases are on the rise in Maine. Rocky Mountain Spotted Fever (RMSF), Ehrlichiosis, and Tularemia are also tick borne infections carried by ticks other than the deer tick. Although these diseases are not currently endemic in Maine, they are becoming more common either through travel or local acquisition. Most infections of tick borne diseases occur during the summer months. If you see a patient with "summer flu" especially if their wbc is low—think Anaplasma and Babesia and send a PCR.

Testing is available for all tick borne diseases. Two tier antibody testing including western blot for both IgG and IgM is recommended for Lyme disease testing. Polymerase Chain Reaction (PCR) is the preferred method when testing for Anaplasma, Ehrlichia and Babesia. PCR is available for RMSF, but is generally unreliable for blood samples. RMSF and Tularemia can be tested by serology, but should always include both acute and convalescent testing.

All tick borne diseases are reportable in the state of Maine. For accurate surveillance we need all cases of tick born disease reported. We request that all diagnosed erythema migrans (early lyme disease) rashes be reported to the state, as well as all positive lab diagnoses for any tick borne disease. Cases can be reported by fax at 1-800-293-7534 or by phone at 1-800-821-5821.

Resources:

- IDSA treatment guidelines available at <http://cid.oxfordjournals.org/content/43/9/1089.full>
- Lyme disease case report form available on the web at <http://www.maine.gov/dhhs/boh/ddc/epi/vector-borne/lyme/index.shtml#resourcephysicians>
- "Tick-Borne Disease in Maine: A Physicians Reference Manual" is available online at <http://www.maine.gov/dhhs/boh/ddc/epi/vector-borne/index.shtml> under Resources. Paper copies can be requested through disease.reporting@maine.gov

Medical School Residence Named in Honor of Local Doctor

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



David Dixon, M.D. and Senator Susan Collins

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 right here. 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 Senator 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 lighthearted 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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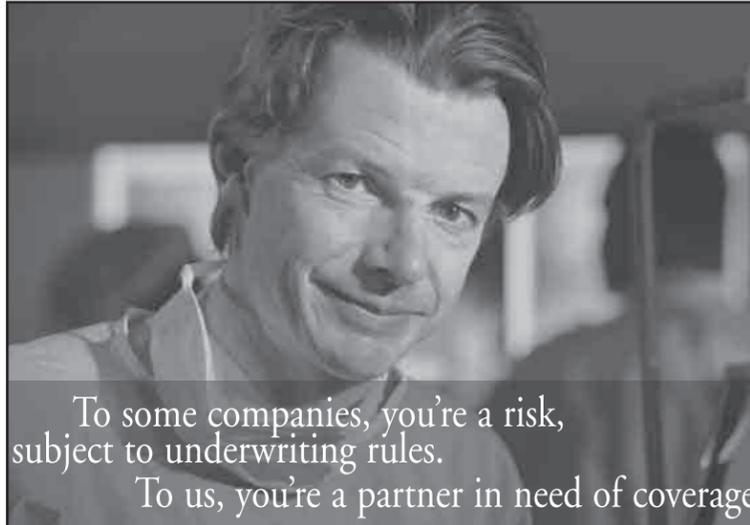
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MaineCare Managed Care Postponed

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 MaineCare.

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.

For more information, go to http://www.maine.gov/dhhs/oms/mgd_care/mgd_care_index.html.

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Andrew MacLean, Esq.

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-band comments about the Kids Safe Products Act and Bisphenol-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 submitted (more abortion and other "family values" bills, numerous bills to relax gun regulation, bills aimed at limiting the influence of the federal government in state affairs) and divided committee votes on bills (minors' 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 – 22), it will have a very 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 Mayhew as Commissioner of Human Services and Sheila Pinette, 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 have no prior legislative experience.

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 biennial 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. 1372), 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/legis/ofpr/appropriations_committee/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 printed 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);
- Relaxing 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 Bisphenol-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.D.s 31 and 746);
- Opposing anti-immunization bills (L.D. 694 and 941);
- Supporting efforts to prevent cyberbullying (L.D. 980); and
- 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 matters; health information technology initiatives; and efforts to curb workers' compensation spending.

During the legislative session, the MMA staff provides links to bills for review and comment, updates on the legislature's work, and calls-to-action through our weekly electronic newsletter, *Maine Medicine Weekly Update*.

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



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.

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 termination policy.

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 or misperceptions. Develop a documented mutually agreeable plan.
- Review the patient 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.
- Threats of violence, actual violence or 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.

III. PROCESS:

- Author a termination letter signed by the patient's physician that contains the following:
 - Notification that the relationship is being terminated. In a group practice, specify if the termination involves only one or all physicians in the practice.
 - Stating the reason for 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.
 - The 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.

- 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 refusals.
- 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.

IV. PATIENT DISMISSES A PHYSICIAN

- Send a letter to the patient confirming that the relationship has been terminated.

V. 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.

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.

Who We Are:

Quality Counts is a regional healthcare 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 transform health and healthcare
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
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.mainequalitycounts.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 care for chronic illness. This group planned and conducted *Quality Counts* conferences in December 2003, April 2004, December 2005, December 2006, December 2007 and April 2009.

These statewide conferences initially introduced the Chronic Care Model as a systems-based model

for managing chronic illnesses better and provided examples of Maine doctors and hospitals tailoring their care to serve specific populations and using information systems to improve care. The conferences also forged collaborations between providers, employers and insurers to speed broader adoption of the Care Model in Maine.

In April 2006 *Quality Counts* incorporated as an independent not-for-profit corporation supported by membership contributions, contracts and grants.

In 2007, *Quality Counts*, with the Maine Health Management Coalition and the Maine Quality Forum, was selected as the lead agency for the Robert Wood Johnson Foundation's *Aligning Forces for Quality* (AF4Q) initiative in Maine. The initiative seeks to create transformative change in health care by aligning efforts related to performance measurement and public reporting, quality-improvement assistance to providers and consumer engagement on the use of quality data.

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, HIT, and national health reform initiatives.

Structure:

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 volunteer 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.

Register for these seminars at www.mainemed.com

May 18, 2011
20th Annual Practice Education Seminar
Augusta Civic Center,
Augusta, Maine
8:00 a.m. – 4:00 p.m.

June 3, 2011
First Fridays:
Annual Risk-Management Program
Maine Medical Association
9:00 a.m. – 12:00 p.m.

September 2, 2011
First Fridays: Legal Compliance in the Medical Practice
Maine Medical Association
9:00 a.m. – 12:00 p.m.

October 7, 2011
First Fridays: Topic TBA
Maine Medical Association
9:00 a.m. – 12:00 p.m.

November 4, 2011
First Fridays: Treating Minors in a Medical Practice
Maine Medical Association
9:00 a.m. – 12:00 p.m.

December 2, 2011
First Fridays:
Supervising Mid-Levels
Maine Medical Association
9:00 a.m. – 12:00 p.m.

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 Concordant, 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 core 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 gcannon@hinfonet.org and visit our website at <http://www.hinfonet.org/REC.html>.

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 a comprehensive online resource called HealthCareandYou.org.

The website provides tailored information for users, including what provisions of the Affordable Care Act are in effect now and those scheduled to take place in the future. The content will reflect any updates to the law made at the federal or state level.

Your patients will find up-to-date facts about the law, a timeline of when provisions take effect and a state-by-state listing of health coverage options

available to them. Coalition organizations will be making sustained efforts to make 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.



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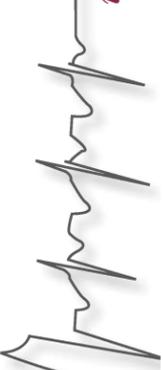
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Dr. Masucci found a better way.

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

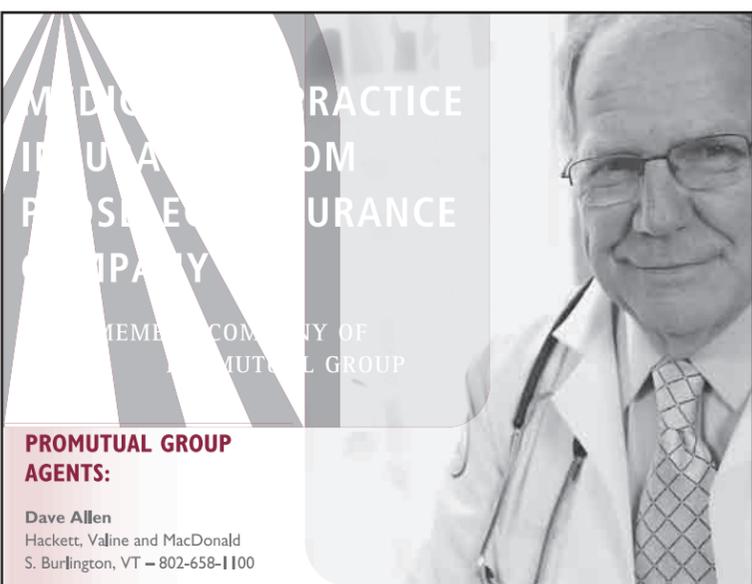
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* Dr. Peter E. Masucci participates in athenahealth's National Showcase Client Program. For more information on this program, please visit www.athenahealth.com/NSC.



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