MAY/JUNE 2006

Maine medicine

In this issue...

Volunteering in Botswana Orphanage

By Laurel Coleman, M.D.

Laurel Coleman, M.D. in Botswana with special friend.

The HIV/AIDS crisis in Africa is so profound, it is hard to comprehend. Twenty-five million people died of AIDS worldwide in 2004, and most of those deaths were in Africa. The numbers of those infected are so overwhelming that they almost paralyze us. How can we do anything to help fight this terrible plague?

Like most of you, I was saddened by this devastation, but didn't think I could do anything other than donate money to charities working in Africa. Then I heard about a very progressive orphan care program in Botswana that sparked my interest – maybe I could do something more.

Botswana has one of the highest rates of HIV infection, with nearly 40% of adults infected. This translates into nearly 90,000 orphans in a country of 1.7 million people. Dula Sentle Orphan Center (which means "stay well" in the local language) was started by a man and his wife who promised their dying neighbor that they would help care for her 3 children when she died. They currently serve 130 orphans in their town of 2,500 people.

When I began communicating with the director, we decided I could help by connecting American kids with AIDS orphans from Dula Sentle in a "friendship program" much like penpals. These new relationships would help support the orphans emotionally and raise awareness of

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Join Your Colleagues September 8-10 for Annual Session

Medicine in Extreme Environments will be the topic of the Association's 153rd Annual Session to be held in St. Andrews by the Sea in New Brunswick, Canada. The beautiful Fairmont Algonquin Hotel will provide the setting for the meeting which begins with a luncheon on Friday, September 8. The keynote speaker is former NASA astronaut Story Musgrave, M.D. who has been on all five shuttles and is one of NASA's most popular speakers. The closing Keynote address on Sunday morning will be by Donald Palmisano, M.D., J.D. who is a former President of the American Medical Association. A native of Louisiana, Dr. Palmisano was instrumental in the Katrina relief efforts immediately after the storm. Six hours of CME will be presented on the general topic of medicine in extreme environments with specific topics including relief missions (Katrina, Pakistan and tsunami relief) and high altitude medicine, deep sea diving and wilderness medicine. In addition to CME, the Association's annual membership meeting will be held on Saturday morning and the annual banquet, with awards presentations, will be held on Saturday evening. The annual road race, golf and tennis opportunities and other recreational opportunities (such as kayaking) will also be available.

Registration materials have been mailed to each MMA member. This promises to be one of the best MMA meetings ever. Please consider joining your colleagues, have a family oriented weekend and participate in the governance of your association.

MAINE MEDICAL
ASSOCIATION

30 Association Drive
P.O. Box 190
Manchester, ME 04351
207-622-3374
1-800-772-0815
Fax: 207-622-3332
info@mainemed.com
www.mainemed.com

NEWSLETTER EDITOR
Richard A. Evans, M.D.
207-564-0715
Fax: 207-564-0717
raevans95@earthlink.net

PRESIDENT
Jacob Gerritsen, M.D.
207-236-6070
Fax: 207-236-0038
jacobg@adelphia.net

PRESIDENT-ELECT
Kevin Flanigan, M.D.
207-487-9244
Fax: 207-487-2834
flanmansvpc@pol.net

EXECUTIVE VICE PRESIDENT
Gordon H. Smith, Esq.
207-622-3374
Fax: 207-622-3332
gsmith@mainemed.com

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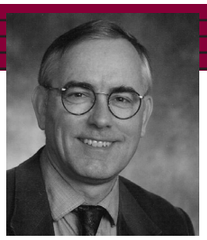
President's Corner



Jacob Gerritsen, M.D., President, MMA

One of the more pleasant aspects of being your president is the ability to attend annual sessions of other New England medical societies. On the weekend of May 13th, I attended the annual session of the Massachusetts Medical Society, the very same weekend that saw record amounts of rainfall, with, it seemed, our hotel as its epicenter! Fortunately the educational session was excellent with no need to brave the elements and leave the hotel. The topic was one dear to our heart; the theme of the weekend being, "Patient Safety is Teamwork."

The educational program had as one of its speakers Dr. Thomas Lee, who is the Network President at Partners Health Care system in greater Boston, a large multi-hospital consortium. The system has 500,000 managed care patients. The doctors in the system have a quality improvement contract with the hospitals such that if they meet a certain set of quality criteria by 2010, they will receive a 6 million dollar bonus collectively. Dr. Lee estimates it will take 100 million dollars to get it done and that it will involve a lot of pain for all involved before the required re-engineering of the system is complete.

One of his points was as follows: Medicine today is in a Nash Equilibrium (after Nobel Prize winner John Nash from: "A Beautiful Mind"): *Multiple parties frozen in their relationships because no party can change its strategies while the other parties keep their strategies unchanged. The only way out of a Nash equilibrium is when pain of the status quo for multiple parties exceeds the fear of the unknown.*

It is Dr. Lee's contention that this is the situation in medicine today and that this pain of the status quo is the only reason Massachusetts was recently able to pass its comprehensive health care legislation. It includes as one of it's cornerstones something this association has been advocating since 2003 in our White Paper on Health System Reform; mandating that everyone purchase health care insurance and creating an affordable system that makes this possible.

Another speaker was Jeffrey Cooper, Phd from the Center for Medical Simulation in Cambridge. He interviewed a panelist surgeon who couldn't attend the conference because of rescheduled surgery and with the wonders of interactive TV did so live. We could see the operating room suite on the projection screen and talk with the surgical staff about their case while they were operating. It soon became clear that they were operating on the wrong knee and at that point I finally realized I was watching an incredibly realistic simulation!! Fascinating. This was a vivid example of what team work is not.

You may recall that our MMA Executive Committee in 2004 identified the issue of quality improvement as the number one priority for our organization.

We are all familiar with the 1999 IOM study, *To Err is Human: Building a Safer Health System*. It concluded that tens of thousands of Americans die each year as a result of preventable mistakes in their care and laid out a comprehensive strategy by which government, health care providers, industry, and consumers can reduce medical errors.

So how are we doing with all this?

MMA and MOA are working together in a spirit of cooperation with Dirigo's Quality Forum and recently were awarded a grant from the Forum to offer confidential self-assessments for primary care practices across the state. The same grant helps pay for staff for the Quality Counts! learning network, to encourage practices to adopt the planned care model of care for their patients.

MMA is encouraging practices around the state to take advantage of a state law that provides that any office-based quality improvement program and its findings are protected from discovery, if conducted under the auspices of the state medical society.

Dr. Gerritsen with Insurance Superintendent Alessandro Iuppa.

We are also working closely with the Maine Hospital Association Quality Council and recently endorsed a joint project to encourage patients to prepare a list of their medications and to carry it on their person.

The march towards improving quality is in its infancy and we in Maine are also in the process of finding out that it's a painful but necessary process.

Please consider joining me at the 153rd Annual Session in September! Comments and questions are, as always, welcome at jacobg@adelphia.net or 236-6070.

Maine Quality Forum Contracts with MMA/MOA for Practice Self-Assessments

The Maine Medical Association has received a contract from the Maine Quality Forum to fund a Project involving the confidential assessment of primary care practices. The Project will assess a series of metrics in 50 primary care practices over the next year. The metrics themselves will be selected by a physician advisory committee, following recommendations of a physician consultant to the project. The consultant is Lisa Letourneau, M.D., MPH, who has a wealth of experience in quality improvement.

The Maine Osteopathic Association is partnering with MMA on the project and a Project Manager will be hired within the next 60 days. The assessments will be conducted by a health professional and there will be no cost to the practice. While any primary care practice can volunteer to be assessed, the target audience are those practices not presently affiliated with a hospital system or a PHO. Practices not currently reporting to Pathways to Excellence would be encouraged to volunteer.

A sole-source contract was permitted because of the provision in state law that provide confidentiality for such quality improvement activities in an ambulatory setting, so long as the program is under the auspices of the state professional association to which the physician belongs.

Enclosed with this issue of Maine Medicine is a one-page flyer further describing the Project and containing a fax-back form to volunteer. Any questions about the Project may be addressed to Gordon Smith, Esq. at MMA.

CDC Issues Influenza Guidelines

New recommendations from the Healthcare Infection Control Practices Advisory Committee and the Advisory Committee on Immunization Practices urge all physicians and health care workers to receive annual influenza vaccinations.

The report, published by the Centers for Disease Control and Prevention (CDC), states that annual vaccinations will protect staff, patients and family members and decrease absenteeism. Use of either inactivated or live, attenuated influenza vaccine is appropriate.

The recommendations also include:

- Educating health care personnel about the benefits of influenza vaccination and the modes of transmission, diagnosis, and treatment of influenza.
- Providing influenza vaccinations to health care workers at the work site at no cost.
- Obtaining a signed statement from workers who refuse the vaccination for reasons other than medical contraindications.
- Using the level of personnel vaccination coverage as one measure of patient safety quality program.

Read the full report at **www.cdc.gov/mmwr**.

Jana Purrell, CPC

The Coding Center by Jana Purrell, CPC, Coding/Reimbursement Specialist

Maine Medical Association/NH Medical Society/VT Medical Society Tel: 888-889-6597 Fax: 207-787-2377 jpurrell@thecodingcenter.org

Bundling of Services

I know we have talked about this before, but as many of you know the issue of insurance companies bundling your E/M visit with a preventive visit (or a procedure) on the same day remains a hot topic. However, there is some good news – Aetna has officially gone on record stating that as of February 11, 2006, they will allow for reimbursement of a problem E/M visit and a preventive visit billed on the same day (modifier 25 on the problem visit). [As a side note—they also have revised their policy on allowing for reimbursement of an E/M service with the 57 modifier (decision for surgery) when done within 24 hours of the surgery]. Not only has Aetna changed their policy, they will also allow physicians to resubmit claims that were denied within 180 days prior to February 11 for reprocessing.

All of this is good news and hopefully a trend that we will see—insurance companies uniformly following CPT coding guidelines. The American Academy of Family Practitioners has sent inquiries to approximately 40 health plans requesting that they follow Aetna's policy—but as of this date, none has responded. There are some insurance companies that say they already allow for this—you may or may not have found that to be true.

The question that I often get is, "Should we bother to bill out for both services if we know one will be denied?" or "Should we just have the patient come back for another visit to address either their problem complaints or to perform the preventive visit/procedure?" Ideally, the latter approach is the most likely way to get both services paid, however it is often not practical—for the patient or your busy schedule. Coming up with an office policy to address this issue will help staff and patients know what to expect. That having been said, there will undoubtedly be exceptions to the rule.

In general, patients do not understand the difference between preventive and problem visits and many do not know what their insurance policy covers. To help your office deal with this issue there are a few things you can do up front to help:

- Have billing staff compile a list of each insurer's policy
- Distribute list to staff—including scheduling staff
- When patients call to make appointments – determine if the visit is truly preventive or do they also have signs/symptoms or health problems they want to discuss—if they do, determine based on insurer's policies as to whether one or two visits should be scheduled
- Inform patients of your office policy regarding preventive and problem visits
- If something comes up at the visit, determine if it is appropriate to address the concern at that point or reschedule the patient – and if you do schedule them to return, explain why (including that it is their insurer's policy)

If you decide to provide both the preventive service and problem service (or procedure) on the same day, be sure that your documentation supports the two separate services. CPT revised the definition of modifier 25 this year to include…"a significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported…" Remember that while the two services do not have to be on separate pages, the elements to support the problem E/M service (99201—99205, 99212—99215) must stand on their own. No element of the documentation can be used as part of both services. Additionally, if you are billing for a visit and a procedure on the same day, there should be a separate procedure note detailing the work involved in the procedure. Some payors may require you to send this documentation to support the two services on the same day.

We believe you should bill for the services that you provide (not based on whether they are reimbursed or not). Not only is this correct coding per CPT (which is what we want the insurance companies to follow), but it also will allow you to track these services and be able to provide data to the insurance companies when you renegotiate contracts. Additionally, letting the insurance companies know that you feel their policy of bundling these services is unfair may help in ensuring changes in policies that will save money and time and improve patient care and satisfaction.

UPCOMING AT MMA

JUNE 12th 2:00pm – 4:00pm
Maine Children's Alliance

JUNE 13th 9:00am – 1:00pm
Physician Practice Management Forum

JUNE 15th 9:30am – 4:00pm
Home Care Alliance

JUNE 20th 8:00am – 5:00pm
Office of Substance Abuse

JUNE 21st 2:00pm – 4:00pm
HealthInfoNet

JUNE 22nd 2:00pm – 4:00pm
Committee on Loan and Trust

JUNE 29th 6:00pm – 8:00pm
Payor Liaison Committee

JULY 5th 5:30pm – 9:30pm
Maine Chapter, American Academy of Pediatrics

JULY 10th 5:30pm – 9:00pm
Committee on Physician Health

JULY 11th 1:00pm – 3:00pm
Stop Stroke

JULY 11th 6:00pm – 8:00pm
Committee on Technology

JULY 12th 1:30pm – 3:30pm
Life Flight of Maine

JULY 19th 2:00pm – 4:00pm
HealthInfoNet

JULY 26th 12:30pm – 5:00pm
Executive Committee Meeting (at Dr. Gerritsen's home)

AUGUST 30th 4:00pm – 6:00pm
Public Health Committee

Important Update from Dora Mills, M.D., M.P.H. on Pandemic Flu Preparation

Although it is unclear when the currently circulating H5N1 strain of avian influenza virus will arrive in Maine and it is unknown whether it will cause a human pandemic, one thing is clear: **We need to be prepared for both.** As we watch Europe struggle with avian flu's spread and resulting fears about birds and eating poultry, we have some idea about the challenges ahead for us. And, even if this current strain does not explode into a pandemic, we know from human history that at some point in time, a microbe will challenge us with a pandemic. Therefore, we all need to do our part to prepare.

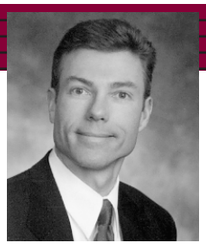
For Maine physicians, there are several resources and opportunities for avian flu and pandemic preparedness.

1. There is a new website unveiled on May 9th by state officials and private sector partner organizations, including the Maine Medical Association. **www.maineflu.gov** provides information on avian or bird flu, pandemic influenza, and seasonal flu for Mainers, including specific information for physicians.
2. Physicians are encouraged to review and use the preparedness checklists for health care settings. The checklist for medical offices, for instance, provides a framework for physicians and their staff to review their practices' preparedness. Other checklists exist for home health care services, emergency medical services, and hospitals. They can be found at **www.maineflu.gov** or **www.pandemicflu.gov**.
3. The Maine CDC, with help from some federal funds, is asking each county and hospital to develop pandemic influenza preparedness plans this spring and summer. Starting this fall, these plans are expected to be exercised and drilled. Physicians are welcome and encouraged to become involved with this planning process. Contact information for county and hospital efforts is available on the **www.maineflu.gov** website.
4. This spring, the Maine CDC started a Flu email newsletter every Friday on timely local, state, national, and global issues related to pandemic preparedness, avian flu, and seasonal flu for interested Mainers. You are welcome to sign up for this newsletter by either emailing Janet Austin at **janet.austin@maine.gov** or looking under the "Contact" tab on the **www.maineflu.gov** home page.
5. The Maine CDC will be soon hosting a Maine pandemic, avian, and seasonal flu list serve. Sign ups will be available through the email newsletter as well as the "Contact" tab on the **www.maineflu.gov** home page.
6. Physicians can encourage their patients to take steps to be prepared, such as having a home emergency kit with at least three days' of food and supplies. Patient information can be found at **www.maineflu.gov** website.

Hopefully the current H5N1 strain of avian flu will not explode into a pandemic, but all of us need to do our part to prepare.

Physicians are a critical component to this preparedness as well as any potential response.

Legislative Update



Andrew MacLean, Esq.

LEGISLATURE DEFERS ADJOURNMENT BY A MONTH

The 122nd Maine Legislature's statutory adjournment date was April 19, 2006, but during the first few weeks of the month there never seemed to be in the State House a "sense of urgency" to meet that deadline. Members have been home in their districts since April 28, 2006 and will return on May 22, 2006 to complete their Second Regular Session business, including important legislation on the future of the Dirigo Health Program.

The MMA Legislative Committee, chaired by Katherine S. Pope, M.D., and staff have been involved in the development of many health policy bills during the second session and a final summary of all health care legislation tracked by the MMA will be available by late June. In this edition of *Maine Medicine*, I want to give you the highlights of legislative action on a supplemental budget, on the Dirigo Health Program, and on the release of physician-specific data to the public in the course of quality improvement initiatives.

Supplemental Budget

The unanimous Appropriations Committee report on the SFY 2006-2007 supplemental budget (L.D. 1968) was enacted in both the House and Senate and signed into law by the Governor as an emergency measure on Wednesday, March 29, 2006. It became effective immediately. For detailed information about the supplemental budget, see the Budget Overview prepared by the Office of Fiscal & Program Review on the web at: http://www.maine.gov/legis/ofpr/LD%201968/LD%201968%20CA.htm.

Some key provisions of the supplemental budget are:

- $2 M for AMHI Consent Decree compliance in FY 2007 (Part A - DHHS/BDS)
- $1 M for reimbursement of interest costs incurred by providers in the MaineCare claims management system (MECMS) transition (Part A - DHHS/Medical Care - Payments to Providers)
- Medicare Part D transition assistance (Part AAA)
- DHHS report on recovery of MECMS interim payments (Part DDD)
- Report on hospital settlements (Part EEE)
- Restoration of Fund for a Healthy Maine cuts in FY 2006 (Part FFF)
- Hospital settlements (Part HHH)
- Managed behavioral health care services system (Part ZZZ)
- Content of L.D. 151, *An Act to Improve the Delivery of Maine's Mental Health Services* (involuntary outpatient treatment) (Part BBBB)
- MaineCare drug formulary (Part DDDD)

You can view the entire text of L.D. 1968 (P.L. 2005, Chapter 519) on the web at: http://janus.state.me.us/legis/LawMakerWeb/externalsiteframe.asp?ID=280020163&LD=1968&Type=1&SessionID=6.

Dirigo Health Program

Until the last week of April, there had been no public discussion of L.D. 1935, *An Act to Protect Health Insurance Consumers* since its public hearing before the Insurance & Financial Services Committee on February 14, 2006. The bill would have prohibited health insurance carriers from passing on to premium payers the cost of the Dirigo "savings offset payment" (SOP). The bill pitted the Baldacci Administration and Dirigo advocates who favored the bill against the Maine State Chamber of Commerce, the Maine Association of Health Plans, and the Maine Hospital Association who opposed the bill. Also, it raised questions about the principal funding mechanism for the Dirigo program.

Following several contentious work sessions during the week of April 24th, the IFS Committee again split along party lines during a work session on Friday morning, April 28th. A Democratic majority report presented by committee co-chairs Sen. Nancy Sullivan (D-Biddeford) and Rep. Anne Perry (D-Calais), removes from the original bill the language that would have prohibited health insurers from passing the controversial "savings offset payment" ("SOP") on to premium payers. Instead, the amendment:

- Reduces the SOP for the current year from $43.7 million to $23 million;
- Requires health insurers to certify that the insurer has not included profit from any savings that may have been the result of Dirigo Health or MaineCare expansion;
- Requires health insurers to use their "best efforts" to limit the impact of the SOP on health insurance rates;
- Requires the Dirigo Health Agency and Anthem to amend the current contract in order to reduce the 2006 experience modification payment by $11 million;
- Requires the Dirigo Health Agency to save $1.9 million in administrative costs in 2006-2007;
- Establishes a *Blue Ribbon Commission on Long-Term Funding of the Dirigo Health Program*.

The 15-member Blue Ribbon Commission is charged to "study the Dirigo Health Program and make recommendations on a long-term funding mechanism in an effort to ensure its sustainability over time." In its study, the Commission shall:

- Review and make recommendations for alternatives for funding the Dirigo Health Program and subsidies under the program in a fair, equitable and broadly distributed manner. The recommendations must include a number of funding sources and may include the savings offset payment in some manner.
- Evaluate the MaineCare expansion in the Dirigo Health reform law, including its funding source, enrollment of the uninsured, and the potential impact on private payors and providers.
- Review and make recommendations for reforms that may improve the affordability of health insurance in the individual market.
- Review and make recommendations on cost containment methods proven effective in reducing and controlling health care costs and health care spending or creating savings in Maine's health care market.
- Review alternatives for funding sources within existing resources to maximize federal Medicaid matching funds for the purpose of reimbursing medical providers for unpaid claims or to adjust rates.

Year-End Financial Results Exceed Expectations at Medical Mutual

Medical Mutual posts solid improvements in all categories

Medical Mutual Insurance Company of Maine is very pleased to report that last year's operating results improved significantly over results for 2004 primarily due to improved claims experience. The moderation in claims experience and increase in earned premiums generated net income that contributed to a nearly 20% growth in surplus to $49.5 million at year end. Dom Restuccia, Medical Mutual's Executive Vice President and CFO indicated, "Our year end results should leave no doubt in anyone's mind about the financial integrity and stability of this organization. Our conservative fiscal philosophy insures that the obligations of all our policyholders will be met." In addition, he noted that, "Surplus is back to the level reported at the end of 2003, reversing the significant decline in surplus experienced in 2004."

Medical Mutual reported net income of $5.8 million for the year, which was an improvement of $13.5 million over the previous year's net loss of $7.7 million.

The reduction in incurred losses is reflective of the significant reduction in claims filed with the Company in 2004 and 2005. Initial claims filed decreased from 474 and 484 for the 2002 and 2003 report years to 404 and 415 for the 2004 and 2005 report years respectively. Restuccia said, "This experience further substantiates our belief that the increased case reserves booked in 2004, primarily for the 2003 report year, reflected an 'aberration' in our experience rather than a new trend."

The moderation of net incurred losses from $30.8 million in 2004 to $18.7 million in 2005 highlights the volatile nature of the medical malpractice insurance business. Restuccia indicated that Medical Mutual expects claims severity to continue an upward trend at a rate of approximately 7% per year. The increase in earned premiums was due mainly to rate increases effective in the summer and fall of 2005.

William Medd, MD, Chairman of the Board of Directors, commented, "With the reversal in loss trends, I am hopeful that the pressure to raise rates in the future will be drastically reduced."

A representative on the Commission is "to be recommended by the statewide association of physicians." The MMA expects to be represented on the Commission as a result of this provision, included at our request. The Commission membership and appointing authority follows:

Gubernatorial appointments:

- a representative of the Governor's Office of Health Policy & Finance
- a representative of the Dirigo Health Board of Directors
- a representative of organized labor
- a representative of a statewide health care advocacy organization
- a representative of a statewide consumer advocacy organization

Senate President's appointments:

- 2 members of the Senate
- a representative of employers recommended by a statewide organization of business and employer members
- a representative of hospitals recommended by the statewide hospital association
- a representative of insurance producers

House Speaker's appointments:

- 2 members of the House
- a representative of health insurance carriers recommended by a statewide association of health plans
- a representative of physicians recommended by the statewide medical association
- a representative of the MaineCare Advisory Committee

The Commission must report its recommendations and potential legislation to the Insurance & Financial Services Committee and the Appropriations & Financial Affairs Committee by November 1, 2006. The majority "ought to pass as amended" report from the IFS Committee passed in a 19-16 party-line vote in the Senate on Friday, April 28, 2006. You can review the legislative history of the bill and see the amendments on the web at: http://janus.state.me.us/legis/LawMakerWeb/summary.asp?ID=280020051. The House will consider the bill for the first time during the week of May 22, 2006.

The party-line, 7-6 Democrat majority "ought to pass as amended" report from the Insurance & Financial Services Committee on L.D. 1845, *An Act to Increase Access to Insurance Products* remained tabled on the House calendar throughout the week of April 24th. This bill would permit the Dirigo Board to develop a self-insurance alternative to Anthem or another commercial carrier to provide the DirigoChoice product. The MMA suggested language in the majority report that would ensure that physicians would be paid at rates comparable to current commercial market rates if the Dirigo Board pursues this course. It, too, faces further action in the House and Senate during the week of May 22, 2006.

Release of Physician-Specific Data to the Public

The MMA has been working diligently to develop a thoughtful, reasonable, and defensible position in response to increasing calls for transparency in the health care system and for release of quality data to the public.

On April 4, 2006, the Governor signed L.D. 1976 (Resolves 2005, Chapter 166), a bill seeking legislative approval of amendments to Maine Health Data Organization (MHDO) Rule Chapter 120, *Release of Data to the Public*.

You can read the rule on the web at: http://www.maine.gov/sos/cec/rules/90/90/590/590c120.doc.

In late February, MMA EVP Gordon Smith characterized his testimony at the public hearing on L.D. 1976 as being in "limited support" of final adoption of the rule. The following is a substantive excerpt from the testimony.

Until 2005, the MMA opposed the release of such data, believing that claims data is inherently unreliable for purposes other than paying an individual claim. However, in 2005, we took the position, based upon the movement of the health care system toward more transparency and accountability, that such data could be released, but subject to very stringent conditions. These conditions include:

1) *The physician must receive the data before it is released in order to ensure its accuracy.*
2) *The physician must have a reasonable amount of time to examine the data and to respond to the organization if there are comments to be made.*
3) *That data not be released until the unique provider numbers required by HIPAA are distributed.*
4) *That an advisory committee of physician specialists be created to review any public reports on the data to ensure that such reports are accurate, useful to the public, and not likely to mislead people.*
5) *That prior to general release, a pilot project be conducted that would test the quality of the data and its value to the public. We recommend that for a one-year period, the data be available only to the Maine Quality Forum prior to becoming available to competitors and commercial companies. As the Forum is a state agency, its use of the data would be subject to public scrutiny and accountability expected of public entities.*
6) *Finally, we requested that data for the period prior to January 2003 not be released, as that was the date the all-payor claims database began.*

On May 1, 2006, the Governor signed a related bill, L.D. 2097, *An Act to Facilitate the Maine Quality Forum*. This bill, supported by the MMA, clarifies that provider-specific data held by the Maine Health Data Organization (MHDO) or the Maine Quality Forum is confidential until it has been determined to be "accurate and complete" through a rigorous process of review at the Maine Quality Forum. The final language of the bill, now P.L. 2005, Chapter 615, is available on the web at: http://janus.state.me.us/legis/LawMakerWeb/externalsiteframe.asp?ID=280020944&LD=2097&Type=1&SessionID=6.

During the legislative session, the MMA publishes a weekly e-mail legislative update called *Political Pulse*. To subscribe, go to www.mainemed.com and visit the Legislative & Regulatory Advocacy section of the site. You will find more information about the 122nd Maine Legislature, including schedules, committee assignments, legislator contact information, and audio coverage of legislative work, on the web at: http://janus.state.me.us/legis/.

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

Botswana (continued from page 1)

the AIDS crisis in Africa among Americans. After a year and a half of helping in this way, I decided to visit Botswana and volunteer at Dula Sentle this past January.

I spent most of my time there developing ideas to help Dula Sentle be more self-sustaining, as there is no sign that the epidemic is significantly abating. I also spent a day at the largest hospital in Botswana, Princess Marina Medical Center. While they had many modern pieces of equipment, the medical wards were terribly overcrowded with 6 beds crowded into a room designed for 2 people. I was discouraged to learn that there isn't one physician trained in palliative care or hospice in the whole country. There isn't a functioning hospice facility in the country either, so many people get admitted to the hospital for end of life care. Multi-drug resistant TB is a growing problem among HIV infected people and they are just beginning to realize what a challenging problem this will be.

Botswana has been lucky to have the Gates Foundation and Merck providing funding for AIDS medication throughout the country. However, distribution of medication, early testing, and good outpatient care is sub-optimal because of poor infrastructure in the country and a resistance to fully acknowledge the risk factors for infection.

I left Botswana after my 2 week trip feeling both encouraged about what Dula Sentle is doing to support AIDS orphans and discouraged that the epidemic is so overwhelming. It is easy to be paralyzed by the AIDS crisis worldwide, but I challenge you to resist that. Do something.

Visit http://www.dulasentle.org.bw/ to find out more about Dula Sentle.

Upcoming Specialty Society Meetings

SEPTEMBER 8 - 10, 2006

(The following Specialty Societies will be holding meetings in conjunction with MMA's Annual Session taking place at the Algonquin Hotel, Saint Andrews by the Sea, N.B., Canada)

Maine Society of Orthopedic Surgeons Meeting
MMA Contact: Lauren Mier 207-622-3374 ext: 223 or lmier@mainemed.com

Maine Urological Association Meeting
MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

SEPTEMBER 15, 2006 *Harborside Hotel & Marina - Bar Harbor, ME*
Maine Society of Eye Physicians and Surgeons Fall Business Meeting
(To be held in conjunction with the 5th Annual Downeast Ophthalmology Symposium)
10:30am – 12:30pm
MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

SEPTEMBER 15 - 17, 2006 *Harborside Hotel & Marina - Bar Harbor, ME*
5th Annual Downeast Ophthalmology Symposium
(Presented by the Maine Society of Eye Physicians and Surgeons)
MMA Contact: Charyl Smith 207-622-3374 ext: 211 or csmith@mainemed.com

OCTOBER 20-22, 2006 *Bar Harbor Regency, Bar Harbor, ME*
Maine Chapter ACP Annual Scientific Meeting
MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

MMA Welcomes Our Newest Corporate Affiliates:

Pulse Systems, Inc.

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We appreciate their support!

New MMA Committee Appointments:

Robert Bing-You, MD
Committee on Continuing Medical Education and Accreditation

George Davis, MD
Committee on Continuing Education and Accreditation

Maine medicine

Maine Medical Association
30 Association Drive
P.O. Box 190
Manchester, ME 04351

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