

Maine medicine



IN THIS ISSUE

Notes from the EVP..... 2

Silent Auction Donations..... 2

Upcoming at MMA 3

From the State Epidemiologist 4

Public Health Spotlight 4

Quality Counts..... 5

Senior Drivers: Can This Patient Safely Drive 5

Legislative Update 6

Legislative Involvement Thank You 6

MMIC Risk Management Practice Tip: Social Networking 7

Free Resource on Prescription Drugs for Patients..... 7

SAVE THE DATES MMA 2011 SEMINARS

Register for these seminars at www.mainemed.com

September 2, 2011

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

October 7, 2011 (FREE!)

First Fridays: Treating Chronic Pain While Avoiding Addiction and Diversion
Maine Medical Association
9:00 a.m. – 12:00 p.m.

November 4, 2011

First Fridays: Treating Minors in a Medical Practice
Maine Medical Association
9:00 a.m. – 12:00 p.m.

December 2, 2011

First Fridays: Supervising Mid-Levels
Maine Medical Association
9:00 a.m. – 12:00 p.m.

Invite a Physician to Join MMA

Encourage your colleagues to become a 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.

MMA TO RE-DEDICATE FRANK O. STRED BUILDING AUGUST 24, 2011

All MMA members and friends are invited to an open house on Wednesday, August 24 to recognize the leadership of the late Frank Stred and his service as MMA Executive Director from 1979 through Sept., 1993. The event will be held from 11:00am to 2:30pm at the Stred building in Manchester which houses the Association offices and the offices of *Quality Counts*. Priscilla Stred and other members of the Stred family will be attending as we re-dedicate the building to the memory and work of Mr. Stred who was instrumental in moving MMA both literally and figuratively from the basement of the infirmary at Bowdoin College to a modern office complex in Manchester. He also restored financial solvency to the organization and left the organization with a reserve that has allowed MMA to grow and be prepared to represent the physicians of Maine in the 21st century.

When the Stred Building was first dedicated to Mr. Stred in a ceremony in the spring of 1994, there was no recognition of his work that was memorialized inside the building. On August 24, the Association will unveil a tribute to the former Executive Director that will be a fitting memorial to his dedicated work at MMA. The event coincides with a regularly scheduled meeting of the MMA Senior Section. Lunch will be served and remarks offered by former leaders of MMA who worked closely with Mr. Stred, including John Towne, M.D., of Waterville who chaired the Building Committee, Robert McAfee, M.D, who attributes Frank with being instrumental in his election as AMA President and Frederick Holler, M.D., of Auburn, former MMA President and former President of Medical Mutual Insurance Company of Maine. Entertainment will be provided by the Blue Hill Brass Band which also entertained at the 1994 event.

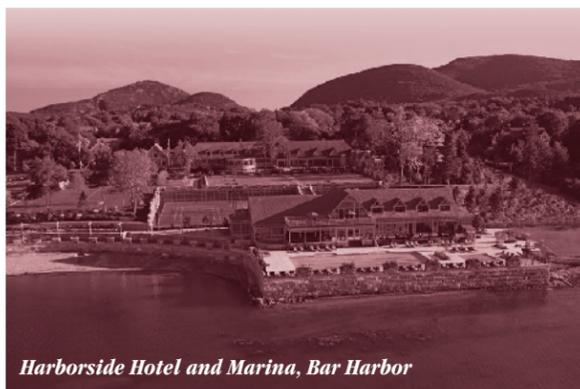
The event is also intended to solicit donations in Frank's memory to establish a permanent maintenance and improvement fund for the Stred Building which is beginning to show its age of approximately 25 years. Contributions to the fund may be made payable to MMA with reference to the Stred Building in the memo portion of the check. Contributions to the fund are not tax-deductible.

We hope many of you will take a moment on August 24 to recognize the important role that Frank played in MMA's history and growth. If you would like to attend and have not returned the reply card which was sent with your invitation in the mail, just call the MMA office at 622-3374 and press 0.



Frank O. Stred, former Executive Director with current EVP Gordon Smith. (c. 1993)

JOIN YOUR COLLEAGUES AT MMA'S 158th ANNUAL SESSION



Harborside Hotel and Marina, Bar Harbor

The 158th Annual Session of the Maine Medical Association will be held September 9-11, 2011 in beautiful Bar Harbor at the Harborside Hotel and the Jackson Laboratory. We are pleased to be partnering again with the world renown laboratory in an educational program entitled *INNOVATION*. The program begins with a keynote talk at the Lab at 1:00pm on Friday, Sept. 9. The educational programs on Friday conclude with tours of the Lab with presentations given on the tours by Mathew Hibbs, PhD and Cheryl Ackert-Bicknell, PhD. Following the tours, the opening night reception will be held at the lab from 5:30pm to 7:00pm.

Saturday's activities take place back at the Bar Harbor Club adjacent to the Harborside Hotel. The morning session includes the general membership meeting and recognition of 50-year pin recipients. At noon, the educational program continues with a keynote presentation by J. Randy Darby, M.D., entitled, *Innovations in Medical Education and Team Building*. Following Dr. Darby's talk, Lisa Letourneau, M.D., Executive Director of *Quality Counts* will moderate a panel on innovations in clinical technology. The afternoon session concludes with a talk by Gary Woods, M.D. on the topic of nanotechnology. The President's Reception begins at 5:30pm followed by the Annual Banquet at 7:00pm. The banquet will feature the presentation of the 2011 Mary Cushman, M.D. award for humanitarian service (international) and the passing of the MMA gavel from President Jo Linder, M.D. to President-elect Nancy Cummings, M.D. Dr. Cummings is a practicing orthopedic surgeon in Farmington.

Sunday morning begins bright and early with the 31st Annual Edmund Hardy Road Race, directed again by Deputy EVP Andrew MacLean and sponsored by Medical Mutual Insurance Company of Maine. Brunch begins at 8:00am followed by the final educational panel on the important and timely subject of physician wellness. The program concludes at 10:00am. Eight hours of category one continuing education credits are available over the course of the weekend meeting.

Registration materials have been sent to each MMA member but you may also register on line at www.mainemed.com. Hotel reservations are available by calling 1-800-328-5033. We hope to see you in Bar Harbor!

Thanks to Sustaining Members

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

Edward Claxton, MD
Karen Hadam, MD
David Jones, MD
Cardiovascular Consultants
of Maine

Silent Auction Donations

Last year, during the Annual Session, MMA held its first annual silent auction to benefit the Maine Medical Education Trust and the John C. Dalco Fund, with proceeds totaling approximately \$4,500. There were 24 items donated by MMA members and corporate affiliates. Donated items included event tickets, weekend and week-long stays at member's vacation homes, golf packages, gift baskets, books, restaurant and spa certificates, and special items made by members and friends such as paintings, sculptures and carvings!

The proceeds from this year's auction will be directed to the MMET Scholarship Fund created by Dr. Linder during her term as President. This fund will be used exclusively to provide scholarships for medical students who are Maine residents. We encourage you to participate by donating an item to the auction to benefit this worthy cause, and by attending the event which is being held on Saturday, September 10th, during the MMA Annual Session in Bar Harbor.

Please complete the Donation Form enclosed as an insert with this issue and send to Dee deHaas at the MMA by email at ddehaas@mainemed.com or by fax 207-622-3332.

President's Corner



Jo Linder, M.D.
President, MMA

Let's Dance!

Every few weeks, I pick up a pile of mail sent to the MMA President and read with great interest publications similar to this one, newsletters and journals, with columns by other state medical society leaders. I recently re-read several Presidents' Corner articles written by some of my predecessors as well. The issues physicians face today are essentially the same around the country, and several of the challenges have been around for years. Many issues remain on the forefront of our efforts to ensure physicians ability to provide best practice (e.g., quality, health IT, peer review, public health) and other issues continue to confound our best attempts to move things forward (e.g., Medicare payment reform).

As I write this, our nation is facing default on its debt, one state remains essentially shut down, municipalities in other states have or are considering bankruptcy, and several countries around the globe are in arrears. So why should we be concerned about the economic health of the world? In my opinion, economic health is necessary for overall personal and public health. The economic viability of physician's practice, no matter what specialty, is essential to the health and safety of our communities. Part of the equation includes ensuring the safety and satisfaction of those to whom we provide care. To do this, we must be able to access new knowledge critical to ensure we provide the right care at the right time for our patients.

It has been a tremendous honor and privilege to serve as your MMA President. Although we have faced many challenges this year, I tried to focus on medical education. It is important to have easy access to quality continuing medical education (CME) where we practice - in our communities and through webinars and other online tools. Fortunately, physicians have several choices of self-directed continuous education that provides the musical score for professional growth and development. Our MMA helps by accrediting many CME programs around the state and providing several CME activities throughout the year. For more information please visit our website www.mainemed.com (Note: a new, improved MMA website is coming soon!)

The future of the medical profession depends upon strong partnerships within the health care system of undergraduate medical schools and graduate medical education (GME) programs. This summer new residents started their training, and new classes of medical students started their professional journey. In Maine, community physicians and the entire health care team support this symbiotic relationship between undergraduate medical education and residency training. The health care system depends upon this integrated dance: while taking care of patients, we teach and we learn.

For decades, this renewal of the medical profession relied on federal dollars to support medical education, predominantly for GME. Due to political wrangling in DC, funding paid to hospitals for residency training is in serious jeopardy. The Medicare system needs some serious reworking, including getting rid of the SGR, but at what cost? Health care jobs will be lost; physician practices and even hospitals will close. Our communities and our patients will feel the jolt far beyond Greater Portland, Bangor, and Augusta, because students and residents are learning in communities throughout the state. Thanks to so many of our members, we are educating tomorrow's doctors today.

Yes, our health care system is complicated and expensive, and part of that expense includes investing in our apprentice dancers and those who are yet to join the dance. Maybe our elected officials need to take dancing lessons. I, for one, am ready to help with the choreography; are you?

Changes at Board of Licensure in Medicine

At its Annual Meeting held on July 12th, the Board of Licensure in Medicine elected new officers and said goodbye to outgoing Chair Sheridan Oldham, M.D. Dr. Oldham served two six-year terms on the Board and served as Chair of the Board for the last four years. Gary Hatfield, M.D. an internist from Auburn was elected chair and Maroulla Gleaton, M.D. an ophthalmologist practicing in Augusta was elected Secretary of the Board.

Later in the month, Governor Paul LePage appointed two new physicians to the Board. Appointed to a six year term was David R. Andrews, M.D. anesthesiologist with Spectrum Medical Group and to complete the four years left on Dr. George Dreher's term, Mary Louisa Barnhart, M.D., psychiatrist in private practice. Governor LePage also appointed a new Public Member, Dana D. Dyer, of Round Pond to a six year term.

The Board consists of six practicing physicians and three public members. Randal C. Manning is the Executive Director.



BOLIM Members and Staff at July 12th meeting honoring Dr. Oldham's 12 years of service. (Photo by G. Smith which accounts for the poor quality.)

Notes from the EVP



Gordon H. Smith, Esq.

For the last few years, my family and I have vacationed for a week in July on Popham Beach which we consider one of our state's many treasures. With the Legislature home and a slower summer pace at hand, this annual experience has become a relished time to spend with family and to "un-plug" from daily demands on our time. But with I-phones and laptops, detaching from the office and members is not as easy as it used to be!

Vacation presents the opportunity to get through a couple of those books purchased on impulse or perhaps recommended by friends or colleagues. One of my recent reads complements the theme of this article. "CONSIDER, Harnessing the Power of Reflective Thinking in Your Organization," by Daniel Forrester is a book you should, well, "consider." The general point of the text is that while technology allows us to act and react more quickly than ever before, we are taking increasingly less time to consider our communications and decisions before we send and make them. The author supplies a wealth of examples that demonstrate that taking time and giving ourselves the mental space for reflection can make the difference between a good decision and a bad one. And this "think time" really only arises if we don't succumb to allowing it to be overridden by the agendas of others. "Think time" must be forced into our routines and habits. A good read.

My second read for the week was also a delight, but of a different sort. "Missionary Doctor, the Story of Twenty Years in Africa," is the autobiography, published in 1944, of Mary Floyd Cushman, M.D. Dr. Cushman is the namesake for MMA's biennial Cushman Award presented to a physician or project that has made an international impact. I borrowed the book from my good friends Danielle and Larry Mutty, both themselves physicians who have volunteered abroad, particularly in Haiti. If there are two more outstanding role-models than these two "retired" physicians, I don't know where they are. Larry instituted the Cushman Award during his year as MMA President and we are so appreciative of him introducing MMA to the legacy of Dr. Cushman.

The daughter of a Maine minister, Dr. Cushman was a successful physician in Maine who, at the age of fifty three, decided to do what all her life she had wanted to do - to go to Africa as a medical missionary. For the next twenty years (and beyond), beginning in 1922, she gave herself to the bush country in what was then Angola, in Portuguese West Africa. Her autobiography is a dramatic but simple and moving story, reflecting Dr. Cushman's qualities of unselfish service and inward happiness. A graduate of Boston University Medical School, Dr. Cushman returned to the U.S. only once during her first twenty years in Africa. In Angola, she eventually built a 33-bed hospital and in 1941, provided care to 140,000 patients through her training of native nurses. This book won't be easy to find in your local library, but if you can get your hands on it, it is a wonderful story.

Dr. Cushman epitomized the unselfish spirit of our Maine physicians who give so much of themselves volunteering around the world. Reading of her work has served as yet another reminder of what a special privilege it is to work for you.

Enjoy your summer and "detach" from technology long enough to enjoy at least one good book. As Daniel Forrester writes, **time** and **reflection** are strategic assets.

As always, I welcome your feedback and can be reached at 207-622-3374 ext. 212 or gsmith@mainemed.com.

Play to the last note.

Live with peace, dignity and joy for the rest of your life.
At Hospice of Southern Maine and the Gosnell Memorial Hospice House our mission is to improve the quality of life at the end of life for patients and families living with a life-limiting illness.

HOSPICE OF SOUTHERN MAINE
HOSPICE HOME PROGRAM
GOSNELL MEMORIAL HOSPICE HOUSE
Improving the quality of life at the end of life.

Call toll-free at (866) 621-7600 or visit www.hospiceofsouthernmaine.org

Concentra is committed to renewing the doctor-patient relationship by enabling physicians to enjoy an environment of **stability, success,** and **satisfaction** in order to focus on what they do best: *providing quality medical care.*

Concentra is seeking candidates for the following positions:

- **Center Medical Directors** (Augusta, Bangor, Lewiston, and Portland)
- **Nurse Practitioner/Physician Assistant** (Bangor)
- **PRN physicians** (statewide)

Ideal candidates will have urgent care and/or occupational medicine experience and will exemplify the welcoming, respectful, and skillful behaviors that drive our mission of improving America's health, one patient at a time.



To learn more about these positions or to apply online, please visit Concentra.com/Careers. You can also call Jodie Clark, Senior Physician Recruiter, directly at **972-725-6468**.

Concentra
treated right

Concentra is an equal opportunity employer.

Upcoming Specialty Society Meetings

September 7, 2011 *MMA Headquarters – Manchester, ME*
American College of Emergency Physicians, Maine Chapter
 MMA Contact: Maureen Elwell 207-622-3374 ext: 219 or melwell@mainemed.com

September 10, 2011 *Harborside Hotel and Marina – Bar Harbor, ME*
The following Specialty Societies will be holding meetings in conjunction with MMA's Annual Session taking place September 9-11 at the Harborside Hotel & Marina in Bar Harbor

Maine Society of Anesthesiologists Fall Business Meeting
 Contact: Anna Bragdon 207-441-5989 or mesahq@gmail.com

Maine Urological Association Fall Business Meeting
 MMA Contact: Maureen Elwell 207-622-3374 ext: 219 or melwell@mainemed.com

September 23, 2011 *Harborside Hotel & Marina – Bar Harbor, ME*
Maine Society of Eye Physicians and Surgeons Fall Business Meeting
(To be held in conjunction with the 10th Annual Downeast Ophthalmology Symposium)
 MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

September 23 - 25, 2011 *Harborside Hotel & Marina – Bar Harbor, ME*
10th 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 1, 2011 *Portland Regency Hotel – Portland, ME*
Maine Society of Orthopedic Surgeons Annual Educational Sessions
 MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

October 21-23, 2011 *Point Lookout – Northport, ME*
Maine Chapter of the American College of Physicians Annual Chapter Meeting/Educational Sessions
 MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

November 4, 2011 *Portland Regency Hotel – Portland, ME*
Maine Association of Psychiatric Physicians Annual Fall General Membership Meeting
"Role of Psychiatry in Disaster and Other Public Health Emergencies"
 MMA Contact: Warene Eldridge 207-622-7743 or weldridge@mainemed.com

Upcoming at MMA

August 17 9:00am – 11:00am Patient Centered Medical Home, Conveners
 11:00am – 1:00pm Patient Centered Medical Home, Working Group
 1:00pm – 4:00pm Aligning Forces for Quality, Patient Family Leadership Team

August 24 11:30am – 2:00pm MMA Senior Section; Rededication of Frank O. Stred Building

September 2 9:00am – 12:00pm First Fridays Seminar; Compliance

September 6 2:30pm – 4:30pm Community Health Teams Steering Group (Quality Counts)

September 7 9:00am – 12:00pm Maine Health Management Coalition
 1:00pm - 2:00pm Aligning Forces for Quality, Executive Leadership Team
 2:00pm – 5:00pm Quality Counts Board

September 8 1:00pm – 3:00pm OSC HIT Steering Committee

September 12 4:00pm – 7:00pm **Medical Professionals Health Program Advisory Committee
 4:00pm – 6:00pm Academic Detailing Work Group

September 13 1:00pm – 4:00pm Lifeflight Board Meeting

September 21 9:00am – 11:00am Coalition to Advance Primary Care
 11:00am – 1:00pm Patient Centered Medical Home, Working Group
 1:00pm – 4:00pm Aligning Forces for Quality, Patient Family Leadership Team

September 22 8:30am - 4:00pm Pathways to Excellence (Maine Health Management Coalition)

September 24 9:00am – 12:00pm Downeast Association of Physician Assistants Board Meeting

September 27 8:00am – 12:00pm Medical Group Management Association

October 3 4:00pm – 6:00pm Academic Detailing Work Group

October 4 2:30pm – 4:30pm Community Health Teams Steering Group (Quality Counts)

October 5 9:00am – 12:00pm Maine Health Management Coalition
 1:00pm - 2:00pm Aligning Forces for Quality, Executive Leadership Team
 2:00pm – 3:30pm Quality Counts Executive Committee
 3:30pm – 5:00pm Quality Counts Behavioral Health Committee

October 6 12:00pm – 1:00pm Webinar "What Value is Your Peer Review Program?"

October 7 9:00am – 12:00pm First Fridays Seminar: "Treating Chronic Pain While Avoiding Addiction and Diversion"

October 12 4:00pm – 6:00pm **MMA Public Health Committee

October 13 1:00pm – 3:00pm OSC HIT Steering Committee
 4:00pm – 6:00pm Committee on Physician Quality

October 19 9:00am – 11:00am Patient Centered Medical Home, Conveners
 11:00am – 1:00pm Patient Centered Medical Home, Working Group
 1:00pm – 4:00pm Aligning Forces for Quality, Patient Family Leadership Team

**All MMA Committee Meetings are now being offered through WEBEX

PHYSICIAN BILLING & CONSULTING INC.



- Compliance & Coding
- A/R Recovery Services
- Certified Professional Coders

Professional Medical Billing Services

Practice Management & Analysis

Medical Reimbursement Specialists

465 Main Street, Lewiston, ME 04240
 scharest@physicianbillingandconsulting.com

Call today for a FREE fee schedule analysis

207-777-5370
 800-667-0035

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 and the Board's funding has recently been continued for an additional year.

This monograph (available at 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, 2011, after which it will be either updated or terminated.**

NOW available FREE
www.mainemed.com

MAINE MEDICAL ASSOCIATION

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

NEWSLETTER EDITOR

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

PRESIDENT

Jo Linder, M.D.
 207-662-7010
 lindejo@mmc.org

PRESIDENT-ELECT

Nancy M. Cummings, M.D.
 207-778-9001
 nmcummings@earthlink.net

EXECUTIVE VICE PRESIDENT

Gordon H. Smith, Esq.
 207-622-3374 ext. 212
 Fax: 207-622-3332
 gsmith@mainemed.com

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.

POISON Help

1-800-222-1222

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.

SAVE the DATE

158th Annual Session
Sept. 9-11, 2011
Bar Harbor, ME

Electronic Death Registration System

The Maine CDC – Vital Records EDRS Team is moving forward to implement the Electronic Death Registration System! We are targeting medical certifiers and medical facilities that are in geographical proximity to the funeral homes and municipalities currently participating in the EDRS project. This system will allow for a complete electronic registration of death certificates. All medical certifiers (Physicians, Physician Assistants, Certified Nurse Practitioners, and facility staff) will be required to complete the medical certification information within the EDRS/DAVE application per S.P. 392 – L.D. 1271 by July 1, 2012. Within the next few weeks the EDRS Team will be reaching out to Medical Certifiers to provide access to training for the EDRS application. If you have any questions about the EDRS and online training, please feel free to contact the EDRS team at the Application Support Line, Monday thru Friday, 1-888-664-9491.

MMA Welcomes Our Newest Corporate Affiliate:
IWP
We appreciate their support!

Visit the MMA website at www.mainemed.com



Stephen D. Sears, M.D.

From the State Epidemiologist

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

Public Health's Winnable Battles

Tom Friedan, M.D., the Director of the Federal CDC, has helped define six "winnable battles" for improving the public's health in the next one to four years. Some of these battles will be won in the legislature, some in hospitals, some in medical offices and all in our communities. What are these six battles?

The first is tobacco control. Tobacco is the leading preventable cause of death, killing 440,000 people annually in the U.S., and the largest potential public health impact. Forty percent of adult nonsmokers and 54% of children, aged 3 to 11 years, are exposed to secondhand smoke in the U.S. One-hundred ninety-three billion dollars are wasted in medical expenses and lost productivity. Tobacco use can be addressed by increasing the price of tobacco products, promoting evidence-based policies, supporting 100% smoke-free environments, using aggressive earned and paid media and assisting with FDA regulations.

The second is nutrition, physical activity, obesity and food safety. From 1980 to 2000, obesity rates doubled for adults and tripled for children. Sodium reduction equates with 100,000 fewer deaths annually. Artificial trans-fat elimination equates to tens of thousands fewer deaths annually. We have a complex, globalized food supply with tens of millions of food-borne illnesses annually in the U.S. This problem can be addressed by changing the environment to promote healthy food and active living, addressing food procurement and improving food-borne illness detection, response and prevention.

Third is healthcare associated infections (HAI). These affect one in 20 patients in U.S. hospitals annually. They increase costs, length of hospitalizations and deaths. These preventable infections occur in blood streams, urinary tracts and surgical sites. They can be addressed by strengthening national surveillance through the National Healthcare Safety Network, increasing implementation of evidence-based prevention guidelines in hospitals, ensuring federal and state policies to support transparency and accountability, sustaining healthcare associated infections programs in states and expanding prevention to non-hospital settings.

Fourth is motor vehicle injuries. These result in 45,000 deaths and four million emergency department visits each year. They are the leading cause of death in the first three decades of life. They can be addressed by targeting 100% seatbelt use, which would equal 4,000 fewer fatalities annually; reducing impaired driving, which would equal 8,000 fewer fatalities annually; supporting strong Graduated Drivers License policies, which would equal 350,000 fewer non-fatal injuries and 175 fewer deaths annually; and collaborating with the transportation sector and other agencies to promote safety policies.

Fifth is teen pregnancy. The teen birth rate remains high. Two-thirds of pregnancies under age 18 are unintended. Teen pregnancy can perpetuate a cycle of poverty. It increases infant death, low birth weight, preterm birth and healthcare costs. The taxpayer cost of teen pregnancy is greater than nine billion dollars per year. Teen pregnancy can be addressed by increasing access to reproductive health services, especially long-acting reversible contraceptives; reducing cost barriers to family planning services and contraceptives; and working to change health professional and community norms.

Finally, HIV. 1,100,000 Americans have HIV, one out of five unaware they are infected. The percent of serious health disparities among populations and risk groups for men who have sex with men of all races/ethnicities is 53%, African Americans 46%, Hispanics 18% and intravenous drug users 18%. The estimated lifetime cost is more than \$380,000 per person for direct medical care. This problem can be addressed by increasing HIV testing to reach all Americans, providing access to proven interventions for negatives, including comprehensive sex education and condom education; improving linkage to care and promoting Prevention with Positives.

So can we win these battles? – the answer is Yes. We have a track record in all these areas in Maine. We have come a long way, but there is still much work to be accomplished. This will work best with the combined efforts of the medical profession and their public health colleagues. Together we can win these battles and when we do, Maine benefits.

Public Health Spotlight



Jessa Barnard, J.D., Director of Public Health Policy, MMA

Over the past several months, the MMA's public health efforts have largely been focused on advocacy before the state legislature.

Fortunately, through the work of the MMA Public Health Committee, individual MMA members and other advocacy groups around the state, many proposed rollbacks to laws that protect public health in the state were defeated. These proposals included: substantial cuts to the Fund for Healthy Maine; preventing law enforcement officers from pulling over drivers for not wearing their seatbelts; preventing minors from accessing substance abuse treatment without the consent of a guardian; and repealing the requirements for mandatory vaccination for school children.

The legislature also took many positive steps towards promoting public health in the state. Despite initial opposition from the Governor, the legislature approved rules that will phase out the use of Bisphenol-A (BPA) from children's products by July 2012, an effort that has been underway with support from the MMA since the passage of the Kids Safe Product Act in 2007. The legislature also passed bills that will make it illegal to send text messages while driving; increase testing of infants for HIV; improve the nutrition of school meals; improve school physical activity programs; require landlords to disclose their smoking policies and establish targets to reduce the State's consumption of oil.

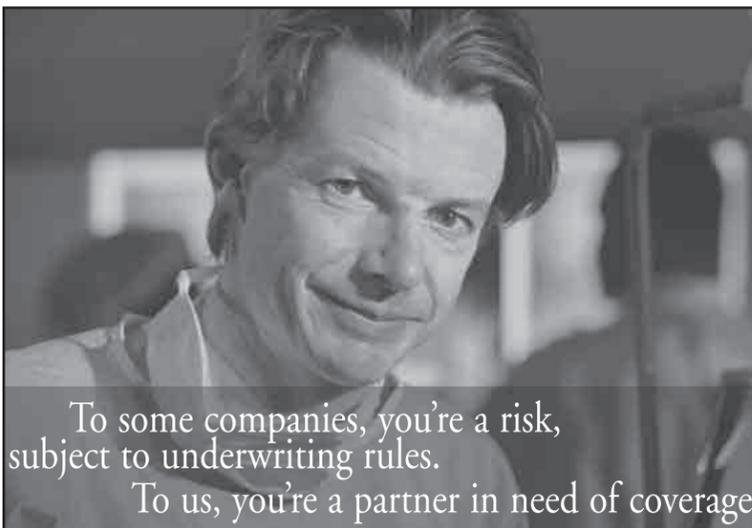
One significant change to public health planning in the State occurred with the passage of L.D. 1333, An Act to Modify Rating Practices for Individual and Small Group Health Plans and to Encourage Value-based Purchasing of Health Care Services. Along with making a number of modifications to the regulation of individual and small group insurance policies in the State, the bill repealed the Advisory Council on Health Systems Development and the requirement for a state health plan.

The state health plan, published every two years, was required to not just guide the State's Certificate of Need process, one reason for its repeal, but to "address the major threats to public health and safety in the state, including, but not limited to, lung disease, diabetes, cancer and heart disease." The Advisory Council was charged with providing input to the state health plan. In light of the elimination of the Advisory Council and state health plan, the Statewide Coordinating Council for Public Health (SCC) is also reassessing its purpose and mission. The SCC was established under state statute as a representative statewide body of public health stakeholders for collaborative public health planning and coordination. It was required to:

- Participate as appropriate to help ensure the state public health system is ready and maintained for accreditation;
- Provide a mechanism for the Advisory Council on Health Systems Development to obtain statewide input for the state health plan;
- Provide a mechanism for disseminating and implementing the state health plan; and
- Assist the Maine Center for Disease Control and Prevention in planning for the essential public health services and resources to be provided in each district and across the State in the most efficient, effective and evidence-based manner possible.

With the elimination of two of those purposes, the SCC is spending time this summer determining its role and how best to ensure that public health practice remains aligned and coordinated at all levels, integrates a broad range of public health topics and addresses disparities. The Maine CDC has also been tasked by the administration with creating a state health improvement plan, which will fill some of the roll of the state health plan. The MMA plans to participate in this conversation.

The MMA Public Health Committee will also remain busy over the summer and fall preparing several resolutions for the MMA annual session, following legislative working groups and continuing federal advocacy on issues including clean air and toxic chemical regulation. For more information or questions about any of these efforts, please contact me at 207-622-3374 x 211 or jbarnard@mainemed.com.



To some companies, you're a risk, subject to underwriting rules.
To us, you're a partner in need of coverage

Underwriting peer review with no arbitrary rules. Physicians in service of physicians. That's the Medical Mutual way. What's your carrier's? For more information, or to apply for coverage, visit our web site or call John Doyle at (207) 523-1534.

Medical Mutual
Insurance Company of MAINE
207-775-2791 • 1-800-942-2791
www.medicalmutual.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



Lisa M. Letourneau, M.D., MPH

Quality Counts

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

Support for Successful Partnerships with Patients

The good news: Patients want to get their health care information from their doctor--more than from any other source. They continue to see physicians as their primary, trusted advisors regarding their health care.

The challenge: Given time constraints and work demands, how can physicians make the time to cultivate good relationships with patients? How can we provide consistent and supportive messages that encourage patients to get involved in their own care--especially when patients don't always appreciate how significant a role they play?

As physicians, we recognize the crucial importance of our relationship with our patients and want to cultivate it. It's why we became doctors in the first place. But we frequently have insufficient time with patients or lack tools to promote healthy choices. In spite of these constraints, there are strategies for fostering good rapport and meaningful connections. As in all relationships of consequence, simple, honest communication and mutual respect and understanding go a long way.

There is little doubt that patients continue to value their relationship with their doctor. In fact, three quarters of the 49,007 *Consumer Reports* subscribers who were surveyed in 2009 said they were highly satisfied with their doctors. A subsequent *Consumer Reports* survey of 660 primary-care physicians took a major step toward encouraging patients to get more involved in their own care by asking doctors what they thought their patients could do. The physicians surveyed spoke frankly about their perspectives on their work and relationship with their patients, and gave candid advice about what patients could do to get the most out of their relationship with their doctor.

The results of the physician and subscriber surveys helped form a guide to a more productive doctor-patient relationship. "What Doctors Wish Their Patients Knew" includes tips for patients to help them get the most out of a typical office visit and a feature on what to look for in a medical home. (Some content is available online without a subscription at <http://www.consumerreports.org/health/doctors-hospitals/doctors/physician-survey/index.htm>.)

By sharing these and other tips, physicians can both strengthen their relationship with patients and provide simple steps they can take toward becoming better patients. This communication may also prompt patients to ask questions and be more forthcoming and participatory.

In addition to sharing information with patients, providers should encourage them to use the many tools now available on several local websites. GetBetterMaine.org features a robust health resources section. MaineQualityCounts.org includes the downloadable Maine "Pathways" brochures for diabetes and preventive care that are designed for patients to help themselves become healthier and improve their care in partnership with their providers.

Another major step forward in helping patients understand their role in improving care will come this fall with the launch of *Get Better Maine*, a three-month consumer campaign designed to outline specific steps patients can take to improve their health and to improve the quality of care they receive.

Get Better Maine will kick off in September with *Care About Your Care*, a month-long national effort by the Robert Wood Johnson Foundation and others to explain what consumers can do to identify and receive better health care. The Maine Aligning Forces for Quality (AF4Q) team, in partnership with the Bangor Beacon Community, will host a stakeholder event in Bangor on Thursday, September 15. The event will be held in tandem with a national program in Washington, DC, featuring Dr. Mehmet Oz, who will introduce specific messaging to help get people more involved in their care. The national program will be streamed to the Bangor event and shown live on the Internet.

The *Get Better Maine* campaign will culminate in November with a weeklong series of presentations across Maine by nationally known journalist T.R. Reid, the author of *The Healing of America: A Global Quest for Better, Cheaper and Fairer Health Care*. These presentations will be designed to engage a wide range of stakeholders, including consumers and employers.

Like all significant relationships, the doctor-patient bond requires attention, encouragement, and support. Fortunately, doctors and patients alike want the relationship to work. With the help of the upcoming "Get Better Maine" campaign, they will soon have more support for achieving success. Now that's good news!

Senior Drivers: Can This Patient Safely Drive And What Is My Role And Responsibility As Their Doctor?

By Daniel K. Onion, MD, MPH, Director (emeritus), Maine-Dartmouth family medicine residency; Chair, Maine Senior Drivers Coalition

Everyone, who lives to retirement age, loses the quicker driving response times of youth, and often has developed other minor or major disabilities, which affect driving. Most drivers compensate for these impairments themselves with wisdom and more caution, driving only in good weather, only locally, only in the day time, etc. But, if they must drive to live where they do, many understandably take more risks than if they lived where there is a convenient, inexpensive public transportation system. And a few, especially those with cognitive impairments from medications, alcohol, or early dementia, don't fully recognize their limitations. These are the senior drivers who make headlines by driving the wrong way on an interstate, through a stop light, or into a store because they hit the accelerator rather than the brake. And having a co-pilot spouse riding with them cannot prevent these tragedies.

Maine crash data, like those from other states, showing death, injury or crashes per mile driven don't really start to climb statistically until over age 75. And the older the driver (and passengers), the greater their injuries in similar crashes compared to younger crash victims, because of increasing frailty.

So what is a poor doctor to do, to balance patient and public risk vs. his/her patient's autonomy?

First, raise the issue ahead of crisis time if you can. Most elderly, retire from driving 7-12 years before they die. How will they get around then? Should they change living arrangements? Should they volunteer now and promise to donate their car eventually to gain credits at local non-profit transportation systems like Independent Transportation Network in Portland, and expanding to other areas of the state? Or they could get involved in a Damariscotta model, Full Circle America community project, for seniors to continue living in their homes as they age, that Allan (Chip) Teel, MD is promoting in several Maine and beyond communities.

Second, review medications, alcohol use, and diagnoses. Avoid anticholinergics like antihistamines, bladder spastic meds, and sedatives, especially extended release ones like Ambien (zolpidem) CR that almost always take longer to metabolize in the elderly. Most patients with arthritis can compensate with adaptive devices. It is harder to compensate for visual acuity or field loss; the state has minimal requirements for both.

Then seek family input and be supportive, not dogmatic, if the patient or family members raise and/or express doubts about their driving skills. Suggest family members drive with them or follow in another car. They can also self-test their driving skills through the American Automobile Association's Roadwise Review, an on-line or CD, 30

minute run-through of a dozen skills necessary for safe driving, sometimes impaired in the elderly. A formal testing of driving skills and a road test can be done at many occupational therapy departments in larger hospitals, but for a fee of about \$400, not covered by Medicare or most other health insurances. Many commercial drivers education schools, exclusively focused on new youth drivers in the past, now undertake road testing of seniors, though the quality of the evaluations may vary more in this emerging market. Most importantly, in your office, consider the comprehensive American Medical Association/National Highway Transportation and Safety Administration (AMA/NHTSA) publication entitled, "Physician's guide to assessing and counseling older drivers", 2010, available free online (Google it), and complete with evaluation forms and patient handouts. And the Maine Bureau of Motor Vehicles will road test a driver, at your suggestion, if submitted on their standard driver medical report form.

Finally, what if the senior driver seems not to recognize obvious impairments? There may be a problem if the family feels uncomfortable having other family members, grandchildren etc., ride with the senior driver, or you hear of minor fender benders, or other driving mistakes. Family can simply follow the senior driver in another car as they drive somewhere, watching for irregularities of omission or commission. Don't agree to take the confrontation on by yourself so the family can remain anonymous; instead urge concerned family members to attend the patient's appointments with you. You can also notify the bureau of motor vehicles of your concerns, though not anonymously, as can the family, the police, or neighbors. Patients often think or accuse doctors of "taking away my license." But the state drivers licensing agency does that, not care givers. Tricks like hiding the car keys, disconnecting the battery, saying the car is broken down, or other similar ploys, are for desperate circumstances and only work if the driver is significantly demented enough that they can't go to a repair shop.

Nevertheless, all this is difficult. It is a role reversal for the family and hard for them to urge their childhood tooth fairy to give up his or her drivers license. But ignoring a potential problem like this can hurt not only the driver, but others as well. So inaction, if the problem is real, is not an option either.

[Editors Note: Congratulations to Dr. Onion and the Maine Senior Driving Coalition for their diligent effort to protect seniors and potential victims on the highways of Maine. MMA's legal staff participates in the Coalition and is available to consult with MMA members when these issues arise.]

Body Donor Program

The Need for Bodies After Death

All physicians must have a thorough knowledge of the structure of the human body. This is obtained early in their medical education by studying anatomy through the dissection of the human body. The need for human bodies can be met only if people interested in medical education arrange to contribute their bodies to a medical school immediately following death. Donated bodies are also used for research such as developing new surgical procedures and learning new clinical techniques.

More than 90 percent of the cadavers used by U.S. medical schools have been donated. "These are not street people or people without families," says Cheryl Blumenthal of Pennsylvania's Human Gifts Registry. "Every economic group is represented." Some families have a tradition of leaving their bodies to science and some individuals leave their bodies to their alma mater.

The most common reasons people give for donating their bodies to science are to aid medical science and teaching, and to show gratitude to the medical profession. Very few donate because they either lack relatives or cannot afford funeral expenses. Oliver Wendell Holmes made this comment on his experiences as a medical student: "I have been going to Massachusetts General Hospital and dissecting cadavers of better men and women than I ever was myself or am likely to be."

Donation forms are available upon request from:

The Anatomical Donor Program
University of New England,
College of Osteopathic Medicine
11 Hills Beach Road
Biddeford, ME 04005

or by calling us at

(207) 602-2202 or 602-2206,
Monday-Friday from
9:00 a.m. to 4:00 p.m.

There is no upper age limit for whole body donation, nor does amputation of limbs preclude acceptance. Medical conditions that would prevent acceptance as a donor includes: HIV, hepatitis, tuberculosis, and Creutzfeldt-Jacob disease. Extensive trauma to the body at the time of death, advanced decomposition, or extreme obesity would also make the remains unsuitable for anatomical study.

More information can be found at: <http://www.une.edu/bodydonor.cfm>

Jeffrey Heidt • Eric Altholz • Will Stiles • Liz Brody Gluck • Kate Healy • Brett Witham

- Licensing
- Compliance
- Physician Contracting
- Anti-kickback and Stark
- Medical Staff Issues
- Employee Benefits
- Corporate Representation of Medical Group Practices
- Reimbursement Involving Commercial and Governmental Payers
- Immigration (J-1, H-1B and Permanent Residence)

A healthy dose of expert advice.

Verrill Dana LLP
Attorneys at Law

One Portland Square • Portland, ME 04112-0586 • 207-774-4000 • www.verrilldana.com
Augusta • Boston • Hartford • Washington, DC

Credit Card Processing Solutions
To receive your FREE analysis information please contact Kimberly Layton at 866-638-8614 or email kimberly.layton@elavon.com.

Endorsed payment processor of the MMA

Elavon

Peer Review Webinar

The MMA Peer Review Advisory Committee invites you to join a FREE webinar on Thursday, October 6, 2011 from 12n to 1pm. Dr. Marc Edwards will be the presenter who will speak to the importance of organization culture in creating a peer review program that is educational in nature and addresses the quality and safety of patient care. Visit Dr Edwards' web site at www.QAtoQI.com. Educational credits are pending – see the enclosed flyer for more information and registration. Any questions can be directed to Peggy Pinkham at (207) 441-1534 or mpinkham@gmail.com.

Thank You

A special thank you to the following physicians who served as volunteers on prelitigation screening panels from January thru June 2011. Physicians willing to volunteer may contact the MMA EVP Gordon Smith at 622-3374 ext: 212 or via email at gsmith@mainemed.com.

Timber Gorman, MD
William Master, MD
Simon Gibbs, MD
Veronica Simmonds, DO
Petr Smejkal, MD
Peter Kohler, MD
Mary (Molly) Collins, MD
Amir Baig, MD
Victoria Stannard, MD
Martyn Vickers, Jr., MD
Jennifer McKenna, MD
Timothy O'Brien, MD
William Stamey, MD

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 email only. It's a free member benefit – call 622-3374 to subscribe.

Legislative Update



Andrew MacLean, Esq.

Governor LePage and Majority Republicans in the 125th Maine Legislature Make Their Mark During First Regular Session

Governor LePage completed his first six months in office and Republican legislators in control of both chambers of the 125th Maine Legislature completed their First Regular Session in the early evening of Wednesday, June 29th. The Governor and Republican legislative leaders cited a bi-partisan biennial budget for State FY 2012-2013 (L.D. 1043), "regulatory reform" (L.D. 1), and health insurance reform (L.D. 1333) among the accomplishments of the first session. In his farewell remarks to the legislature, Governor LePage mentioned continuing "welfare reform" efforts, energy policy, and public employee negotiating issues as some of his priorities for the Second Regular Session when the legislature reconvenes in early January 2012.

On June 16th, both chambers of the legislature enacted the unanimous committee report from the Joint Standing Committee on Appropriations & Financial Affairs on the SFY 2012-2013 biennial budget (L.D. 1043). At the end of that week, the legislature departed Augusta for a brief break amid uncertainty whether the Governor would sign the budget and rumors about potential gubernatorial vetoes of numerous other bills. Governor LePage did sign the budget bill into law on June 20th and most observers did describe it as a reasonable bi-partisan compromise that addressed a substantial structural gap, achieved some of the Governor's goals in "welfare reform" and public employee compensation, yet moderated some of the Governor's original proposals for cuts in the *Fund for a Healthy Maine* and "non-categorical" Medicaid coverage. You can find current budget materials on the legislature's web site at: http://www.maine.gov/legis/ofpr/appropriations_committee/materials/index.htm.

The legislature returned to the State House on June 28th and 29th to complete the session's business, including several gubernatorial vetoes and a major revision to the certificate-of-need (CON) statute (L.D. 360). L.D. 360, *An Act to Amend the Maine Certificate of Need Act of 2002*, a bill that was the subject of lengthy negotiations throughout the session among members of the Joint Standing Committee on Health & Human Services and the legislative leadership, raises most of the thresholds for CON review. These amendments to the CON statute will have a significant impact on health care planning and development in Maine in the future.

The most prominent of several interim study initiatives in the health policy area that will occupy some legislators between sessions involves implementation of the federal *Affordable Care Act* (ACA) in Maine, particularly the establishment of an insurance exchange. During the final weeks of the session, the legislature enacted L.D. 1582, *Resolve, Creating the Advisory Committee on Maine's Health Insurance Exchange* (Resolves 2011, Chapter 105). The Insurance & Financial Services Committee also has carried over to the second session the following four bills addressing aspects of the ACA:

- L.D. 1497, *An Act to Comply with the Health Exchange Provision of the Patient Protection and Affordable Care Act* (the "Republican exchange bill" based on the Utah, "open market" model);
- L.D. 1498, *An Act to Phase Out Dirigo Health and Establish the Maine Health Benefit Exchange for Small Businesses and Individuals* (the "Democratic exchange bill based upon the Massachusetts, "active purchaser" model);
- L.D. 1030, *An Act to Reduce Costs for Small Businesses and Individuals* (a concept draft dealing with subsidies and/or tax credits); and
- L.D. 882, *An Act to Limit Health Care Mandates* (comparing Maine's mandates to the federal "essential benefits package").

THANK YOU The first-session of the 125th Legislative Session is now behind us. The MMA would like to acknowledge all members who assisted in the legislative process to advocate for patients and fellow physicians during the session. We appreciate the time that these physicians took out of their busy schedules to come to the State House and participate in the Doctor of the Day Program and those who testified in person or submitted testimony for public hearings. Testimony at public hearings and participation in the Doctor of the Day Program are essential elements of MMA's role in promoting a good practice environment for physicians in the State of Maine and quality healthcare for Maine citizens. The MMA would also like to thank the children of our Doctor of the Day participants who served as honorary pages in the House of Representatives. We have done our very best to include all participants in the following lists and we apologize if we have omitted anyone. If your name was omitted, please contact Maureen Elwell at melwell@mainemed.com.

Doctor of the Day 2011 Participants:

Peter Amann, MD
David Andrews, MD
William Atlee, MD
A. Jan Berlin, MD
Benoit Blondeau, MD
Carla Burkley, MD
Rebecca Chagrasulis, MD
Judith Chamberlain, MD
Kenneth Christian, MD
Nancy Cummings, MD
Russell DeJong, MD
Steve Diaz, MD, FACEP
Virginia Eddy, MD
Jonathan Fanburg, MD, MPH
Richard Fein, DO
Richard Flowerdew, MD, BS
Timothy Goltz, MD
Sue-Anne Hammond, DO
Daniel Hammond, DO
Jennifer Hayman, MD
Donna Johnson, MD

(Arkansas)
Anne Jones, DO
David Jones, MD
Howard Jones, MD
Joel Kase, DO
Michael Lambke, MD
Peter Leighton, MD
Lisa Letourneau, MD
Jo Linder, MD
Jeffrey Lockhart, MD
Jamie Loggins, MD
Amy Madden, MD
Chris Maloney, ND
David McDermott, MD
Matthew McKay, MD
Dylan McKenney, MD
Barbara Moss, DO
Ray Nichols, Jr., MD
Thomas Page, DO
Charles Pattavina, MD
Tamas Peredy, MD
Janis Petzel, MD
Chris Pezzullo, DO

Lewis Phillips, MD
James Raker, MD
Lisa Ryan, MD
Kathleen Schwarz, MD
Jeffrey Sedlack, MD
Cynthia Self, MD
Sydney Sewall, MD, MPH
Peter Shaw, MD
Thomas Shields, MD
Robert Struba, MD, MPH, PhD
Dustin Sulak, DO
Gary Winn, DO, MPH

Honorary Pages:

Emily, Molly & Maggie Amann
Lily & Austin Fanburg
Gabriel Fein
Emma, Lilly & Clara Goltz
Jakob & Alexandra Hammond
Myles, Elizabeth & Bethany
Hammond
Cole & Lauren Jakobs
Abigail & Molly Jones

Miles Lambke
Sophia Leighton
Luke Gerard Moss Bartol
Isabel Peredy
Henry Raker II
Darby Self
Maria & Anna Struba
Emily & Benjamin Talpey
Caleb & Justyn Winn

Public Testimony:

William Atlee, MD
Julie Balaban, MD
Jeffrey Barkin, MD
Judith Chamberlain, MD
Kenneth Christian, MD
Norma Dreyfus, MD
Jonathan Fanburg, MD, MPH
Jacob Gerritsen, MD
Lani Graham, MD
Margaret Greenwald, MD
Steve Gressitt, MD
Jennifer Hayman, MD

David Howes, MD
Steve Hull, MD
Jennifer Jewell, MD
Scott Kemmerer, MD
Daniel Landry, MD
Jo Linder, MD
Lawrence Losey, MD
James Maier, MD
Robert McAfee, MD
Susan Meisfeldt, MD
Julie Pease, MD
Sarah Peterson, MD
Jeffrey Peterson, MD
Chris Pezzullo, DO
Edward Ringel, MD
Stephen Sears, MD
Erik Steele, DO
Dustin Sulak, DO
John Vogt, MD
Robert Walker, MD
Edward Walworth, MD

The Advisory Committee established in L.D. 1582 is directed to make its report to the Governor and the Insurance & Financial Services Committee not later than September 1, 2011, a very short time frame since members of the group have not yet been named.

Two other key interim studies will focus on continuing concern about use of opioid drugs in Maine (L.D. 1501, *Resolve, to Reduce Opioid Overprescription, Overuse and Abuse* [Resolves 2011, Chapter 81]) and allocation among health care programs of the *Fund for a Healthy Maine* (L.D. 1558, *Resolve, to Study Allocations of the Fund for a Healthy Maine* [Resolves 2011, Chapter 112]).

The MMA was able to achieve one aspect of its legislative agenda during the first session despite a gubernatorial veto. Representative Sharon Treat (D-Hallowell) submitted on MMA's behalf, L.D. 1222, *An Act to Promote Fairness in Negotiations Between Health Insurance Carriers and Health Care Service Providers*, a bill to prohibit health insurance carriers' use of so-called "most favored nation" clauses in participating provider agreements. Such clauses commit a provider to giving the carrier the best price for services it gives to any other carrier, regardless of other considerations in negotiations. The Federal Trade Commission and U.S. Department of Justice fear that these clauses are anti-competitive, particularly in markets where there is a dominant insurance carrier, and the federal agencies are investigating Blue Cross Blue Shield plans in a number of states for use of these clauses. Despite a unanimous "ought to pass" recommendation from the Insurance & Financial Services Committee and enactment without debate in the House and Senate, Governor LePage vetoed the bill expressing concern about private contracting rights. During negotiations with the Chairs of the Insurance & Financial Services Committee about the legislature's position on the veto, the Governor agreed to submit his own bill on the subject of most-favored-nation clauses that would include an opportunity for a waiver of the prohibition upon application by either a provider or carrier to the Superintendent of Insurance. The legislature upheld the Governor's veto of L.D. 1222, but went on to enact L.D. 1583, *An Act to Provide Oversight in Certain Negotiations* (P.L. 2011, Chapter 451), a bill incorporating the language of L.D. 1222 with the waiver language requested by the Governor. Governor LePage did sign this bill on July 6, 2011. The MMA pursued a legislative solution to this issue on behalf of a Bangor practice following several years of unsuccessful negotiations with the insurance carrier.

Finally, Maine physicians have contacted the MMA staff with many questions about the latest version of the *Maine Medical Marijuana Act* since it passed at referendum in 2009 and it has been one of the most often requested CME presentations during the last two years. The legislature again has made substantial amendments to the medical marijuana law in L.D. 1296, *An Act to Amend the Maine Medical Use of Marijuana Act to Protect Patient Privacy* (P.L. 2011, Chapter 407). The MMA staff is available to present the amendments to the *Maine Medical Marijuana Act* upon request.

The MMA's summary of more than 300 bills tracked during the First Regular Session of the 125th Maine Legislature will be available by the MMA Annual Session in early September.

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. 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://www.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.



Amy Madden, MD with her State Senator Thomas Saviello (R, Franklin)



Medical Mutual Insurance Company of Maine Risk Management Practice Tip: Social Networking

The use of social networking is expanding at astounding rates. On an average day in 2010 there were 60 million status updates on Facebook, 55 million tweets on Twitter, 108 million blog posts and 14,400 hours of video uploaded to YouTube. It is no wonder that patients are demanding and healthcare providers are subscribing to the social networking phenomenon.

I. Plan

Develop an organization-wide social networking plan that includes:

- A designated individual responsible for social networking development, monitoring and security.
- Privacy setting standards for each type of media.
- Social Networking Code of Conduct/Ethics.
- Purpose(s) for organizational participation in social networking.
- Types of social media used by the organization and level of participation.
- Employee authorization to access facility social media.
- Employee authorization to post to facility social media.
- Use of photographs and digital video.
- Use of links.
- Reporting mechanism for impermissible use or inaccuracies.
- Screening for malware.
- Response plans for risk concerns, i.e., cyber bullying.
- Guidelines for each type of social media.
- Personal networking expectations.
- Performance indicators such as number of visits to the blog.

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.

II. Medical Advice

Providing medical advice in the absence of a face to face encounter is inherently risky. To reduce online risk:

- Instruct online users that emergencies must be conducted in "real time" not by messaging.
- Limit medical advice to general information.
- Always maintain appropriate professional boundaries.

III. Permanence

Information placed on social networking sites is in effect permanently available. Even if the original post is removed, the information may be linked to other social networking sites and/or stored in a search engine cache. To reduce the associated risk:

- Frequently monitor postings.
- Develop a procedure to address negative or inappropriate posts.

IV. Privacy

State and federal privacy rules apply to social networking activities. Even if no patient names are used, the information and association with the organization or the author of the post may render the information identifiable.

- Include social networking in the organization's communication and privacy policies.
- Educate patients and families about risks when participating in social networking regarding their medical care, i.e., home invasion.

V. Personal Use

It is unclear how much control an employer has over employees' personal participation in social networking. It is advised that organizations develop expectations for personal use.

- Separate professional and personal online content.
- Use language such as "The opinions and positions expressed here are my own and do not necessarily reflect those of [company name]."
- Require permission for posting of photographs, videos, copyrighted material.
- Identify acceptable use of personal communication devices at work.
- Subject use of organizational equipment for social networking to oversight by the organization.

VI. Education

Conduct organization-wide education. Include:

- Overview of each element of organizational social networking plan.
- Discussion of the permanence of social networking information.
- Review of applicable state and federal privacy rules.
- Expectations of personal social networking as it relates to organizational risk.

Free Resource on Prescription Drugs for Patients

Consumer Reports Health Best Buy Drugs™ offers trusted, non-commercial educational resources that can help patients access the safest, most effective and affordable prescription drugs available. You can request copies of their new consumer magazine "Best Drugs for Less" at no cost for your waiting room now. This publication covers key drug classes such as statins, oral diabetes medications, and proton pump inhibitors and also includes other information such as managing high blood pressure, saving with generics and taking medications safely.

Best Buy Drugs is a grant-funded project providing independent, evidence-based reports on prescription drugs based on research conducted at the Drug Effectiveness Review Project (DERP), headquartered at the Oregon Health & Science University. Consumer Reports Health "translates" their findings into consumer-friendly reports that are available free of cost. The reports also identify drugs that are as effective and safe as others in its class but often available at a lower cost as "Best Buy Drugs". These recommended drugs are often generic drugs, but in the case that a brand-name drug is superior to a lower-cost drug in safety or efficacy, it is recommended regardless of price. The reports are freely accessible at: www.crbestbuydrugs.com.

Prescription Policy Choices is a Maine-based non-profit that works to promote access to affordable, safe and effective prescription drugs. PPC is foundation-funded and receives no financial support from the pharmaceutical industry. Because PPC and Consumer Reports Health share the vision that consumers should be empowered to make evidence-based choices, PPC helps to distribute Consumer Reports Health Best Buy Drugs™ materials in Maine. If you would like to receive a free shipment of these magazines, please contact Jennifer Reck at preck@policychoices.org or at 512-2138.

P P C
Prescription Policy Choices



Go Paperless and Get Paid

Register NOW for CMS Electronic Health Record Incentives

The Centers for Medicare & Medicaid Services (CMS) is giving incentive payments to eligible professionals, hospitals, and critical access hospitals that demonstrate meaningful use of certified electronic health record (EHR) technology.

Incentive payments will include:

- Up to \$44,000 for eligible professionals in the Medicare EHR Incentive Program
- Up to \$63,750 for eligible professionals in the Medicaid EHR Incentive Program
- A base payment of \$2 million for eligible hospitals and critical access hospitals, depending on certain factors

Get started early! To maximize your Medicare EHR incentive payment you need to begin participating in 2011 or 2012; Medicaid EHR incentive payments are also highest in the first year of participation.

Registration for the EHR Incentive Programs is open now, so register TODAY to receive your maximum incentive.

For more information and to register, visit:

www.cms.gov/EHRIncentivePrograms/

For additional resources and support in adopting certified EHR technology, visit the Office of the National Coordinator for Health Information Technology (ONC):

www.HealthIT.gov



FREE SEMINAR



August 30 – Eastern Maine Medical Center 4PM-8PM (Dinner provided)
September 14 – St. Mary's Hospital 4PM-8PM (Dinner provided)
October 7 – Maine Medical Association 8AM-12PM (Breakfast provided)

The Office of Substance Abuse (OSA) is contracting with Maine Medical Association (MMA) to educate prescribers about the responsible use of controlled substances. Based on provider feedback collected at previous sessions, MMA has scheduled educational sessions for health care providers that will focus on striking a balance between providing adequate pain relief while avoiding iatrogenic addiction, and how to handle prescription drug abuse and diversion by patients.

Objectives of the sessions will be: 1) how to identify patients at elevated risk of addiction 2) responsible opioid prescribing; 3) facilitating and engaging patients with an addiction in licensed substance abuse treatment; and 4) medical legal issues associated with patient privacy and confidentiality

Maine Medical Association

For More Information Email: gbegin@mainemed.com

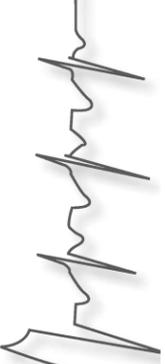
Educational credits pending



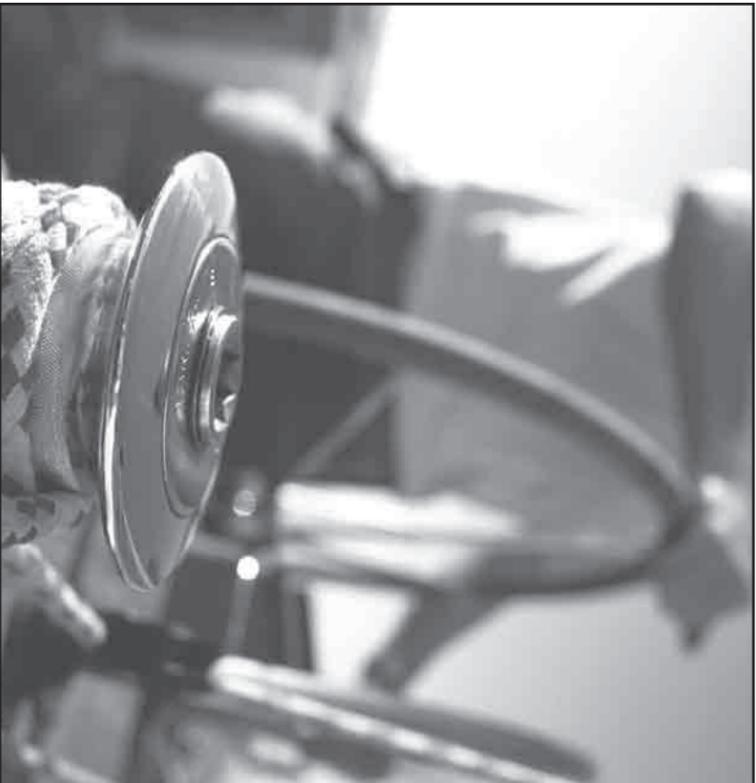
Maine Medical Association
 30 Association Drive • P.O. Box 190
 Manchester, ME 04351

PRSR# STD
 US Postage
PAID
 Permit # 121
 Augusta, ME

Visit us on
 the web at



www.mained.com



Our Health Care Lawyers Are The Law Firm Equivalent of an America's Cup Captain.

At Norman, Hanson & DeTroy, we've got what it takes. Our full-service health care practice spans all sides of Maine's health care industry. In addition to malpractice litigation, we represent health care providers in everything from corporate compliance to managed care to fraud-and-abuse claims. We also represent physicians individually in estate planning and business matters. We're hard-working, efficient, and effective. If you want a firm that knows how to streamline the process and not waste time or resources, give us a call at 207.774.7000.

nhdlaw.com

**NORMAN
 HANSON
 DETROY**

Experienced. Efficient. Effective.

Member of ALFA International: The Global Legal Network



Dr. Masucci found a better way.

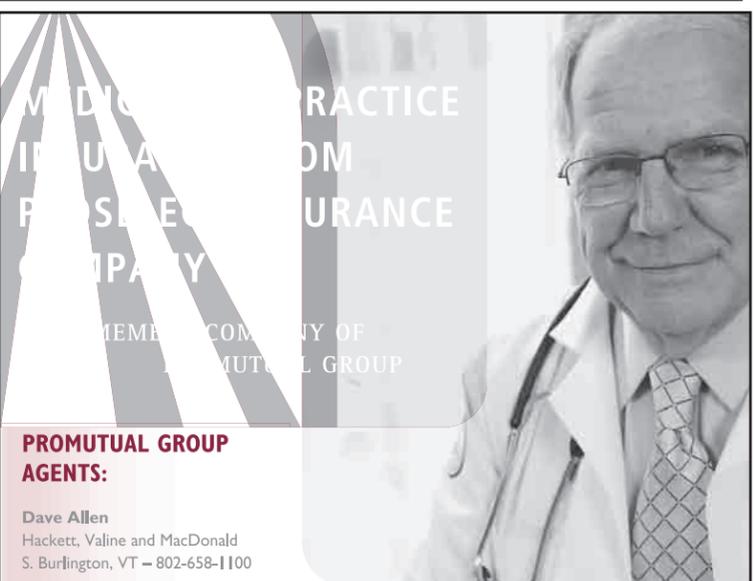
After 30 years running a solo pediatric practice, Dr. Peter E. Masucci* found a better way to manage his practice. Now, he spends more time with patients than ever and getting paid the money he's owed — when he's owed it. Here's how he did it.

- ▶ Low-cost, web-based, CCHIT-certified software
 - ▶ A constantly updated, patented database of insurance and clinical rules
 - ▶ Back-office services to handle your most time consuming tasks
- Sound interesting? As a Maine Medical Association member, you may qualify for an 8% discount off the implementation fee of athenaCollector®. To learn more about our billing, practice management and EHR services, and the discount, visit

...athenahealth.com/mma
 or call 800.981.5085

* Dr. Peter E. Masucci participates in athenahealth's National Showcase Client Program. For more information on this program, please visit www.athenahealth.com/NSC.

**Join us for MMA's 158th Annual Session
 September 9-11, 2011 at the Harborside Hotel in Bar Harbor**



Why do more than 20,000 healthcare professionals choose ProMutual Group as their medical liability insurance provider?

- **Financial strength** – more than \$3.0 billion in net admitted assets and \$977 million in policyholder surplus; a Best's Rating of A- (Excellent) for 15 consecutive years
- **Unparalleled experience** – more than three decades of service to the healthcare community
- **Aggressive claim defense** – utilize local defense counsel with experience in medical liability cases
- **Innovative risk management** – extensive risk management services and customized, practice-specific programs

THE TIME IS RIGHT TO EVALUATE PROMUTUAL GROUP

To learn more about ProMutual Group, please visit www.promutualgroup.com or call us at (800) 225-6168.

PROMUTUAL GROUP AGENTS:

Dave Allen
 Hackett, Valine and MacDonald
 S. Burlington, VT – 802-658-1100

Christopher Anderson
 F.A. Peabody Company
 Houlton, ME – 207-532-2291

Jeff Begin
 Norton Insurance Agency, Inc.
 Cumberland Foreside, ME – 207-829-3450

John Bogar
 The Kyes Agency, Inc.
 Farmington, ME – 207-778-9862

John V. Finnegan
 Macomber Farr and Whitten
 Augusta, ME – 207-623-4575

Joe Kilbride
 Kilbride & Harris Insurance Services
 Portland, ME – 207-774-7919

Dennis Lundgren
 Willis HRH Northern New England
 Auburn, ME – 207-657-3040

Kathy Suckley
 TD Insurance, Inc.
 Portland, ME – 207-239-3662

Wendy Tapley
 Tapley Insurance Agency, Inc.
 York, ME – 207-363-7894

Sarah Twomey
 Marsh USA
 Portland, ME – 207-879-5212

