Robert E. McAfee, M.D., former AMA and MMA President, was the honoree at the Fifteenth Annual Edmund Muskie Access to Justice Award Dinner held in Portland on June 2, 2010. Over three hundred guests, including many from Maine’s judicial branch, attended the event which culminated in Dr. McAfee receiving the Hon. Edmund Muskie Award which is awarded annually to celebrate the commitment of extraordinary Maine citizens to access to justice for all Maine residents. Dr. McAfee was recognized for his efforts in bringing to the nation’s attention the epidemic of family violence. For three decades, Dr. McAfee has championed the ways that medical providers and others can recognize and respond to the earliest warning signs of family violence, in order to prevent it from occurring at all. At a native of Portland, Dr. McAfee is a graduate of Deering High School, Bates College and Tufts University School of Medicine. He completed his internship and surgical residency at the Maine Medical Center in 1965 and served as an attending surgeon at MMC for thirty one years as well as Chief of Surgery and Vascular Surgery at Mercy Hospital.

As the 149th President of the AMS from June, 1994 to June 1995, Dr. McAfee used his influence to educate the medical community on family violence issues. He was appointed to the American Bar Association’s Commission on Domestic Violence and served on the Advisory Committee to the Attorney General and the Secretary of Health and Human Services in the Clinton Administration. In Maine, he is a founding member of the Maine Citizens Against Handgun Violence and its Foundation and was a member of the Executive Council of Maine’s Communities for Children initiative.

The Annual Muskie Access to Justice Award Dinner financially benefits the Muskie Fund for Legal Services, a 501(c)3 organization established to support the provision of direct legal services in Maine. The proceeds from this year’s dinner supported the work of Pine Tree Legal Assistance, Cumberland Land Aid Clinic, Immigrant Legal Advocacy Project, Legal Services for the Elderly, Maine Equal Justice and the Maine Volunteer Lawyers Project.

The Maine Medical Association was proud to be a Corporate Sponsor of the Annual Muskie Access to Justice Dinner. President Blaine Romanoff of Schooner Fare. When Dr. McAfee was installed as President of the AMA, Schooner Fare flew out to Chicago to perform at the ceremony. Their closing song was their best known, and is a fitting tribute to an extraordinary and compassionate physician, who has come home to Portland Town and can be expected to continue his good work.

You will be pleased to know that I will be reading rather than singing Steve Romanoff’s words:

Some years ago, out on my own
I set a course for parts unknown,
Leavin behind both friend and foe,
Needin to find what I’ve come to know,
As I watched the islands fade away
And bid farewell to Casco Bay
Though it’s been years and years since then,
My heart has brought me home again.

Welcome home Dr. McAfee.

In closing, I want to quote one of the Doctor’s favorite songwriters, Steve Romanoff of Schooner Fare. When Dr. McAfee was installed as President of the AMA, Schooner Fare flew out to Chicago to perform at the ceremony. Their closing song was their best known, and is a fitting tribute to an extraordinary and compassionate physician, who has come home to Portland Town and can be expected to continue his good work.

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Welcome home Dr. McAfee.
This has been a tough year for physicians, both here in Maine and across the country. The global recession has exacted a toll on the psyche of our nation. I think most of us have not only experienced this. The effects in Maine are great as well. Although over half of Maine’s physicians now embrace a practice model in which they are an employer, isolating them to some extent from the front-line impact of changing payor rates; higher deductible, and decreased demand for care, we still feel the pain with the loss of team members to staffing reductions and the emotional effects of family, friends, and neighbors who are not able to find work that sustains them with purpose and prosperity.

Physician mobility is down. There are fewer advertised positions for physicians in Maine hospitals. Physicians are not able to move as readily with depressed real-estate prices often linking them to a house in a community where they’d rather not be, but where moving to Maine seems out of the question until they can sell that place in another state. Physicians might say with the familiarity and security of what they know rather than risk a change for an unknown. Those of you that try to recruit physicians to your practices know this very well.

MaineCare’s unfunded liability to hospitals has continued to rise. They did a good job with one-time money a few years ago to bring their collective debt with the hospitals down, but it has risen steadily since then with no funding in the budget to pay this. Today if a hospital’s unfunded liability now totals over $500 million dollars, this has a real effect on the ability of hospitals to provide staffing and equipment to their medical staffs, further eroding physician morale.

And it is the single biggest contributor to the declining morale of physicians is the failure by Congress to definitively address the Medicare SGR and its problems. Initially established in the Balanced Budget Amendment of 1997, the SGR formula was intended to control increases in Medicare costs based on flawed models of utilization and expense. But for every year since 2002, the SGR has mandated a significant and growing cut in physician payments. Physicians got accustomed to fighting every 12 to 18 months to get the implementation of draconian cuts pushed off for another year. Through the efforts of the AMA and organizations such as MMA, we have been successful in doing this. However, with each delay of cuts, the cost to permanently fix the problem rises exponentially, and paying for full resolution becomes harder to do. Back in the days when we had to fight this once a year it was a challenge, but we had time between fights to be rejuvenated by all those parts of our careers that we find rewarding—the caring of, for, and by our patients, their responses to our ministers, the knowledge of a job well done, and the health and vitality of the communities in which we live and practice.

We have had to fight this battle nearly every month this year, as even 30-day solutions have been hard to enact. We have not had time to rejuvenate between battles, and battle fatigue has come upon us.

We have here the makings of a perfect storm. Take communities that are weakened by recession and job loss, with a stressed population whose members are often deferring preventive and need care. Tell those communities that they are not going to be able to recruit the pool of physicians that they need, and that their hospital is going to have to close. Let the columns (and the evidence) be held up for your community to see.

Take physicians who live and work in those communities who feel that stress and tell them that they have to live month-to-month not knowing if they will be able to sur viv on the threatened new Medicare reimbursement rates, and expect the physicians to feel good about all of this. That’s a tall order.

We have a profession where we make a profound difference on a daily basis in the lives of those we serve. No other professionals are routinely invited into the lives of their clients with the intimacy with which we work. That is both an awesome responsibility and a tremendous privilege. I reflect on this every day as I think about how lucky I am to be a physician. How do we help physicians cope with the above stressors and continue to feel positive about our work? I believe that the answer lies in what we do together: for ourselves, our patients, and our profession.

Get involved with the activities of the Maine Medical Association. You can become active in the work of any of our committees, and join any of them from your home or office through web-based interactive tools we now routinely use for all our meetings. Share your passion and rejuvenate your spirit through these shared experiences.

Become the Doctor of the Day when the Legislature convenes next winter. Encourage your colleagues who are not members to join us. Let us know what you like to do as a part of our active member team and we’ll work with you to find a good fit. Let’s work together to change the things we can change, and to support each other through the things we can’t. I welcome your comments: president@mainemed.com.

MAA Annual Meeting, 2010

MMA’s delegates, Dr. Richard Evans and John Makin, alternate delegate Manoula Ulubon, MD and MMA President David McMonigle, MD, MPH and President-elect J. Linder, MD, all attended the Annual MMA meeting, June 12-16, 2010, in Chicago. During the meeting, Cecil B. Wilson, MD, an internist from Winter Park, FL became the AMA’s 165th president, defeating both Edward Langston, MD (Indiana) and Joseph Heyman, MD (Massachusetts).

SAVE THE DATES: MMA First Fridays Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>October 1, 2010</td>
<td>First Fridays: Compliance in the Medical Practice</td>
</tr>
<tr>
<td>November 5, 2010</td>
<td>First Fridays: Medical Records (Everything You Want to Know)</td>
</tr>
<tr>
<td>December 3, 2010</td>
<td>First Fridays: Medical Legal Seminar Consent/Capacity Documentation</td>
</tr>
</tbody>
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Interested in the EHR Incentive? Make Sure You’re in PECOS

The Centers for Medicare & Medicaid Services (CMS) recently announced official will use Provider Enrollment, Chain and Ownership System (PELOS) records to verify Medicare enrollment before making Medicare EHR incentive payments under the Recovery Act of 2009.

If you enrolled in Medicare before November 2003 or have not updated your Medicare enrollment information since then, you do not have an enrollment record in PECOS. Act now to establish one.


If you enrolled in Medicare between November 2003 and enrolled before November 2003 and have updated your enrollment information since November 2003, it’s likely no further action is required. If you submitted an enrollment application within the last 90 days and your enrollment application has been accepted for processing, you need not take any additional actions.

For more information, tips and guidance on how to establish a PECOS record, visit www.cms.hhs.gov/MedicareProviderSupEnroll. Go to “Information by State” and select “ME.”

If you are unsure:

1. Check the Ordering Reference Report at www.cms.hhs.gov/MedicareProviderSupEnroll. If you’re on that report, you have a current PECOS enrollment.
2. Use PECOS to look for your PECOS enrollment record. (First, set up your access to PECOS). Go to www.cms.hhs.gov/MedicareProviderSupEnroll, see “Downloads;” click “Tips to Facilitate the Medicare Enrollment Process.”
3. If you enrolled in Medicare between November 2003 and November 2003 and have updated your enrollment information since November 2003, it’s likely no further action is required. If you submitted an enrollment application within the last 90 days and your enrollment application has been accepted for processing, you need not take any additional actions.

If you are unsure:

1. Check the Ordering Reference Report at www.cms.hhs.gov/MedicareProviderSupEnroll. If you’re on that report, you have a current PECOS enrollment.
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Notes from the EVP

A Maine summer is special and I hope MMA members and their families are finding time to enjoy it. July and August are a slower time for us at the office although we still have plenty to do to occupy our time. We do not schedule any First Friday educational sessions during these two months and that provides a time. We do not schedule any First Friday educational sessions during these two months and that provides a time. We do not schedule any First Friday educational sessions during these two months and that provides a time. We do not schedule any First Friday educational sessions during these two months and that provides a time. We do not schedule any First Friday educational sessions during these two months and that provides a time. We do not schedule any First Friday educational sessions during these two months and that provides a time. We do not schedule any First Friday educational sessions during these two months and that provides a time. We do not schedule any First Friday educational sessions during these two months and that provides a time. We do not schedule any First Friday educational sessions during these two months and that provides a time.

While many medical societies struggle to find their niche, we seem to have found ours and have many programs and benefits that members and even non-members find valuable. Our membership is growing and we are well within reach of our 2010 goal of 2000 active members and 3400 members overall. In June alone, thirty-one new members joined giving us 1996 active members and 3463 members overall. Certainly, the most members MMA has ever had. With programs like peer review, the Medical Professional Health Program and our growing array of educational programs offered both in the office and through WeEx, MMA’s future is bright. While we are continuing to transition the work of the Coding Center, these important services will continue to be available to members as well. Advocacy and our public health activities continue to be important, but the day to day assistance we are able to provide to members and practices is increasing in popularity.

For those groups, hospital-owned or otherwise, which do not yet benefit from a group arrangement like the one we have with New England Poison Control & 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.

MMA wants to hear from you!

Issues or concerns you would like to see addressed by the MMA:

Comments / feedback on what MMA is doing:

Please provide your name and telephone number or e-mail address so that we may contact you if clarification or further information is needed.

Telephone:

E-mail:

Return to MMA via fax at 207-622-5532.

Northern New England Poison Center

In Maine, New Hampshire & Vermont, the Northern New England Poison Center provides immediate treatment advice for poison emergencies. They also provide information about poisons and poison prevention, twenty-four hours a day, seven days a week.

### Upcoming at MMA

<table>
<thead>
<tr>
<th>August</th>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>4</td>
<td>5:30–6:00</td>
<td>QC Behavioral Health Committee</td>
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<tr>
<td>9</td>
<td>4:00–6:00</td>
<td>Academic Detailing Work Group</td>
</tr>
<tr>
<td>11</td>
<td>4:00–6:00</td>
<td>Public Health Committee</td>
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<tr>
<td>12</td>
<td>1:00–3:00</td>
<td>OSC HIT Steering Committee</td>
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<tr>
<td>18</td>
<td>9:00–11:00</td>
<td>Patient Centered Medical Home, Conners</td>
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<tr>
<td>19</td>
<td>11:00–1:00</td>
<td>Patient Centered Medical Home, Working Group</td>
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<tr>
<td>19</td>
<td>1:00–4:00</td>
<td>Aligning Forces for Quality, Patient Family Leadership Team</td>
</tr>
<tr>
<td>24</td>
<td>2:00–4:00</td>
<td>Consumer Education Leadership Team</td>
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<tr>
<td>25</td>
<td>11:30–2:00</td>
<td>MMA Senior Section</td>
</tr>
<tr>
<td>31</td>
<td>2:00–4:00</td>
<td>QC - Behavioral Health Integration Metrics</td>
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### Upcoming Specialty Society Meetings

<table>
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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>September 10 - 12, 2010</td>
<td>Harborside Hotel &amp; Marina – Bar Harbor, ME (Harborside Hotel &amp; Marina - Bar Harbor, Maine)</td>
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<tr>
<td>September 24, 2010</td>
<td>Harborside Hotel &amp; Marina – Bar Harbor, ME (Harborside Hotel &amp; Marina - Bar Harbor, Maine)</td>
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<tr>
<td>September 24 - 26, 2010</td>
<td>Harborside Hotel &amp; Marina – Bar Harbor, ME (9th Annual Downeast Ophthalmology Symposium)</td>
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<tr>
<td>October 8-10, 2010</td>
<td>Harborside Hotel &amp; Marina – Bar Harbor, ME (Maine Chapter of the American College of Physicians Annual Scientific Meeting)</td>
</tr>
<tr>
<td>October 15-17, 2010</td>
<td>Harborside Hotel &amp; Marina – Bar Harbor, ME (MMA's Annual Session)</td>
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Return to MMA via fax at 207-622-5532.
Kellie Slate Miller, M.S. Assumes a New Position at the University of New England

Kellie Slate Miller, M.S. has been named Director of the Office of Continuing Medical Education in the College of Osteopathic Medicine at the University of New England. She assumed her new duties on July 12, 2010. Ms. Slate Miller took over the role that was held by Leslie Ingraham, MA, CMED, who recently relocated to Washington, D.C. to work with the American College of Cardiology.

Ms. Slate Miller is well known at the state, local, and national levels for her leadership skills in medical professional organizations. She previously served as Executive Director of the Maine Osteopathic Association for twelve years, during which time she managed all aspects of training, planning, developing, and execution and evaluation of physician continuing medical education programs.

Ms. Slate Miller most recently was the Director of Public Health Policy for the Maine Medical Association and also served as the Director of Emergency Preparedness for the Maine Primary Care Association. She is a member of many civic and professional organizations at the local, state, and national levels and has been recognized for her service.

The College of Osteopathic Medicine at the University of New England is delighted to have Kellie Slate Miller join the UNE community as Director of Continuing Medical Education. The Maine Medical Association will miss Kellie, but looks forward to working with her in her new capacity. We wish her all the best.

Thank You

A special thank you to the following physicians who served as volunteers on validation screening panels from January thru June 2010. Physicians wishing to volunteer may contact the MMA EVP Gordon Smith at gsmith@mainemed.com.

Barbara Reeve, MD
Tari Advani, MD
Mark Bouchard, MD
Jonathan Dreffen, MD
David Ferguson, MD
Catherine Meikle, MD
Barbara Revere, MD
Ed Ringel, MD
Stacey Walden, DO
Kenee Wolfe, MD

Kellie Slate Miller, M.S. Assumes a New Position at the University of New England

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

Quality Counts for Physicians

National news about the implementation of health care reform continues to dominate the headlines. While we have more questions than answers about what health care reform will ultimately mean, Quality Counts (QC) continues to work toward transforming health and healthcare right here in Maine. Thanks to the participation and support of our members and affiliates, we already have some sense—and we are constantly learning more—about what reform will mean for physicians and patients in our state. As one of the leading quality organizations in Maine, QC provides leadership, advocacy and support for improving care. Our goals are to improve the overall health of Maine’s people, promote consistent delivery of high quality care, improve access to such care, contain healthcare costs, and engage consumers. We work through a broad group of stakeholders—consumers, doctors, nurses and other healthcare providers, employers, insurers, public health professionals, and policy-makers—to achieve these goals.

In particular, the participation and support of our stakeholders enabled QC to conduct the following exciting activities during the past year:

Promoting alignment of quality drivers in the state by serving as the lead agency for the Maine Aligning Forces for Quality initiative. Maine is one of 17 “communities” participating in this Robert Wood Johnson Foundation initiative, which is designed to lift the overall quality of health care in targeted communities, reduce racial and ethnic disparities, and provide models for national reform.

Supporting transformation of the healthcare system by helping to lead the Maine Patient Centered Medical Home Pilot, in conjunction with the Maine Quality Forum and the Maine Health Management Coalition. The recently issued ‘‘year one’’ report highlighting the success of the pilot is available online at www.mainequalitycounts.org.

Advancing improvements in healthcare quality by supporting a learning community of providers and other key stakeholders, serving as a resource for quality information through our annual conference, website, e-newsletters, and much more at a set of regular ‘‘Brown Bag Forums,’’ and provider and hospital based nurse leader educational webinars.

In April, QC hosted our annual best practice college, ‘QC7: Transforming Health and Healthcare in Maine, What’s Your Role?’ This conference gave physicians and other participants the opportunity to network, hear from nationally recognized speakers about up-to-the-minute health care data and insights, and learn the latest news about quality improvements in Maine. This annual event is just one of the many ways QC brings physicians together with others who are doing similar or complementary work around the state and across the nation. Plans are already underway for QC8 on April 6, 2011.

QC’s concrete steps toward better health and health care for Maine are the result of the interest and involvement of our many members. If you are not yet a member, please consider joining us. As a physician, you will particularly benefit from our learning community aimed at promoting best practices, as well as our communications about quality efforts and programs and our repository of quality improvement resources, information, and tools. If you are already a member, we hope you will become more involved in our aligning efforts in the coming year.

On the national scene and at the local level, the improvement of health care quality will continue to be on all of our minds—especially with regard to our work and our patients. By working together, we can help to make health care reform meaningful for the people of Maine.

Best wishes for a happy, healthy summer!

The Maine Humanities Council is hosting After Shock: Humanities Perspectives on Trauma, a national conference designed to support medical personnel who care for patients suffering from trauma of all kinds, and whose own daily exposure to suffering can be, at times, overwhelming. It will be held on November 12-13, 2010 at the Mayflower Hotel in Washington, DC.

Conference sessions will offer a range of humanities based programs that address directly the difficult issues of PTSD and other trauma related mental health issues, and support health care professionals who have vicariously or directly experienced trauma themselves. Literature is the best source for understanding the invisible wounds that patients have suffered, and is also a significant resource for the healer seeking to be healed.

Plenary speakers include Tim O’Brien, author of The Things They Carried, about soldiers’ experience of war and its aftermath; Jonathan Shay, former VA psychiatrist and MacArthur “Genius Award” winning author of Achilles in Vietnam, who will speak directly to the support needed by health care professionals who deal with trauma day after day. There will also be 18 other small group sessions, including one led by Dr. David Lortkipashvili and one led by Neil Genova, PA-C, of Portland who consults for MMA in the Academic Detailing and Chronic Pain programs.

Organized by the Maine Humanities Council, After Shock is part of Literature & Medicine, a national initiative with more than a decade of success in supporting health care professionals through reading and discussing poetry, fiction, plays, film and non-fiction that illuminate issues central to their work of caring for people, whether they are well, sick, or dying. Its effectiveness and low cost have led to its expansion from Maine into 25 other states. There will be a one-day training in conjunction with the conference on November 11 for those interested in learning how to start a Literature & Medicine program at their hospital. For more information about the training and the conference, please visit www.mainehumanities.org.

For more information, please contact Lisa Slate Miller at the Maine Humanities Council at lslate@mainehumanities.org or 775-5951.

Editors note: MMA, through the Maine Medical Education Trust, has been a financial supporter of the Literature & Medicine program.
We’re proud to be the endorsed Pension Advisory Program for the Maine Medical Association.

Bucky Johnson  Charlie McKee
Senior Vice President - Financial Consultant  Senior Vice President - Financial Consultant
Jim Jackson, CFP®, CIMA®
First Vice President - Financial Consultant

Two Portland Square, 5th Floor
Portland, ME 04101
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Visit the MMA website at www.mainemed.com

Time for a checkup?
Physicians Need Protection Too
Licensing Issues
Employment Agreements
Estate Planning

Philip M. Coffin III

Lambert Coffin
attorneys at law
www.lambertcoffin.com  207.874.4000

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

Rabies
World Rabies Day is on September 28. Stay tuned for planned activities!
Has one of your patients asked you about rabies? Has your dog had an encounter with a raccoon? Health care professionals, we are at the frontlines of rabies prevention. In 2009, 56 animals tested positive for rabies in Maine. Positive results were seen in raccoons, skunks, bats, and foxes.
Exposures of concern include bites, scratches, or penetration of infected animal saliva into cuts or mucous membranes. While many animal exposures are obvious, bat exposures are often difficult to detect. It is not unusual to receive a report of a person awakening to find a bat in the bedroom or witnessing a bat in a room with a previously unattended child, mentally disabled or intoxicated person.
Post-exposure prophylaxis (PEP) is recommended when an exposure occurs and 1) the suspect animal is not available for testing or 2) the suspect animal tests positive for rabies. PEP consists of a combination of rabies vaccine plus human rabies immune globulin over a 14-day period and is very effective in preventing rabies.
Though there hasn’t been a human case of rabies in Maine since 1937, the risk is always lurking!
Take these steps to educate yourself and your patients about rabies:
1) Learn how to recognize an unprovoked exposure and when to recommend PEP (See the Algorithm for Rabies Exposure Assessment on Maine CDC website).
2) Call Maine Center for Disease Control and Prevention (Maine CDC) Disease Reporting line at 1-800-821-9521 for assistance in assessing exposures and reporting cases of PEP administration.
3) Visit Maine CDC website for information and educational materials about rabies.
4) Encourage pet owners to vaccinate their pets against rabies.

Inviting 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 limartin@mainemed.com.

Attention Asthma and Allergy Sufferers!!!!
By Norma Dreyfus, M.D., Co-Chair of the MMA Public Health Committee

Attention asthma and allergy sufferers! Scientists have discovered that increased levels of carbon dioxide enhance the growth of the ragweed plant and the amount of pollen and allergic content it produces. In addition, pollen carries air pollutants into the growth of the ragweed plant and the amount of pollen and CARBON DIOXIDE levels continue to increase.

What can be done? The allergy, asthma and chronic pulmonary disease sufferers can inform themselves about the daily pollen counts and air quality conditions. They can decrease fossil fuel pollution by using the family car less and by car pooling, using public transportation or walking or biking more.

We can look into alternative renewable energy resources and encourage our leaders to institute a proper energy/climate change bill now that includes a cap on carbon emissions.

By working together we can surely improve our own health and that of our most vulnerable citizens who will continue to suffer as carbon dioxide and other greenhouse gases accumulate in our atmosphere.

Public Health Spotlight
The past 2½ years have been exciting for me as the Director of Public Health Policy for the Maine Medical Association. I would like to take a moment to thank our members and especially the Public Health Committee for their dedication, commitment and thoughtful consideration on the many public health issues we state, nation and world are facing today.

Clinical medicine and public health have indeed converged on many fronts and it’s critical that the medical community remain engaged in these debates.

Below is a guest column by Norma Dreyfus, M.D., Co-Chair of the MMA Public Health Committee (PHC), in lieu of my departure from the organization. It has been through the driven insight and leadership of both PHC Co-Chairs, Dr. Norma Dreyfus and Dr. Lani Graham this year, that has enabled the MMA to emerge as an organization learning scientific medical expertise to the debate on many public health issues. This is particularly critical at this juncture regarding the climate change debate at the state and national levels. As Garrison Keillor so proudly announces at the end of his radio show, “Be well, do good work and keep in touch.” Thank you for the opportunity and may our paths cross again in the near future.

Jessa Barnard, J.D., Named MMA Director of Public Health Policy
MMA is pleased to announce the appointment of Jessa Barnard, J.D. most recently of Palo Alto, CA, as Director of Public Health Policy for the Association. A 2008 graduate of Stanford Law School, Jessa worked as a policy specialist at the Vermont Medical Society from 2002-2005 after graduating from Dartmouth College.

Since her law school graduation, Jessa has worked in the area of disability rights as an Equal Justice Works Fellow and Staff Attorney for the Law Foundation of Silicon Valley. She also founded the nation’s first medical-legal partnership specifically for persons with disabilities.

“...we are very fortunate to find someone with Jessa’s unique qualifications,” said Gordon Smith, MMA EVP. “I was aware of her outstanding work in Vermont and was thrilled when I heard that she and her husband would be relocating to Maine.”
Jessa’s husband, Justin Barnard, will be clerking for U.S. Circuit Appeals Court Justice Kermitt Lipez.
Jessa will begin work on August 23rd. MMA welcomes her and Justin back to the East Coast.

Visit the World Rabies Day website at www.worldrabiesday.org

Attention Asthma and Allergy Sufferers!!!!
By Norma Dreyfus, M.D., Co-Chair of the MMA Public Health Committee

Attention asthma and allergy sufferers! Scientists have discovered that increased levels of carbon dioxide enhance the growth of the ragweed plant and the amount of pollen and allergic content it produces. In addition, pollen carries air pollutants into the community can help the allergy and asthma sufferers and those with chronic pulmonary disease so that our most vulnerable neighbors can enjoy nature and the beautiful Maine outdoors. The community can help to decrease CO2 levels and air pollution by decreasing the use of fossil fuels. After September 11, 2001 the CO2 levels in the atmosphere dropped precipitously with the decrease in air traffic. With the cooperation of all, we too can decrease CO2 and greenhouse gases.

We can decrease fossil fuel pollution by using the family car less and by car pooling, walking and biking more. Walking and biking can increase our personal health as well as increase the exercise. We can use less fossil fuel in our homes by working to better insulate.

We can look into alternative renewable energy resources and encourage our leaders to legislate a proper energy/climate change bill now that includes a cap on carbon emissions.

It is imperative that we encourage our congressional delegation to pass a federal energy/climate change bill now that includes a cap on carbon emissions.

By working together we can surely improve our own health and that of our most vulnerable citizens who will continue to suffer as carbon dioxide and other greenhouse gases accumulate in our atmosphere.

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By working together we can surely improve our own health and that of our most vulnerable citizens who will continue to suffer as carbon dioxide and other greenhouse gases accumulate in our atmosphere.
The primary election on June 8th has narrowed the field of gubernatorial candidates to five: Republican Paul LePage, Democrat Elizabeth “Libby” Mitchell, and Independents Eliot Cutler, Shawn Moody, and Kevin Scott. Perhaps the biggest surprise in the gubernatorial primaries was the significant margin of victory for each major party winner – just before the 4th of July holiday. Senator Lisa Marrache, M.D., a family physician from Waterville, serving as Assistant Senate Majority Leader in her second Senate term, announced that she would not seek re-election to her Kennebec County seat, leaving 4 physician candidates for the 129th Maine Legislature. This was followed by an announcement that former MMA Councilor Joan Cohen (D. Portland) will also withdraw from her re-election race. See some key bills from the Second Regular Session of the 129th Legislature below.

Election campaigns in Maine are beginning to heat up with candidates appearing in parades and other public events during the 4th of July holiday weekend. In her recent press statement, Senator Marrache mentioned the challenges of balancing legislation work with family and career responsibilities as reasons for her decision to withdraw from the race. Democrats chose Representative Pamela Jarrett Trinward, House Chair of the Legal & Veterans Affairs Committee in the 129th Legislature, to run for the Senate District 25 seat against Republican Thomas H. Martin, Jr. of Benton. Democrats also chose Patrice Pitre’s campaign in replace of Representative Nancy Smith (D-Momosun) in the Senate District 21 seat against Republican Earle McCormick of West Gardiner. Four other candidates are on the primary ballot. Incumbent Linda Sanborn, M.D. (D-Gorham) is running for re-election against Republican James Timothy Stoddard of Buxton for the House District 150 seat. Maine Osteopathic Association President Joel A. Kase, D.O., M.P.H. of Lewiston is the Republican candidate facing Senator Margaret M. Craven (D-Leawood) in the contest for the Senate District 16 seat. Owen B. Pickus, D.D.O. of Biddeford is running for a Republican against Senator Nancy B. Sullivan (D-Biddeford) in the race for the Senate District 4 seat. Finally, retired emergency physician Paul Libow, M.D. of Buckport is the Democratic challenger against Republican Senator Richard Rosen, also of Buckport, for the Senate District 35 seat.

You can find information about the general election scheduled for Tuesday, November 2, 2010 on the web at: www.maine.gov/sos/votselect/elections.html. The MMA and the MMA Political Action Committee, the Maine Physicians Action Fund, encourage you to get to know the candidates for your House and Senate seats.

The focus of the health policy discussion in Maine this summer has been on the implementation of the federal health care reform laws, the Patient Protection & Affordable Care Act (PPACA) and the Health Care & Education Reconciliation Act. In the executive branch, the Governor’s Office of Health Policy & Finance (GOHPF), the Board of Licensing & Regulation (BOLIM), and the Department of Health and Human Services’ (DHHS) Office of Medicaid formerly known as the MaineCare managed care initiative. The joint select committee on health care reform and implementation committee. The focus of the bill is on improving access for those with catastrophic debt with Medicaid and Medicare.

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.

The MMA continues to monitor the Workers’ Compensation Board efforts to promulgate a health care facility fee schedule and the Department of Health & Human Services’ (DHHS) MBMO claims management system conversion and MaineCare managed care initiative. During the legislative session, the MMA staff provides links to bills for review and comment, updates on the legislature’s work, and calls-to-action through our weekly electronic newsletter, Maine Medicine Weekly Update.

To find more information about the MMA’s advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA website at: www.mainemed.com. You will find more information about the legislative session, the MMA’s political action committee, MMA-PAC, which works to protect the interests of Maine’s medical community and medicine as a whole.

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Licensing Board Issues: L.D. 1608, Resolve, Directing the Commissioner of Professional & Financial Regulation to Study the Complaint Resolution Process (Resolves 2009, Chapter 191). This bill directs the Commissioner to convene stakeholders to “study the need to establish protocols for the resolution of complaints made to occupational and professional licensing boards. A report is due to the Business, Research & Economic Development (BRED) Committee on 2/15/11.

Substitution of AEDs: L.D. 1672, Resolve, Regarding the Dispensing of Antiepileptic Drugs (Resolves 2009, Chapter 188). This bill directs the Maine Board of Pharmacy, GOHPF, BOLIM, and DHHS to study patient safety issues in the substitution of antiepileptic drugs and to provide a report to the HHS Committee on 1/15/11.

Sexually-transmitted Disease: L.D. 1617, An Act Enabling Expedited Partner Therapy (PL 2009, Chapter 533). This bill permits “expedited partner therapy” for sexually-transmitted in accordance with AOGO guidelines.

Lyme Disease: L.D. 1709, An Act to Enhance Public Awareness of Lyme Disease (PL 2009, Chapter 494). This bill designates May as “Lyme Disease Awareness Month” and directs the Maine CDC to maintain a publicly accessible web site for Lyme disease awareness and education.

Immunizations: L.D. 1409, An Act to Establish the Universal Childhood Immunization Program (PL 2009, Chapter 634). This bill requires coverage from birth to 36 months up to a limit of $3280 per year or $3960 by the third birthday.

Insurance Mandates:

 L.D. 20, An Act to Require Insurance Companies to Cover the Cost of Prosthetics Containing Microprocessors (PL 2009, Chapter 603). This bill modifies an exclusion permitted under current law for prosthetics designed exclusively for athletics.

 L.D. 425, An Act to Require Private Insurance Coverage for Certain Services for Children with Disabilities (PL 2009, Chapter 634). This bill requires coverage from birth to 36 months up to a limit of $3280 per year or $3960 by the third birthday.

Insurance Reform:

 L.D. 1198, An Act to Reform Insurance Coverage to Include Diagnosis and Treatment of Autism Spectrum Disorders (PL 2009, Chapter 653). This bill requires coverage within certain limits through age 5.

Insurance Reforms:

 L.D. 1560, An Act to Protect Health Care Consumers from Catastrophic Debt (PL 2009, Chapter 588). This bill prohibits annual and lifetime caps in health insurance policies.

Physician Delegation:


Medical Marijuana:

 L.D. 1811, An Act to Amend the Maine Marijuana Act (PL 2009, Chapter 631). This bill amends the law passed at referendum in 2009 and addresses recommendations of the implementation committee. The focus of the bill is on improving access for patients.

In the regulatory arena, the MMA continues to monitor the Workers’ Compensation Board efforts to promulgate a health care facility fee schedule and the Department of Health & Human Services’ MBMO claims management system conversion and MaineCare managed care initiative.

For more information about the MBMO’s advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA website at: www.mainemed.com. You will find more information about the legislative session, the MMA’s political action committee, MMA-PAC, which works to protect the interests of Maine’s medical community and medicine as a whole.

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Staying Independent in an Age of Roll-Ups, Buy-Outs, and HITECH Act Mandates

By athenahealth

Traditionally, the practice of medicine in Maine has been something of a cottage industry. Doctors working out of small, privately owned clinics cared for patients across generations. House calls were part of the job, and, more often than not, spouses ran the front office. But times have changed. As a 2008 report of the Muskie School of Public Affairs points out, “Traditionally, the practice of medicine in Maine has been something of a cottage industry. Doctors working out of small, privately owned clinics cared for patients across generations. House calls were part of the job, and, more often than not, spouses ran the front office. But times have changed.”

Talk to older patients about driving safety can be challenging. Their driver’s license symbolizes independence and giving up driving privileges can have an emotional impact.

Yet, drivers age 75 and older are involved in significantly more motor vehicle crashes per mile driven. You can find help to address the driving safety of older patients and information on the public health issues involved with a new AIMA guide.

The Physician’s Guide to Assessing and Counseling Older Drivers

Staying independent in an age of roll-ups, buy-outs, and HITECH Act mandates.

Tip:

• Counseling those who are no longer able to drive
• Screen for conditions that may impact driving
• Encourage safer driving
• Assessing functional abilities
• Handling evaluations and referrals

Provide Personal Protective Equipment. The organization must provide gloves, gowns, masks and goggles, and clean, repair and replace this equipment as needed.

Provide Hepatitis B Vaccinations. Offer these vaccines to all employees with an occupational exposure to bloodborne pathogens within 10 days of hire. Have employees that refuse the vaccination sign a statement declaring the offer. Maintain signed statement on file.

Provide Post-Exposure Follow-Up. Provide any employee who experiences an exposure incident with medical follow-up, at no expense to the worker, to include laboratory testing and a confidential medical evaluation. Offer laboratory testing, confidential evaluation and counseling to the source patient. Provide any worker who experiences an exposure to bloodborne pathogens for the duration of employment plus thirty years. All medical information must remain confidential.

Use Labels and Signs Identifying Hazards. Requires warning labels to be affixed to containers of regulated waste such as sharps disposal boxes, refrigerators and other containers used to store or transport blood or potentially infectious materials. Red bags or containers may be used instead of labels. Post signs to identify areas where hazardous waste is stored.

Provide Information and Training to Employees. Employees must receive annual training on the dangers of bloodborne pathogens, preventive practices and post-exposure procedures. An instructor must be present to answer questions. A video can be used to augment the instruction. Maintain a record of all employees’ training.

Regularly review OSHA’s Small Business Handbook found on the OSHA website for current updates. To request information on training and education materials, contact your State OSHA or Federal OSHA office.

Medical Mutual’s “Practice Tips” are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MIMA recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.

Medical Mutual Insurance Company of Maine Risk Management Practice
Tip: Occupational Safety and Health Administration Regulations (OSHA) – Bloodborne Pathogen Standard

PART I: OSHA’s Bloodborne Pathogen Standard requires employers to protect workers whose jobs put them at a reasonable risk of exposure to blood products and other potentially infectious materials. A workplace analysis must occur regularly to identify and correct existing or potential hazards.

Bloodborne Pathogen Standard:

Establish an Exposure Control Plan. A written plan designed to decrease employee exposure or remove a potential exposure. This plan must be site specific and updated on an annual basis to reflect technological changes to eliminate or reduce an exposure to bloodborne pathogens. The plan must demonstrate use or consideration of innovations in medical procedures and technological developments that reduce the risk of exposure such as needleless devices. Input from front-line employees responsible for direct patient care must be solicited in the identification, evaluation and selection of safer medical devices. Employers are required to document, in the Exposure Control Plan, how they received input from employees.

Use Engineering Controls. Devices that isolate or remove the bloodborne pathogen hazard from the workplace, for example, sharps disposal containers, self-sheathing needles.

Use Work Practice Controls. Mandates universal precautions for treating body fluids/materials as if infectious. Written procedures must address hand washing, disposing of sharps, lab specimen packaging, laundry handling and cleaning of contaminated material.

Provide Personal Protective Equipment. The organization must provide gloves, gowns, masks and goggles, and clean, repair and replace this equipment as needed.

Provide Hepatitis B Vaccinations. Offer these vaccines to all employees with an occupational exposure to bloodborne pathogens within 10 days of hire. Have employees that refuse the vaccination sign a statement declaring the offer. Maintain signed statement on file.

Provide Post-Exposure Follow-Up. Provide any employee who experiences an exposure incident with medical follow-up, at no expense to the worker, to include laboratory testing and a confidential medical evaluation. Offer laboratory testing, confidential evaluation and counseling to the source patient. (Refer to state statute if testing is for the diagnosis of HIV status.) Maintain a confidential sharps injury log. Retain the medical records of employees with an exposure to bloodborne pathogens for the duration of employment plus thirty years. All medical information must remain confidential.

Use Labels and Signs Identifying Hazards. Requires warning labels to be affixed to containers of regulated waste such as sharps disposal boxes, refrigerators and other containers used to store or transport blood or potentially infectious materials. Red bags or containers may be used instead of labels. Post signs to identify areas where hazardous waste is stored.

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Chronic Pain Project
Home Study
Improving Outcomes (Preventing Drug-Related Deaths of Maine Physicians and Other Clinicians)

SAVE THE DATE
157th Annual MMA Session
9th - 12th September
Bar Harbor

www.mainemed.com