JULY/AUGUST 2009

Maine medicine

IN THIS ISSUE

Twenty-eight Organizations Present at MMA/MHA "Listening Session" with Chellie Pingree

Twenty-eight organizations representing a wide variety of stakeholder interests in the current health system reform debate participated in the Maine Medical Association/Maine Hospital Association "Listening Session" with First District Congresswoman Chellie Pingree held on Thursday, July 2 at the MMA offices in the Frank O. Stred Building in Manchester. As the U.S. House of Representatives is expected to vote on a comprehensive health reform proposal by August 1, the event was very timely and gave many organizations in the state an opportunity to share their organizations current thoughts on where the reform proposals should focus.

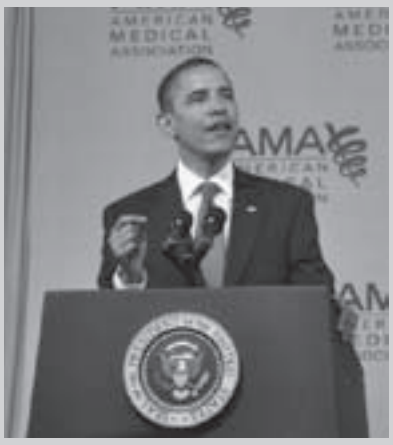
First-District U.S. Rep. Chellie Pingree, at MMA, July 2, 2009

Congresswoman Pingree, accompanied by her health staffer in the D.C. office, Jennifer Taylor, offered remarks following the presentations and thanked the participants. She noted that it would be unlikely that a similar event with such wide participation and polite discourse could take place in any other state in the country. And despite a disparate group of interests ranging from small business advocates to consumer interests and state office holders, virtually all presenters noted the need for change and unhappiness with the status quo. The necessity to develop a health care system that provides some type of coverage, public or private, to all Americans was a universal theme. Beyond that, different groups supported or opposed the need for a "public option" to compete with the private health plans, and the issues surrounding an employer or individual mandate were presented.

Maine's Superintendent of Insurance Mila Koffman, J.D. expressed her personal support for a public option and discussed her previous experience as a regulator with the federal Department of Labor in Washington and as a student of health insurance models at Georgetown University.

Several physicians attended the session either as presenters or guests, including Jo Linder, M.D., representing MMA as Chair of the MMA Executive Committee, Elisabeth Mock, M.D. and Minda Gold, M.D. representing the Maine Academy of Family Physicians, Christopher Cary, M.D. representing the Maine Society of Anesthesiology and Spectrum Medical Group, Josh Cutler, M.D., representing the Maine Quality Forum, Lisa Letourneau, M.D., MPH, representing Quality Counts, Mark Batista, M.D., J.D. representing Medical Care Development, Barbara Crowley, M.D. representing Maine General Medical Center and State Representative Linda Sanborn, M.D.

The event was hosted by Gordon Smith of MMA and Steve Michaud, President of the Maine Hospital Association.



President Barack Obama addressing the AMA House of Delegates in June
Photo by Richard A. Evans, M.D.

124th Maine Legislature Adjourns First Regular Session Having Addressed Budget Challenges, Funding of the Dirigo Health Program, & Tax Reform

Andrew MacLean, Esq.

Following a relatively leisurely week by typical end-of-session standards, the legislature adjourned its first session at approximately 2 a.m. on Saturday, June 13, 2009, four days ahead of the statutory adjournment deadline. With the help of federal stimulus money from the American Recovery & Reinvestment Act (ARRA), the legislature reached bipartisan agreement on a FY 2010-2011 biennial budget of $5.8 billion, less than the $6.2 billion budget for the previous biennium. This legislature also succeeded in passing an alternative funding mechanism for the Dirigo Health Program and a tax reform package, two accomplishments that had eluded legislatures in the last several years. The members of the 124th Legislature will return to Augusta for their Second Regular Session in early January 2010.

In the busy final two weeks of the session, the legislature passed the following significant pieces of health care legislation:

- L.D. 1259, *An Act to Increase Access to Nutrition Information* (the "menu labeling" bill);
- L.D. 1264, *An Act to Stabilize Funding and Enable DirigoChoice to Reach More Uninsured* (replaces the "savings offset payment" (SOP) with an assessment on paid claims);
- L.D. 1205, *An Act to Establish a Health Care Bill of Rights* (including due process protections for physicians in health plan profiling and "tiering" programs);
- L.D. 1444, *An Act to Protect Consumers and Small Business Owners from Rising Health Care Costs* (including information on health plan profiling and "tiering" programs for patients); and
- L.D. 1395, *An Act to Amend the Maine Certificate of Need Act of 2002* (including the elimination of inflationary indexing in the thresholds for CON review).

The MMA supported all but the last of these bills.

Also during the last week of the session, the legislature enacted a revised tax reform bill that addressed Governor Baldacci's concerns with the first effort, L.D. 1088. The second bill was L.D. 1495, *An Act to Implement Tax Relief and Tax Reform*. The bill summary provides as follows:

SUMMARY

This bill incorporates the substance of Legislative Document 1088, "An Act To Modernize the Tax Laws and Provide over $50,000,000 to Residents of the State in Tax Relief," as amended by Committee Amendment "A" and House Amendment "A" to Committee Amendment "A" with the following changes.

1. *It enacts an income tax surcharge equal to .35% on taxable income over $250,000, bringing the tax rate to 6.85% on Maine income over $250,000. The tax surcharge applies to tax years beginning on or after January 1, 2010.*
2. *It eliminates the Maine minimum tax credit for individuals that may be claimed on returns due for tax years beginning on or after January 1, 2010. The credit still applies with respect to taxable corporations.*
3. *It makes the earned income tax credit refundable for tax years beginning after 2009 up to $150 for taxpayers filing married joint returns and $125 for all other taxpayers. Under current law, the credit is not refundable.*
4. *It eliminates the proposed real estate transfer tax increase.*

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Report on TRICARE Spotlight Issues, Examines Contacts – and More

If you currently see patients covered by TRICARE Health Insurance, or you are considering a contract with TRICARE, the AMA has a report that may interest you.

The report provides background on the military and veterans health systems, examines TRICARE contracting and physician payment issues, spotlights concerns associated with mental health, describes recent activity to improve the military and veterans health systems, summarizes relevant AMA policy and activity, and presents policy recommendations.

Find the report at www.ama-assn.org/ama1/pub/upload/mm/372/cms2-i08tricare.pdf.

Stephanie Lash, M.D., President, MMA

President's Corner

In their Presidential year, each MMA President has the opportunity to select a theme. As you may know, my theme this year has been obesity. However, frequently, events of the year may overtake the theme in importance. While the MMA, as part of a larger coalition, has had substantial success with regard to legislative efforts aimed at tackling the problem of obesity here in Maine; with the election of a new and different minded administration in Washington, the broader issue of overall healthcare reform has clearly overtaken us this spring and summer. And Maine physicians have had a front row seat, quite literally, in this process. Just ask Dr. Rich Evans, who last month at the AMA annual meeting, set in the second row and got to shake the President's hand. With Senator Snowe's position as a leading Republican on the Senate Finance Committee, and her close working relationship with the MMA, we have had the chance to repeatedly dialog with her and her staff directly to help shape this effort in ways which we feel will benefit Mainers and Maine physicians. And this year's AMA annual meeting was truly high drama. One of the most striking aspects for me, as a first time attendee, is the regional cohesion seen amongst the delegates from New England. I am very proud of this committed group of doctors. They work very hard to represent the needs of patients and doctors. But it quickly became apparent that the New England perspective on these issues is not shared uniformly across the country. The debates on the degree to which the AMA should support healthcare reform were nothing short of gut wrenching. And hot button social issues such as birth control and the teaching of sex-ed are very much hot button issues within the national medical community. At the end of the day, I felt very "at home" with the New England delegation and specifically with our group from Maine. My last note of caution, coming away from the meeting, is question what you read in the media, and try whenever possible to get information directly from its source. Much of what came out in the press over the past several weeks has been, in my opinion, somewhat distorted. To be clear, the AMA supports health care reform proposals, which respect the established principles of the AMA. And I do believe there is a consensus within the AMA that our present system leaves far too many patients without access to care. Of course the "devil is in the details" so pay attention. Negotiations and work over the next few months will be critical in determining the success of these reforms. And I encourage all of you to make your views known to our Representatives and Senators in Washington, through your specialty societies, through the AMA and the MMA. I would love to hear from you directly and can be reached at my e-mail or office at: stephanielash@roadrunner.com or (207) 947-0558. I also encourage each of you to attend the MMA Annual Meeting September 11-13 in Bar Harbor. As noted above, it is an important year to be involved!

Continued from page 1... **124th Maine Legislature Adjourns**

5. *It eliminates the proposed sales tax exemption for businesses that make snow for skiing, snowmobiling or similar activities of electricity or fuel used to make snow, machinery or equipment that is used for making snow and snow-grooming equipment.*
6. *It eliminates the proposed sales tax on fees charged for golf courses, bowling alleys, swimming pools, skating rinks, ski lifts, gymnasiums and tennis and racquetball courts and on proceeds from arcade games.*
7. *It specifies that the exemption from sales tax applies to fees charged by health and fitness centers and lessons or training in dance, music, theatre, arts and gymnastics, martial arts and other athletic pursuits.*
8. *It increases the amount that is deposited into the Tourism Marketing Promotion Fund from sales tax on meals and lodging.*
9. *It allocates funds to the Tourism Marketing Promotion Fund due to the increase in the percentage of certain sales tax revenue that is transferred to the fund.*

While the MMA still is taking stock of the First Regular Session of the 124th Legislature, the MMA leadership believes it has been a successful one for the organization and for all stakeholders in Maine's health care system. The state budget was the focus of the health policy debate this session and positive aspects of the final budget package include an increase in the MaineCare fee schedule from approximately 57% of Medicare rates to approximately 70% of Medicare rates effective February 1, 2010, funding for a Patient Centered Medical Home pilot project, and sustaining funding for HealthInfoNet. While there were cuts in health care spending in the FY 2010-2011 biennial budget, the cuts would have been much worse had it not been for the federal stimulus money. The MMA made progress on other aspects of its legislative agenda, including L.D. 1205 mentioned above and various public health initiatives, particularly those focusing on "healthy weight." The MMA staff will prepare a summary of legislative activity and will have that available by the Annual Session in September.

The MMA thanks all physicians who participated in our advocacy efforts this session, as "Doctor of the Day," as a witness before a legislative committee, or as a participant in Physicians' Day at the Legislature.

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*. The MMA also holds weekly conference calls of the Legislative Committee. 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 bill text and status, session and committee schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at: http://janus.state.me.us/legis/.

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

Payor Liaison Committee Hears About Medicare RAC Audits

Andrew Finnegan from the Region I office of CMS met with MMA's Payor Liaison Committee on June 10 to discuss the Medicare Recovery Audit Contractors (RAC) program which will be operational in Maine by this Fall. The contractor for Maine and the rest of Region I has been selected (DCS) and the underlying federal law and contract allows the contractor to collect a contingent fee for every overpayment it identifies (State law introduced at the request of MMA prohibits such a payment arrangement by MaineCare).

Mr. Finnegan discussed the underlying rationale for the program which was mandated by Congress. In 2008, the Medicare program led all federal programs with errors in payment, representing over $10 billion through an error rate of 3.6%. Medicare receives more than 1.2 billion claims per year.

Any physician or practice in Maine which bills Medicare is subject to these audits, which are either automated (without review of any medical record) or complex (where medical records will be requested). The RAC reviews are done only on a post-payment basis. In planning for these audits, the following points should be kept in mind:

- RACs will not be able to review claims paid prior to Oct. 1, 2007.
- Subject to the Oct. 1, 2007 provision, RACs will be able to look back only three years from the date the claim was paid.
- RACS are required to employ a staff of nurses, or therapists, certified coders, and a physician medical director.
- Once an overpayment is identified, repayment will be by offset from future payments unless the provider has sent in payment by check or has filed an appeal.
- Once a demand letter is received, the provider will be given an opportunity to discuss the improper payment determination with RAC staff (this is prior to the more formal appeal process).
- Underpayments also may be identified and paid.

CMS has limited the number of medical records that can be reviewed in any 45 day period, as follows:

- Sole Practitioner: 10 medical records per 45 days per NPI
- Partnership of 2-5 individuals: 20 medical records per 45 days per NPI
- Group practice of 6 to 15 individuals: 30 medical records per 45 days per NPI
- Large group of 16 plus providers: 50 medical records per 45 days per NPI.

Different limits apply to hospitals.

Mr. Finnegan suggested three things that practices could do to get ready for these audits:

- Determine where previous improper payments have been found.
- Know whether the practice has had previous issues arise resulting in improper payments or payment denials.
- Prepare to be able to respond to RAC medical record requests.

MMA's Coding Center may be useful if the practice wishes to have some chart audits performed prior to the federal program rolling out in Maine. The Coding Center is accessible by communicating with Director Gina Hobert, CPC, MBA at ghobert@thecodingcenter.org.

In determining what issues have arisen in previous audits, go to www.cms.hhs.gov/rac. The Office of Inspector General also provides similar information at www.oig.hhs.gov/reports.html.

To appeal a RAC overpayment decision, you must file an appeal letter within 120 days after receiving the demand letter.

MMA will continue to look for opportunities to provide presentations by the contractor itself, DCS out of Livermore, CA.

Upcoming at MMA

AUGUST 12	11:00am – 2:00pm	MMA Senior Section Meeting
AUGUST 18	11:30am	Quality Counts; Staff Meeting
AUGUST 19	9:00am	Coalition for the Advancement of Primary Care
	11:00am	Patient Centered Medical Home, Work Group
AUGUST 26	4:00pm	MMA Public Health Committee
SEPTEMBER 2	1:00pm – 2:00pm	Aligning Forces for Quality, Steering Committee
	2:00pm – 5:00pm	Quality Counts, Board Meeting
SEPTEMBER 11-13		MMA's 156th Annual Session in Bar Harbor
SEPTEMBER 14	5:30pm – 8:30pm	Medical Professionals Health Committee
SEPTEMBER 16	9:00am	Coalition for the Advancement of Primary Care
	11:00am	Patient Centered Medical Home
	6:00pm	MMA Payor Liaison Committee
SEPTEMBER 17	4:00pm	MMA Committee on Physician Quality
SEPTEMBER 22	1:00pm – 4:00pm	Aligning Forces for Quality, Steering Committee
OCTOBER 5	3:00pm – 5:00pm	Academic Detailing Work Group
OCTOBER 7	1:00pm – 2:00pm	Aligning Forces for Quality, Steering Committee
	2:00pm – 5:00pm	Quality Counts; Board Meeting
OCTOBER 9	9:00am – Noon	*First Friday's* Educational Session: 2009-2010 Physicians Guide to Maine Law and Legislative – Regulatory Update
OCTOBER 21	4:00pm	MMA Public Health Committee
OCTOBER 28	11:00am – 2:00pm	MMA Senior Section Meeting

Upcoming Specialty Society Meetings

SEPTEMBER 9, 2009 — Maine Medical Association – Manchester, ME

Maine Chapter, American College of Emergency Physicians
Contact: Anna Bragdon 207-441-5989 or maineacep@roadrunner.com

SEPTEMBER 11 - 13, 2009 — 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 Society of Orthopedic Surgeons (Sept. 11-12)
MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

Maine Association of Psychiatric Physicians (Sept. 12)
MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

Maine Society of Anesthesiologists (Sept. 12 – 2:00 pm - 5:00 pm)
Contact: Anna Bragdon 207-441-5989 or msainfo@roadrunner.com

Maine Urological Association (Sept. 12 – 2:30 pm)
MMA Contact: Kellie Miller 207-622-3374 ext: 229 or kmiller@mainemed.com

SEPTEMBER 29, 2009 — Maple Hill Farm Bed and Breakfast Conference Center – Hallowell, ME

Pediatric Immunizations CME and Immunization Congress
Jointly sponsored by the Maine Medical Association and Maine Chapter, American Academy of Pediatrics
Contact: Aubrie Entwood 207-782-0856 or agridleyentwood@aap.net

OCTOBER 2, 2009 — Harborside Hotel & Marina – Bar Harbor, ME

Maine Society of Eye Physicians and Surgeons Fall Business Meeting 10:30am – 12:00pm
(To be held in conjunction with the 8th Annual Downeast Ophthalmology Symposium
MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

OCTOBER 2-4, 2009 — Harborside Hotel & Marina – Bar Harbor, ME

8th 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 16-18, 2009 — Jordan Grand Hotel at Sunday River – Bethel, ME

Maine Chapter of the American College of Physicians Annual Scientific Meeting
MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

OCTOBER 30, 2009 — Harraseeket Inn – Freeport, ME

Maine Association of Psychiatric Physicians General Membership Meeting 5:00 pm - 9:00 pm
MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

NOVEMBER 7, 2009 — Central Maine Medical Center – Lewiston, ME

American Academy of Pediatrics, Maine Chapter Fall Meeting: Update in Pediatric Surgery
Contact: Aubrie Entwood 207-782-0856 or agridleyentwood@aap.net

Considering an MMA Leadership Position? Let us Know!

Any MMA member wanting to run for an elected office with the MMA during this year's annual convention, September 11-13, is asked to advise the MMA staff of your intentions as soon as possible.

During the meeting, members vote for the following positions:

- President-elect
- Moderator and Vice Moderator
- AMA delegate and alternate delegate
- All Committee Memberships

Contact Diane McMahon at 622-3374 ext: 216 or email her at dmcmahon@mainemed.com regarding your interest.

How Much are Physicians Making? A New Survey Highlights Physician Compensation, as well as Benefits and Incentives Being Offered

Merritt Hawkins & Associates, the Nation's leading physician consulting and staffing firm and a Corporate Affiliate of the Maine Medical Association, has just released their **2009 Review of Physician and CRNA Recruiting Incentives**. This year's survey marks the sixteenth annual release of one of the most widely-used resources for benchmarking in the physician recruitment industry. The Review tracks three key physician recruiting trends. First, based on the physician recruiting assignments Merritt Hawkins & Associates is retained to conduct, the Review indicates which types of physicians are in the greatest demand and which are the most challenging to recruit. Second, the Review indicates what types of communities are recruiting physicians based on population size and the types of practice settings into which physicians are being recruited. Third, the Review indicates the types of financial and other incentives that are being used to recruit physicians and CRNAs.

Who is in demand? Where are they recruiting? Into what settings? What are they offering? Answers to these questions, and many more, can be found in the Review.

For a copy of this report, contact Jeremy Robinson, Senior New England Marketing Consultant at 800-306-1330 or Jeremy.Robinson@MerrittHawkins.com.

Notes from the EVP

Gordon Smith, MMA EVP

I hope the summer finds you all well and that our hard-working members and their staffs are able to take a vacation at some point during the summer. Certainly you all deserve it. At MMA, day to day activities are a bit slower in the summer with our major focus this summer being on the national health system reform discussions and on the upcoming Annual Session being held Sept. 11-13, 2009 at the Harborside Hotel in Bar Harbor, with some of the events being held at Jackson Laboratory. With a theme of *Personalized Medicine, Translating Science to Clinical Practice,* we are fortunate to be partnering with the world famous Jackson Laboratory to offer some first class educational sessions focusing on cancer, diabetes and neurological impairments. Check out the insert with this issue of *Maine Medicine* to review the complete program and the registration materials. If you have never attended an Annual Session, please consider participating this year. Bar Harbor remains one of the favorite Annual Session locations, based on surveys of our members.

As I write this article in early July, the prospect for comprehensive health system reform on the national level has dimmed somewhat, as the details of both the House bill and likely Senate bill become known. On a subject this complicated, with as many moving parts as there are, the devil is always in the details. It is easy to advocate for lower costs, universal coverage and higher quality. It is far more difficult to actually design and then implement a *system* that does all three. One fear is that a bill will pass that will be called comprehensive but that will be so watered down after all the negotiations and compromises that it will be what I will call pseudo-reform. On behalf of physicians, we have to focus on payment reform, as without it, Medicare reimbursement will decrease 21.5% in 2010 and over 40% over the next three years. Other goals for MMA include strengthening primary care and achieving equity in geographic variations in reimbursement.

I wish to thank our excellent Advocacy team, led by Andrew MacLean, Esq, for a very successful legislative session. In addition to a MaineCare fee increase, we achieved protection from unfair physician profiling and tiered networks, and helped to negotiate successful compromises on reporting of sentinel events, Certificate of Need legislation and on Dirigo Health. We defeated a bill that would have expanded the Statute of Limitations in medical liability cases. Our public health initiatives led to landmark legislation on menu labeling and we made progress toward mandatory motorcycle helmets by requiring all riders under age 18 to wear helmets. We have a strong advocacy team consisting of Andy, Kellie Miller and Maureen Elwell and they are deserving of our thanks. Having lobbied for over thirty years, I can tell you that it is not easy work. On some days, it is downright miserable, despite most legislators being pleasant to work with. We are always glad to see adjournment come. We followed over 300 pieces of legislation during the first session. For more details, review Andy's report located elsewhere in this issue.

Thanks for your continuing support of MMA. If you ever have concerns or just a question, I hope you will contact me directly at gsmith@mainemed.com. Have a great summer and I hope to see you in Bar Harbor after Labor Day!

Major State Funding Secured Despite Budget Shortfalls

Governor John Baldacci has signed a two-year state budget that included $1.7 million in funding for HealthInfoNet. Despite a serious state budget shortfall that forced many established programs to be downsized or even eliminated, support for HealthInfoNet saw growing support during the six-month session and legislators finally were able to find a way to fund Maine's statewide health information exchange. State funding will be used to complete the current demonstration phase and secure substantial federal matching funds through the American Recovery and Reinvestment Act (ARRA). ARRA includes nearly $20 billion meant to accelerate the adoption of health information technology across the nation, Federal grants and low interest loans will soon be available to physicians and hospitals who need to acquire electronic medical records and other systems. Providers, however, must demonstrate their participation in an exchange such as HealthInfoNet to be eligible for the new federal grants and loans. This spring work began on a statewide health IT strategy for Maine.

Northern New England Poison Center

In Maine, New Hampshire and 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.

POISON Help 1-800-222-1222

Invite a Physician to Join MMA

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

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

Gina Hobert, Director

Coding Updates *by Gina Hobert, BS,CPC, CPC-H, CMOM, Director, The Coding Center*

Maine Medical Association Tel: 888-889-6597 Fax: 207-512-1043 ghobert@thecodingcenter.org

ICD-9-CM Diagnosis Updates Go Into Effect October 1, 2009

Updates to the ICD-9-CM Volume 1 and Volume 3 code sets have been released and go into effect October 1, 2009. As always, it is important to review the list of changes and be sure that your encounter forms, super bills, charge tickets, electronic records, etc. are updated to avoid errors in billing and/or delay in payment.

There are over 300 new diagnosis codes, 23 deleted codes, and 45 revised codes. This year's update includes new flu codes, "which were created to provide data capture for the novel H1N1 influenza A virus (swine flu), first identified in April after the March 2009 ICD-9-CM Coordination and Maintenance Committee meeting and the World Health Organization (WHO) declared a global pandemic alert on June 11." In addition, two new sections entitled "External Cause Status" (category E000) and "Activity" (categories E001 - E019, E029, and E030) were added to the ICD-9-CM volume 1.

487 Influenza
Influenza caused by unspecified influenza virus
Excludes: Hemophilus influenzae [H. influenzae]:
influenza due to 2009 H1N1 [swine] influenza virus (488.1)
influenza due to identified avian influenza virus (488.0)
influenza due to identified novel H1N1 influenza virus (488.1)

488 Influenza due to certain identified influenza viruses
Excludes: influenza caused by unspecified influenza viruses (487.0-487.8)

488.0 Influenza due to identified avian influenza virus
Avian influenza
Bird flu
Influenza A/H5N1

488.1 Influenza due to identified novel H1N1 influenza virus
2009 H1N1 [swine] influenza virus
Novel 2009 influenza H1N1
Novel H1N1 influenza
Novel influenza A/H1N1
Swine flu

We tend to spend a lot of time focusing on appropriate documentation to support the services provided, from Evaluation and Management Services, CPT procedure codes, to diagnostic testing. In addition, we need to focus on the importance of diagnosis coding (ICD9 codes), which also has documentation requirements. With the updates for October 1, 2009 not so far away, I felt it was important to provide MMA members with some brief reminders around appropriate reporting and documentation related to diagnosis coding.

- Documentation should describe the patient's condition, using terminology that includes specific diagnosis as well as symptoms, problems, or reasons for the encounter. Do not code diagnoses documented as "probable," "suspected," "questionable," or "rule out" or other terms indicating uncertainty. If a definitive diagnosis is not known upon the completion of the service, the diagnosis should be listed as the symptoms, signs, abnormal test results, or other reason for the visit.
- For outpatient encounters for diagnostic tests that have been interpreted by a physician, and the final report is available at the time of coding, code any confirmed or definitive diagnosis(es) documented in the interpretation. Do not code related signs and symptoms as additional diagnoses.
- Code to the highest level of specificity. ICD-9-CM is composed of codes with 3, 4, or 5 digits. Codes with three digits are included as the heading of a category of codes that may be further subdivided by the use of fourth and/or fifth digits, which provide greater specificity. A three-digit code is to be used only if it is not further subdivided. Where fourth-digit subcategories and/or fifth digit sub-classifications are provided, they must be assigned. A code is invalid if it has not been coded to the full number of digits required for that code.
- Unspecified codes (NOS) Codes (usually a code with a 4th digit 9 or 5th digit 0 for diagnosis codes) are for use when the information in the medical record is insufficient to assign a more specific code. While often claims for E/M services will be paid with an unspecified code, many diagnostic tests or procedures require a detailed code or the claim will be denied.
- It is important to link the diagnosis code(s) with the services provided. For patients receiving diagnostic services only during an encounter/visit, sequence first the diagnosis, condition, problem, or other reason for encounter/visit shown in the medical record to be chiefly responsible for the outpatient services. When reporting diagnostic tests along with an E/M code, be sure to indicate the diagnosis that supports the service.
- List first the ICD-9-CM code for the diagnosis, condition, problem, or other reason for encounter/visit shown in the medical record to be chiefly responsible for the services provided. Any coexisting conditions that require or affect patient care treatment or management can be additionally listed. Do not code conditions that were previously treated and no longer exist. However, history codes (V10-V19) may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment.
- If multiple diagnoses are billed to the insurance company, the documentation in the note for that visit should support that each of these diagnoses were assessed.

The Centers for Medicare and Medicaid Services (CMS) states, "the fact that the patient has an underlying disease or co-morbidity is significant only if their presence significantly increases the complexity of the medical decision-making. Only conditions that impact the encounter are determining factors that affect the level of E/M service." This is important to note with the increased implementation of Electronic Medical Records. Listing all of the chronic problems that a patient has in the "assessment and plan" portion of the note and indicating that they are taking medication(s) for these conditions, does not "count" towards the level of the visit if these were not documented as being evaluated at that visit. The documentation requirements still apply and history and/or an exam still need to be completed.

Be sure your encounter forms are up to date with current diagnosis codes and be sure they are specific using 4th or 5th digits as appropriate. If you are writing in your diagnosis code on the billing form, be sure you are giving the coder enough information to select the appropriate code. If you are using other electronic systems, be sure the diagnoses files are accurate and complete.

As always, if you have questions about the information in this article or other coding questions, feel free to contact me at 888-889-6597.

Thank You

Thanks to Sustaining Members

Thank you to the following individuals who have shown their support for the MMA's long-term growth by renewing at an additional sustaining membership level.

John Arness, MD ~ Stephen Gorman, MD ~ Robert McAfee, MD ~ Edward Morse, MD
Hugh Robinson, MD ~ Donald Schneider, MD ~ Elihu York, MD

Public Health Spotlight

Kellie Miller, Director of Public Health Policy, MMA

These past few months have been extremely busy with our public health initiatives, and our efforts are flourishing on many fronts. To summarize:

- **Public Health Resolutions** - Members of the MMA/Public Health Committee (PHC) are working diligently over the summer to formulate resolutions for action at the upcoming MMA Annual Session. At press time they have submitted concept drafts focused on: wind energy, promoting physician involvement & leadership in Maine's Public Health Infrastructure, Global Warming, and Childhood Immunization federal funding structure as part of health care reform. The next full meeting of the PHC is August 26th, 4-6pm at the MMA office, with telephone and video conferencing available.

- **The 2009 Public Health Forum in conjunction with the MMA Annual Session –** The forum entitled, *"Public Health, Swine Flu & You: The Practicing Physician's Role in Emerging Public Health Threats,"* will incorporate a panel of experts to address H1N1 and emerging public health threats at different levels: i.e., the practitioner and their office, the community level, hospital/health system and the state level. Different Scenarios will be presented for audience input to fully understand the full public health/clinician response roles. The session will be held on Sunday morning, September 13th.

- **Vaccine Safety CME Educational Session/Immunization Congress - September 29th, 2009 -** The MMA/Public Health Committee will host a CME educational session on Vaccine Safety for physicians, supported by the AMA, and also with support from the Maine Chapter of the AAP, which has organized an afternoon Immunization Congress to facilitate stakeholder discussions on developing a long-term Childhood Immunization financing structure for Maine to return to a Universal immunization program. Faculty for the Vaccine Safety Program include: William Atkinson, MD, MPH, National Center for Immunization and Respiratory Diseases, CDC and Gary Marshall, MD, Professor of Pediatrics and Chief, Division of Pediatric Infectious Diseases, University of Louisville Medical School.

- **Promoting physician involvement in the Fall 2009 Seasonal Influenza Vaccine opportunity for local school districts –** The MMA/PHC is working with the Maine CDC to encourage our physician members to assist their schools with this effort. Doing so may not only help protect the health of the entire community, but also ready the community for large-scale vaccine clinics for H1N1. The two major factors for this effort is due to:

  1. The U.S. CDC now recommends that all children, 6 months through 18 years of age, receive annual vaccination against seasonal influenza.
  2. Additionally, H1N1 at this point in time appears to be affecting children and young adults disproportionately. Although seasonal influenza vaccine will not protect specifically against H1N1, it will help improve the overall health of a child during this coming influenza season when both seasonal and H1N1 influenza strains may be circulating. The Maine CDC anticipates a vaccine against H1N1 may be available later in the year.

- **Statewide Coordinating Council (SCC) Involvement –** The MMA/PHC serves as a Key Stakeholder and attended the first official meeting on June 25th. There is one slot for a physician to serve and the newly appointed physician representative is Joel Kase, DO, MPH, current president of the Maine Osteopathic Association. Dr. Kase will serve as the physician representative to ensure that we establish a linkage and active communication between practicing Maine physicians and the SCC. The purpose of the SCC is to:
- Ensure that the state public health system is ready and maintained for accreditation;
- Provide a mechanism for the Advisory Council on Health Systems Development to obtain statewide input for the state health plan;
- Provide a mechanism for disseminating and implementing the state health plan; and
- Assist the Maine Center for Disease Control and Prevention in planning for the essential public health services and resources to be provided in each district and across the State in the most efficient, effective and evidence-based manner possible.

For more information on the SCC, it's membership and the 10 Essential Public Health Services go to: http://www.maine.gov/dhhs/boh/olph/scc/agenda.shtml

- **Childhood Immunization Financing Workgroup –** This work group evolved out of LD 1408, *An Act to Establish the Universal Childhood Immunization Program*, which was carried over to the next legislative session. This group is comprised of representatives from the physician community, the health plans, Maine Immunization Coalition members, Maine CDC, as well as physician and provider associations. This stakeholder group will meet several times prior to the start of the legislature in January to develop a business plan acceptable by all parties to build a financial infrastructure to fund a Universal Childhood Immunization program. The goal is to present amended language, agreed upon by all parties for the public hearing before the Health and Human Services Committee.

- **Global Climate Warming Stakeholder Group –** Managing the health effects of climate change is the biggest global health threat of the 21st century, according to experts in the article, "Managing the Health Effects of Climate Change," **The LANCET, Vol. 373, May 16, 2009**. This year, the Maine Legislature presented a resolution, LD 460, calling on the DEP to convene a stakeholder process to directly address the need for adaptation efforts as part of a climate action plan. June marked the first meetings of the stakeholder groups and the process will focus on the development of "climate resilient" organizations, communities, economy and ecosystems, by taking steps to minimize the likely impacts (mitigate) and at the same time increasing human and natural system abilities to "bounce back." **One area of particular interest to the physician community is the need to identify and implement the State's responses to climate change in the area of Human Health, including increases in heat-related and vector-borne diseases.** The MMA/PHC is involved in the working group called Maine's Social Environment. The group will be meeting periodically throughout the summer and fall.

Another article of interest for members is: "Climate Change Puts Children in Jeopardy", Medical News and Perspectives, JAMA, June 3, 2009, Vol. 301, No. 21.

18th Annual Practice Education Seminar

June 3, 2009

Attendance exceeded expectations with over one hundred participants

Mila Kofman, JD, Maine Superintendant of Insurance, discussed what the Bureau of Insurance is doing to assist Maine's providers and consumers

Kenneth Lehman, Esq. of Bernstein Shur discusses HIPAA update informally with attendees

State Attorney General Janet Mills presented the Keynote address at the seminar. While addressing several topics, she highlighted the problem of prescription drug abuse.

Maine Bureau of Insurance Launches Summer Consumer Outreach Program

Superintendent of Insurance Mila Kofman announced on June 30th that the Bureau of Insurance will conduct a ***Summer Consumer Outreach Program*** to help consumers with insurance cases and to raise awareness about the Bureau's resources.

In addition to encouraging consumers to visit the Bureau's offices at 122 Northern Avenue in Gardiner or the agency's website, **www.maine.gov/insurance**, Superintendent Kofman invites the public and media to join her and staff at events in Presque Isle and Farmington.

All sessions will take place from 5:00–7:00 p.m. They will include an overview of the Bureau's services and ample time for questions. Additionally, staff members will assist individual consumers with their specific cases. Dates and location are listed below.

Wednesday, August 12th
Presque Isle
University of Maine (UMPI)
Campus Center, Allagash Room

Tuesday, August 18th
Farmington
University of Maine (UMF)
North Dining Hall, Section C

The Bureau of Insurance is part of the Department of Professional and Financial Regulation, which encourages sound ethical business practices through regulation of insurers, financial institutions, creditors, investment providers, and numerous professions and occupations for the purpose of protecting the citizens of Maine. Consumers can reach the Bureau through its web site at ***www.maine.gov/insurance****; by calling 800-300-5000 in state; or by writing to Bureau of Insurance, 34 State House Station, Augusta, ME 04333.*

Board of Licensure in Medicine Appointments and Reappointments

Governor John Baldacci has recently appointed the following individuals to the Board of Licensure in Medicine.

- George Dreher, MD, *Portland*
- David D. Jones, MD, *Presque Isle*
- Cheryl Clukey, *Augusta* (Public Member)

Mercy Recovery Center Medical Director is MHA Caregiver of the Year

Mark Publicker, MD, medical director of the Mercy Recovery Center part of the Mercy Health System in Portland, is the 2009 Maine Hospital Association Caregiver of the Year.

He was nominated by Mercy Health System President and CEO Eileen Skinner who called him "a model physician and caregiver" who, in addition to his work with patients, trains other clinicians in addiction medicine.

Eighty babies have been born healthy and at full term with no major withdrawal symptoms, thanks to a program Dr. Publicker founded called MOMS, (Mothers on Maintenance Subutex). MOMS is designed to help addicts who are pregnant or have recently given birth—an extremely vulnerable and growing population. The women are treated with Subutex, also known as buprenorphine, an alternative to methadone.

But it's the personal relationships Dr. Publicker develops with the patients that allow for the success of the program. Dr. Publicker's wife has designed and created hand-made diaper bags, sweaters and baby blankets for the MOMS group members.

Dr. Publicker's advocacy for his patients recently took him to the United States Congress, where, after two years of working with Sen. Susan Collins (R-Maine), he helped write a new law. In December of 2006, Congress passed a bill that more than triples the number of people who can be treated for opiate addiction with buprenorphine. The drug had been approved for use in 2002, but was restricted to only 30 patients per physician practice. Thanks to the new law, that number is now 100 per physician.

In November, Dr. Publicker was credited in the Journal of the American Medical Association for his work on the first major national study of a new treatment of opiate addiction in adolescents. As part of the study, Suboxone, an alternative to methadone, was given to 30 adolescent patients at the Mercy Recovery Center for up to three months. Those patients saw a dramatically reduced rate of relapse both in the short and long terms.

Dr. Publiker making remarks after receiving the MHA Caregiver of the Year award

MMA and MaineCare Launch Academic Detailing Program (MICIS)

The Maine Medical Association has received a state contract to develop and implement an academic detailing program designed to provide independent clinical information to Maine physicians and other prescribers of medication. By aligning prescribing practices with the best scientific evidence on the treatment of common clinical problems, it is hoped that patient outcomes can be improved. And while the primary goal of the program is to improve quality, the experience in other states has demonstrated that academic detailing also helps to control costs, which obviously has important implications for access to care. The program has been named the *Maine Independent Clinical Information Service* or MICIS.

Academic detailing focuses on clinical topics where there are gaps between evidence-based guidelines and typical practice patterns. Educational modules are developed after synthesizing the findings of the best available studies into key messages for practicing clinicians. These training materials, developed by physicians associated with Harvard Medical School, form the basis of face-to-face discussions between the academic detailers and physicians.

MICIS was mandated by the Maine Legislature and is funded by fees collected from pharmaceutical companies as a cost of doing business in the state. The Legislature wanted to create a mechanism where physicians and other providers could be exposed to clinical content created by an independent group of experts not swayed by financial concerns. The Program is overseen by an advisory committee chaired by family physician Noah Nesin, M.D. of Lincoln. MMA is represented on the Academic Detailing Advisory Committee (ADAC) by Kellie Miller, M.S. and Gordon Smith, Esq. Other participants include representatives of Goold Health System, MaineCare, pharmacists, physicians and consumers. Two physician assistants have been trained to conduct the detailing presentations. Noel Genova, PA-C of Portland has practiced primary care in Portland, in Kentucky and in Birmingham, England and also provides consultations on prescribing for chronic pain, funded by the Board of Licensure in Medicine and provided through MMA. Erika Pierce, PA-C is a native of Central Maine and has practiced in primary care settings in the Central Maine area since 2005.

Academic Detailer, Noel Genova, PA-C and ADAC Chair, Noah Nesin, MD discuss the academic detailing visit to interested practice managers

The first two modules prepared deal with the clinical topics of anti-coagulants and Type II Diabetes. Detailing visits will begin by early fall. To schedule a visit to your practice, contact Noel Genova directly at noelpac@aol.com or 207-671-9076 or Kellie Miller at kmiller@mainemed.com or 622-3374 ext. 229.

Medical Mutual Insurance Company of Maine Risk Management Practice Tip:

Anticoagulation Management in the Physician Office

Management of the patient undergoing oral anticoagulation therapy, such as warfarin, requires the physician office to have established systems for patient education, tracking steps in the anticoagulation process, appointment management, dose determination, and communication. Diligence in adhering to these systems is key in avoiding adverse patient events due to over- or under-anticoagulation.

Patient Education

Provide patients with comprehensible educational material. Document in the medical record the patient's acknowledgement of his/her responsibilities regarding follow-up, ongoing monitoring and the expectation of compliance. Partnering with patients who are anticoagulated is essential in providing optimum treatment.

Tracking System

Establish a tracking system to assure that patient testing is completed when ordered, results are received and evaluated and appropriate adjustments are made to the patient's medication regime. If the office has an electronic medical record (EMR), maximize the utilization of the system to include test tracking. This provides an electronic method that promotes timely communication and documentation. In practices that do not have an EMR, a manual tracking system may include:

- A flow sheet for quick access to necessary information, i.e., patient's current dose, INR results and previous data.
- An electronic scheduling system that sends an alert when INR results are due on a patient.
- A tickler file organized by date of expected INR test result.

Appointment Management

Develop a procedure that addresses steps to implement when a patient is unable to be directly contacted with test results/dose changes or inconsistently attends planned appointments. Steps should include contact by phone, regular mail and when necessary, a certified letter. The certified letter should include the importance of close monitoring and potential risks of non-compliance. Document in the medical record all patient contact attempts. Technological advancements may facilitate improvement in the anticoagulation process. Consider using a point-of-care testing device which provides immediate test results allowing the provider to adjust the medication dose while the patient is present in the office. Certain patients, based on medical history and reliability, may be appropriate for a home monitoring device to perform a fingerstick test for INR at home.

Dose Determination

Follow established guidelines in dose determination. Making warfarin dose adjustments based solely on "experience" or "history" with the patient can lead to defense challenges if the patient suffers an adverse outcome due to ineffective anticoagulation management. Using an established algorithm is an objective, systematic way to manage warfarin therapy. Commercially available systems, algorithms, guidelines and flowsheets may be found on the Internet and are referenced in Medical Mutual's Practice Tip on Anticoagulation Management at www.medicalmutual.com.

Communication

Establish reliable communication systems. If a patient has multiple providers, establish and clearly document which provider will be responsible for prescribing, monitoring and adjusting the warfarin dose. Communicate the patient's status with any other providers involved in their care. When patients are referred to another provider, assure that information regarding the anticoagulation status is communicated.

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.

Practitioner's Dilemma: Mandatory Reporting of Sexual Activity Between Minors?

By Beth Dobson, Esq., Verrill Dana, LLP Health Care Group

As a practitioner in Maine, you are likely aware that Maine law requires you to report the abuse of a minor to DHHS or the District Attorney. "Abuse" means "a threat to a child's health or welfare by (among other actions) … sexual abuse …" You may also know that sexual activity, even consensual sexual activity between minors who are age mates (within 3 years of each other) and between the ages of 12[1] and 15, may constitute a crime in Maine, even in the absence of force, drugs, coercion or other aggravating circumstances.

Here's the hypothetical: As a psychiatrist or pediatrician, in the course of treatment of a minor you learn that the minor has engaged in sexual activity with another similarly aged minor and there are no aggravating circumstances or risk factors. Must you notify DHHS or the District Attorney?

While it may seem prudent to follow the maxim "when in doubt report," it is well-recognized that confidentiality is key to treating adolescents and that automatic reporting of all [potentially criminal] but non-injurious sexual activity may deter minors from obtaining needed psychological, pre-natal and reproductive health care. Further, such automatic reporting may violate a minor's privacy interests.

Fortunately, the Maine Office of the Attorney General (OAG) has given some well-reasoned guidance analyzing Maine law, statutes, and cases from other states. In response to a question from DHHS Commissioner Brenda Harvey, who has responsibility for oversight and enforcement of Maine's mandatory reporting and child abuse laws, the OAG framed the question as follows:

> Whether a mandated reporter is required to report sexual conduct by a minor that may constitute a crime involving a sexual act or contact even where the mandated reporter does not know or have reason to suspect that the conduct presents a threat to a child's health or welfare?

The OAG answered as follows:

> [W]e believe that a court construing [the language of the reporting statute] would conclude that a mandated reporter is not legally required to make a report unless the reporter has reasonable cause to suspect a threat to a child's health or welfare. In many cases, sexual conduct by minors may satisfy this standard, and reports should be made in those situations. A report to the Department may also be appropriate in these cases if the reporter has reasonable cause to suspect that a person responsible for the child has failed to protect the child from abuse and neglect. However, if a mandated reporter reasonably concludes, based on the totality of the circumstances and exercising the reporter's professional expertise where applicable, that the sexual conduct between minors does not threaten the health or welfare of the children involved, we do not believe that a court would conclude that a report is legally required.

For a copy of the March 15, 2008 OAG opinion, contact bdobson@verrilldana.com or amaclean@mainemed.com

1 Sexual activity under the age of 12 is considered to be inherently harmful and should be reported.

With Sincere Appreciation

The long-session of the 124th 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 very best to check our files and our memories and apologize for anyone missed in this list.

Legislative Testimony

William "Ed" Atlee, MD
A. Jan Berlin, MD
Robert Bing-You, MD
Edward "Ned" Claxton, MD
Laurel Coleman, MD
Charles Danielson, MD
Norma Dreyfus, MD
Richard Flowerdew, MD
Michael A. Gibbs, MD, FACEP
Maroulla Gleaton, MD
Lani Graham, MD, MPH
Moritz Hansen, MD
Edward Jaccoma, MD
Stephanie Lash, MD
Jo Linder, MD
Lawrence J. Losey, MD, FAAP
Dervilla McCann, MD
David McDermott, MD
Frederick Miller, MD
Dora Anne Mills, MD, MPH
Robert Nicholson, MD
Janis Petzel, MD
Lawrence Piazza, MD
Jim Raczek, MD
Victoria Rogers, MD
Douglas Salvador, MD, MP
David Simmons, MD
Samuel P. Solish, MD
Erik Steele, DO
Daniel Summers, MD
August Valenti, MD
James Wilson, MD
Charles Zacks, MD

Doctor of the Day:

Peter Amann, MD
Robert Aranson, MD
William "Ed" Atlee, MD
Louisa Barnhart, MD
A. Jan Berlin, MD
AJ Candelore, DO
Rebecca Chagrasulis, MD
Judith Chamberlain, MD
Laurel Coleman, MD
Russell DeJong, MD
Karyn Diamond, MD
Steve Diaz, MD, FACEP
Mark Earnshaw, MD
Virginia Eddy, MD
Jonathan Fanburg, MD
Richard Flowerdew, MD
Elisabeth Fowlie-Mock, MD, MPH, FAAFP
Harold Friedman, MD
Kathryn Galbraith, MD
John Gimpel, MD
Timothy Goltz, MD
Karen Hadam, MD
Louis Hanson, DO
Allen Hayman, MD
Richard Kappelman, MD
James Krainin, MD
Michelle Labotz, MD
Richard Leidinger, MD
Lisa Letourneau, MD
Jo Linder, MD
Tom Marshall, MD
David McDermott, MD
Barbara Moss, DO
Lisa Nielson, MD
Janis Petzel, MD
James Pisini, DO
Katherine Pope, MD
Challa Reddy, MD
Victoria Rogers, MD
Lisa Ryan, DO
Carol Saunders, MD
David Simmons, MD
Key Stage, MD, FACS
Dustin Sulak, DO
Dan Summers, MD
Kathleen Thibault, DO
James VanKirk, MD
Gary Winn, MPH, DO

Physicians' Day at the Legislature May 21, 2009

Attendees at the Maine Society of Orthopedic Surgeons booth in the Hall of Flags

The day began early with a 7:00 a.m. run with Governor John Baldacci

Governor Baldacci discusses issues of interest in the Cabinet Room

David Simmons, M.D., and Cathy Stratton of the Medical Professionals Health Program with Chris Ross, PA-C, of the Downeast Association of Physician Assistants

Anesthesiologists Allen Hayman, M.D. and Chris Cary, M.D. in the Cabinet Room meeting informally with Governor Baldacci

Thank You

A special thank you to the following physicians who served as volunteers on prelitigation screening panels from January thru June 2009.

Physicians willing to volunteer may contact the MMA EVP Gordon Smith at 622-3374 ext: 212 or via email at gsmith@mainemed.com.

William Chasse, MD
George Glass, MD
Julie Long, MD
Charles Markowitz, MD
Burton Pearl, MD
John Pearson, MD
Daniel Reinke, MD
David Stuchiner, MD
Sheena Whittaker, MD

MMA Welcomes Our Newest Corporate Affiliates:

Apothecary by Design
Easy Pay NE, Inc.

We appreciate their support!

Clinical Use of HealthInfoNet's Secure Data Repository Will Begin This Month

After five years of planning and development, HealthInfoNet is scheduled to "go live" with the first clinical use of Maine's statewide health information exchange (HIE) in July. This will make Maine the second state in the nation to begin operating a statewide electronic HIE.

HealthInfoNet will open access this summer for the first time to patient-specific clinical information included in the system's secure statewide database.

Providers participating in HealthInfoNet's 24-month demonstration phase will have access to data on more than 400,000 patients whose information has been added to the system in recent months. After the mid-2010 completion of the demonstration phase, access to the system will be broadened to other providers. Over time, the database will grow to include clinical information for most Maine residents (except those who choose to "opt out.") To date, fewer than 2,000 individuals have decided not to participate in the HIE.

Maine medicine
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Visit us on the web at

www.mainemed.com