

Maine medicine



MMA Concludes Successful Annual Meeting; Nine Resolutions Passed

Enjoying great weather, a beautiful location and the company of professional colleagues, MMA members and guests attending the Association's 154th Annual Session in Bar Harbor on September 7-9 participated in a variety of activities and earned CME credit. Over three hundred members, guests and exhibitors attended, making it one of the most successful meetings in recent history. Resolutions passed at the Saturday morning membership meeting included a resolve urging MaineCare to reach out to providers when contracting for and testing its new MECMS claim processing system (due Jan. 1, 2010) and several resolutions touching on public health issues.

On Saturday evening, Kevin Flanigan, M.D. of Pittsfield passed the Presidential gavel to William Strassberg, M.D. of Northport and Bar Harbor who will lead the Association during the next twelve months. Stephanie Lash, M.D. of Bangor was elected President-elect and David McDermott of Dover-Foxcroft elected to chair the Association's 28-member Executive Committee.

The nine resolutions were all adopted with minor amendments and are available on the Association's website at www.mainemed.com. Resolution nine, *Supporting SCHIP Reauthorization and Medicare Payment Reform*, was submitted by MMA's delegation

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to the AMA. This resolution called on MMA members to communicate with our United States Senators to take immediate action to ensure that any conference agreement on the SCHIP (State Children's Health Insurance Program) include at least two years of positive Medicare physician payment updates that do not increase the cost of a permanent solution. Failure of the Congress to act will result in reductions to Medicare payments to physicians ranging from 11% to 12.1% in Maine, effective Jan. 1, 2008.

Charles Baker, President and CEO of Harvard Pilgrim Health Care, presented the keynote address and speculated on what the healthcare delivery and financing system would like in the year 2020. Mr. Baker provided several different scenarios, but also predicted that the next ten years won't look much different than the past ten years in terms of financing and reform of the health system. Lacking consensus on a national level, he noted that it is difficult to accomplish significant change.

Baker spoke the day following the state's announcement that Harvard Pilgrim, the most significant non-profit health plan in the state, would be the state's partner in offering the Dirigo Health Program in 2008. The previous day, the state and Anthem Blue Cross and Blue Shield had announced an ending to their three-year DirigoChoice contract at the end of 2007.

Paul Harrington, EVP of the Vermont Medical Society and a former state legislator in that state, and Kelly Kenney, J.D. of the AMA's Advocacy Resource Center responded to Baker's talk, providing an overview of what other states are doing in the area of health system transformation. The states of Massachusetts, Maine, Vermont and California continue to be looked at because of their efforts to cover more patients, improve quality and moderate cost increases.

The closing educational program on Sunday morning featured the topic of professionalism, with James Herndon, M.D., past President of the American Academy of Orthopedic Surgeons giving the closing keynote address. The panel was moderated by MMA President William Strassberg, M.D. and included two well-known Maine internists, Edward Gilmore, M.D. and Richard Kahn, M.D.

Honors and Awards presented at Saturday night's banquet included the following:

- Samuel Broaddus, M.D. a Portland urologist received the Mary Cushman Humanitarian Award (International) for his exceptional volunteer work in Haiti and other third-world nations around the globe.
- Richard Evans, M.D. received the President's Award for Distinguished Service, recognizing his many roles in supporting MMA including his service as an AMA delegate and his editorship of *Maine Medicine*.
- Peter Leadley, M.D., received a Special Recognition Award for his exemplary service as Chair of the Association's Committee on CME and Accreditation.
- 50 yr. recognition pins were presented to Carl Brinkman, M.D., Alice Cunningham, M.D. and Einar Juhlin, M.D., all of whom graduated from medical school in 1957.



Top Fifteen MMA Past Presidents attended and paused long enough for this official photo.

Bottom (from left): Retaining a long tradition, Patricia Bergeron presents 50-year pins to Alice Cunningham, M.D., Einar Juhlin, M.D., and Carl Brinkman, M.D.

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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.

AS I COMPLETE MY 29TH YEAR WITH THE ASSOCIATION, it is my pleasure and responsibility to report to the membership on the general status of the organization and to highlight our successes and challenges of the past year. It has been a year of growth and success for MMA and I want to extend my thanks and congratulations to President Kevin Flanigan, M.D. and all the officers and members of the Executive Committee for their efforts over the past twelve months.

Highlights of the past year include the following:

- Unprecedented membership growth, fueled at least in part by the Association's popular group membership program. The recent decision by Maine Medical Partners to join MMA on a group basis resulted in 79 members. We also brought in groups this year from Franklin Memorial Hospital, Intermed, Pen Bay Physician Associates, Maine General Health Associates and Northern Maine Medical Center. As the trend toward employment continues, MMA's group membership program is the key to membership growth.
- The state budget, effective July 1, 2007 contains a significant increase in MaineCare reimbursement for Maine physicians, effective July 1, 2008. This increase, with the federal match rate, is over \$8 million and discussions are beginning between MMA and DHHS as to how the funds should be utilized.
- The MMA Executive Committee, 28 members strong, held a January 2007 retreat with a facilitator with experience through the American Society of Association Executives. The retreat focused on strategic planning and the Executive Committee continues to devote a portion of each of its meetings to working on the mission statement, goals and action plans. MMA continues to develop into a knowledge-based organization, with state of the art governance structures. It has been a multiple year effort, but we are making progress.
- The Association has continued to wean itself off of the use of its financial reserves and is now bringing in more revenue than is being spent. We have more sources of revenue than ever before, with income from grants and contracts being substantial. For the first time in a few years, we are on a track to meet the budget goal for membership dues.
- The Association has developed new products and services that assist our members, including the "First Fridays" CME programs, the Coding Center, the Physician Health Program, the External Peer Review Program, the Corporate Affiliate Program, and the Office-based Quality Improvement Program, among others.

- Our communications efforts continue with the weekly e-newsletter called *Maine Medicine Weekly Update*. In addition to the 52 different issues of MMWU, members receive a copy of *Maine Medicine* six times per year.
- The Association successfully obtained and carried out contracts with the State Office of Substance Abuse, the Board of Licensure in Medicine and the Maine Quality Forum.

Our staff of thirteen dedicated individuals has been stable this past year, except for the receptionist position, resulting in a new hire. I am proud of the staff we have, their years of service and their dedication to MMA and to the physicians of Maine. It would simply not be possible to accomplish the successes noted above without their assistance and I want to thank and acknowledge the daily efforts of Andrew MacLean, Jana Purrell, David Simmons, M.D., Diane McMahon, Heidi Lukas, Gail Begin, Lisa Martin, Shirley Goggin, Lauren Mier, Warene Chase-Eldridge, Charyl Smith and Lisa Dennison.

Our advocacy efforts have been quite successful this past year, and I refer you to Andy MacLean's Legislative Report for the details (an insert in this issue). We continue to work with the AMA to avoid the Medicare cuts looming next year if Congress does not take action. We also continue to represent our members every two weeks at DHHS in a group called the Governor's Provider Advisory Committee, which is attempting to transition to a new claims payment and information system by Jan. 2010.

Despite our successes, many challenges are squarely before us. With physician income declining, it is more difficult to pay dues to MMA. We must redouble our efforts to grow the membership and to increase the percentage of members who actively participate in the Association's committees and other activities.

A final thank you to Dr. Flanigan for a great year, with assistance from his leadership team of William Strassberg, M.D., Stephanie Lash, M.D., Nancy Cummings, M.D, Jacob Gerritsen, M.D. and David McDermott.

And a final thank you to all the MMA members who take the time to read this report. I continue to enjoy representing you and successfully negotiated and subsequently signed this past year a new employment contract for an additional six-year period. Thanks to all of you for your continued support.

Gordon Smith, Esq.

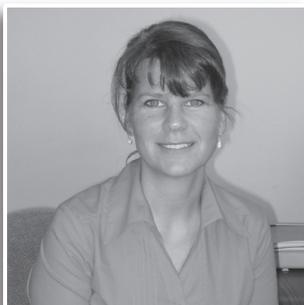


President's Corner

For this issues President's Corner, we are pleased to include Dr. William Strassberg's Presidential Address as an insert.

Members should feel free to contact Dr. Strassberg at 288-5082 or baybones@midcoast.com with suggestions, thoughts, or questions.

MMA Welcomes New Staff Member



Lisa Dennison joined the Maine Medical Association full-time in May. Lisa is the new MMA administrative assistant, Coding Center Coordinator, and Conference Room scheduler, replacing Jess Violette. Lisa is a native Mainer, residing in Oakland. Prior to joining the MMA, Lisa worked at the Eye Center of Central Maine and owned and operated the "Sweet Spot Cafe" in Oakland. In her spare time, she enjoys reading, playing the piano, and designing greeting cards. Please join us in welcoming Lisa to our MMA team.

MMA Welcomes Our Newest Corporate Affiliates

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Upcoming Specialty Society Meetings

OCTOBER 19-21, 2007 *Harborside Hotel – Bar Harbor, ME*
Maine Chapter ACP Annual Scientific Meeting
 MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

NOVEMBER 1, 2007 *Sheraton Inn – South Portland, ME*
American Academy of Pediatrics, Maine Chapter Joint Conference with the Maine Academy of Family Physicians, Maine Association of School Nurses and the Coordinated School Health Program offering a variety of topics, many focusing on School Health
 Contact: Aubrie Entwood 207-782-0856 or agridleyentwood@aap.net

NOVEMBER 2, 2007 *Sheraton Inn – South Portland, ME*
Owen Wells Annual Pediatric Conference
 Contact: Aubrie Entwood 207-782-0856 or agridleyentwood@aap.net

DECEMBER 5, 2007 *Location in Portland TBA*
Maine Chapter, American College of Emergency Physicians - 6:00-9:00pm
 Contact: Anna Bragdon 207-441-5989 or maineacep@adelphia.net

FEBRUARY 1-3, 2008 *Grand Summit Hotel – Sugarloaf/USA*
Maine Urological Society Meeting
 MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

FEBRUARY 9-10, 2008 *Sugarloaf/USA*
Maine Society of Anesthesiologists Winter Meeting
 Contact: Anna Bragdon 207-441-5989 or msainfo@adelphia.net

FEBRUARY 14-16, 2008 *Sugarloaf/USA*
18th Annual Contemporary Topics in Orthopaedics
 Contact: Lauren Mier 207-622-3374 ext: 223 or lmier@mainemed.com

FEBRUARY 29 – MARCH 2, 2008 *The Bethel Inn – Bethel, ME*
Maine Gastroenterology Society Meeting
 MMA Contact: Gail Begin 207-622-3374 ext: 210 or gbegin@mainemed.com

MAY 2, 2008 *Harraseeket Inn – Freeport, ME*
Maine Society of Eye Physicians and Surgeons Spring Meeting
 MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

UPCOMING AT MMA

OCTOBER 10 2:00PM – 5:00PM
 Executive Committee

OCTOBER 25 8:30AM – 11:30AM
 Pathways to Excellence

NOVEMBER 2 9:00AM – NOON
 “First Friday” presentation by Maine Family Planning Association

NOVEMBER 6 9:00AM – 1:00PM
 Physician Practice Management Forum

NOVEMBER 7 12:30PM – 2:00PM
 Executive Leadership Team/Aligning Forces Grant

NOVEMBER 7 2:00PM
 Quality Counts! Board

NOVEMBER 8 4:30PM – 6:30PM
 Committee on Physician Quality

NOVEMBER 15 8:30AM
 Pathways to Excellence

NOVEMBER 15 4:00PM – 6:00PM
 Committee on Peer Review and Quality

NOVEMBER 19 6:00PM
 Committee on Physician Health

NOVEMBER 20 9:00AM – 1:00PM
 Physician Practice Mgmt. Forum

NOVEMBER 22 CLOSED
 Happy Thanksgiving

NOVEMBER 28 5:30PM
 Committee on Membership & Member Benefits

DECEMBER 4 1:00PM
 Stop Stroke

DECEMBER 5 2:00PM – 5:00PM
 Executive Committee

DECEMBER 18 8:00AM
 APIC, Pine Tree Chapter

DECEMBER 19 4:00PM – 6:00PM
 Public Health Committee

Three MMA Past Presidents Recognized at Annual Session

Three former MMA President's who had served a combined total of nearly 40 years on the Association's Executive Committee were recognized at the Committee's Annual Dinner on Thursday evening preceding the Annual Session. Drs. Thomas Hayward, Krishna Bhatta and Jacob Gerritsen are leaving the 28-member committee, but will continue to be involved in the Association in a number of ways. Each of these physician leaders served as Chair of the Executive Committee, President-elect and President. Each also chaired at least one other committee during their years of service.

Presenting special recognition plaques were Stephanie Lash, M.D. (to Dr. Hayward), Kevin Flanigan, M.D. (to Dr. Bhatta) and William Strassberg, M.D. (to Dr. Gerritsen).



Victoria Wallack Receives Inaugural MMA Media Award

Statehouse news reporter Victoria Wallack of Mt. Vernon was presented the first Annual Maine Medical Association Excellence in Healthcare Reporting Award by

President Kevin Flanigan, M.D. at the Association's membership meeting on Sept. 8. Recognized for her relentless pursuit of accuracy with respect to the MaineCare MECMS debacle and the Dirigo Health initiatives, Ms. Wallack was gracious in her acceptance remarks, noting the importance of physicians to the health of Maine citizens.

A veteran reporter, Ms. Wallack has worked for several newspapers in New England during her career. Her current articles appear in several independent newspapers, including the *Ellsworth American* and the *Bath-Brunswick Times Record*. *Ellsworth American* publisher Alan Baker and Victoria's husband Robert Wallack accompanied her to the meeting.

Welcome to Maine Medical Partners, Newest Members of MMA's Group Membership Program

MMA welcomes the physician members of Maine Medical Partners which voted unanimously in mid-August to become members of the Association through MMA's Group Membership Program. Maine Medical Partners is the largest hospital-owned medical practice in the state and is affiliated with Maine Medical Center. Over one hundred physicians are associated with the practices which include internal medicine, family practice, pediatrics, the pediatric specialty practices, the hospitalist practice, the Centers for Endocrinology & Diabetes, the Maine Children's Cancer Program, Neurosurgery and Spine Associates, Ob/Gyn, the Maine Center for Reproductive Health and Surgical Associates.

MMA's group membership program is available to any practice in the state with ten or more physicians. Contact Lisa Martin or Gordon Smith at MMA if you are interested in knowing more about this program. (lmartin@mainemed.com; gsmith@mainemed.com)

Focus on Maine's Medical Liability Laws: Periodic Payment of Damage Awards

In issues of *Maine Medicine* during the past two years, the MMA has highlighted aspects of Maine law governing legal actions for medical malpractice, part of the common law “tort” of “negligence.” These short articles have briefed you on the statute of limitations for medical malpractice actions, Maine's unique medical malpractice pre-litigation screening panels, limits on attorney contingent fees, presentation of evidence of compensation for injuries from a collateral source, and apportioning fault among a claimant and one or more defendants. Black's Law Dictionary (5th Edition) defines “tort” as “a private or civil wrong or injury, other than a breach of contract, for which the court will provide a remedy in the form of an action for damages.” Each action for negligence requires the existence of a legal duty from the defendant to the plaintiff, breach of that duty, and damage as a proximate result of that breach. Maine's tort laws recognize that requiring a health care practitioner to pay a large damage award in a lump sum could pose a significant financial hardship that could threaten the viability of his or her practice. Maine law permits a court to order periodic payment rather than lump-sum payment if future damages equal or exceed \$250,000. See 24 M.R.S.A. §2951, *Provision for structured awards*.

You can find 24 M.R.S.A. §2951 on the web at: <http://janus.state.me.us/legis/statutes/24/title24sec2951.html>.





Jana Purrell, CPC



ICD9 CM Changes for 2007-2008

On October 1, the ICD9 CM changes for the upcoming year go into effect. In addition to the new codes, pay attention to any revisions or deletions as these may also change how you code certain diagnoses.

While there are a number of changes this year, the good news is that they are in a relatively small number of categories which should make it easier to identify those areas you need to be concerned with. A complete listing of the additions, revisions, and deletions can be found at www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp.

Several new codes have been added in the Infectious Disease section of ICD9 CM for Botulism (040.41 Infant botulism and 040.42 for Wound Botulism) and a revision was made to the description of 005.1 to now read "botulism food poisoning" (it used to just read "Botulism"). Also in the section are expanded codes for Roseola (058.10—058.12) and a related virus, Human herpesvirus (058.21—058.29 and 058.81—058.89).

There are many changes to the reporting of codes for various types of cancers—in particular the lymphomas. There are different types of lymphomas that fall into the two major categories of Hodgkin's lymphomas and non-Hodgkin's lymphomas. Non-Hodgkin lymphomas are further divided into fast-growing or slow-growing and finally classified as B-cell or T-cell non-Hodgkin lymphomas.

New categories this year include:

| | |
|---|---------------|
| Marginal Zone Lymphoma | 200.30—200.38 |
| Mantle Cell Lymphoma | 200.40—200.48 |
| Primary Central Nervous System Lymphoma | 200.50—200.58 |
| Anaplastic Large Cell Lymphoma | 200.60—200.68 |
| Large Cell Lymphoma | 200.70—200.78 |
| Peripheral T-cell Lymphoma | 202.70—202.78 |

As in 2005, there have been many changes in the female reproductive health section. The codes for carcinoma in situ (those confined to the site of origin without invasion of neighboring tissues) have been expanded to:

| | |
|--------|--|
| 233.30 | Carcinoma, in situ, unspecified female genital organ |
| 233.31 | Carcinoma, in situ, vagina |
| 233.32 | Carcinoma, in situ, vulva |
| 233.39 | Carcinoma, in situ, other female genital organ |

Subcategory 624.0 (Dystrophy of vulva) has been expanded to include separate codes for vulvar intraepithelial neoplasia I and II (624.01, 624.02). In category 644 (Trauma to perineum and vulva during delivery) three new codes have been added (644.60—644.64) to include codes for an anal sphincter tear complicating a delivery. Also a new code was added (569.43) for a healed or old sphincter tear.

The codes for various types of hearing loss were expanded again to allow for more specificity in coding (315.34; 388.34, 389.05--389.22). Additionally a couple of new V codes – V49.85 Dual sensory impairment and V72.12 Encounter for hearing conservation and treatment were added. In the speech development section, new codes include 787.20—787.29 for dysphagia coding. Revisions were made to the description of several codes that you should be aware of as it may change the way you have coded these diagnoses in the past—389.14 now reads "Central hearing loss"; 389.18 will say "Sensorineural hearing loss, bilateral"; and 389.7 will read "Deaf, nonspeaking, not elsewhere classified."

Finally, new codes added to the Personal and Family History section (V codes) include:

| | |
|--------|--|
| V12.53 | Personal history of sudden cardiac arrest |
| V12.54 | Personal history of TIA, and cerebral infarct w/o residual deficit |
| V13.22 | Personal history of cervical dysplasia |
| V16.52 | Family history malignant neoplasm, bladder |
| V17.41 | Family history sudden cardiac death |
| V17.49 | Family history other cardiovascular diseases |
| V18.11 | Family history multiple endocrine neoplasia syndrome |
| V18.19 | Family history other endocrine metabolic diseases |

Additional new V codes related to screening and counseling include:

| | |
|--------|--|
| V25.04 | Counseling and instruction in natural family planning to avoid pregnancy |
| V26.41 | Procreative counseling and advice using natural family planning |
| V26.49 | Other procreative management, counseling and advice |
| V73.81 | Special screening exam, human papillomavirus (HPV) |

Be aware that the word on the street is that ICD10 CM implementation is a few years away. For those of you who have not heard about this new version of diagnosis coding, you may want to start reading up on it. The diagnosis codes under ICD10 CM will be alphanumeric and will require much more specificity. For example, you may now indicate the diagnosis of "Acute OM" on your superbill (this would translate to 381.00, unspecified acute nonsuppurative otitis media). Under ICD10 CM, the diagnosis of "Acute OM" could not be coded without additional specific information—left or right; initial or recurrent, and the actual type of infection—serous, allergic, nonsuppurative. To accurately code this, the documentation will need to be more like "chronic bilateral acute serous otitis media" = ICD10 CM code H65.06 (Acute serous otitis media, recurrent, bilateral). To show you how detailed ICD10 CM coding will become—there are approximately 75 codes for otitis media! It's not too soon to start getting ready....

We will continue to watch the progress of ICD10 CM and bring you more information as things progress. You can also find information at <http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm>.



Medical Mutual Insurance Company of Maine: Risk Management Practice Tip

CLIA (Clinical Laboratory Improvement Amendments) - Federal Regulation

The Clinical Laboratory Improvement Amendments (CLIA) has established quality standards for all laboratory testing to ensure the accuracy, reliability and timeliness of patient test results. Under CLIA, a laboratory is defined as a facility that performs testing on human specimens for the purpose of providing information for diagnosis, prevention, treatment of disease or health assessment. Facilities, including physician office practices, that meet this definition must apply and obtain a certificate from the CLIA program to operate legally.

The CLIA regulations place tests in three categories based on the complexity of each test. The more complicated the test, the more stringent the applicable federal requirements. The categories are as follows:

• **Waived Tests.** These laboratory tests are so simple and accurate that the likelihood of erroneous results is negligible and they pose no reasonable risk of harm to the patient if performed incorrectly. Office practices or facilities performing waived tests must enroll in the CLIA program and obtain a **Certificate of Waiver (COW)**. A COW is required regardless of the number of tests that are performed and even if the patient is not charged or billed to Medicare or other insurances. Manufacturers' instructions for the waived tests must be followed. Laboratories with COWs will not be inspected routinely; however, they may be inspected as part of complaint investigations and on a random basis.

• **Moderate Complexity Tests.** Much of the testing performed in clinical laboratories falls into this category. There are requirements for quality control, quality assurance, proficiency testing and limited personnel requirements. A laboratory performing this level of testing is subject to biennial

surveys by the Center for Medicare and Medicaid Services (CMS) or a CMS agent. Examples of moderate complexity tests are microscopic analysis of urinary sediment, direct antigen strep A tests, and cervical Gram stains.

- **Provider-performed microscopy (PPM)** is a subcategory of moderately complex procedures and applies to certain tests commonly performed under a microscope in the provider's office. A physician, midlevel practitioner or dentist can perform this limited number of tests once a Certificate for Provider Performed Microscopy is obtained.

• **High Complexity Tests.** These are tests that are most difficult to perform or are most subject to error. They are usually performed by large clinical laboratories and require quality control, quality assurance, proficiency testing and stricter personnel requirements. Laboratories performing high complexity tests are subject to biennial surveys by CMS or a CMS agent.

Facilities performing moderate (excluding PPM) and/or high complexity testing must apply for a **Certificate of Compliance (COC)** or **Certificate of Accreditation (COA)**. Each facility must first apply for a Certificate of Registration to allow it to perform moderate and/or high complexity tests pending a certification inspection.

Further information about CLIA can be accessed at www.cms.hhs.gov/clia or by contacting your local state survey agency.

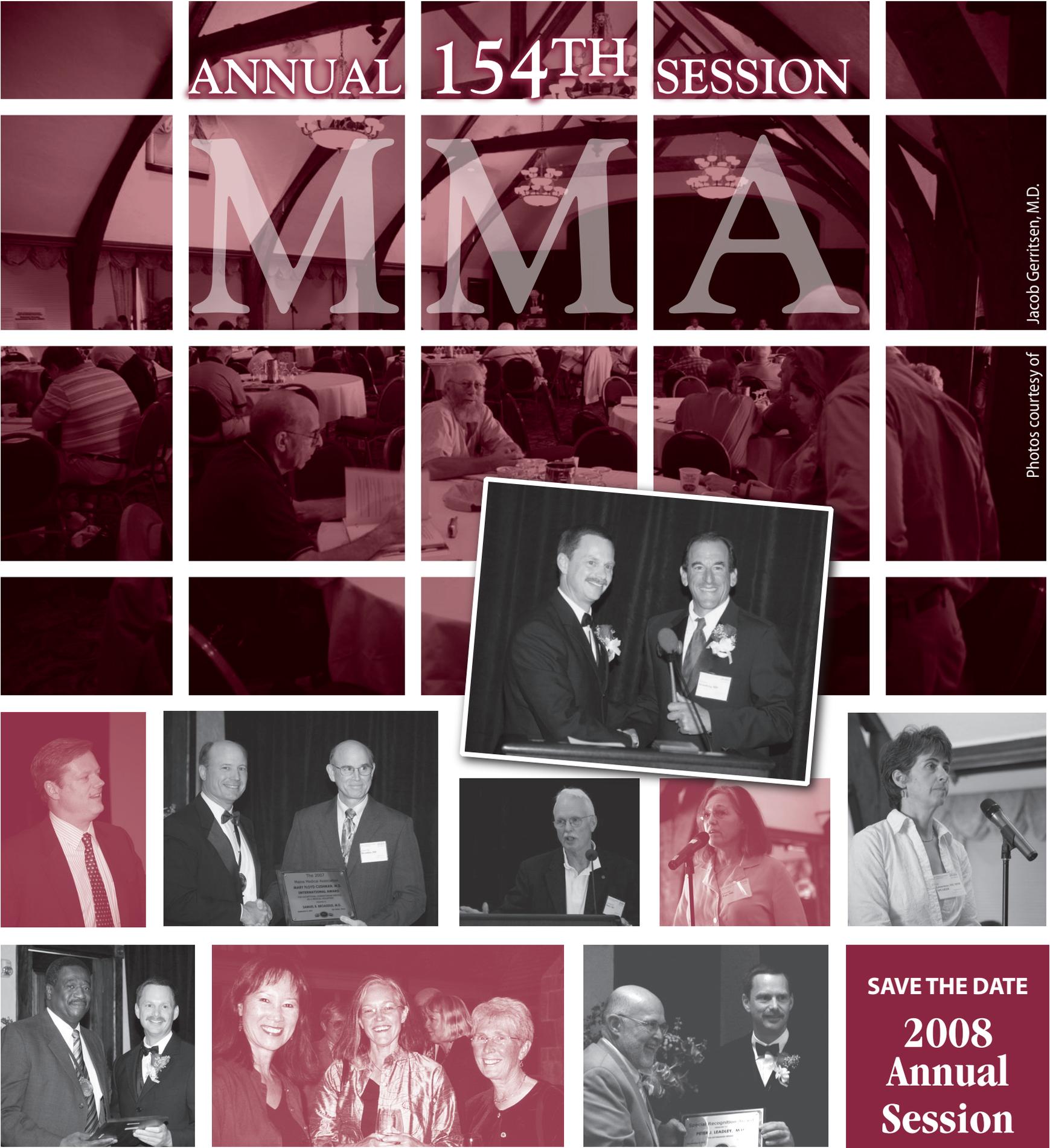
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ANNUAL 154TH SESSION

M M A

Jacob Gerritsen, M.D.

Photos courtesy of



SAVE THE DATE
2008
Annual
Session

September 5-7, 2008
Samoset Resort
Rockport, Maine

Top Row (from left): *Keynote Speaker Charles Baker; Brian Jumper, M.D. with Cushman Award winner Samuel Broaddus, M.D.; Lawrence Mutty, M.D.; Katherine Pope, M.D.; and Lisa Letourneau, M.D.*

Bottom Row (from left): *Kevin Flanigan, M.D. presents President's Award to Richard Evans, M.D.; Terry Gerritsen, M.D., Katherine Pope, M.D., and Danielle Mutty, M.D.; Dr. Flanigan presents Special Recognition Award to Peter Leadley, M.D.*

At Top *Kevin Flanigan, M.D., passes the torch to William Strassberg, M.D.*



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