

# Maine medicine



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# SAVE THE DATE



**157th MMA  
Annual Session  
September 10th -12th  
in Bar Harbor**



## Robert E. McAfee, M.D. Honored at Annual Muskie Access to Justice Dinner

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. 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 AMA 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 of 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 Legal 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 event and EVP Gordon Smith was one of two individuals who made remarks on behalf of Dr. McAfee. His remarks delivered at the event follow:

*Thank you Blaine. It is an honor to be asked to provide some brief remarks tonight recognizing Dr. Robert McAfee. And as Larry King said to each of his seven wives, "I won't keep you long." I actually got that line from the Doctor himself when he was asked to speak on the occasion of the retirement of my counterpart at the New Hampshire Medical Society. It was no surprise to me that the Society crossed state lines in asking Dr. McAfee to keynote the evening, as he is a very gifted speaker, humorist and story teller. I know this, you see, from sharing podiums with him for over thirty years. I have spoken so many times before or after Bob, that I can tell his stories. Problem is, I can't quite tell them like Bob. And rest assured, you do not want to make a habit of speaking after him, much better to speak before and let him have the last word that likely will be better received than yours.*

*If this were a roast, I would be able to share some stories – how he used his influence with George Mitchell to secure an annual berth at the Red Sox hotel in Fort Myers – or how he and Dr. Dillibunt (yes, the same Dr. Dillibunt on the video) smuggled a horse into Maine Medical Center to do a little surgery, but that was years ago. A different era. So I want to be serious.*

*When I left private practice in 1980 to become in-house counsel at the Maine Medical Association, Dr. McAfee was already a strong force in the organization. He would first be elected to the Board of Trustees of the American Medical Association in 1984 (by one vote) and would go on to become President of the AMA in 1994. But the journey that led to tonight began in 1988, when Dr. McAfee reviewed in a medical journal data suggesting that women who had been victims of domestic violence preferred to disclose this to their personal physician, more so than their priest or law enforcement. In fact, 85% of such women stated that they would share the information with their physician, while 75% would share this with a priest or minister and 60% would disclose to law enforcement. But in only 10% of cases did physicians ask the right questions about whether the patient was safe. So immediately, Dr. McAfee worked to move AMA policy in a direction to recognize family violence as a medical issue, as opposed to considering it a social issue. He was instrumental in forming the Physician Coalition Against Family Violence,*

*which still exists today. His passion and dedication to this issue, has resulted in the AMA and many specialty societies taking a number of steps to promote the routine screening for violence at intake and to introduce appropriate training in medical school. Even the National Board Exams now include questions on the topic and there is nothing that focuses medical students attention more than knowing that a subject is on the exam.*

*Finally, Dr. McAfee was instrumental in convincing George Lundberg, the then powerful editor of the Journal of the American Medical Association, to publish an entire issue of JAMA on the theme of preventing violence. Many state medical journals followed with similar issues. Today, the AMA policy compendium has over one and a half pages citing policy in the area of preventing family violence.*

*While serving as President of the AMA, Dr. McAfee served on President Clinton's Advisory Committee on Family Violence, chaired by Janet Reno and Donna Shalala. Of particular interest to tonight's audience, he also served on the ABA Commission on Family Violence. He dedicated his Presidential year to this topic, which was radically different than his predecessors, who tended to focus on the more traditional pocket-book issues.*

*When Dr. McAfee began this journey in 1988, family violence was not on the radar screen of medicine. It was a social issue. When Dr. McAfee returned to Maine following his AMA Presidential Year, nearly ten years later, family violence and its prevention was a medical issue and it remains an important medical issue in Maine tonight.*

*And Dr. McAfee did not impact just this one issue, he has also been a tireless advocate for tobacco control, gun control and coverage for the uninsured. This last issue caused him to chair the Dirigo Agency Board of Trustees from its creation in 2003 until earlier this year. He has channeled his passion and determination to do whatever he could to impact policy and medical practice in these difficult areas.*

*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.*

*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.



Dr. McAfee and Harris A. Berman, MD, Dean ad interim and Professor of Public Health and Community Medicine, Tufts University School of Medicine.

## Maine Hospice Event Walk & Ride – August 28, 2010

The Maine Hospice Council and Center for End of Life Care would like to invite you to participate in the 2010 Maine Hospice Event, formerly known as the Dan Michaud Memorial Ride. The Dan Michaud Memorial Ride 2010 will be held on Saturday, August 28th on "The Green" in Brunswick, Maine. There are 25 mile, 50 mile and, due to popular request the 100 mile ride. We also have a 7.5 mile walk for those who want to participate, but not ride.

We encourage you to visit and pre-register at the Maine Hospice Council web site <http://www.mainehospicecouncil.org/events/MHE.htm>.

Please go to Quick Links and click on the Maine Hospice Event.

## MMA Welcomes Our Newest Corporate Affiliate:

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## AMA Annual Meeting, 2010

Maine's AMA delegates, Drs. Richard Evans and John Makin, alternate delegate Maroulla Gleaton, MD and MMA President David McDermott, MD, MPH and President-elect Jo Linder, MD, all attended the Annual AMA meeting, June 12-16, 2010, in Chicago. During the meeting, Cecil B. Wilson, MD, an internist from Winter Park, FL became the AMA's 165<sup>th</sup> president, defeating both Edward Langston, MD (Indiana) and Joseph Heyman, MD (Massachusetts).

Dr. Wilson (pictured below) visited Maine in the Spring to hold a press event on the problems associated with the Medicare sustainable growth rate (SGR) problem.

## President's Corner



David B. McDermott,  
M.D., President, MMA

### Unintended Casualties

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 that every American has 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 employee, isolating them to some extent from the front-line impact of changing payor mix, higher deductibles, 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 stay with the familiarity and security of what they know rather than risk a change for an unknown. Those of you trying 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 I.O.U. Now totaling over 300 million dollars, this has a real effect on the ability of hospitals to provide staffing and equipment to their medical staffs, thus further eroding physician morale.

But I think that 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. 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 ministrations, 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 needed 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 its finances undermined by unfilled promises from Augusta for care already provided. 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 survive 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 are. 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'd 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](mailto:president@mainemed.com).

## Interested in the EHR Incentive? Make Sure You're in PECOS

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

These EHR programs under Medicare and Medicaid will provide incentive payments for the "meaningful use" of certified EHR technology to eligible professionals who demonstrate adoption, implementation, upgrading or meaningful use. The final rules defining "meaningful use" were released by DHHS on July 13.

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

Visit [www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll). Go to "Downloads;" click "Tips to Facilitate the Medicare Enrollment Process."

**If you enrolled in Medicare after November 2003, or 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.

### If you are unsure:

1. Check the Ordering Referring Report at [www.cms.hhs.gov/MedicareProviderSupEnroll](http://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](http://www.cms.hhs.gov/MedicareProviderSupEnroll), click on "Internet-based PECOS" on the left for details. If no record is displayed for you, PECOS does not have you listed as an enrollee.
3. Contact your designated Medicare enrollment contractor and ask if you have an enrollment record. Go to [www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll); see "Downloads" and click on "Medicare Fee-For-Service Contact Information."

If you reassign all your Medicare benefits to a group/clinic, that group/clinic must have an enrollment record in PECOS in order for you to enroll. Check with the officials of the group/clinic or with your designated Medicare enrollment contractor if you are not sure if your group/clinic is in PECOS.

If the group/clinic does not have a PECOS enrollment record, you will not be able to use PECOS to submit your enrollment application to Medicare. You must submit a paper enrollment (CMS-855).

Find information on how to establish a PECOS record at: [http://questions.cms.hhs.gov/app/answers/detail/a\\_id/9909](http://questions.cms.hhs.gov/app/answers/detail/a_id/9909).

Find details on EHR incentive programs at: [www.cms.hhs.gov/Recovery/11\\_HealthIT.asp](http://www.cms.hhs.gov/Recovery/11_HealthIT.asp).

## SAVE THE DATES: MMA First Fridays Events

October 1, 2010

*First Fridays: Compliance in the Medical Practice*  
Maine Medical Association  
9:00 a.m. – 12:00 p.m.

November 5, 2010

*First Fridays: Medical Records (Everything You Want to Know)*  
Maine Medical Association  
9:00 a.m. – 12:00 p.m.

December 3, 2010

*First Fridays: Medical Legal Seminar (Consent/Capacity Documentation)*  
Maine Medical Association  
9:00 a.m. – 12:00 p.m.

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## Superior Court Finds No Privacy Violation by Stephens Memorial Hospital in Police Report About Serious Bodily Injury to Patients

In a case decided by the Oxford County Superior Court on May 3, 2010, the Court found no violation of the state (22 M.R.S.A. §1711-C) or federal (the HIPAA privacy rule, 45 C.F.R. Parts 160 and 164) privacy law by Stephens Memorial Hospital or its security guard for reporting to local law enforcement authorities the appearance at the facility of a married couple each with skull fractures and other injuries received in a home invasion. The police obtained a warrant to search the patients' home for evidence of the assault and found a "significant amount of marijuana cultivation." The patients were convicted of drug trafficking and sued the hospital and its staff for an alleged privacy violation. The Court granted summary judgment in favor of the hospital and staff based upon 30-A M.R.S.A. §287, providing "immunity to physicians and hospitals that report treating victims of crimes causing serious bodily injury." The Court also found no private right of action under the HIPAA privacy rule. Long time defense counsel to Medical Mutual Insurance Company of Maine Mark Lavoie of Norman, Hanson & DeTroy, LLC represented the defendants in this action, while one time Democratic gubernatorial candidate Tom Connelly represented the plaintiffs. The case is *Bonney et al. v. Stephens Memorial Hospital et al.*, Oxford Docket No. CV-09-12.

## Upcoming at MMA

<b>AUGUST 4</b>	3:30pm – 5:00pm	QC Behavioral Health Committee
<b>AUGUST 9</b>	4:00pm – 6:00pm	Academic Detailing Work Group
<b>AUGUST 11</b>	4:00pm – 6:00pm	Public Health Committee
<b>AUGUST 12</b>	1:00pm – 3:00pm	OSC HIT Steering Committee
<b>AUGUST 18</b>	9:00am – 11:00am 11:00am – 1:00pm 1:00pm – 4:00pm	Patient Centered Medical Home, Conveners Patient Centered Medical Home, Working Group Aligning Forces for Quality, Patient Family Leadership Team
<b>AUGUST 24</b>	2:00pm – 4:00pm	Consumer Education Leadership Team
<b>AUGUST 25</b>	11:30am – 2:00pm	MMA Senior Section
<b>AUGUST 31</b>	2:00pm – 4:00pm	QC - Behavioral Health Integration Metrics
<b>SEPTEMBER 1</b>	9:00am – 12:00pm 1:00pm – 2:00pm 2:00 – 5:00pm	Maine Health Management Coalition Aligning Forces for Quality, Executive Leadership Team Quality Counts Board Meeting
<b>SEPTEMBER 9</b>	1:00pm – 3:00pm	OSC HIT Steering Committee
<b>SEPTEMBER 13</b>	4:00pm – 6:00pm 5:30pm – 8:00pm	Academic Detailing Work Group Medical Professionals Health Program Committee
<b>SEPTEMBER 14</b>	1:00pm – 4:00pm	Lifelight Board Meeting
<b>SEPTEMBER 15</b>	9:00am – 11:00am 11:00am – 1:00pm 1:00pm – 4:00pm	Coalition to Advance Primary Care Patient Centered Medical Home, Working Group Aligning Forces for Quality, Patient Family Leadership Team
<b>SEPTEMBER 16</b>	4:00pm – 6:00pm 6:00pm – 9:00pm	Committee on Physician Quality <i>(meeting may take place in Portland)</i> Maine Association of Psychiatric Physicians
<b>SEPTEMBER 23</b>	8:30am – 4:00pm	Pathways to Excellence (Maine Health Management Coalition)
<b>SEPTEMBER 28</b>	2:00pm – 4:00pm	Consumer Education Leadership Team
<b>OCTOBER 1</b>	9:00am – 12:00pm	First Friday Educational Presentation (Compliance)
<b>OCTOBER 4</b>	4:00pm – 6:00pm	Academic Detailing Work Group
<b>OCTOBER 6</b>	9:00am – 12:00pm 1:00pm - 2:00pm 2:00pm – 3:30pm 3:30pm – 5:00pm	Maine Health Management Coalition Aligning Forces for Quality, Executive Leadership Team QC Executive Committee QC Behavioral Health Committee
<b>OCTOBER 13</b>	4:00pm – 6:00pm	Public Health Committee

*Note: - QC is a reference to Quality Counts  
- WebEx available now for all MMA Committee Meetings*

## Upcoming Specialty Society Meetings

**SEPTEMBER 10 - 12, 2010** 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)**  
MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

**Maine Society of Anesthesiologists (Sept. 11)**  
Contact: Anna Bragdon 207-441-5989 or msainfo@roadrunner.com

**Maine Urological Association (Sept. 11)**  
MMA Contact: Maureen Elwell 207-622-3374 ext: 219 or melwell@mainemed.com

**SEPTEMBER 24, 2010** Harborside Hotel & Marina – Bar Harbor, ME  
**Maine Society of Eye Physicians and Surgeons Fall Business Meeting**  
*(To be held in conjunction with the 9<sup>th</sup> Annual Downeast Ophthalmology Symposium)*  
MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

**SEPTEMBER 24 - 26, 2010** Harborside Hotel & Marina – Bar Harbor, ME  
**9<sup>th</sup> 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 8-10, 2010** Harborside Hotel & Marina – Bar Harbor, ME  
**ACOG District 1 Meeting**  
MMA Contact: Diane McMahon 207-622-3374 ext: 216 or dmcMahon@mainemed.com

**OCTOBER 15-17, 2010** 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

## MMA wants to hear from you!

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

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Comments / feedback on what MMA is doing:

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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 207-622-3332.



**Gordon Smith, MMA EVP**

## 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 little break. We are preparing for the Annual Session

(Sept. 10-12 in Bar Harbor) and are trying to catch up on some of those projects that just did not get done during the busier times. This year these include working on a new communications strategy, including a redesign of the MMA website and continuing experimentation with social networking sites and paying attention to the new federal reform law as its implementation takes quite a chunk of time. There are also new staff assignments, given Kellie's move to the University of New England College of Osteopathic Medicine and the arrival in August of our new Director of Public Health Policy, Jessa Barnard. We will miss Kellie but look forward to working with her in her new position. Jessa is a Vermont native and a recent graduate of Stanford Law School. Because of her work at the Vermont Medical Society following graduation from Dartmouth, Jessa already has a good working knowledge of organized medicine and we are fortunate to have her available to us. She begins on August 23.

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 1956 active members and 3363 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 WebEx, 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 membership, we are scheduling time this summer and fall to meet with their leaders and hope to increase the number of groups participating. The group memberships have been an important part of our growth. We may have opportunities currently at St. Mary's, Acadia, Spring Harbor, St. Josephs and at several FQHC's (federally qualified health centers for those not familiar with the acronym).

Enjoy your summer with the knowledge that MMA is here for you, now and in the future. You may call me at any time (or send an e-mail) if I can be of assistance to you or if you should have any questions or complaints (622-3374 ext. 212 or gsmith@mainemed.com).

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



## Northern New England Poison Center

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

## 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, MS, CMP, 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 prelitigation screening panels from January thru June 2010. Physicians willing to volunteer may contact the MMA EVP Gordon Smith at 622-3374 ext: 212 or via email at [gsmith@mainemed.com](mailto:gsmith@mainemed.com).

Tari Advani, MD

Mark Bouchard, MD

Jonathan Dreifus, MD

David Ferguson, MD

Catherine Meikle, MD

Barbara Reeve, MD

Ed Ringel, MD

Stacey Walden, DO

Renee Wolff, MD

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



Lisa M. Letourneau, MD, MPH

### 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](http://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 most recently a set of regular QC “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!



By Lizz Sinclair, Literature & Medicine Program Officer, Maine Humanities Council

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 connects the suffering of ancient heroes and to that experienced by those in the military today; and Maine's own Kate Braestrup, the first chaplain of the Maine Warden Service and award-winning author of *Here if You Need Me*, 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 Loxterkamp and one led by Noel 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](http://www.mainehumanities.org).

For more information, please contact Lizz Sinclair at the Maine Humanities Council at [lizz@mainehumanities.org](mailto:lizz@mainehumanities.org) or 773-5051.

{Editors note: MMA, through the Maine Medical Education Trust, has been a financial supporter of the *Literature & Medicine* program.}



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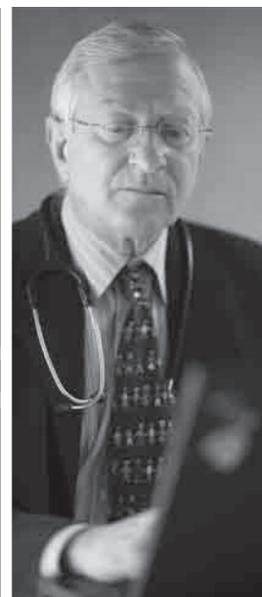
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Kellie Miller, Director of Public Health Policy, MMA

## 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 members for their dedication, commitment and thoughtful consideration on the many public health issues our 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, MD, 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 past year, that has enabled the MMA to emerge as an organization lending 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.

### Attention Asthma and Allergy Sufferers!!!!

By Norma Dreyfus, MD, 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 particles which have a negative impact on air quality. Poison ivy has also been shown to grow faster and produce a more allergenic form of toxin under increased carbon dioxide levels. The warmer temperatures that result encourage the growth as well of oak and hickory trees, two of the most allergenic tree species. In Maine, Spring is arriving sooner, the growing season is becoming longer and carbon dioxide and other greenhouse gas 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 go outdoors when levels are low and in the morning when ozone levels are at their lowest. They can bathe after spending time outdoors and wash bedding and vacuum frequently.

But the community can also 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 with the increase in 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 plan that will decrease our dependence on fossil fuel.

*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.

## From the State Epidemiologist

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



Stephen D. Sears, M.D.

### 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? As 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, but 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 1-800-821-5821 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.



#### RESOURCES:

- Maine Center for Disease Control and Prevention (ME CDC) website at <http://www.maine.gov/dhhs/boh/ddc/epi/zoontic/rabies.shtml>
- Maine Health and Environmental Testing Laboratory (HETL) website at <http://www.maine.gov/dhhs/etl/rabies/rabies.htm>

Visit the MMA website at [www.mainemed.com](http://www.mainemed.com)

## 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 diabetes.

"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 Kermit Lipez.

Jessa will begin work on August 23rd. MMA welcomes her and Justin back to the East Coast.

### 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](mailto:lmartin@mainemed.com).



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## MMA to Terminate Group Health Plan

After offering members a group health plan for more than fifty years, the Association's Executive Committee has voted to terminate the plan, effective February 1, 2011 which would be the next annual renewal date. The plan is currently offered by Anthem Blue Cross Blue Shield. There are currently fewer than one-hundred fifty members and retirees in the plan.

"Unfortunately, the future of Association group health plans looks dim," noted EVP Gordon Smith. "It has been a struggle for several years to offer a cost-competitive option for our members. When Anthem raised the premium 29% earlier this year, with an even higher increase predicted for next year, the Membership and Member Benefits Committee and the Executive Committee decided that it was no longer an option beneficial to members."

The Plan has seen fewer and fewer participants in the last decade, despite efforts to offer an increased number of options and despite aggressive efforts to manage the plan. MMA representatives met quarterly with Anthem representatives and the Association's brokers for the plan, Willis HRH of Northern New England (formerly the Dunlap Agency).

Current participants in the Plan have received letters from MMA and HRH announcing the decision and offering assistance in obtaining other coverage. Questions about the decision can be directed to Mr. Smith at 622-3374 ext: 212 or gsmith@mainemed.com or to Judy Conley at HRH at 1-800-464-1203 ext: 1103.

## Subscribe to MMA's Maine Medicine Weekly Update

Each Monday, *Maine Medicine Weekly Update* keeps physicians and practice managers in the loop with breaking news – by fax or email only. It's a free member benefit – call 622-3374 to subscribe.

## Legislative Update



Andrew MacLean, Esq.

### LEGISLATIVE UPDATE: EXPERIENCED PHYSICIAN/LEGISLATOR MARRACHE WITHDRAWS FROM 2010 RACE

The primary election on June 8<sup>th</sup> 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 4<sup>th</sup> 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 125<sup>th</sup> Maine Legislature. This was followed by an announcement that former MMA Counsel Joan Coben (D, Portland) is also withdrawing from her re-election race. See some key bills from the Second Regular Session of the 124<sup>th</sup> Legislature below.

Election campaigns in Maine are beginning to heat up with candidates appearing in parades and other public events during the 4<sup>th</sup> of July holiday weekend. In her recent press statement, Senator Marrache mentioned the challenges of balancing legislative work with family and career responsibilities as reasons for her decision to withdraw from the race. Democrats chose Representative Pamela Jabar Trinward, House Chair of the Legal & Veterans Affairs Committee in the 124<sup>th</sup> Legislature, to run for the Senate District 25 seat against Republican Thomas H. Martin, Jr. of Benton. Democrats also chose Patrice Putnam of Winthrop to replace outgoing Representative Nancy Smith (D-Monmouth) in the Senate District 21 race against Republican Earle McCormick of West Gardiner. Four other physicians are candidates for the next legislature. Incumbent Linda Sanborn, M.D. (D-Gorham) is running for re-election against Republican Jacob Timothy Stoddard of Buxton for the House District 130 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-Lewiston) in the contest for the Senate District 16 seat. Owen B. Pickus, D.O., J.D. of Biddeford is running as a Republican against Senator Nancy B. Sullivan (D-Biddeford) in the race for the Senate District 4 seat. Finally, retired emergency physician Paul Liebow, M.D. of Bucksport is the Democrat challenging Republican Senator Richard Rosen, also of Bucksport, for the Senate District 31 seat.

You can find information about the general election scheduled for Tuesday, November 2, 2010 on the web at: <http://www.maine.gov/sos/cec/elec/electinfo.html>. The MMA and the MMA's 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) and the Dirigo Health Agency both are involved in the implementation work. The legislature has established the *Joint Select Committee on Health Care Reform Opportunities & Implementation*, composed of bipartisan members of both houses from the leadership and the Joint Standing Committees on Appropriations & Financial Affairs, Health & Human Services, and Insurance & Financial Services. The Joint Select Committee now has met twice, once in May and once in June. It spent the first two meetings developing a general understanding of the complex new federal law and a work plan for implementation. You can find the membership of the Joint Select Committee along with its meeting schedule, agendas, and working documents on the web at: [http://www.maine.gov/legis/house/jt\\_com/hlt.htm](http://www.maine.gov/legis/house/jt_com/hlt.htm).

The following bills are highlights from the Second Regular Session of the 124<sup>th</sup> Maine Legislature that took place from early January to mid-April of this year. A comprehensive summary of all health care legislation tracked by the MMA for the two years of the 124<sup>th</sup> Legislature will be available later this summer.

- **Budget:** L.D. 1671, the State FY 2010-2011 supplemental budget (P.L. 2009, Chapter 571). This bill closed a budget gap of approximately \$310 million (on a \$5.8 billion biennial budget). It achieved a net savings of approximately \$31.8 million in DHHS programs, down from \$91.5 million as originally proposed by the Governor. Again this year, federal stimulus funds softened the impact on State-funded programs.
- **Payment Reform/QI:** L.D. 1544, *An Act to Amend the Laws Governing the Maine Health Data Processing Center and the Maine Health Data Organization* (P.L. 2009, Chapter 613). This bill establishes a working group "to resolve issues regarding submission of data concerning service and billing providers" and to develop a plan to provide such data to the MHDO. A report is due to the HHS Committee on 11/15/10.

- **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* (P.L. 2009, Chapter 533). This bill permits "expedited partner therapy" for sexually-transmitted in accordance with ACOG guidelines.
- **Lyme Disease:** L.D. 1709, *An Act to Enhance Public Awareness of Lyme Disease* (P.L. 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. 1408, *An Act to Establish the Universal Childhood Immunization Program* (P.L. 2009, Chapter 595). This bill establishes the Universal Childhood Immunization Program and the Maine Vaccine Board to determine a uniform set of vaccines for children from birth until age 19.
- **Insurance Mandates:**
  - L.D. 20, *An Act to Require Insurance Companies to Cover the Cost of Prosthetics Containing Microprocessors* (P.L. 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* (P.L. 2009, Chapter 634). This bill requires coverage from birth to 36 months up to a limit of \$3200 per year or \$9600 by the third birthday.
  - L.D. 1198, *An Act to Reform Insurance Coverage to Include Diagnosis and Treatment of Autism Spectrum Disorders* (P.L. 2009, Chapter 635). This bill requires coverage within certain limits through age 5.
- **Insurance Reform:** L.D. 1620, *An Act to Protect Health Care Consumers from Catastrophic Debt* (P.L. 2009, Chapter 588). This bill prohibits annual and lifetime caps in health insurance policies.
- **Physician Delegation:** L.D. 1702, *An Act to Amend the Laws Governing Advanced Practice Registered Nurses* (P.L. 2009, Chapter 512). This bill eliminates reference to "delegated performance of services" in the nurse practice act.
- **Medical Marijuana:** L.D. 1811, *An Act to Amend the Maine Medical Marijuana Act* (P.L. 2009, Chapter 631). This bill amends the law passed at referendum in November 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' MIHMS 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 web site, [www.mainemed.com](http://www.mainemed.com). You will find more information about the Maine Legislature, including schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at: <http://maine.gov/legis>.

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

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

### PART I:

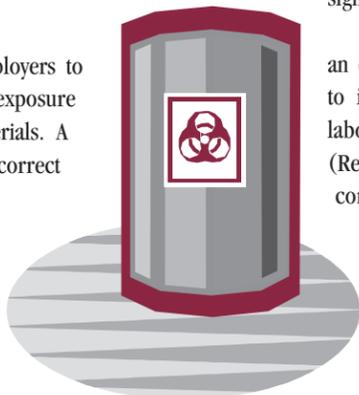
OSHA's Bloodborne Pathogens Standard requires employers to protect workers whose jobs put them at a reasonable risk of exposure to blood products and other potentially infectious materials. A worksite analysis must occur regularly to identify and correct existing or potential hazards.

#### Bloodborne Pathogens 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.

**Enforce 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 vaccinations to all employees with an occupational exposure to bloodborne pathogens within 10 days of hire. Have employees that refuse the vaccination sign a statement declining the offer. Maintain signed statement on file.

**Provide Post-Exposure Follow-Up.** Provide any worker 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.

**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. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.*

## New Guide Helps You Evaluate, Discuss Driver Safety With Seniors

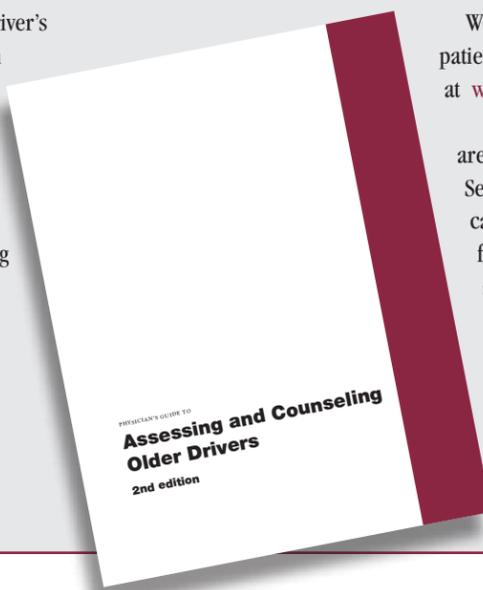
Talking to older patients about driving safety can be challenging. Their driver's license symbolizes independence and giving up driving privileges can have an emotional impact.

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 better understand the public health issues involved with a new AMA guide.

A free online resource, "The Physician's Guide to Assessing and Counseling Older Drivers," discusses:

- Screening
- Assessing functional abilities
- Handling evaluations and referrals
- Conditions and medications that may impact driving
- Encouraging safer driving
- Counseling those who are no longer able to drive



Worksheets and resources for older patients also are provided. Find the guide at [www.ama-assn.org/go/olderdrivers](http://www.ama-assn.org/go/olderdrivers).

In Maine, reporting of drivers who are at risk is an optional report to the Secretary of State's office. But liability can be an issue in a negligence action for failing to report. MMA attorneys are available to consult with members on such cases.

## 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 Service confirmed, the number of physicians across the state practicing in independent solo or group arrangements is in rapid decline.

Gordon Smith, Executive Vice President of the Maine Medical Association, cites data from the Maine Hospital Association indicating that just 30% of state physicians now work in an independent practice. This mirrors an overall national trend that has seen the percentage of U.S. physicians who own their own practice declining at a steady 2% annual rate for at least the past 25 years. With 9 out of 10 Americans receiving their medical care from a solo or small group physician this is a critical issue to understand.

What's behind this trend? And what are the options for those physicians who, against the odds, choose to stay independent?

At athenahealth, we've been where many recent med school grads and older doctors find themselves today. We began our life as a small birthing clinic in 1997. Right after opening our doors, we were almost instantly buried in paper and spent most of our time and energy just trying to get paid. And things have steadily become more difficult for independent practices over the past decade. A 2008 study by National Healthcare Exchange Services found that practices spend 14% of their total revenue just getting paid what they deserve. As practices try to grow, they are forced to outsource billing and other work, take on more and more overhead, and play a dead-end game of diminishing returns.

Enter electronic health records. While the HITECH Act is offering federal stimulus

incentives for physicians to become more efficient and effective through the adoption of EHRs, it might as well be an unfunded mandate. The typical EHR costs \$33,000 up-front per physician, plus \$18,000 in annual maintenance – enough to bankrupt the average small practice.

Faced with rising costs, declining income, the high cost of new technology, and a daily onslaught of hassles, it's understandable why so many doctors have been lured by the security and stability that come with a salaried position at a hospital or large group. But Maine is a rural state driven by the spirit of the small business person. There should be options for those doctors who choose to serve their rural communities by staying independent – especially when, as MaineCare has found, care provided in hospital-owned practices is more expensive to taxpayers than that provided in private practices.

At athenahealth, we combine the security of being part of a nationwide network of 23,000 providers with the opportunity to go it alone. Our web-based practice management, electronic health record, and patient communication services are designed to take on the bulk of a practice's paperwork and claims processing, so independent practices can grow to scale without taking on costly overhead. Our clients see an average increase in collections of 6.9% and a 30-40% reduction in days in accounts receivable – the kind of numbers small practices need to stay solvent and succeed. And because it's web-based, our EHR solution has no up-front cost and comes with guaranteed HITECH Act Medicare incentives for eligible physicians, so doctors can stay technologically current and maintain high quality of care standards without selling out.

As our client, Dr. Lawrence Piazza of Coastal Eye Care in Ellsworth, Maine has put it, "athenahealth has allowed me, as managing physician of an independent practice, to redeploy office personnel resources towards focusing our daily efforts on increasing the quality of clinical care that we provide to our patients. I cannot imagine practicing in this climate without them."

To learn more about how athenahealth's model can help keep the independent physician independent, visit [www.athenahealth.com/mma](http://www.athenahealth.com/mma).

## MMA'S Website Lists Statewide CME Programs

Looking for seminars to fulfill your continuing medical education (CME) requirements? The Maine Medical Association can help.

Our web site, [www.mainemed.com](http://www.mainemed.com) has a page that provides a listing of upcoming CME-accredited programs. Information for each CME activity includes the name, speakers, date(s) location, and contact person for inquiries/registration. Most of the listings are from institutions/organizations that are accredited through the Maine Medical Association as Providers of Continuing Medical Education.

This is another way the Maine Medical Association is looking to serve you, our members, by providing a resource for CME needs. The listing can be found at [www.mainemed.com/cme](http://www.mainemed.com/cme).

Organizations seeking to list their seminars on the MMA web site should contact Shirley Goggin at [sgoggin@mainemed.com](mailto:sgoggin@mainemed.com) or call 207-445-2260.

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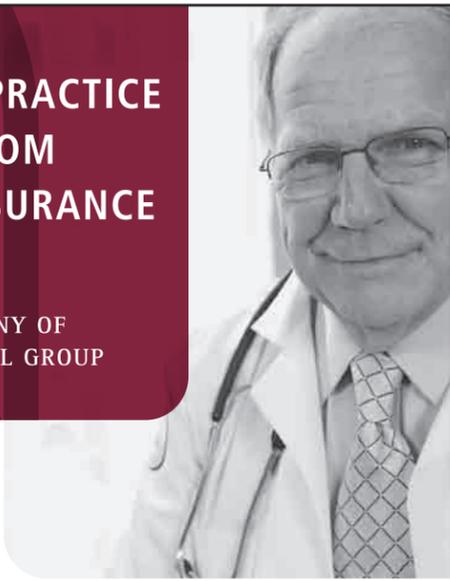
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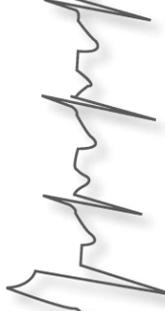
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## MMA/BOLIM Chronic Pain Project Home Study

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

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

This monograph (available at [mainemed.com](http://mainemed.com)) is estimated to require two hours to read. **The accompanying post-test must be submitted and successfully completed in order to obtain two Category I CME credits. The course will be available until October 1, 2010, after which it will be either updated or terminated.**

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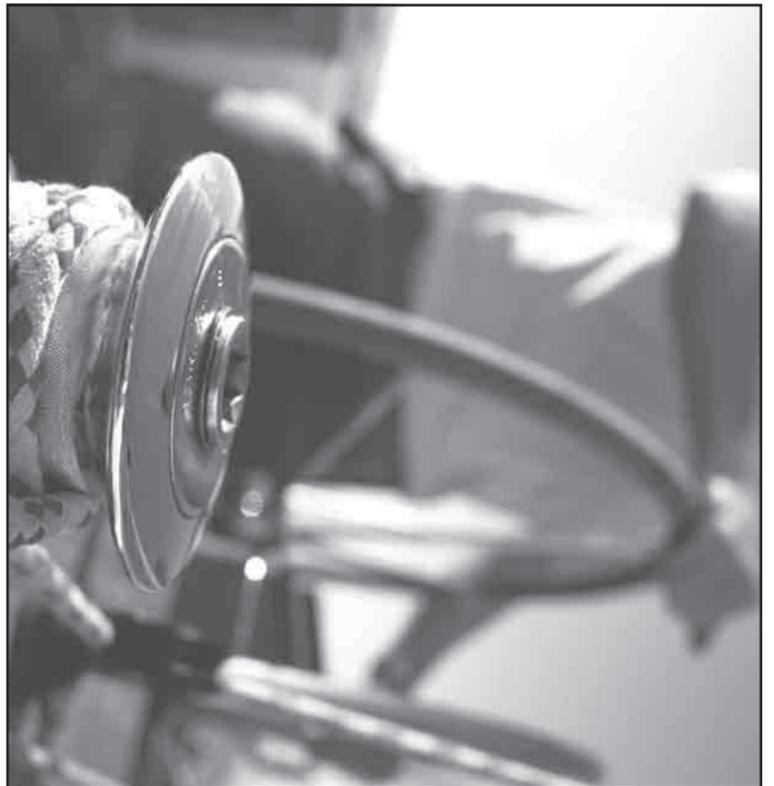
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