

Maine medicine



IN THIS ISSUE

- President's Corner..... 2
- MaineCare Introduces a Fifteen Day Initial Script Limit on Selected Drugs... 2
- Upcoming at MMA..... 3
- Notes from the EVP..... 3
- Coding Updates 4
- MMIC Risk Management Practice Tip 4
- Public Health Spotlight 5
- Physician Orders for Life-Sustaining Treatment (POLST) 5
- Legislative Update 6
- MMA Endorses Maine School of Science and Mathematics Initiative..... 6
- Free Toolkit Describes Impact of Electronic Health Information-Sharing Systems Such As Maine's HealthInfoNet 7

MMA Successfully Concludes 156th Annual Session

MMA's 156th Annual Session held in Bar Harbor September 11-13 concluded successfully on Sunday morning with a CME program regarding the physician's role in preventing and treating H1N1 flu. More than 225 members, guests, and vendors attended the weekend meeting. All seven Resolutions presented by MMA Committees and individual members were adopted at the general membership meeting on Saturday morning, although Resolution seven relating to the Association's review of any public health implications of wind energy projects was passed with significant amendments.

David McDermott, M.D., MPH of Dover-Foxcroft was installed as President of the Association for the coming year. Jo Linder, M.D. of Falmouth was elected President-elect. Nancy Cummings, M.D., an orthopaedic surgeon at Franklin Memorial Hospital, was elected Chair of the Executive Committee. Jennifer Charity, M.D., an internist in Newport, and Kenneth Christian, M.D., an emergency physician from Ellsworth, were elected to at-large seats on the Operations Committee.

This year's educational program was presented by The Jackson Laboratory, which also hosted the opening Friday night reception at the lab. Featuring the topic of Personalized Medicine, Jackson Lab researchers were matched with Maine physicians in a related field that allowed

attendees to get a look into the future of medicine in the fields of cancer, diabetes, and neurology.

Twenty-five runners and walkers participated in the 29th Annual Edmund Hardy, M.D. road race, a three-mile loop around Bar Harbor including the scenic shore path. Abby Chick, age 16 and the daughter of Lisa Letourneau, M.D. and Lee Chick, was the overall winner of the race, edging out runner-up Dan Hale, M.D. by a nose.

The Sunday morning public health forum was well-attended and featured presentations by ME CDC Director Dora A. Mills, M.D., MPH, Kathy Knight, RN, and Donald Burgess, M.D. The session was moderated by Charles Danielson, M.D., out-going chair of the MMA Public Health Committee. Plan now to attend the 157th Annual Session at this same location, September 10-12, 2010.

From left: Dr. McDermott, Lawrence Mutty, MD, and Constance Adler, MD, recipient of the Mary Cushman Award for Humanitarian Service



Former MMA Presidents in attendance at the 2009 Annual Session Photo by B. Mulgrew



Incoming President David McDermott, MD presents Media Award to Meg Haskell



50 year pin recipients "pinned" by Patti Bergeron. Clockwise: Richard Leck, MD, John Knowles, MD, Frantisek Sladkovic, MD, and William Bromley, MD



Maine Medical Center-Tufts University School of Medicine Medical School Program Welcomes First Class of Students

Thirty-one students, including 22 with ties to the Pine Tree State, were inducted into the first class of the new Maine Medical Center -Tufts University School of Medicine Medical School Program at a ceremony in early August.

Governor John Baldacci was among the speakers to welcome the Class of 2013 into the medical school program, the first of its kind in Maine.

"This medical education program will go a long way toward addressing Maine's physician shortage," said Governor Baldacci. "It does so by embracing public-private partnerships that build upon Maine's strengths and finds efficient solutions to address our challenges. Research shows that doctors tend to settle near the hospitals where they complete their training. I know that given the chance, young doctors will stay in Maine."

The medical school's unique curriculum provides students with patient contact beginning in the first year. It also utilizes a network of clinical training sites, including rural areas, where the physician shortage is greatest.

"While we're best known for the care we provide to patients, Maine Medical Center is also a teaching hospital," Rich Petersen, MMC's President and Chief Executive Officer, told the gathering. "A responsibility we take seriously is to educate the next generation of physicians, nurses, and other medical professionals. Our staff and faculty are exceptional, and they are truly committed to providing our learners a first-rate experience."

Twenty of the undergraduate medical openings each year are reserved for Mainers, who also receive scholarship support. According to Petersen, the scholarships reduce what Maine students pay to an amount that's comparable to in-state tuition for a medical school at a public university. That's typically half of the out-of-state burden Maine students would face in another state — a savings of roughly \$100,000 over four years. Students from Maine are also eligible to borrow funds from MMA's Maine Medical Education Foundation.

"The importance of developing robust and dynamic relationships with teaching hospital institutions and their real-world 'classrooms', where our medical students first experience caring for patients, cannot be overstated," said Amy Kuhlik, MD, Dean of Student Affairs at Tufts University School of Medicine. "Maine Medical Center is a new and enthusiastic partner in our efforts to train student-physicians. The academic structure of the agreement enables each partner to contribute to the medical curriculum and student experience. It is a partnership in the best sense of the word."

"Perhaps the most important goal we hope to accomplish is raising the aspirations of students in our state," said Peter Bates, MD, Maine Medical Center's Vice President, Medical and Academic Affairs, and the Interim Dean of the MMC-TUSM Medical School Program. "Each year, we see some of Maine's best and brightest students leaving the state and not returning -- or choosing another career path. This is a rare, historical opportunity to boost medical education in Maine, and do so in a fiscally responsible manner."

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

David McDermott, M.D.
207-564-4464
Fax: 207-564-4461
dmcdermott@mayohospital.com

PRESIDENT-ELECT

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

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.

State to Receive Federal Grant of \$42.5 Million Over Five Years to Assist in Providing Coverage

HHS Secretary Kathleen Sebelius announced in early September that Maine will be one of thirteen (13) states that will receive \$8.5 million per year for five years to provide affordable health insurance coverage to individuals in three demographic groups which have traditionally had difficulty in obtaining affordable coverage. Part-time, seasonal, and direct care workers in firms with more than 50 employees will be the beneficiaries of this effort. The grant comes from the Department's new State Health Access Program. Coverage will likely be provided through the Dirigo Health Agency.

The State will be eligible to renew the grant each year for five years.

President's Corner



David McDermott, M.D., President, MMA

Welcome!

I am proud to serve you for the coming year as president of your Maine Medical Association. This year promises to be one of both challenge and opportunity. Your MMA is well positioned to address both.

We are actively involved in helping to shape the debate on health system reform at a state and national level. Your MMA has always had solid connections with our Congressional delegation in Washington, and as you'll see from other reports in this issue, we have organized events to bring them information about Maine needs. We continue our ongoing dialogue with all four representatives and their health staffers.

We are committed to bringing your MMA into the 21st Century with our communications tools. Already we have a group on LinkedIn®: Maine Medical Association. If you are a member of LinkedIn®, then you can ask to join this group and we'll welcome you. There are several discussion threads ongoing there now. Using such a tool provides physicians in Maine more options to connect with their peers across the state and rapidly share information and questions with each other. My address on LinkedIn® is an email address that should be easy to remember: President@mainemed.com. Send me an email or join my network on LinkedIn® and you can let me know what is on your mind. We have also established a presence on Twitter. This tool can, when fully developed, allow for the rapid dissemination of information that is important to our members, whether that is an emerging public health issue or a critical legislative one during the upcoming second session of the Legislature. I promise not to abuse this with tweets you don't need, but if there are significant happenings that affect your MMA or medicine in Maine I hope to be using this new tool. You can follow us there: @mmapresident.

We are exploring tools to use the internet for more of our committee meetings. It can be hard to get to Manchester from Caribou or Sanford or Calais for a two-hour

meeting. We have had ITV access for several years, but that requires an ITV connection. We will be looking at other internet based tools that will let you participate in real-time in our meetings via internet connections. Stay posted!

Collaboration with partners is becoming increasingly important for the work of your Association. For the past two years, we have collaborated with the Maine Hospital Association and the Maine Osteopathic Association in preparing a Quality Summit to bring leaders from across the state together to talk about quality initiatives. We'll continue that work again this year through our Quality Committee, ably led by Dr. David Hallbert of Bangor. We are working with the Maine Primary Care Association to bring their member health centers into our outpatient quality program. This will bring not only new practices into the program, but will also provide an increase in members. We also have many partnerships that help us advance the cause of public health in Maine. We are committed to continuing active work with them.

Support for our members remains a critical concern for the leadership of your MMA. Our Committee on Membership and Member Benefits under the leadership of Dr. Brian Pierce, will be working with you to determine the breadth and scope of services you need and can use when provided through your MMA. We are also excited about the expansion of the Medical Professionals Health Program (formerly the Physician Health Program) as it develops enough strength to be located in a new facility that will offer them adequate room and privacy for our members and others who benefit from the support and services the Program offers.

MMA's strength comes from our membership. If you have peers who are not members of MMA, please encourage them to join with us. We can do much more for you and your patients when we have the strength of every physician in Maine joining together to help us in our work. Let me know what's on your mind using the tools above!

David B. McDermott, MD, MPH, CPE is practicing emergency medicine at Mayo Regional Hospital in Dover-Foxcroft. He became President of MMA in September of 2009.

Visit the MMA website at www.mainemed.com

MaineCare Introduces a Fifteen Day Initial Script Limit on Selected Drugs

By MaineCare staff

This past summer, MaineCare introduced a fifteen day initial prescription supply limit. The original concept was brought forth from Eastern Maine Medical Center. MaineCare staff and associates began developing the program for various medications that have been identified with high side effect profiles, high discontinuation rates, or frequent dose adjustments to ensure cost effectiveness without "wasting" or "discarding" of used medications.

The limit is on initial, first time prescriptions of a medication. Prescribers can write one script to include a refill or refills of these drugs at the usual MaineCare allowable day supply. Another option is to write the initial script for the usual MaineCare allowable day supply and the pharmacist will dispense only fifteen days in accordance with MaineCare's new initiative. Prescribers of CII narcotics will be limited to write for only a maximum 15 day supply on new initial prescriptions. There is no need to write a prior authorization if the drug is preferred on the MaineCare PDL as long as the 15 day limit is followed.

The medications selected for this program are Cymbalta, Effexor, Effexor XR, Lexapro, Luvox CR, Paroxetine ER, Paxil CR, Pristiq, Abilify, Equetro, Geodon, Invega, Risperdal, Risperidone, Seroquel, Seroquel XR, Zyprexa, Bethanechol, Detrol, Flavoxate, Oxybutynin, Sanctura, Urispas, Vesicare, Detrol LA, Ditropan

XL, Enablex, Oxytrol, Toviaz, Opana, Oxycodone, Suboxone, Subutex, Ultram ER, Avinza, Duragesic, Fentanyl, Kadian, Methadone, Morphine, Sulfate, Opana ER, Oramorph, Oxycontin, Bupropion, Chantix, Nicotine patches/gum/lozenges, Adderall, Amphetamine combo, Cafcit, Concerta, Dextroamphetamine, Dextrostat, Focalin, Focalin XR, Metadata, Methylin, Methylphenidate, Provigil, Ritalin, Ritalin LA, Vyvanse and Strattera.

MaineCare began limiting initial prescriptions with Suboxone, Subutex, Chantix and Nicotine replacement products in August. Bladder and Long Acting Narcotic drugs of the list above were implemented on Friday, September 11. The remaining medications (Stimulants and Anti-Depressants) will begin with prescriptions written on September 25th.

MaineCare has begun instituting other measures to ensure medication cost effectiveness through the use of Drug Benefit Management, Drug-Drug editing to ensure education and patient safety, recent PPI limitations and Intensive Benefit Management with controlled substances.

For those who may be interested in what MaineCare may be implementing for cost saving or safety measures, you may attend the Drug Utilization Review Committee meetings. These meetings are held 9 times a year, the second Tuesday of the month, excluding December, July and August from 6-8pm. The location is 442 Civic Center Drive at the Office of MaineCare Services.

Practices with questions may contact Goold Health Systems at 1-888-445-0497.

Come Fly With Us!
Maine Air National Guard
\$75,000 Cash Incentive
Physicians / Part-Time
Train In Flight Medicine

Positions require military membership with minimum participation of one weekend a month and fifteen days a year.

To Learn More:
1-800-TO-GO-ANG
GoANG.com



Must be qualified to join.



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

MMA continues to monitor closely the national effort to enact comprehensive health care reform and to advocate for provisions that will assist patients and physicians in Maine. Our activities have included sponsoring forums with Sen. Olympia Snowe and Congresswomen Chellie Pingree and participating in an event with Second District Congressman Michael Michaud. We are in the process of scheduling a Forum this Fall with Senator Susan Collins. We have also prepared a series of op ed articles for statewide newspapers, most of which have appeared in print. In a nutshell, MMA supports comprehensive reform and is working with Maine's congressional delegation to craft details that are favorable to the interests of Maine patients and physicians.

On Sept. 16th, Senator Max Baucus (D-Montana), Chairman of the Senate Finance Committee, released his proposal that would be subject to mark-up in the Committee in late September. His comprehensive proposal followed closely along the lines of President Obama's proposal. The Finance Committee was scheduled to meet the week of Sept. 21st to begin Committee voting on the proposal that could lead to a full Senate vote in October. No Republicans have indicated support for the Baucus proposal, including Senator Snowe who has been working with a select group of six Senators to draft a bi-partisan proposal.

While the AMA continues to support the House bill, H.R. 3200, most observers believe that the Senate proposal will be the proposal focused upon. House Majority Leader Nancy Pelosi has been waiting to see the Baucus proposal before advancing the House bill further.

The Baucus proposal carries a price tag of \$856 billion over ten years, which is the lowest cost of any of the comprehensive plans drafted to date. It would be paid for through a series of tax increases, fees and reductions in government programs. One of the major revenue provisions (\$215 billion) would impose an excise tax of 35% on insurance plans valued at more than \$8,000 a year per person or \$21,000 a year per family. There would also be fees imposed on drug manufacturers, health insurers, medical device manufacturers and clinical laboratories. There would also be reductions in the fees paid to Medicare Advantage Plans and other cuts to Medicare and Medicaid.

MMA will continue to report on the activities surrounding health system reform in *Maine Medicine Weekly Update*, e-mailed each Monday to all MMA members, corporate affiliates and practice managers for whom we have an e-mail address. We are interested in your thoughts as well. Contact EVP Gordon Smith at gsmith@mainemed.com to share your thoughts and opinions.

Upcoming Specialty Society Meetings

OCTOBER 16-18, 2009 Jordan Grand Hotel at Sunday River – Bethel, ME
Maine Chapter of the American College of Physicians Annual Scientific Meeting
 MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

OCTOBER 30, 2009 Harraseeket Inn – Freeport, ME
Maine Association of Psychiatric Physicians General Membership Meeting 5:00pm - 9:00pm
 MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

NOVEMBER 7, 2009 Central Maine Medical Center – Lewiston, ME
American Academy of Pediatrics, Maine Chapter Fall Meeting: Practical Update in Pediatric Surgery and Acute Care for the Primary Care Provider
 Contact: Aubrie Entwood 207-782-0856 or agridleyentwood@aap.net

DECEMBER 2, 2009 Portland venue; TBA
Maine Chapter, American College of Emergency Physicians 6:00pm – 9:00pm
 Contact: Anna Bragdon 207-441-5989 or maineacep@roadrunner.com

JANUARY 23 - 24, 2010 Sugarloaf/USA
Maine Section, American College of OB/GYN
 Contact: Cindy Croteau 207-662-2749 or crotec@mmc.org

FEBRUARY 12 - 14, 2010 Sugarloaf/USA
Maine Urological Society
 MMA Contact: Kellie Miller 207-622-3374 ext: 229 or kmiller@mainemed.com

FEBRUARY 13 - 14, 2010 Sugarloaf/USA
Maine Society of Anesthesiologists
 Contact: Anna Bragdon 207-441-5989 or msainfo@roadrunner.com

APRIL 29, 2010 Holiday Inn by the Bay - Portland, ME
Maine Association of Psychiatric Physicians General Membership Meeting
 MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

APRIL 30, 2010 Holiday Inn by the Bay - Portland, ME
Maine Association of Psychiatric Physicians 2010 Psychiatry Update Educational Sessions
 MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

MAY 14, 2010 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 7	1:00pm	Aligning Forces 4 Quality, Executive Leadership Team
	2:00pm	Quality Counts! Board
OCTOBER 9	9:00am	“First Fridays” Educational Presentation
OCTOBER 12	6:00pm	Medical Professionals Health Committee
OCTOBER 14	2:00pm	MMA Executive Committee
OCTOBER 21	9:00am	Coalition for the Advancement of Primary Care
	11:00am	Patient Centered Medical Home
	4:00pm	MMA Public Health Committee
OCTOBER 22	8:30am	Pathways to Excellence (Maine Health Management Coalition)
OCTOBER 27	5:00pm	Maine Chapter of American Academy of Pediatrics Board Meeting
OCTOBER 28	11:00am	MMA Senior Section
NOVEMBER 2	4:00pm	Maine Academic Detailing Workgroup
NOVEMBER 4	1:00pm	Aligning Forces 4 Quality, Executive Leadership Team
	2:00pm	Quality Counts! Board
NOVEMBER 6	9:00am	“First Fridays” Educational Presentation
NOVEMBER 12	4:00pm	Committee on Physician Quality
NOVEMBER 18	9:00am	Coalition for the Advancement of Primary Care
	11:00am	Patient Centered Medical Home
NOVEMBER 23	6:00pm	Medical Professionals Health Committee
DECEMBER 10	8:30am	Pathways to Excellence (Maine Health Management Coalition)
DECEMBER 16	2:00pm	MMA Executive Committee

Notes from the EVP



Gordon Smith, MMA EVP

The following is an edited version of the Annual Report prepared for the 2009 Annual Meeting.

It is my pleasure to provide this report for the purposes of the 2009 Annual Session, which represents the 156th Annual Meeting of the Association. The past twelve months have been busy and productive ones

for MMA and I hope in this brief report to provide readers with a summary of our activities and to set forth some of the successes as well as the challenges. As I begin my 30th year of full-time employment with the Association, I want to begin by thanking the officers, lead by Dr. Stephanie Lash, members of the Executive Committee and the staff for working diligently throughout the year and for providing me with incredible support. We are very fortunate to have strong voluntary leadership as well as a very capable and experienced staff.

As I do not wish to repeat the information in the several committee reports or in Mr. MacLean's legislative report, I will focus my report on the general status of the Association, any new programs and activities in the past year, and any challenges we face.

STATE OF THE ASSOCIATION

With over 3300 members, MMA enjoys its largest membership ever. But numbers can be deceiving. Less than 1800 of these members pay any dues, with the remainder being students, residents and retirees. The trend for active members (dues-paying) is flat and would be decreasing except for our successful group membership program. The group membership program allows groups with ten or more physicians to join as a group and earn a substantial discount off the dues. We have a full menu of services to offer such groups and we have been quite successful with this initiative.

Financially, the existing budget will be a challenge. But we hope to keep all our services and programs going at some level.

Despite the challenges of membership, which is shared by all medical societies and many other associations, I remain optimistic about the ability of MMA to remain an effective advocate for Maine's physicians, regardless of their mode of practice (private, employed or otherwise). With challenges come opportunities.

NEW SERVICES AND PROGRAMS

Despite the challenges noted above, we have been able this year to establish some significant new programs/services, as follows:

- **Chronic Pain Consultation Project.** This project, funded by the Maine Board of Licensure in Medicine, offers a hands-on consultation to medical practices

struggling with patients being treated with long-term opioid therapy for chronic pain. Noel Genova, PA is doing a terrific job staffing this project.

- **Academic Detailing.** Through a contract with the state of Maine, MMA is now offering academic detailing to practices, through the Maine Independent Clinical Information Service (MICIS). The Service provides up-to-date, evidence-based prescribing information to healthcare providers using data and guidelines developed by non-commercial sources. The primary goal of the project is to improve clinical outcomes. The first subject tackled was diabetes; next is anti platelet therapy.
- **Long Term Development.** For many years, MMA leadership has recognized the need to better fund the Maine Medical Education Foundation (loans to medical students), the Maine Medical Education Trust (supports educational programming and other activities eligible for tax-exempt status) and MMA itself. A year ago, a consultant was retained to prepare a long-term development plan. The Plan was accepted by the Executive Committee earlier this year and a two days a week position established to begin implementation of the plan. Dee de Haas of Winthrop has been hired to fill this position.

In addition to the new projects, much time has been spent this year with the Medical Professionals Health Program, which will begin assisting nurses in recovery in Jan. 2010 and the Coding Center, which has a new Director. Gina Hobert, CPC, MBA is now directing the Center which continues to provide important educational and chart auditing services to institutions and individuals across the state.

CHALLENGES

Virtually all medical organizations are finding it necessary to re-invent themselves in order to show value. Physicians are practicing in groups, many are employed and many of the traditional reasons for joining a statewide professional association no longer apply. It is important for MMA to communicate more effectively with non-members and particularly younger physicians, to determine what would attract them to join. We spend a lot of time on retention and recruitment and these activities will be even more critical in the future. Whether the health system is significantly reformed in Washington or not, it will be necessary to show value to members in ways that have not been contemplated before. But I believe MMA is well positioned to meet this challenge. With a dedicated group of volunteer leaders and a capable and experienced staff, we have as a goal to be the best small state medical society in the country. While the first twenty-nine years were not easy, I may well look back on them as the easy years as we tackle the significant challenges ahead.

Looking for E-Prescribing Info?

These online publications from the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) are a good place to start.

1. A Clinician's Guide to Electronic Prescribing (AMA) www.ama-assn.org/ama1/pub/upload/mm/472/electronic-e-prescribing.pdf
2. Medicare's Practical Guide to the E-Prescribing Incentive Program (CMS) www.cms.hhs.gov/partnerships/downloads/11399.pdf

Physicians may earn a 2-percent bonus on all 2009 Part B charges if they successfully meet Medicare's electronic prescribing reporting requirements.

VP/HHS Secretary Announce \$1.2 Billion in EHR Grants

Speaking in Chicago on August 20, 2009, Vice President Joe Biden and HHS Secretary Kathleen Sebelius announced the availability of \$1.2 billion in ARRA funding available to assist providers with implementation and use of EHRs. Nearly \$600 million will establish approximately 70 Health Information Technology Regional Extension Centers to provide technical assistance to providers in the selection, acquisition, implementation, and meaningful use of EHRs. The first grant awards likely will be made in 2010. Another \$564 million in grants will be available to states and Qualified State Designated Entities to support the development of the means of sharing information within a nationwide system of networks. The Vice President called this effort one of "modernizing" the health care system, not one of "socializing" or having the government take over the health care system.

Invite a Physician to Join MMA

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

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



Gina Hobert, Director

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

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

It's that time of year when the leaves slowly start to change colors and the temperatures begin to cool. Along with these changes we start thinking about the flu season being right around the corner and the number of vaccines we are going to need to serve our communities. And let's not forget that beginning October 1st the new, revised, and deleted ICD-9-CM codes go into effect.

CMS recently released an *MLN Matters* article with instructions for billing for the administration of the H1N1 virus vaccine. Medicare will pay healthcare physicians and other providers the same rate to administer the H1N1 flu vaccine as established for the administration of influenza virus vaccine. However, Medicare will not reimburse physicians and other providers for the H1N1 vaccine itself, since it will be available to them for free. The program will pay for both H1N1 and seasonal vaccine and for the administering of more than one dose of vaccine, if medically necessary. Medicare will also pay for seasonal flu vaccinations even if the vaccinations are rendered earlier in the year than normal.

The full *MLN Matters* article can be viewed at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0920.pdf>

The HCPC codes for the H1N1 vaccine are as follows:

- G9141 – Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)
- G9142 – Influenza A (H1N1) vaccine, any route of administration

In addition to the H1N1 virus vaccine codes being available, we also have to focus our attention on the new, revised and invalid diagnosis codes effective October 1st, 2009. The 2009 summary tables can be viewed at http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage.

To name a few:

Gout: Revised and new codes were created to identify an acute attack of gout or acute gouty arthropathy (274.01), chronic gouty arthropathy without tophus (274.02), and chronic gouty arthropathy with tophus (274.03). An unspecified code (274.00) is used to code an unspecified gouty arthropathy.

Tumor Lysis Syndrome: A new code, 277.88, for tumor lysis syndrome describes a group of metabolic complications that can occur after treatment of cancer, usually lymphomas and leukemia.

Antineoplastic Chemotherapy-Induced Anemia: Anemia acquired as the result of the administration of antineoplastic chemotherapy is a common side effect of cancer treatment. No external cause code for the antineoplastic drug is required, as new code 285.3 identifies this drug as the cause of the anemia.

Venous Thrombosis and Embolism and Pulmonary Emboli: A new set of codes, 453.81–89, were added to describe "acute" venous embolism and thrombosis

of the upper extremity veins. Codes 453.50–52 were added to identify "chronic" venous embolisms and thrombosis of deep vessels in the proximal and distal as well as unspecified deep vessels in the lower extremity. Codes 453.71–79 were added to describe "chronic" venous embolism and thrombosis of the upper extremity veins. Code 453.6, was created to identify venous embolism and thrombosis of superficial vessels of the lower extremity. And 416.2 was added to identify a chronic pulmonary embolism.

Avian and Novel Influenza Virus: New code 488.0 is used to code bird flu. A second new code was added to identify swine flu, or more specifically influenza due to identified novel H1N1 influenza virus (488.1).

Vomiting: New codes 569.87 for vomiting of fecal matter and 787.04 for bilious vomiting or emesis. Two additional codes were created for bilious emesis or vomiting in a newborn (779.32) and other vomiting in newborn (779.33). Two other new codes under category 799 were created to describe feeding problems in the newborn (779.31) and failure to thrive in the newborn (779.34).

Colic: A specific code for colic, 789.7 was added.

Inconclusive Mammogram—Nonspecific Finding: A new code, 793.82, was created to explain this finding and justify the need for further testing, such as an ultrasound study. As part of this new code, the title of category 793 was changed to "Nonspecific (abnormal) findings on radiological and other examination of body structure." The term "abnormal" is now a nonessential modifier to emphasize these findings is inconclusive and not necessarily abnormal.

V-Codes & External Cause of Injury (E) Codes for Activity Status: A variety of new V codes were created to describe special patient circumstances. New external cause codes were created to better identify the causes of injury among military personnel.

External Cause of Injury (E) Codes for Never Events: Beginning with fiscal year 2010, ICD-9-CM has one revised and two new external cause of injury codes to identify three of the never events: E876.5, Performance of wrong operation (procedure) on correct patient; E876.6, Performance of operation (procedure) on patient not scheduled for surgery; and E876.7, Performance of correct operation (procedure) on wrong side/body part.

New codes may also be found related to Merkel Cell Carcinoma and other Neuroendocrine Tumors, Retina and Choroid Neoplasms, Pouchitis, Endometrial Hyperplasia, Puerperal Infections, Omphalocele and Gastroschisis, Fluency Problems, Signs & Symptoms Involving Emotional State, Apparent Life-Threatening Event in an Infant, Failed Sedation, Traumatic Brain Injury, and Newborn Post-Discharge Health Check.

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

Medical Mutual Insurance Company of Maine Risk Management Practice Tip:

Complaints Received in the Office Practice

Research studies show that most patients and their family members accept annoyances and frustrations and do not speak up to voice their concerns. Patients are willing to accept occasional annoyances if they recognize that the physician and staff care about them and are working to assist them.

Frequent sources of dissatisfaction include:

- A prolonged wait in the reception room
- Feelings of isolation in an exam room
- Difficulty in obtaining a convenient appointment
- Lack of understanding of treatment options

Patients and visitors need to know whom to complain to and that there is a mechanism in place to report and/or discuss their concerns. Physicians should be involved with any complaint related to quality-of-care issues.

How to respond when a patient complains:

1. Listen closely; do not interrupt; do not ask questions initially. Pay attention to body language, the patient's and your own. Show sincere interest. Maintain eye contact. Meet complaints with understanding.
2. Empathize - imagine how the patient is feeling. Be willing to say "I understand." "I'm sorry we made a scheduling error."
3. Inquire - to add clarity to the complaint. Ask open-ended questions that cannot be answered with a "yes" or a "no" response. Ask, "Would you tell me about the situation that upsets you?"
4. Ask the patient what he/she thinks should be done about a particular situation/issue.
5. Offer alternatives or suggest solutions to resolve the issue satisfactorily. Commit to resolving the patient's complaint.

6. Respond with a resolution or inform him/her when to expect a response. Acknowledge that steps will be taken to solve the problem.
7. Thank the patient for the opportunity to address his/her complaint.

Tracking, trending and monitoring complaints:

Soliciting and trending patient complaints supports the patient satisfaction process.

- Implement a mechanism and procedure for soliciting, responding and trending complaints. Consider using a form that enables patients to either check-off items or list their complaint.
- Identify patterns of complaints and implement corrective measures.
- Recheck to ensure the response or the change is appropriate, acknowledging that others will benefit.

Complaint letters:

Correspondence should not be routinely placed in the patient's medical record which is a legal document created to reflect the patient's care and treatment. Correspondence should be kept in a Quality Improvement file. Reply promptly and include in the letter a summary of the problem.

- Letters should be short yet caring and professional.
- Document care issues identifying the patient's concern, the method of communication and the outcome/solution.
- If the complaint is complex in nature or the potential for a malpractice claim exists, contact your malpractice insurance carrier for assistance with letter writing.

Complaints may range from the simple to the complex. Whether reasonable or not, the basis for a complaint is the result or the perception of an unmet expectation. Address complaint handling as an opportunity to demonstrate to patients that they are valued and that their satisfaction is an important consideration in the practice.

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.



Kellie Miller, Director of Public Health Policy, MMA

Public Health Spotlight

MMA Prepared to Assist Physician Members to Prepare for H1N1

The Maine Medical Association Public Health Committee urges members to become knowledgeable about their local district planning processes in preparation for H1N1.

To stay updated on a daily/weekly basis, go to

www.maine flu.gov. Pertinent information from the Maine CDC is provided on a weekly, if not daily basis. We urge you to become involved with your local community preparations, connect with your district Vaccine Coordinator and call the H1N1 Toll Free number for more information and provide information to all of your staff and deploy the basic disease prevention measures. The MMA staff is working closely with the Maine CDC, regional and local districts to stay abreast of the current planning decisions. If you need additional information, don't hesitate to contact the MMA staff, Kellie Miller at 207-622-3374, ext. 229 or email kmiller@mainemed.com.

Governor Signed Civil Emergency Order to Fight Flu, Facilitate School-Based Vaccinations

Governor John E. Baldacci signed a **Proclamation of Civil Emergency Due to a Highly Infectious Agent** to allow the State to better respond to the potential dangers of H1N1 flu and to facilitate a statewide vaccination campaign. The state's goal is that every person in the State has access to vaccines for the seasonal and H1N1 flu.

Many school districts reported that a concern about potential liability was putting at risk their ability to participate in vaccination clinics. This proclamation protects school districts and other vaccination clinic participants from liability. The Proclamation also will provide immunity from tort liability for approved health care workers who administer the flu vaccines.

The Maine Center for Disease Control, the Department of Education and the Maine Emergency Management Agency will coordinate and facilitate the implementation of school supported vaccine clinics for both the seasonal flu and H1N1.

Maine CDC Vaccination Efforts to date:

- Maine CDC is working with Maine Department of Education (DOE) to assure that all Maine children are offered seasonal (regular) and H1N1 vaccine in local schools. **The toll free H1N1 number (1-888-257-0990) to assist schools and partnering health care professionals is staffed 9am-5pm.** A District Vaccine Coordinator will be referred to health care providers and/or schools who need more direct assistance in this effort.

- Maine CDC is working with the Regional Resource Centers at Eastern Maine Medical Center, Central Maine Medical Center, and Maine Medical Center, to assure that **all health care providers and Emergency Medical Services personnel (EMS)** are offered H1N1 vaccine during the first few weeks of its arrival.
- Maine CDC is working with clinicians who provide health care for **pregnant women** to assure they have H1N1 vaccine for their patients and themselves as soon as it arrives in Maine.
- Maine CDC will also be working with residential schools, employers, and health care providers to assure all others in the **high-risk groups for H1N1** are offered vaccine.
- Vaccine Coordinators have been appointed for each Public Health District in Maine. Vaccine Coordinators will be one component of district leadership teams, which also include staff from the three Regional Resource Centers for Public Health Emergency Preparedness, and Emergency Management Agencies. The Vaccine Coordinators will plan for local vaccine distribution and ensure that people in the groups prioritized by US CDC are offered vaccine.

Vaccine Coordinators as of September 2009:

- District 1 – York: Sharon Leahy-Lind, 490-4625
- District 2 – Cumberland: Meredith Tipton, 592-5631
- District 3 – Western Maine: MaryAnn Amrich, 753-9103 (Franklin, Oxford and Androscoggin)
- District 4 – Mid-Coast: Jen Gunderman-King, 596-4278 (Waldo, Knox, Lincoln, and Sagadahoc)
- District 5 – Central Maine: Sue Lee, 592-5634
- District 6 – Penquis: Jessica Fogg, 592-5633 (Penobscot and Piscataquis)
- District 7 – Downeast: Al May, 263-4975 (Washington, Hancock)
- District 8 – Aroostook: Sharon Ramey, 592-5632 (interim until 9/21)
- Tribal: Jerolyn Ireland, 532-2240, ext. 15

REMEMBER TO GO TO WWW.MAINEFLU.GOV FOR THE MOST UP-TO-DATE INFORMATION AS WE MOVE THROUGH THE FALL FLU SEASON.

You Don't Have to Travel Halfway Around the World to Make a Difference – Try Maine

One of the reasons every physician decides to practice medicines is a strong desire to help people. They do this every day in their own practices, and many also serve those without access to care, often traveling to poor regions around the world. But there are rewarding opportunities to make a difference at home as well.

At the Oasis Health Network in Brunswick, Maine, volunteers are able to practice patient-centered care without worrying about insurance claims or payment. Care is provided free, funded by grants and donations from local businesses and individuals. Patients are eligible for services if they are uninsured and earn incomes at 150% of the poverty level or under.

The Oasis Health Network is seeking volunteers to care for patients in a number of its clinics. Don't have a lot of time? That's ok! Some of our volunteers are here once a week, some are once a month and some give one day a year.

Opportunities include:

- Acute Care – Tuesday, 5:30-8:00pm
- Complex Care – First Thursday and Last Wednesday of the Month, 6:00-8:00pm
- Depression Clinic – First and Third Monday of the Month, 6:00-8:00pm
- Hypertension/Hypolipidemia Clinic – Third Wednesday of the Month, 6:00-8:00pm
- Diabetes Clinic – Twice Quarterly
- Women's Health – Twice Annually

To volunteer, call 721-9277, email oasis@oasishealthnetwork.org, or fill out our online volunteer form. Learn more at www.oasishealthnetwork.org.

If you do not live close to the Brunswick area, there are a number of free care clinics looking for volunteers from Biddeford to Ellsworth. For a list of free care clinics in Maine, visit www.mainehealth.com/careers/clinics.

Physician Orders for Life-Sustaining Treatment (POLST)

By Elizabeth Balsam Hart, MD and Laurel Coleman MD, EACP

We are all aware of the many efforts to promote advanced care planning and encourage completion of advance directives. However, as physicians we also realize that the medical care that many people desire during a serious or terminal illness is not the care that they typically receive.

The Physician Orders for Life-Sustaining Treatment (POLST) Paradigm program translates patient preferences into actionable medical orders in order to ensure that a patient's wishes are honored. The POLST paradigm is based on effective communication about goals of care for people with life-limiting illness or advanced frailty. A POLST form is a set of medical orders, which is based on a person's preferences for care and is signed by a person's healthcare provider; it is printed on brightly colored paper and follows a patient across settings of care. POLST complements conventional advance directives that may not anticipate specific treatment options that may arise and may not be readily translated into orders. POLST orders reflect preferences for cardiopulmonary resuscitation, level of medical intervention - including hospitalization, antibiotic therapy, and artificial hydration and nutrition.

POLST was first implemented in Oregon in 1991 and was designed to improve the quality of care people receive at the end of life. Several other states have developed statewide or regional POLST initiatives and as many as thirty states are involved in exploring POLST or developing programs. In Maine there have been varied sporadic efforts to adopt POLST in a range of settings, including long-term care and even critical care, over the last several years. However, these efforts have been isolated and have not used a consistent form or had a coordinated structure.

In the last year we have made tremendous progress in convening a working group to develop a single universally recognized POLST form for adoption throughout the state. We have recently completed this review and have agreed upon the form that will be introduced in Maine. We have received invaluable input from the Attorney General's Office and the Office of Elder Services at the Department of Health and Human Services, as well as from healthcare professionals and organizational leaders.

We are currently reaching out to a broad range of stakeholders to build a POLST coalition that will work together to develop models for implementation and evaluation. The Maine Medical Association Ethics Committee held a meeting on the POLST effort in July and a Resolution endorsing the POLST program was passed at the MMA Annual Meeting on September 12, 2009.

For more information about the POLST Paradigm, please see the references below. For information about the vibrant POLST coalition growing in Maine, please contact Eileen McDonald at 207-662-0765 or mcdone1@mainehealth.org.

References:

<http://www.ohsu.edu/polst/>

Meier, D and Beresford, L. POLST Offers Next Stage in Honoring Patient Preferences. Journal of Palliative Medicine 2009; 12: 291-295. Text available at

<http://www.ohsu.edu/polst/news/documents/POLSTOffersNextStageinHonoringPatientPreferences.pdf>

H.M. Payson & Co.

A FOUNDATION OF TRUST – FOR 150 YEARS

A MAINE TRUST COMPANY & REGISTERED INVESTMENT ADVISOR

One Portland Square · Portland (207) 772-3761 · hmpayson.com

Available for rent: MMA Member-owned

Ocean Cliff House

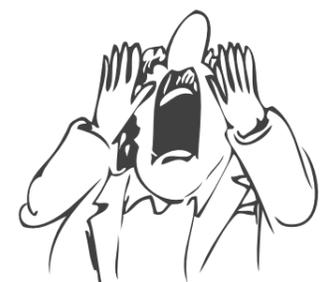
Long Island, Bahamas

- Beautiful 3-bedroom Beach House
- Private White Sandy Beach
- Stella Maris Resort Area



oceancliffhouse.com

Volunteers Needed!



**Meg Haskell
Receives MMA
Award for
Excellence in
Health Care
Reporting; Dr.
Constance Adler
Receives
Dr. Mary Cushman
Humanitarian
Award**

At the Association's 156th Annual Session Sept. 11-13, 2009 in Bar Harbor, Bangor Daily News healthcare reporter Meg Haskell received the 2nd MMA Award for Outstanding Excellence in Healthcare Reporting.

"For nearly 10 years, Maine has benefited from the exceptional health care reporting of Meg Haskell", MMA's outgoing President Stephanie Lash, M.D., said in remarks delivered at the Saturday night banquet by President-elect David McDermott, M.D., MPH.

"Her series the past few years on the opioid addiction issue in the state was timely, compassionate and helped set the stage for increased public interest in the issue, Dr. Lash noted. "This year, her story on hospice care received recognition from the Maine Press Association. Finally, we want to recognize Meg for her regular reporting on the major health care policy issues in the state, including numerous stories on Dirigo, health care reform and hospital-physician relations. These topics are complex, difficult politically and controversial."

Haskell, of Orono, is a registered nurse who practiced nursing for 15 years prior to going to work in 1999 as a reporter for the *Maine Times*. In the fall of 2002, she was hired to cover health care issues for the Bangor Daily News which she continues to do.

In 2007, Haskell helped organize a conference in Bangor on pandemic influenza preparedness. She is working toward a graduate certificate in public health at the Muskie School of Public Service at the University of Southern Maine in Portland.

In other awards presented at the meeting, MMA presented its 2009 Mary Cushman Humanitarian Award to Dr. Constance Adler, a family physician practicing in Farmington. As president of the Women's Empowerment Network, Dr. Adler volunteers at and supports a women's clinic in Nicaragua, where she provides training and services in obstetrics and gynecology.



Andrew MacLean, Esq.

Legislative Update

MMA'S 2009 ADVOCACY EFFORTS HIGHLIGHTED AT ANNUAL SESSION

The Chair of the MMA's Committee on Legislation, Samuel P. Solish, M.D., presented the following report at the General Membership meeting at the Harborside Hotel & Marina in Bar Harbor, Maine on Saturday, September 12, 2009. Dr. Solish is an ophthalmologist with Eyecare Medical Group in Portland. The MMA's interim summary of health care legislation from the first session of the 124th Maine Legislature mentioned in the last paragraph of the report below is available from the MMA office and will be distributed at medical staff and specialty society meetings this fall. The MMA Legislative Committee will hold its organizational meeting for the second session of the 124th Maine Legislature following Election Day on Tuesday, November 3, 2009. Look for a notice of the meeting in the Maine Medicine Weekly Update.

**MAINE MEDICAL ASSOCIATION
2009 ANNUAL REPORT OF THE COMMITTEE ON LEGISLATION**

by
Samuel P. Solish, M.D., Chair
Lisa D. Ryan, D.O., Vice Chair

The 186 members of Maine's 124th Legislature carried out the work of their First Regular Session at the State House in Augusta from early January through June 12, 2009.

The 124th Maine Legislature includes two physicians in its membership. Senator Lisa Marrache, M.D. (D-Kennebec), a family physician from Waterville, is serving her second term in the Senate following three terms in the House. Her caucus elected her as its Assistant Majority Leader for the current term. Representative Linda Sanborn (D-Gorham), a retired family physician, is serving her first term. Both physicians are members of the Joint Standing Committee on Health & Human Services and the MMA and other physician advocates are fortunate to have two strong physician voices on this important committee.

The 2009 session featured highly visible debates about Governor Baldacci's final biennial budget proposal (L.D. 353), gay marriage (L.D. 1020), tax reform (L.D.s 1088 and 1495), and funding for the Dirigo Health Program (L.D. 1264).

During the 2-year cycle of each legislature, the MMA Legislative Committee tracks more than 350 bills of interest to Maine physicians and their patients. The Legislative Committee met once in late 2008 to assess the coming session and then held conference calls to brief members on legislative action weekly during the session. As you will see from the MMA's *Interim Summary of Health Care Legislation* in your meeting binder, the Committee participated in the development of significant state health policy ranging from the state budget, health care reform and quality improvement, and public health matters to mental health and substance abuse prevention and treatment, scope of practice, and medical liability issues, among others.

Key legislation enacted this session will:

- Address obesity and physical education (L.D.s 319, 1259, and 1407);
- Require minors on motorcycles to wear helmets (L.D. 437);
- Improve immunization coverage for children (L.D. 1408);
- Ensure adequate disclosure to patients and due process rights for physicians in health insurer "profiling" and "tiering" programs (L.D. 1444 and 1205);
- Encourage Maine students to pursue a medical education and to practice in Maine (L.D. 853);
- Reinvigorate Maine's public health infrastructure (L.D. 1363);
- Amend the certificate of need (L.D. 1395) and sentinel event reporting (L.D. 1435) laws;
- Expand optometrists' scope of practice (L.D. 683) and authorize pharmacists to administer certain immunizations (L.D. 1223); and
- Prohibit smoking on Maine's beaches (L.D. 67) and in outdoor dining areas (L.D. 820).

We believe it was a successful session with the accomplishment of the goals from our legislative agenda in the highlighted legislation mentioned above. Clearly, the most significant issue for the Committee this session was the FY 2010-2011 biennial budget (L.D. 353) enacted at \$5.8 billion, a reduction of \$400 million from the previous biennial budget. The Governor and the Appropriations Committee avoided deep cuts in health care and social service funding because of the federal stimulus money from the *American Recovery & Reinvestment Act* (ARRA). Within the biennial budget was the most difficult issue presented to the Committee this session -- Governor Baldacci's proposal to reduce MaineCare reimbursement to hospital-based physicians. Working with our physician legislators, the HHS Committee, and the Maine Hospital Association, the MMA helped to mitigate the loss to hospital-based physicians while achieving an increase in the MaineCare physician fee schedule from approximately 57% to approximately 70% of Medicare rates effective February 1, 2010.

During this summer and fall, the MMA has been and will continue to be actively engaged in the national health care reform debate, and will be monitoring state referenda campaigns on tax reform, gay marriage, medical marijuana, TABOR II, and excise taxes.

I would like to thank all the MMA members who contributed to our advocacy activities this year -- Legislative Committee members, participants in our weekly conference calls, those who served as "Doctor of the Day" at the State House, witnesses at legislative public hearings, and contributors to the *Maine Physicians Action Fund*, the MMA's affiliated political action committee. All of you made substantial contributions to a successful year of advocacy for physicians and patients in the Maine legislature and executive branch agencies. As I step down after my service as Chair of the Committee, I would like to say thanks to the MMA advocacy staff and to Vice Chair Lisa D. Ryan, D.O., who has agreed to become the new Chair of the Committee. I have very much enjoyed my role in the MMA's advocacy work and I wish the Committee the best of luck in the Second Regular Session of the 124th Maine Legislature.

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

MMA Endorses Maine School of Science and Mathematics Initiative

MMA, recently announced its support of the Maine School of Science and Mathematics (MSSM) *MaineStay Initiative*. One goal of the sponsorship initiative is to retain talent in Maine by linking MSSM students with businesses and organizations in the field of medicine, providing opportunities for research, hands-on experiences, and future careers. In addition, financial contributions to the *MaineStay Initiative* will help keep MSSM accessible to all Maine students. MSSM is the state's only public residential magnet school, serving talented high school students from Maine and a few from away. In 2009, US News ranked the school the twelfth best high school in the nation, a remarkable achievement.

MSSM's Computational Biology course is one example of a successful partnership. The course provides an authentic research experience, presenting opportunities for students to work collaboratively with scientists at the Jackson Laboratories. Topics include a review of genetics and related web resources along with an introduction to the application of statistics in QTL and microarray analysis. As a student in the course, Renee Symonds, MSSM class of '09 (currently a freshman at Bowdoin) accompanied scientists from The Jackson Laboratory (JAX) to a meeting of the National Centers for Systems Biology. Renee had the opportunity to present a poster and attend talks by leading genetics researchers of our time.

The Jackson Laboratory's summer internship program also serves as a successful partnership between business and education. Ryan Keating, MSSM class of '09 graduate (currently a freshman at MIT) worked with other students from around the country during a nine week internship doing research in computational biology at JAX Lab. His project involved locating genes in the mouse genome that affect chronic kidney disease. To do this, he used a relatively new statistical approach, called quantitative trait loci (QTL) analysis, which identifies genomic regions where the change in the genotype has a significant effect on the phenotype. "Once I finally had results, it was really amazing to see how they were consistent with one another," says Ryan. "It is fascinating to think that my project this summer will eventually be used to help prevent and treat people who have chronic kidney disease."

Past supporters of MSSM's internship program have included:

- | | | | |
|------------------------------|----------------------|---------------------------|---|
| Penobscot Valley Hospital | Kennebunk Prime Care | Wellness Foundations | Maine Medical Center Research Institute |
| The Aroostook Medical Center | Mercy Hospital | Well Spring Health Center | Maine Coast Memorial Hospital |
| Faith Family Healthcare | FHC, Inc | Maine General Hospital | Mt Desert Island Biological Labs |
| Northeast Laboratory | American Red Cross | Houlton Regional Hospital | |

For more about the Maine School of Science and Mathematics visit www.mssm.org.



PROVIDING EMPLOYEE BENEFITS SOLUTIONS AND SERVICES

WILLIS HRH

Judy Conley
judith.conley@willis.com
800 464 1203
www.willis.com

Beth Dobson • 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
Attorneys at Law

Supporting the business of New England for nearly 150 years.

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

Develop, promote and sustain an integrated, secure and reliable regional information network dedicated to delivering authorized, rapid access to person-specific healthcare data across points of care that will support

- Improved patient safety
- Enhanced quality of clinical care
- Increased clinical and administrative efficiency
- Reduced duplication of services
- Enhanced identification of threats to public health
- Expanded consumers access to their own

Free Toolkit Describes Impact of Electronic Health Information-Sharing Systems Such As Maine's HealthInfoNet

By Jim Harnar, Senior Consultant, HealthInfoNet

Maine will soon become the second state in the nation to "go live" with a statewide electronic health information exchange or HIE.

Known as HealthInfoNet (www.hinonet.org), Maine's HIE will open access this summer for the first time to patient-specific clinical information included in the system's secure statewide database.

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

Maine is working closely with the federal government and other states to insure that HealthInfoNet will connect with the nation's emerging health information network as more and more states and regions develop HIE's.

A free electronic "toolkit" has been designed by states participating in a national health information security and privacy grant program sponsored by the federal Health and Human Services Office of the National Coordinator for Health Information Technology (ONC). The toolkit is intended to build understanding and awareness about how HIE's will help providers improve coordination of care, enhance quality and patient safety, and moderate the growth of costs. The toolkit can be accessed at www.secure4health.org/default.aspx.

For more information about HealthInfoNet and the organizations participating in Maine's Demonstration phase, please visit www.hinonet.org or contact HealthInfoNet Executive Director Devore Culver at dculver@hinonet.org.

Through a combination of videos, articles and reports, the Provider Education Toolkit will:

- Describe the benefits of HIE's;
- Increase awareness of the privacy and security benefits and challenges of HIE's,
- Identify the steps to HIE implementation, and
- Encourage participation in HIE's such as HealthInfoNet..

CME's are available at no cost to physicians who take advantage of the toolkit.

Physicians and hospitals have been closely involved with the development of Maine's HIE over the past five years. The Maine Medical Association, the Maine Osteopathic Association and the Maine Hospital Association have provided substantial support to HealthInfoNet, as have individual doctors and hospitals.

HealthInfoNet is an independent, nonprofit organization governed by a diverse mix of stakeholders. **David Howes, M.D.**, CEO of Martin's Point Health Care, serves as HealthInfoNet's Board Chair. The organization's Vice Chair is **Dan Coffey**, Executive Vice President of Eastern Maine Health Systems.

The development of electronic systems, including HIE's, is expected to be greatly accelerated through nearly \$19 billion that is being made available to providers and networks through the American Recovery and Reinvestment Act (ARRA).

Here in Maine, the Legislature and the Governor approved \$1.7 million in funding for HealthInfoNet and planning is now under way for a statewide health IT strategy. The newly-approved state funding will be used to complete the current demonstration phase and secure federal matching funds. Federal grants and low interest loans will be available to physicians and hospitals who need to acquire electronic medical records and other systems. To be eligible for these funds, providers must demonstrate their participation in an exchange such as HealthInfoNet.

2009 HealthInfoNet Board of Directors

Timothy Agnew - Masthead Venture Partners, Portland

Arthur Blank, President - Mt. Desert Island Hospital, Bar Harbor

Barry Blumenfeld, M.D., Chief Information Officer - MaineHealth and Maine Medical Center, Portland

Nona Boyink, President - HealthReach Network & MaineGeneral Rehab & Nursing Care, Waterville

Carol Carothers, Executive Director - National Alliance for the Mentally Ill, Augusta

Daniel Coffey, Executive Vice President - Eastern Maine Healthcare Systems, Bangor

Ann Conway, Ph.D., Principal - Riverview Consulting, Gardiner

Brenda Harvey, Commissioner - Maine Dept. of Health & Human Services, Augusta

Charles Hewett, Ph.D., Chief Operating Officer - Jackson Laboratory, Bar Harbor

David Howes, M.D., President & Chief Medical Officer - Martin's Point Health Care, Portland

Larry Hopperstead, M.D., Chief Medical Officer - Central Maine Medical Center, Lewiston

Douglas Jorgensen, D.O. - Manchester Osteopathic Healthcare, Manchester

Richard Marston - Member at Large, Madawaska

Dora Mills, M.D., Director - Maine Center for Disease Control, Augusta

Peter Mills - State Senator, Augusta

Rod Prior, M.D., Medical Director, Office of Maine Care Services - Maine Department of Health and Human Services, Augusta

Trish Riley, Director - Governor's Office of Health Policy & Finance, Augusta

Karl Turner, Senator - Self Employed Businessman, Cumberland

Richard White, Market Service Leader - Cigna Healthcare of Maine, Falmouth

Updated Sentinel Event Statistics

The Joint Commission's sentinel event statistics have been updated at www.jointcommission.org. Since the sentinel event database was implemented in January 1995 through March 31, 2009, The Joint Commission has reviewed 5,901 sentinel events. A total of 6,036 patients were affected by these events, with 4,132, or 68 percent, resulting in patient death. The 10 most frequently reported sentinel events are:

Type	Total	2008	First Quarter 2009
Wrong-site surgery	784	116	43
Suicide	715	102	17
Operative/post-operative complication	659	63	28
Medication error	503	46	11
Delay in treatment	472	82	30
Patient fall	367	60	26
Unintended retention of foreign body*	252	71	40
Assault, rape or homicide	224	41	6
Patient death or injury in restraints	192	13	3
Perinatal death or loss of function	181	32	6

* Added to reviewable events in June 2005; data represents events reviewed since that time.

Contact: Anita Giuntoli, agiuntoli@jointcommission.org

2009 International Symposium on Pharmaceuticals in the Home and Environment

October 18-20, 2009

Point Lookout Resort and Conference Center

Northport, Maine

- Meet with the leading authorities on prescription drug use, misuse, abuse, return, and disposal.
- Attend cutting edge educational symposia and panel sessions
- Build your skills at expert-led, pre-conference, technical assistance workshops
- Enjoy the special networking opportunities, exhibits, and annual film festival

To see the full conference program of presentations and speakers as well as registration materials please go to: <http://www.mainebenzo.org/2009conference.htm>

For more information about registering: Contact Marolyn Bissonnette, CME Office Manager at mbissonnette@une.edu or 207-602-2589

MMA Welcomes Our Newest Corporate Affiliate:

FairPoint Communications

We appreciate their support!



NSI, with its 23-year Allscripts® partnership, has a successful track-record of providing award-winning healthcare solutions and professional, local implementation and support services to healthcare organizations throughout New England.

- Allscripts® Professional EHR • Professional PM (formerly HealthMatics-Ntierprise)
- Allscripts® Document Management

NETWORK SYSTEMS, INC.
22 York St. • Portland • ME • 04101
www.network-systems.com • (800) 439-9770



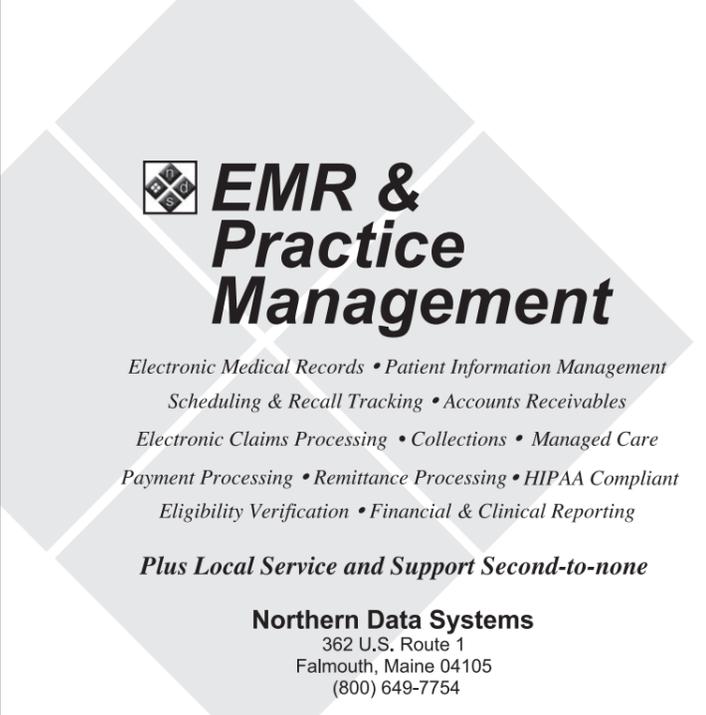
Play to the last note.

Terminal illness is not the end of life. And at Hospice of Southern Maine we pride ourselves on helping you live with peace, dignity and joy for the rest of your life.

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



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



EMR & Practice Management

Electronic Medical Records • Patient Information Management
Scheduling & Recall Tracking • Accounts Receivables
Electronic Claims Processing • Collections • Managed Care
Payment Processing • Remittance Processing • HIPAA Compliant
Eligibility Verification • Financial & Clinical Reporting

Plus Local Service and Support Second-to-none

Northern Data Systems
362 U.S. Route 1
Falmouth, Maine 04105
(800) 649-7754



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

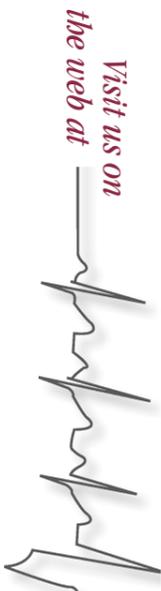
At Norman, Hanson & DeTroy, we've got what it takes. Our full-service health care practice spans all sides of Maine's health care industry. In addition to malpractice litigation, we represent health care providers in everything from corporate compliance to managed care to fraud-and-abuse claims. We also 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.

NORMAN HANSON DETROY

Member of ALFA International - The Global Legal Network

Experienced. Efficient. Effective.

nhdlaw.com



Visit us on the web at www.mainemed.com

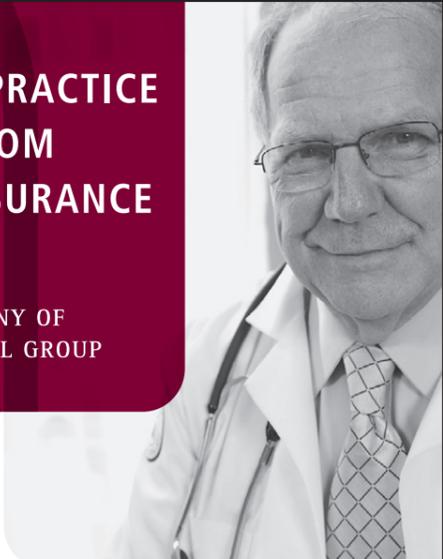


Maine Medical Association
30 Association Drive • P.O. Box 190
Manchester, ME 04351

PSRST STD
US Postage
PAID
Permit # 121
Augusta, ME

MEDICAL MALPRACTICE INSURANCE FROM PROSELECT INSURANCE COMPANY

A MEMBER COMPANY OF PROMUTUAL GROUP



- 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

Why do more than 17,000 healthcare professionals choose ProMutual Group as their medical liability insurance provider?

- **Financial strength** – more than \$2.2 billion in net admitted assets and \$612 million in policyholder surplus; a Best's Rating of A- (Excellent) for 13 consecutive years
- **Unparalleled experience** – more than three decades of service to the healthcare community
- **Aggressive claim defense** – nearly 73% of cases closed without an indemnity payment; win rate of more than 93% for those that went to a verdict at trial
- **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.

SAVE THE DATE

157th MMA Annual Session

September 10th-12th 2010

Bar Harbor

Time for a checkup?

Physicians Need Protection Too

Licensing Issues
Employment Agreements
Estate Planning

Philip M. Coffin III

Lambert Coffin Haenn

attorneys at law ■■■■

www.lambertcoffin.com | 207.874.4000 Portland | 207.990.4905 Bangor

Documentation Solutions That Create Harmony

No matter how patient documentation is created, finalized, delivered, or accessed, MD-IT's innovative software and dedicated service helps physicians optimize workflow and cut costs, putting practices in perfect harmony.

Call today to find out how MD-IT can help you save up to 85% of the time spent on documentation.

Ella Hudson
207-878-8183 x107
www.md-it.com