

# Maine medicine



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## MMA to Hold 154<sup>th</sup> Annual Session in Bar Harbor

MMA will conduct its 154<sup>th</sup> Annual Session Sept. 7-9, 2007 at the Harborside Hotel and Marina in beautiful downtown Bar Harbor. With a theme of Maine Medicine 2020: New Horizons, the session offers seven and one half hours of high quality CME. On Saturday morning, Sept. 8, the annual "town meeting" style annual meeting of the membership will handle any resolutions, amendments to the Constitution and Bylaws and the report of the nominations committee. It is likely that the meeting will also include presentations from the Governor and some of the candidates for federal office. The Saturday night dinner will feature the presentation of 50-year pins and recognition awards, as well as the transition of leadership from President Kevin Flanigan, M.D. to President-elect William Strassberg, M.D. Dr. Strassberg practices orthopedic surgery at Mount Desert Island Hospital in Bar Harbor.

CME presentations include a keynote address by Charles Baker, CEO of Harvard Pilgrim Health Care. Prior to assisting with the financial recovery of the health plan in 2001, Mr. Baker had served as a cabinet member in the Weld Administration in Massachusetts. Baker also participated in the development of the landmark legislation enacted last year establishing Massachusetts as the first state to mandate health insurance for all of its citizens. Reacting to Baker's keynote address will be Kelly Kenney of the AMA Advocacy Resource Center and Paul Harrington, EVP of the Vermont Medical Society. Other Friday afternoon talks include Lisa Letourneau, M.D. discussing the Future of the Medical Home concept. Closing the opening session will be an innovative presentation by the Center for Medical Simulation Lab of Cambridge, MA. The Program Committee chaired by Jo Linder, M.D. is to be thanked and congratulated for putting together a terrific program.

The Saturday CME session includes updates on ophthalmology, maternal and child health, mental health and gastroenterology.

The Sunday morning session includes a closing keynote presentation entitled, "Sustaining our Profession", by James Herdon, M.D., Past President of the American Academy of Orthopedic Surgeons, followed by a panel discussion moderated by then President William Strassberg, M.D. Entitled, "2020 and Beyond: Preserving the Patient-Physician Relationship," the session features two of Maine's most respected internists, Richard Kahn, M.D. of Rockport and Edward Gilmore, M.D.

Meetings held in connection with the Annual Session this year include the specialties of orthopedic surgery, urology and psychiatry. The County Medical Societies of Penobscot, Kennebec and Aroostook counties will also meet during the weekend meeting.

Registration is available on the MMA website at [www.mained.com](http://www.mained.com). Registration materials have also been sent to each MMA member. Make your hotel reservations and register now for what might well be the best MMA meeting in years.



## Legislature Adjourns First Regular Session Without Action on Tax Reform or Dirigo

*Maine's 123<sup>rd</sup> Legislature adjourned its First Regular Session around 10:30 p.m. on Thursday evening, June 21, 2007, a day later than scheduled. Legislators*

*have returned to their districts for the summer and fall and will return to Augusta in January for their Second Regular Session - unless momentum builds for a special session on tax reform and/or Dirigo.*

The tax reform proposal (L.D. 1925, *An Act to Cut Taxes on Maine Residents by over \$140,000,000* & L.D. 1819, *RESOLUTION, Proposing an Amendment to the Constitution of Maine to Restrict Tax Increases*) dominated the news headlines, the legislative debate, and the State House

gossip during the last days and hours of the session. The MMA, and physicians in the specialties of plastic surgery, dermatology, ophthalmology, and orthodontics in particular, worked with the Maine Osteopathic Association & the Maine Dental Association to discourage legislators from extending the sales tax to "elective cosmetic medical procedures."

By mid-day on Thursday, it became clear that the Senate was one vote short of the majority needed to pass the package of statutory changes, including the cosmetic procedures tax, in L.D. 1925. After about an hour and a half of commentary from Senators about the impending demise of the bill, the Senate voted to "indefinitely postpone the bill and all its accompanying papers" by a vote of 26 - 9. The House later passed an amended version of the bill by a vote of 80 - 59, but the debate on tax reform was over for the session. After the votes, several legislators said that this legislature's only realistic opportunity to



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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.



**President's Corner**



*Kevin Flanigan, M.D.,  
President, MMA*

It is customary at the end of a Legislative session for the MMA President to present to the membership the trials, tribulations, and successes of our association's lobbying efforts. This year however, I will simply refer you to Mr. MacLean's complete summary included in this issue of *Maine Medicine*. I wish

only to add my personal thanks to Andy for his efforts and those of Sen. Marrache and Rep. Fitts for working so hard to have a Joint Resolution adopted endorsing the concept and recognizing the importance of a 'Medical Home' for all of Maines citizens.

Today I will focus on why we are able to be so successful. Over the past several years your leadership and the dedicated staff of the MMA have worked diligently to reshape the governance of your association so as to allow it to be more focused, more nimble and better positioned to build upon previous successes. Internally, in addition to the governance restructuring, we have completed a review and rework of our financial management. These efforts have us for the first time in years looking to grow our reserve fund rather than depleting it! The modifications and enhancements to our membership management (recruitment and retention) have been so successful that we are now on the cusp of reversing a national trend and growing our membership rather than struggling to keep what we have. We have also aggressively pursued an open dialog with you, our members, about what is important to you. We are also working hard to relay better what we see in the future as likely having a big impact

on you, your practice and your patients.

You can witness the culmination of these efforts at this year's Annual Meeting on the weekend of September 7-9 at the Harborside Hotel & Marina in Bar Harbor.

Part of our governance improvements include adopting a town hall meeting format so as to allow each member to participate in the governance process and have a voice in decision making, policy setting, and future goals of this association. Therefore, I am personally asking each of you to accept my invitation to come to this year's meeting and to see how you can help guide your association as it strives to accomplish its mission: *to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens*. We also have expanded the meeting to include a CME program that this year is entitled: *Maine Medicine 2020 New Horizons*. Presenters will cover both the clinical and the business side of the medical profession in which we practice. The keynote speaker on Friday, September 7<sup>th</sup> will be Charles Baker, CEO of Harvard Pilgrim Healthcare. Other notable speakers will include our own Dr. Lisa Letourneau addressing the Medical Home concept of patient-centered care, Dr. James Herndon, the Past-President of the American Academy of Orthopaedic Surgeons and MMA President-elect Dr. William Strassberg. Likely to be remembered as the most exciting part of the program, however, will be a Simulation Lab demonstration on Friday at 3:00 PM. This is expected to be both part of future students' education and possibly an actual treatment tool of the future.

As always, feel free to call me at any time at 487-9244 or communicate via e-mail to [flanmansvpc@pol.net](mailto:flanmansvpc@pol.net).

*With Sincere Appreciation*

The long-session of the 123<sup>rd</sup> Legislative Session is now behind us. On behalf of the MMA, we would like to acknowledge all members who assisted in the legislative process to advocate for patients and fellow physicians during the session. The Association shows its appreciation by recognizing those physicians for taking time out of their busy schedules to make valuable contributions. Testimony at public hearings or participation in the Doctor of the Day program or Physicians' Day at the Legislature are all essential elements of MMA's role in promoting a good practice environment for physicians in the State of Maine and quality healthcare for Maine citizens.

We have done our best to check our files and our memories and apologize for anyone missed in this list.



**Legislative Testimony**

- Michael Baumann, M.D.*
- Laura Blaisdell, M.D.*
- Douglas Boyink, M.D.*
- Mark Foure, M.D.*
- Elisabeth Fowlie Mock, M.D.*
- Lani Graham, M.D.*

- Stevan Gressitt, M.D.*
- Jo Linder, M.D.*
- John Makin, Jr., M.D.*
- Lisa Marrache, M.D.*
- William Matuzas, M.D.*
- Dervilla McCann, M.D.*
- John McGill, M.D.*
- Dora Anne Mills, M.D., M.P.H.*
- Lawrence Mutty, M.D., M.P.H.*
- Jay Naliboff, M.D.*
- P. Lynn Ouellette, M.D.*
- Joan Pallegriani, M.D.*
- Edward Pontius, M.D.*
- Sydney Sewall, M.D., M.P.H.*
- David Simmons, M.D.*
- Samuel Solish, M.D.*
- Eric Steele, D.O.*

- Hector Tarraza, M.D.*
- Kathryn Wadland, M.D.*
- Ted Walworth, M.D.*

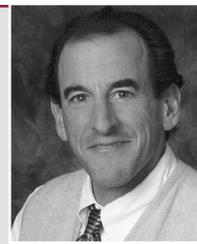
**Doctor of the Day**

- M. Louisa Barnhart, M.D.*
- Jacquelyn Cawley, D.O.*
- Rebecca Chagrasulis, M.D.*
- G. Parker Chamberlin, M.D.*
- Lisa Clarcq, M.D.*
- Ned Claxton, M.D.*
- Gavin Ducker, M.D.*
- Kevin Flanigan, M.D.*
- Richard Flowerdew, M.D.*
- Dan Hale, M.D.*
- John Joseph, M.D.*
- Lisa Letourneau, M.D.*

- Jo Linder, M.D.*
- Skip MacDonald, M.D.*
- Dervilla McCann, M.D.*
- Buell Miller, M.D.*
- Theodore Papatimberis, M.D.*
- Julie Pease, M.D.*
- Tamas Peredy, M.D.*
- Janis Petzel, M.D.*
- Katherine Pope, M.D.*
- Lisa Ryan, D.O.*
- David Simmons, M.D.*
- John Van Pelt, M.D.*

## Professionalism (Part 3: Continued from March/April and May/June Issues of Maine Medicine)

By William Strassberg, MD, President-elect, Maine Medical Association



In previous installments we learned that today's M.D. works and heals within a turbulent modern medical profession, in an increasingly regulated, litigious, and corporate environment. I have found that a better understanding of our medical profession and our relationship with society as a whole clarifies my role as physician healer and patient advocate, and assists me when I need to deliberate between conflicting needs or with moral or ethical questions.

Historically, the medical physician has enjoyed an esteemed position within society, but one must acknowledge that the glow of that esteem has tarnished a bit of late. Understanding the origin and nature of our profession's contract with society can help physicians gain a better understanding of why our esteemed place has diminished, help us reclaim prestige, and most importantly, regain our medical decision making process as we continue our careers through the complex environment of modern medicine.

As stated in the last issue, the contract between professions and society is relatively simple. The professions are granted monopoly over the use of a body of knowledge, as well as considerable autonomy, prestige, and financial rewards — with the understanding that they will guarantee competence, provide altruistic service, and conduct their affairs with morality and integrity. The characteristics of a profession can be outlined as follows:

**Specialized Body of Knowledge:** There is general agreement that the *raison d'être* for professions is the complexity of their specialized knowledge. The use of this knowledge is granted to the profession along with substantial control over its applications. With this agreement, the profession acquires responsibility for integrity within the profession and for proper application and expansion of its specialized knowledge base, which for medicine means the support of science. Finally, professions have an obligation to transmit their knowledge by teaching it to future practitioners, the general public, and their patients.

**Service:** The knowledge is used in the service of others. For almost two millennia, physicians used their knowledge primarily to benefit individual patients. The complexity and cost of healthcare during the past quarter-century have resulted in medicine acquiring an obligation to serve a wider societal obligation as well, involving such issues as access to healthcare and a just distribution of finite resources.

**Altruism:** There is agreement that the trust placed in the professions and their privileged status are only justified by

the expectation that the members of the profession will be altruistic. For physicians, this means consistently placing the interests of individual patients and society above their own. Professions must be devoted to the public good.

**Autonomy and Self Regulation:** Another important characteristic of a profession is autonomy. Individually, physicians are granted sufficient autonomy to act in the best interests of their patients. The profession is also granted collective autonomy through self-regulation. It is the privilege and obligation of physicians to set and maintain standards for education and training, entry into practice, and the standards of practice. The medical profession must guarantee the competence of its practitioners, and has an absolute obligation to discipline unprofessional, incompetent, or unethical conduct.<sup>1</sup>

The modern medical environment has strained the relationships between physicians and society, and between physicians and patients as well. Exogenous challenges include an increasingly regulated structure, a corporate environment with increasing industry influence, and society's distrust with professions in general. These challenges also include the advancements of a more technologically based science, the rising costs of medical care, and interactions within the house of medicine.

Our profession is in danger of becoming part of the health-care industry. The same scientific advances that have made medicine and our society so prosperous have also liberated and equalized society in general. When relief is spelled with the name of an over-the-counter antacid, when health is acquired by dressing in a spandex bodysuit and putting on a pair of Reeboks, health is perceived by the public as a commodity like any other product. Those who provide that commodity are no longer elite; they are no more unique than an aerobics instructor. These realities, in addition to the patient's expectation of a great result in every case and our entire society's loss of respect for authority, have changed the public's view of its physicians.<sup>2</sup>

In my opinion, the concept of "professionalism" is critical to our survival as physicians - physicians dedicated to, and advocating for, patients. Professionalism is also critical to the survival of medicine as a healing profession distanced from the healthcare industry. The medical profession has traditionally enjoyed a highly respected position in society, and professionalism in our dealings with patients and the public, government, and industry is absolutely essential to maintain our credibility and our privileged prestige in society.

I welcome your feedback at [baybones@midcoast.com](mailto:baybones@midcoast.com).

<sup>1</sup> Sylvia R Cruess, Sharon Johnston and Richard L Cruess. Professionalism for medicine: opportunities and obligations. *MJA* 2002 177 (4)

<sup>2</sup> Professionalism - Where are all the heroes. *DeRosa The Journal of Bone and Joint Surgery (American)* 78 (9); 1295. (1966)

## UPCOMING AT MMA

- |  |                        |
|--|------------------------|
| <b>August 7</b>  | <b>1:00pm</b>          |
| Stop Stroke  |                        |
| <b>August 15</b>   | <b>6:00pm – 9:00pm</b> |
| Maine Health Management Coalition  |                        |
| <b>August 17</b>   | <b>7:30am – 9:30am</b> |
| Regional Breakfast for Practice Managers                                       |                        |
| <b>August 22</b>   | <b>4:00pm – 6:00pm</b> |
| Public Health Committee  |                        |
| <b>September 7</b>   | <b>9:00 – Noon</b>     |
| First Friday CME Program: "Collaboration Skills for Healthcare Professionals"  |                        |
| <b>September 7-9, 2007</b>   |                        |
| MMA's 154 <sup>th</sup> Annual Session - Harborside Hotel & Marina, Bar Harbor |                        |
| <b>September 19</b>  | <b>5:30pm – 8:00pm</b> |
| Committee on Membership and Member Benefits                                    |                        |
| <b>September 19</b>  | <b>6:00pm – 9:00pm</b> |
| Maine Chapter, American College of Emergency Physicians                        |                        |
| <b>September 20</b>  | <b>8:30am – 3:30pm</b> |
| Pathways to Excellence   |                        |
| <b>September 20</b>  | <b>4:00pm – 6:00pm</b> |
| Committee on Peer Review and Quality Improvement                               |                        |
| <b>September 26</b>  | <b>6:00pm – 9:00pm</b> |
| Maine Society of Anesthesiologists   |                        |
| <b>October 2</b>   | <b>1:00pm</b>          |
| Stop Stroke  |                        |
| <b>October 3</b>   | <b>2:00pm – 5:00pm</b> |
| Quality Counts! Board Meeting  |                        |
| <b>October 4</b>   | <b>12:30pm</b>         |
| Home Care Alliance   |                        |
| <b>October 5</b>   | <b>9:00am – Noon</b>   |
| First Friday CME: "Using Data to Improve Quality and Public Reporting"         |                        |
| <b>October 9, 2007</b>   | <b>6:00pm</b>          |
| Maine Chapter, American Academy of Pediatrics                                  |                        |
| <b>October 17, 2007</b>  | <b>4:00pm – 6:00pm</b> |
| Public Health Committee  |                        |
| <b>October 18, 2007</b>  | <b>8:30am</b>          |
| Pathways to Excellence   |                        |

## AMA Offers Program Limiting Prescription Data Mining

An AMA survey revealed that about 77 percent of physicians said they would opt out of sharing prescribing data with pharmaceutical representatives if given the chance. In response, the Physician Data Restriction Program (PDRP) was created in 2006.

In addition to restricting data, the Web-based program allows physicians to register a complaint about inappropriate pharmaceutical companies or representatives, or make a general observation about the use of prescribing data.

"We would like physicians to know and understand that, with the AMA's program, they can shield their data from pharmaceutical representatives while still making it available for critically important patient safety and research issues," explained Robert Musacchio, Ph.D., AMA's senior vice-president of Publishing and Business.

Pharmaceutical representatives use prescribing data for customized sales and marketing to physicians and to review sales performances.

Pharmaceutical companies are required to check the opt-out list at least quarterly. **To opt out, visit [www.ama-assn.org/go/prescribingdata](http://www.ama-assn.org/go/prescribingdata).**

The Maine legislature this past session enacted legislation (L.D. 4, as amended) that establishes a unique opt-out provision for prescribers in Maine. Notification will be provided through the licensing boards and the opt-out form will be sent to the Maine Health Data Organization. The law takes effect in September. The legislation was sponsored by Senator Lisa Marrache, M.D.

**MMA Welcomes  
Our Newest  
Corporate Affiliates:**

**MorrisSwitzer  
Environments for Health**

**Sullivan Wealth  
Management**

**We appreciate  
their support!**

## Committee on Loan and Trust Administration Approves Loans to Maine Medical Students

The Maine Medical Education Foundation is a 501(c)3 entity designed to loan funds to Maine residents enrolled in or accepted by approved medical schools. The MMEF Committee on Loan and Trust Administration met on Thursday, June 14, 2007 to review 41 loan applications. Listed below are the students who will be receiving loans totaling \$565,000 from the MMEF this year. Congratulations!

Alto, Letizia – *UVM*  
Ashcroft, Jonathan – *St. Georges Univ.*  
Aslam, Jessica – *Sabo University*  
Averner, Catherine – *UVM*  
Barus, Carl – *UVM*  
Barus, Kathryn – *UNE*  
Bloomberg, Christopher – *UNE*  
Bowley, Michael Patrick – *Boston University School of Medicine*  
Brown, Jodi – *Midwestern Univ.*  
Christian, Kenneth – *UVM*  
Crothers, Jacob – *Tufts*  
Deane, Jessica – *UVM*  
Demmons, William – *Sabo University*  
Duquete, Adam – *UNE*  
Elsaesser, Theodore – *Georgetown University School of Medicine*  
Emery, Kendra – *UNE*  
Giberson, Mellory – *UVM*  
Greenleaf, Megan – *UVM*  
Griffin, Judith – *Columbia University*  
Hiendlmayr, Brett – *Ross University School of Medicine*  
Hunt, Edward – *UNE*  
Libby, Brandon – *Dartmouth*  
Liberatore, Anna – *UVM*  
Malek, Matthew – *University of Rochester School of Medicine*  
Martel, John – *UVM*  
Morgan, Matthew – *UNE*  
Moshier, Michelle – *UNE*  
Parent, Emily – *UNE*  
Park, Margaret – *UNE*  
Parker, Laurel – *Tufts*  
Poisson, Glen – *St. Matthew's University*  
Pringle, Dwight – *Thomas Jefferson Med.*  
Robbins, Heather – *Tufts*  
Sanders, Abigail – *Dartmouth*  
Silver, Jeremy – *UVM*  
Stinson, Jacob – *UNE*  
Sweeney, Christopher – *UVM*  
Szela, Craig – *Harvard Medical School*  
Walmer, Scott – *UNE*  
Weinstein, Maria – *UNE*  
Wendell, Lauren – *UVM*

Dr. Mark Bolduc, Chairman of the Committee on Loan and Trust Administration, would like to encourage Maine medical students to submit late applications for loans. While funds are limited, consideration will be given to late applicants. If you are interested in information on how to submit your application, please contact Pat Capozza at Maine Educational Services at 1-800-922-6352 or visit our website at [www.mainemed.com](http://www.mainemed.com).



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](mailto:jpurrell@thecodingcenter.org)

### Physician Quality Reporting Initiative (PQRI)

I know you are probably all tired of hearing about the PQRI program that Medicare (CMS) started effective July 1. I thought it might be helpful to recap some of the guidelines for the reporting of these measures in an effort to make it easier for you to participate in the initial phase of this project. I also have listed several links to the PQRI portion of the CMS website that you may find useful.

So, as most of you know, starting with dates of service July 1, physicians are eligible to report on a number of performance measures established by CMS. There are 74 measures and if 4 or more measures are applicable to a provider, at least 3 of these measures must be reported correctly for 80% of the visits for patients to qualify for the 1.5% bonus payment.

The eligible providers that can report include: **Physicians**—MD, DO, Podiatrist, Optometrist, Oral Surgeon, Dentist, Chiropractor; **Therapists**—PT, OT, Qualified Speech-Language Pathologist; **Practitioners**—PA, NP, Clinical Nurse, Certified Registered Nurse, Anesthetist, Certified Nurse Midwife, Clinical Social Worker, Clinical Psychologist, Registered Dietician, Nutrition Professional. As a note—those practicing at Federally Qualified Health Centers or Rural Health Centers are not eligible to participate.

To begin reporting, each provider should determine the measures that are most appropriate for their practice based on the services they are providing and the types of conditions they are treating. CMS has sorted the measures into categories by clinical condition/topic to make it easier for you to identify appropriate measures. Additionally, CMS has a Measure Finder Tool which can also assist you in finding appropriate codes by searching by CPT or ICD9 code.

Once you have determined the measures you will report, you need to have the reporting mechanism in place so that the codes are captured at each visit and entered into your billing system. If you are using an electronic health record you may already have this system in place. If not, you may want to use the worksheets that CMS has created—these are to be completed by the provider at the time of the procedure/visit and then given to the billing department to enter the code(s) on the claim.

Reminder that the performance measure (generally a Category II code but could be a G code if there is not an appropriate Category II code—check the worksheets) is appropriate to report only if you meet the requirements of eligibility—i.e. there may be an age range along with a range of ICD9 codes and/or CPT codes.

#### Example: Measure #41 Osteoporosis: Pharmacologic Therapy Requirements:

- Patient must be 50 years of age or older on the date of the encounter
- Patient must have a diagnosis of osteoporosis (733.00—733.03, 733.09)
- Patient must have one of the following encounters: (99201-99205, 99212-99215, 99241-99245, 99386, 99387, 99396, 99397, 99401-99404)

Also don't forget the modifiers—there are 4 modifiers that can be used when reporting the performance measure that will still allow you to qualify for reporting even though you were not able to complete the measure. These modifiers are:

- 1P—Exclusion modifier due to medical reasons (i.e. patient has allergy to medication)
- 2P—Exclusion modifier due to patient reasons (i.e. patient refuses)
- 3P—Exclusion modifier due to system reasons (i.e. faulty equipment)
- 8P—Reporting modifier—action not performed, reason not otherwise specified

If you have questions regarding how to get started with PQRI or reporting the PQRI measures, contact The Coding Center at 888-889-6597 or [jpurrell@thecodingcenter.org](mailto:jpurrell@thecodingcenter.org)

**Reminder:** The new ICD9 codes along with revised and deleted codes will be effective October 1, 2007—you can find the codes at [http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07\\_summarytables.asp#TopOfPage](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage)

#### Below are links to resources on the CMS website:

- Tool Kit (Measure Finder Tool, Handbook, Data Collection Worksheets) [http://www.cms.hhs.gov/PQRI/31\\_PQRIToolKit.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/31_PQRIToolKit.asp#TopOfPage)
- Letter to Medicare patients explaining that they may see information on their Medicare summary notice and that there is no financial impact to them— [http://www.cms.hhs.gov/PQRI/Downloads/PQRI\\_Letter\\_to\\_Medicare\\_Beneficiaries.pdf](http://www.cms.hhs.gov/PQRI/Downloads/PQRI_Letter_to_Medicare_Beneficiaries.pdf)
- Frequently asked questions: [http://www.cms.hhs.gov/PQRI/25\\_AnalysisAndPayment.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/25_AnalysisAndPayment.asp#TopOfPage)

### Enhance Patient Safety With AMA Materials

The AMA has developed new resources to help physicians encourage and implement patient safety plans in their hospitals. The initiative is part of the AMA's Making Strides in Safety campaign.

Four educational brochures are based on the evidence-based safety interventions outlined in the Institute for Healthcare Improvement's 100,000 Lives Campaign.

The materials provide instructions on how to start a patient safety programs such as:

- Achieving participation
- Implementing a patient safety plan
- Accelerating the plan
- Improving hospital staff communication

Learn more about the 100,000 Lives Campaign at [www.ihl.org](http://www.ihl.org).

Download the free resources at [www.ama-assn.org/ama/pub/category/15010.html](http://www.ama-assn.org/ama/pub/category/15010.html).



return to the tax reform project would be in a special session later this year because action on the subject is unlikely in the next regular session with the 2008 elections looming.

Despite intense negotiations among the Governor's Office of Health Policy & Finance, key legislators, and stakeholders during the final week of the session, no consensus emerged on amendments to the Dirigo Health Program. The legislature never brought up for debate the Governor's *Dirigo 2.0* bill - L.D. 1890, *An Act to Make Health Care Affordable, Accessible & Effective for All*. The legislature did finally enact L.D. 431, a proposal to permit the Dirigo Health Program to be self-insured.

The failure of L.D. 1890 means that the so-called "savings offset payment" ("SOP") continues to be the principal funding mechanism for the Dirigo Health Program. During the week of July 2, 2007, the Dirigo Health Agency Board of Directors took an initial step in determining the SOP for the third year of the Dirigo Health Program by finding "aggregate measurable cost savings" of approximately \$93 million. The Dirigo Board will hold a public hearing on its analysis at the end of July. The Board then will send its findings to the Bureau of Insurance for the final determination of savings.

In post-session comments, the Governor and members of the legislative leadership pointed to bipartisan agreements on the budget, bonds, and school reorganization as successes of the recent session. You can read the Governor's remarks to the legislature just before adjournment *sine die* on the web at: <http://www.maine.gov/tools/whatsnew/index.php?topic=Portal+News&id=39327&v=Article-2006>.

The MMA staff is working on an interim summary of the action from this legislative session that will be available later this summer. The following are a few key bills enacted during the first session:

**L.D. 4, *An Act to Amend the Prescription Privacy Law*** (P.L. 2007, Chapter 460; MMA opposed); establishes a state-sponsored "opt out" process for physicians, physician assistants, & nurse practitioners to prevent pharmaceutical manufacturer access to practitioner-specific prescribing data; MMA supported the AMA's Physician Data Restriction Program (PDRP);

**L.D. 24, *An Act to Make Failure to Wear a Seat Belt a Primary Offense*** (P.L. 2007, Chapter 60; MMA supported); following an aborted effort in the 122<sup>nd</sup> Legislature, this important public health & safety measure is now law;

**L.D. 429, *An Act to Improve HIV Testing in Health Care Settings*** (P.L. 2007, Chapter 93; MMA supported); amends consent/counseling law to conform to federal CDC recommendations;

**L.D. 436, *An Act to Postpone the Expiration of the Required Non-hospital Expenditures Component in the Capital Investment Fund*** (P.L. 2007, Chapter 94; MMA bill); continues 12.5% set aside for non-hospital projects in the Capital Investment Fund;

**L.D. 499, *State FY 2008 – 2009 Biennial Budget*** (P.L. 2007, Chapter 240; MMA supported MaineCare physician fee increase); includes:

- \$3 million General Fund increase in MaineCare reimbursement for non-hospital-based physicians;
- provisions to address hospital PIPs & settlements;
- more managed care cost containment initiatives in the MaineCare program, such as:
  - prior authorization of radiology services;
  - addition of anti-psychotic medications to the PDL;
  - 4 brand name drugs per month limit for beneficiaries;
  - Schaler Anderson care management agreement; and
  - Behavioral health managed care initiative;

**L.D. 754, *An Act to Allow Physicians Assistants to Sign Death Certificates*** (P.L. 2007, Chapter 56; MMA monitored); follows extension of such authority to nurse practitioners in previous legislature;

**L.D. 841, *An Act to Extend Health Insurance Coverage for Dependent Children Up to 25 Years of Age*** (P.L. 2007, Chapter 115; MMA monitored); a "mandatory offer" requiring insurance carriers to offer this coverage as a rider, not as an integral part of the coverage;

**L.D. 981, *An Act Concerning the Supervision of Nursing Support Staff*** (P.L. 2007, Chapter 197; MMA monitored); a nurse practitioner may delegate to "employees" or to "support staff" activities

related to advance practice registered nursing when the activities are "under the control of" the nurse practitioner;

**L.D. 1033, *An Act Regarding the Mandatory Administration of Medication in Hospitals Serving Psychiatric Patients*** (P.L. 2007, Chapter 446; MMA supported); establishes protocol for involuntary medication of psychiatric patients who pose a danger to self or others;

**L.D. 1119, *An Act to Permit Mental Health Professionals to Disclose Risks to People Likely to be Harmed by a Patient*** (P.L. 2007, Chapter 310; MMA supported); permits disclosure of "protected health information" to family members or caretakers in certain circumstances & to "avert a serious and imminent threat to health or safety;"

**L.D. 1218, *An Act to Further Limit Retrospective Denials of Previously Paid Health Insurance Claims*** (P.L. 2007, Chapter 106; MMA bill); shortens the "look-back" period in Maine's retrospective audit law from 18 to 12 months;

**L.D. 1425, *An Act to Facilitate the Reporting of the Crime of Acquiring Drugs by Deception*** (P.L. 2007, Chapter 382; MMA supported); permits health care practitioners to report incidents of potential diversion to law enforcement authorities;

**L.D. 1763, *An Act to Amend the Maine Certificate of Need Act of 2002*** (P.L. 2007, Chapter 440; MMA opposed); Department bill that makes some technical changes to the law & attempted to broaden the reach of the CON program.

Near the end of the session, members enacted a **Joint Order** creating a *Commission to Study Primary Care Medical Practice* and directed it to report its findings and recommendations by December 2007 for consideration by the Joint Standing Committee on Health & Human Services in 2008.

Among the 13 members of the Commission are:

- Two independent primary care physicians, one of whom is appointed by the President of the Senate and one of whom is appointed by the Speaker of the House; and
- One member of an organization representing physicians in the State, appointed by the Speaker of the House.

The Commission has the following duties:

- Identify the causes of the loss of independent ownership of primary care medical practices due to financial, regulatory or business-related reasons;
- Seek input from independent primary care physicians on payor mix, reimbursement and Medicaid regulatory changes and the effects of such factors on the ability of independent primary care physicians to practice medicine in Maine;
- Seek to determine the effect of hospital control of primary care medical offices or primary care physicians on health care costs, access to health care and medical treatment of Maine's citizens; and
- Review how comparable states manage physician-hospital relationships with respect to health care costs, patient advocacy and access to health care.

The Commission likely will be appointed by Labor Day.

As usual, a number of bills of interest, including one to license so-called "lay midwives" (L.D. 1827) have been "carried over" for further consideration in the Second Regular Session of the 123<sup>rd</sup> Maine Legislature.

You can find joint standing committee assignments on the web at:

<http://janus.state.me.us/house/jtcomlst.htm>.

You can find your Senator and Representative on the web at:

<http://janus.state.me.us/house/townlist.htm>.

To find more information about the MMA's advocacy activities, go to [www.mained.com](http://www.mained.com) and visit the Legislative & Regulatory Advocacy section of the site. You will find more information about the Maine Legislature, including schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at: <http://janus.state.me.us/legis/>.

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

## Thank You

A special thank you to the following physicians who served as volunteers on prelitigation screening panels from January thru June 2007. Physicians willing to volunteer may contact the MMA EVP Gordon Smith at 622-3374 ext: 212 or via email at [gsmith@mained.com](mailto:gsmith@mained.com).

Amir Saed Baig, MD  
Mike Clark, MD  
Carlo Gammaitoni, MD  
Susan O'Connor, MD  
Deborah Peabody, MD  
Philip Peverada, MD  
William Rogers, MD  
Katarina Sawtelle, MD  
Marie Sharkey, MD  
Richard Sweet, MD  
Michelle Toder, MD  
Terri Vanderline, DO

## Maine to Host State and County Medical Society CEO's

The Harborside Hotel and Marina in Bar Harbor will be the site of the annual state medical society CEO meeting October 4-6, 2007. This year, for the first time, county medical society executives will be joining the meeting. The meeting is organized by the American Association of Medical Society Executives.

On Thursday evening, October 5, the state medical society executives from the six New England states will host a reception for attendees prior to a traditional Maine lobster-bake.

"Maine last hosted our colleagues in 1999 and it was one of the best attended meetings ever," noted Gordon Smith, MMA's EVP. "I expect most of the fifty state executives and many county medical society executives to attend as well."

The major educational presentation at the meeting will feature a talk on the role of medical societies in improving the quality of medical care.

## Upcoming Specialty Society Meetings

**SEPTEMBER 7-8**

*Harborside Hotel & Marina - Bar Harbor, ME*

*(The following Specialty Societies will be holding meetings in conjunction with MMA's Annual Session taking place at the Harborside Hotel & Marina in Bar Harbor, Maine)*

**Maine Association of Psychiatric Physicians**

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

**Maine Society of Orthopedic Surgeons Meeting**

MMA Contact: Lauren Mier 207-622-3374 ext: 223 or lmier@mainemed.com

**Maine Urological Association Annual Fall Meeting**

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

**SEPTEMBER 26**

*MMA Headquarters, Manchester*

**Maine Society of Anesthesiologists General Membership Business Meeting**

**6:00pm-9:00pm**

MMA Contact: Anna Bragdon 207-441-5989 or msainfo@adelphia.net

**SEPTEMBER 28**

*Harborside Hotel & Marina - Bar Harbor, ME*

**Maine Society of Eye Physicians and Surgeons Fall Business Meeting 10:30am - 12:30pm**

*(To be held in conjunction with the 6th Annual Downeast Ophthalmology Symposium)*

MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

**SEPTEMBER 28-30**

*Harborside Hotel & Marina - Bar Harbor, ME*

**6th Annual Downeast Ophthalmology Symposium**

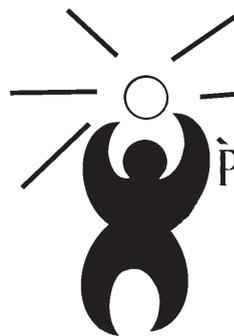
*(Presented by the Maine Society of Eye Physicians and Surgeons)*

MMA Contact: Charyl Smith 207-622-3374 ext: 211 or csmith@mainemed.com



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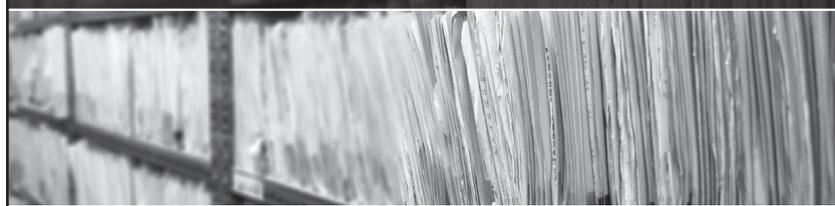
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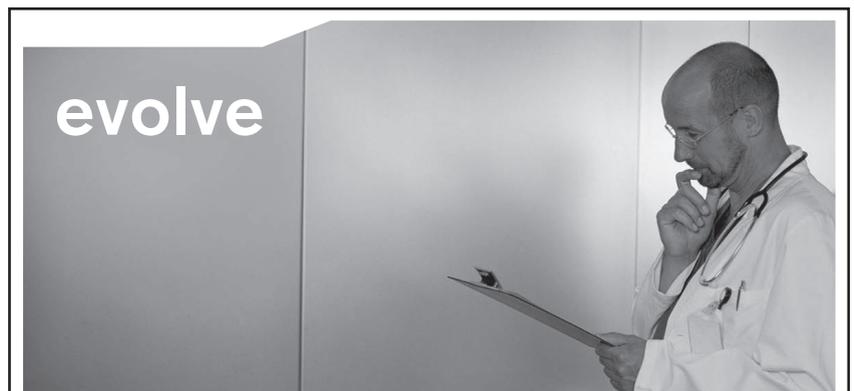
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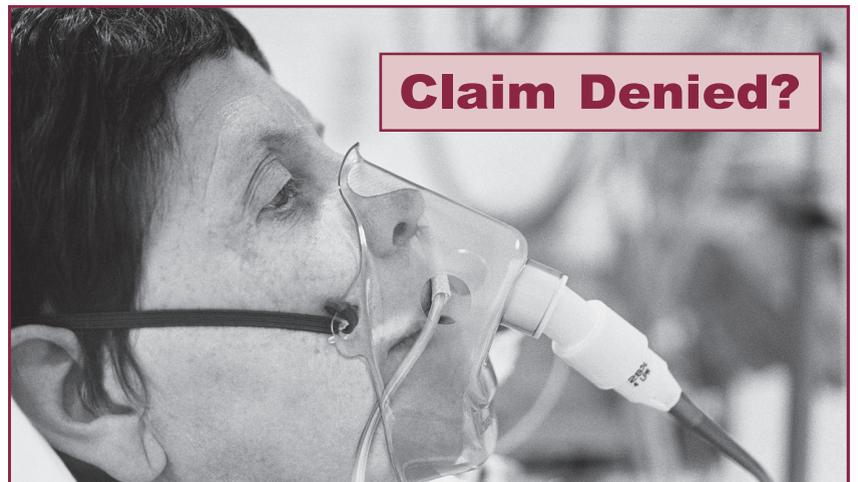
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