SEPTEMBER/OCTOBER 2010

Maine medicine

MAINE MEDICAL ASSOCIATION

IN THIS ISSUE

First District Congresswoman Chellie Pingree.

All five candidates for Governor participated in a well-attended Forum on Public Health.

Highlights of MMA's 157th Annual Session in Bar Harbor

More than 100 physicians and 200 guests and exhibitors participated in some portion of the two day meeting that featured several recognition awards and remarks by AMA President Cecil Wilson, M.D., Congresswoman Chellie Pingree, and out-going President David McDermott, M.D., M.P.H. The Mary Cushman Award for Humanitarian Service was presented to Paul Klainer, M.D. and the Knox County Health Clinic. The President's Award for Distinguished Service was presented to Erik Steele, D.O. of Bangor by Dr. McDermott. A second award was presented by Immediate Past President Stephanie Lash, M.D. to Edward David, M.D., J.D. On Sunday morning, more than 200 people turned out to hear the five gubernatorial candidates respond to six questions prepared by the MMA Committee on Public Health concerning issues of tobacco control, obesity, physician recruitment and retention, mental illness, and the State's use of tobacco settlement money. The entire Forum can be viewed at www.mainemed.com (click on Annual Session).

Other highlights of the meeting included installation of in-coming President Jo Linder, M.D., the presentation of 50 year pins to ten physicians, including three Past Presidents, and the appearance of all five Gubernatorial candidates at a Public Health Forum on Sunday morning. Dr. Linder lives in Falmouth and practices emergency medicine in Portland. She also serves as Director of the Department of Prevention and Community Service at the Maine Medical Center. Nancy Cummings, M.D., an orthopedic surgeon practicing in Farmington, Maine was elected President-elect of the Association. Kenneth Christian, M.D., an emergency physician in Ellsworth was elected Chairman of the 28-member Executive Committee.

The Friday CME program once again featured talks by Jackson Laboratory researchers paired with Maine clinicians working in the same clinical area.

Members voting during the Annual Meeting supported two resolutions brought before it by the MMA Public Health Committee, one involving toxic substances legislation pending before the Congress and the second urging the Congress to sign the START treaty decreasing the number of nuclear weapons in the world.

The President's remarks presented at the Annual Membership meeting on Saturday morning are on the MMA website, as are the remarks offered during the presentation of the Distinguished Service Award to Erik Steele, D.O.

Make plans now to attend the Association's 158th Annual Session in Bar Harbor from September 9-11, 2011.

Jeffrey Dunn, M.D., from Jackson Lab introduced the Friday afternoon CME program at the lab.

Edward David, M.D., J.D. received the President's Award for Distinguished Service from Past-President Stephanie Lash. Dr. David was in coat and tie for the first time in recent memory!

Incoming-President Jo Linder, M.D. and Out-going President David McDermott, M.D., MPH.

Coding Center to be Operated by Baker, Newman & Noyes

The Association announced in August that the Coding Center, which has been continually operated by MMA for nearly ten years, has been conveyed to Baker, Newman & Noyes, a major regional CPA firm headquartered in Portland. The services provided to MMA members and their office staff will continue to be provided and there will be no charge for calls and e-mails that can be answered on a routine basis. The Center can be accessed by calling the regular BNN number or the traditional toll free number used for the Coding Center: 1-888-889-6597.

BNN plans to operate the Center with a new name, *The Learning Center.* The first Director of the Coding Center, Laurie Desjardins, CPC is at BNN and the second Director, Jana Purrell, CPC is a consultant to the firm. In addition to Laurie and Jana, the Center has three additional procedural coders, including Maggie Fortin, CPC who was formerly with Medicare. Many of the services traditionally offered by the Center, such as chart auditing classes and certification courses will continue to be offered. The Learning Center will also present programs on a regular basis at MMA and its staff will prepare regular articles for *Maine Medicine.*

"We are thrilled to have the opportunity to be working with Laurie and Jana again," noted Gordon Smith, MMA EVP. "When the possibility of having to transition the work of the Center became known, our highest priority was to retain the service for our members and their staffs. To be able to do so, and to work with professionals as experienced as Laurie and Jana and their staff was a win-win for MMA and our members."

MMA Group Health Plan to Shut Down

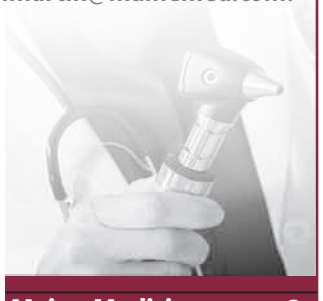
As announced previously, MMA and Anthem have made a difficult decision to terminate the MMA group health insurance plan for members that has been in existence for more than 50 years. With a diminishing number of participants and premium increases of nearly 30% last year and anticipated again for the upcoming year, the Committee on Membership and Member Benefits and the Executive Committee determined that continuing to offer the plan was not in the best interest of the participants or the Association. All of the contract holders, approximately 60 in number, have been contacted and assistance is being provided to transition the current participants to other products or carriers. Some of the participants are retirees who have Medicare but utilize the plan for supplemental coverage. We recently learned that under the current insurance laws, Anthem is required to offer coverage to anyone in the plan on a small group basis, but cost could still be a barrier.

"Unfortunately, despite the need for coverage for all, Association group health plans are not being looked upon favorably by insurance carriers," noted Gordon Smith, MMA EVP. "Our highest priority now is to make sure that all current participants are contacted and assisted in finding a product that works for them. We are hopeful that many of the participants will be able to find comparable coverage at less cost."

Invite a Physician to Join MMA

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

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



President's Corner

Jo Linder, M.D.
President, MMA

I am humbled by the congratulations and warm wishes from so many friends and colleagues as I begin this year as your MMA President. At our recent 157th Annual Session, the educational program focused on timely issues of "Life Transitions." We are all witnessing enormous changes in our professional lives including the transitions from solo & small group practice to physician employment by hospitals and large groups. Our Medical Association is here to ensure smooth transitions through these times of change.

As your President, I am most grateful for the heavy lifting done by so many MMA leaders who laid the solid foundation of our professional organization. MMA President's often have an initiative or theme during their year of leadership. Dave McDermott brought our communications strategies into the 21st century this past year. Kevin Flanigan led a multi-year evaluation of our organizational structure resulting in the revised mission, vision, and big audacious goals we use to guide our decisions. I will continue to work with our members and staff on many of the important initiatives championed by several of our recent past-presidents, including our focus on professionalism, and important public health projects led by Stephanie Lash & Larry Mutty. I encourage our members to look for opportunities to participate on committees via WebEx this year. In addition, our Ad hoc Committee on Governance will be working over the next 5 months with a written proposal to be presented to the Executive Committee mid-January. The implementation of health care reform is a work in progress and we continue to use our guiding principles in "Providing Coverage for All: MMA's White Paper on Health Care Reform in Maine" published in 2003 and reaffirmed in 2008; available online http://www.mainemed.com/spotlight/2009/White Paper on Healthcare Reform.pdf.

My presidential theme builds on MMA's policy to increase the interest of Maine's youth in our profession of medicine and improve their access to medical education adopted during Jacob Gerritsen's presidential year. Working with Brian Jumper and the Committee for Tomorrow, I will be reaching out to ask you to support the Medical Education Trust (MMET) and the Medical Education Foundation (MEF). We plan to build an endowed scholarship fund within MMET to reduce the debt load of medical students from Maine.

With your help, and based upon the strong foundation of MMA policy, I will continue to advocate for investment in these long-term initiatives. I encourage you to find ways to invest in the future of our profession through our MMA. I will look for ways to engage you, our members. Let me know what MMA can do for you. Join our committee meetings via WebEx conference from your office or home. Follow us on Facebook and Twitter. Send your thoughts directly to me via email to president@mainemed.com.

Maine Medical Association exists for you; helping transition for tomorrow's physicians and patients today.

Remarks of AMA President Cecil B. Wilson, M.D. at MMA's Annual Session

The following are excerpts from remarks delivered by AMA President Cecil B. Wilson, M.D. at the 157th Annual Session of the Maine Medical Association.

I am honored to join you for this 157th annual meeting of the Maine Medical Association in beautiful Bar Harbor. To say this has been an eventful year for the AMA – for all of organized medicine – is a gross understatement. In March, President Obama signed into law the most sweeping health system reform package this country has seen since the establishment of Medicare in 1965.

The Affordable Care Act has changed the face of American health care – who receives it, what they receive, and how it is delivered. For patients, the Affordable Care Act is an indisputable victory and because of the new law, 32 million uninsured Americans will gain access to coverage. Patients with debilitating diseases such as cancer can no longer be denied treatment because they've reached a coverage maximum. Youth can remain on their parents' policies until age 26 and they'll be protected during those critical years when they are either beginning their careers, or obtaining postgraduate education. Monolithic insurance companies will be forced to compete for customers and they will no longer be able to deny patients coverage because of "preexisting conditions," such as having had a c-section. Also new emphasis will be placed on prevention and wellness, helping patients to avoid chronic conditions and the associated complications. Furthermore, millions of seniors will no longer have to cut pills or stop taking critical medications because they've entered the dreaded "donut hole." of Part D Medicare. These are just some of the provisions in the Affordable Care Act that will benefit millions of American men, women and children – and the physicians who care for them.

Less publicized are the numerous gains specifically for physicians. While the law fails to repeal SGR, it does include several Medicare improvements, such as 10% bonus payments for primary care physicians, 10% bonus payments for surgeons practicing in underserved areas, and a 5% increase for psychotherapy services. The law also calls for increases in the Geographic Practice Cost Indices for physician work and practice expenses. Here in Maine, we estimate an average increase of $2,300 per physician due to these provisions, although the exact number will vary based on location, as well as patient and service mix. In addition, the law raises primary care payments for Medicaid to Medicare levels for at least two years from 2013 to 2014 and it also simplifies the insurance claims process and expands preventive and screening benefits. At this critical time of change, the AMA continues to remain heavily involved.

As stated earlier, for all its benefits, the law is not perfect and there is still much more work to be done. At the top of the AMA's current agenda is a familiar issue, the repeal of Medicare's flawed Sustainable Growth Rate. Chronic Medicare underpayment has created a crisis for millions of seniors, military families and physicians and year after year doctors are threatened with cuts because of SGR. In fact, 23% December 1 and 6.3% Jan. 1 if Congress does not act. Here in Maine, that equates to a $60 million dollar loss for the care of elderly and disabled patients and an average of approximately $14,000 for each physician in the state. Due to SGR, physicians across the country are being forced to either limit the number of Medicare patients they treat, or drop out of the program entirely. Seniors are already feeling the results as approximately one in four Medicare patients looking for a new primary care physician are having trouble finding one which is unacceptable! Ultimately Congress needs to enact a permanent solution.

Also at the top of our agenda is getting Congress to change the scope and authority of the Independent Payment and Advisory Board, or IPAB. The way the law is currently written, the IPAB would be allowed to propose cuts to Medicare spending if an established "target rate of growth" is exceeded. The congressional budget office estimates these cuts at $13 billion over 10 years. The last thing physicians need is the threat of additional cuts on top of SGR which the AMA is fighting hard to ensure we are not subjected to double jeopardy.

This is truly a historic time for organized medicine and our country, but is also a turbulent time as well. As you know, some physicians feel the AMA has failed to represent our constituents and that we should not have supported the Affordable Care Act without getting SGR repealed. It is true the law does not meet all of our objectives, but it makes medical care more accessible and coverage more reliable for millions. Furthermore, it makes insurance companies more accountable, while it strengthens wellness and prevention. No matter how you look at it, the Affordable Care Act is the most patient-friendly legislation this country has seen in 45 years. As physicians, those who are trained to protect and save, how could we do less than support it? I want to thank the Maine Medical Association for your support during these tumultuous times. I invite you to continue with us as we embark on the critical next steps in our nation's journey toward meaningful health system reform.

Final Thoughts from the Past President

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

By David B. McDermott, M.D., MPH, Immediate Past President & Proud Member of the Maine Medical Association

By the time this issue reaches newsstands and your office, it will have been a month since Dr. Linder capably replaced me as the President of your medical association. It was with great confidence in the future of the MMA that I passed the gavel to her last month in Bar Harbor.

I'd like to thank all those members who made this past year so successful for the MMA. Our committees were active and addressed issues that are important to physicians and their patients in Maine. The staff of your MMA is incredible—the work that they do every day for you is amazing. I have truly enjoyed working with each of them this year as we addressed so many issues on your behalf. They also support so many specialty societies in Maine, keeping them closely aligned with the concerns of the MMA.

The major theme of my presidential year was a focus on the ways in which we communicate with our members. We have begun a presence on social networking sites, started using Twitter® to keep our members up to date on the activities of the association (and hope to do more of that with the upcoming critical legislative session), piloted an interactive web site, and pioneered the use of webex technology for our committee meetings. We are going to continue these efforts into the new year with a planned complete overhaul of our web site to make it easier to navigate and to find critical information as well as to share information in a secure forum with each other. Time is the universal currency for physicians, and if we can help you get the information you need and communicate with your peers without wasting your time, then we will prove to be good stewards of your trust in membership with us.

It is a fitting tribute that I leave office at a time of record membership for our association. Thanks to Gordon Smith and all the hard work he has done recruiting group memberships. The alignment of societal forces in regulation, economics, demographics, and values make the present age both exciting and challenging for your professional success. We can do more together than we do alone, and I thank each of you for your choice to be a member of the Maine Medical Association.

Upcoming at MMA

OCTOBER 13	11:00am – 1:00pm	Patient Centered Medical Home - Working Group
	4:00pm – 6:00pm	MMA Public Health Committee
OCTOBER 14	1:00pm – 3:00pm	Office of State Coordinator - HIT Steering Committee
	3:30pm – 7:30pm	Patient Centered Medical Home
OCTOBER 20	1:00pm – 4:00pm	Aligning Forces for Quality, Patient Family Leadership Team
	2:00pm – 5:00pm	MMA Executive Committee
OCTOBER 21	8:30am – 4:00pm	Pathways to Excellence (Maine Health Management Coalition)
	11:00am – 1:00pm	QC Clinical Advisory Committee
	2:00pm – 4:00pm	CME Committee Meeting
OCTOBER 26	2:00pm – 4:00pm	Consumer Education Leadership Team
	2:00pm – 4:00pm	AF4Q – Pressure Ulcer Project
	6:00pm – 9:00pm	ME Chapter American Academy of Pediatrics
	6:00pm – 8:00pm	MMA Office Dinner with MHA
OCTOBER 27	11:30am – 2:00pm	MMA Senior Section
OCTOBER 28	4:00pm – 6:00pm	MMA Committee on Physician Quality
NOVEMBER 2		ELECTION DAY
NOVEMBER 3	9:00am – 12:00pm	Maine Health Management Coalition
	12:00pm – 1:00pm	MaineGeneral Health
	1:00pm – 2:00pm	Aligning Forces for Quality, Executive Leadership Team
	2:00 – 5:00pm	Quality Counts Board Meeting
NOVEMBER 5	9:00am – 12:00pm	First Friday Educational Presentation
NOVEMBER 8	5:30pm – 8:00pm	Medical Professionals Health Program Committee
NOVEMBER 9	4:00pm – 8:00pm	Maine Patient Centered Medical Home Pilot
NOVEMBER 10	8:00am – 12:00pm	Medical Group Management Association
NOVEMBER 11	1:00pm – 3:00pm	Office of State Coordinator - HIT Steering Committee
NOVEMBER 17	9:00am – 11:00am	Coalition to Advance Primary Care
	11:00am – 1:00pm	Patient Centered Medical Home, Working Group
	1:00pm – 4:00pm	Aligning Forces for Quality, Patient Family Leadership Team
NOVEMBER 18	8:30am – 4:00pm	Pathways to Excellence (Maine Health Management Coalition)
	11:00am – 1:00pm	QC Clinical Advisory Committee
	4:00pm – 6:00pm	MMA Committee on Physician Quality
DECEMBER 1	9:00am – 12:00pm	Maine Health Management Coalition
	12:00pm – 1:00pm	MaineGeneral Health
	1:00pm - 2:00pm	Aligning Forces for Quality, Executive Leadership Team
	2:00pm – 5:00pm	Quality Counts Executive Committee
DECEMBER 3	9:00am – 12:00pm	First Friday Educational Presentation
DECEMBER 7	8:00am – 12:00pm	Medical Group Management Association
DECEMBER 8	2:00pm – 5:00pm	MMA Executive Committee
	4:00pm – 6:00pm	MMA Public Health Committee
DECEMBER 9	1:00pm – 3:00pm	Office of State Coordinator - HIT Steering Committee

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

Upcoming Specialty Society Meetings

OCTOBER 15-17, 2010 — Jordan Grand Hotel at Sunday River – Bethel, ME
Maine Chapter of the American College of Physicians Annual Scientific Meeting
MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

NOVEMBER 5, 2010 — Hilton Garden Inn – Auburn, ME
Maine Association of Psychiatric Physicians General Membership Meeting
MMA Contact: Warene Eldridge 207-622-7743 or weldridge@mainemed.com

NOVEMBER 6, 2010 — Southern Maine Medical Center – Biddeford, ME
American Academy of Pediatrics, Maine Chapter - *Pediatric Hot Topics Including Rheumatology, Pediatric Neurosurgery, Dermatology, OMT*
Contact: Aubrie Entwood 207-782-0856 or agridleyentwood@aap.net

NOVEMBER 9, 2010 — Maine Medical Association – Manchester, ME
Maine Chapter ACP – GAC & Program Committee Meeting
MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

DECEMBER 1, 2010 — Dry Dock Restaurant – Portland, ME – 6:00pm-9:00pm
Maine Chapter, American College of Emergency Physicians
Contact: Anna Bragdon 207-441-5989 or maineacep@roadrunner.com

FEBRUARY 4-6, 2011 — Grand Summit Resort Hotel – Carrabassett Valley, ME
Maine Urological Association's Annual Winter CME Conference
MMA Contact: Maureen Elwell 207-622-3374 ext: 219 or melwell@mainemed.com

FEBRUARY 12 - 13, 2011 — Sugarloaf Hotel – Carrabassett Valley, ME
Maine Society of Anesthesiologists
Contact: Anna Bragdon 207-441-5989 or msainfo@roadrunner.com

MARCH 4-6, 2011 — Rangeley Inn – Rangeley, ME
Maine Gastroenterology Society Winter Meeting
MMA Contact: Gail Begin 207-622-3374 ext: 210 or gbegin@mainemed.com

MARCH 24, 2011 — Harraseeket Inn – Freeport, ME
Maine State Rheumatology Association, Member Meeting
MMA Contact: Gail Begin 207-622-3374 ext: 210 or gbegin@mainemed.com

APRIL 9, 2011 — Harraseeket Inn – Freeport, ME
Maine Gastroenterology Society, Topics in Gastroenterology Conference
MMA Contact: Gail Begin 207-622-3374 ext: 210 or gbegin@mainemed.com

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

MMA Welcomes Our Newest Corporate Affiliates:

- AIT Laboratories
- Medical Care Development, Inc.
- MedicalSource, Inc.

We appreciate their support!

Thanks to Sustaining Members

Thank you to the following practice which has shown its support for the MMA's long-term growth by renewing at an additional sustaining membership level.

- Cardiovascular Consultants of Maine

EVP Report

In lieu of Gordon Smith's *Notes from the EVP* article, please refer to the inserts for his 2010 Annual Report of Executive Vice President which was delivered at MMA's 157th Annual Session in September.

MMA'S Website Lists Statewide CME Programs

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

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

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

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

Subscribe to MMA's *Maine Medicine Weekly Update*

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

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

Lisa M. Letourneau, M.D., MPH

A little more than six months ago, the American Patient Protection and Affordable Care Act, a history-making national bill to reform healthcare, became law. Since then, debating and discussing how healthcare reform will take shape has become something of a national pastime. In Maine we are fortunate, because so many of us have already been hard at work laying the foundation for the healthcare quality improvement that the new reform law promises.

I'm particularly excited to share with you the news of the upcoming event, "National Healthcare Reform: Leveraging Opportunities for Maine," on Tuesday, November 30 in Portland. Renowned journalist T.R. Reid will headline the program.

Quality Counts, in collaboration with the Daniel Hanley Center for Health Leadership, will host this combined event devoted to healthcare reform and the opportunities it offers Maine. *Quality Counts* will sponsor the afternoon program as part of its *Aligning Forces for Quality* effort—a Robert Wood Johnson Foundation initiative led by Quality Counts in conjunction with the Maine Health Management Coalition and the Maine Quality Forum.

The event will begin with a showcase of quality initiatives now occurring in Maine and conclude with a presentation by T.R. Reid at the Hanley Annual Leadership Dinner. Reid is famed for his best-selling books, including "The Healing of America," and for his collaboration with PBS Frontline on the documentaries, "A Second Opinion" and "Sick around the World."

Designed to bring together the state's key leaders across all healthcare sectors, the afternoon program, "The Affordable Care Act and Opportunities for Improving Healthcare Quality," will focus on the quality provisions in the health reform law and Maine's related quality initiatives. Many of you are already familiar and even involved with these initiatives, such as the Pathways to Excellence performance measurement and public reporting activities, the Maine Patient Centered Medical Home Pilot, and the HealthInfoNet/Maine Regional Extension Center support for EHR adoption, among others.

Urban Institute Fellow Robert Berenson, M.D., an expert in healthcare policy and Medicare, will lead a discussion on the quality improvement opportunities within the Affordable Care Act by drawing on his experience practicing medicine and serving in senior positions in two administrations. His presentation will culminate in a panel discussion with healthcare quality improvement leaders, including T.R. Reid (invited) and Robert Wood Johnson Foundation Senior Program Director Anne Weiss, about the potential for integrating Maine's initiatives with the quality provisions in the health reform law.

More details and event registration information will be posted on the Quality Counts website www.mainequalitycounts.org.

We look forward to seeing you on November 30th!

Committee on Loan & Trust Administration Report

The MMEF Committee on Loan and Trust Administration meets every year to approve loan applications. Mark Bolduc, M.D., of Waterville chairs the committee. This year the committee met on Thursday, June 3, 2010 at the association building in Manchester. Present at this meeting were: Dr. Bolduc, Dr. Barus, Dr. Pringle, Dr. Gerritsen, Dr. Kreckel, Angela Westoff, Gordon Smith, Andrew McLean, Dee DeHaas, Heidi Lukas and Gail Begin.

The MMEF Loan and Trust committee reviewed 52 loan applications with approximately $328,000 approved in loan amounts. Below is a listing of students for whom loans were approved. The primary requirement for eligibility is that the student be a Maine resident. Note that some of the students needed to supply additional paperwork before the loans could be approved and awarded by the committee.

MD APPLICANTS	SCHOOL
Amar-Dolan, Laura	Dartmouth
Bombard, Tiffany	Albany Medical College
Bos, Aaron	UVM
Buttarazzi, Matthew	TUSM
Cressey, Brienne	Tufts
Crothers, Jacob	Tufts
Elsaeser, Theodore	UVM
Fisher, Erik	Weill Cornell Medical College
Fournier, Craig	Tufts
Golstein, Gregory	Tufts
Griffin, Judith	Columbia University College
Hewitt, Elizabeth	Dartmouth
Hiendlmayr, Brett	Ross University School of Medicine
Ibrahem, Zahraa	Windsor School of Medicine
Jackson, Lindsey	TUSM
Kelleher, Stephen	Yale University School of Medicine
Kendall, Jennifer	Wakeforest University School of Medicine
Kendall, Geoffrey	Tufts/MMC
Labbe, Allison Dawna	Tufts
Larochelle, Matthieu	UVM

MD APPLICANTS	SCHOOL
Larochelle, Michael	UVM
Larochelle, Nicholas	UVM
Malek, Matthew	Univ. of Rochester School of Medicine
Nadeau, Lindsay	UVM
Nason, Janessa	Tufts
Neilson, Michael	Tufts/MMC
Newkirk, Thatcher	TUSM
Olszynski, Patryga	TUSM
Pitts, Kelly	TUSM
Roy, Bethany	Tufts/MMC
Sanders, Abigail	Dartmouth
Sighinolfi, Michael	Tufts
Silver, Jeremy	UVM
Spurling, Marya	Tufts
Steinkeler, Jennifer	Tufts
Sweeney, Christopher	SUNY Stoneybrook
Szela, Craig	Harvard
Thibodeau, Renee	Tufts/MMC
Thro, Holly	Tufts
Winter, Tessa	Dartmouth

DO APPLICANTS	SCHOOL
Barnett, Lewis	UNECOM
Brown, Jodi	ASCOM
Bryant, Emily	UNECOM
Daigle, Alison	Lake Erie COM
Guay, Ryan	UNECOM
Kershner, Danae	UNECOM
Lunser, Matthew	ASCOM
Madore, Samuel	UNECOM
Mazone, Frank	UNECOM
Sonagere, Matthew	UNECOM
Wagner, Kristen	UNECOM
Walmer, Scott	UNECOM

With the development of a new brochure and distribution of the brochure to college guidance offices in 2005, MMA has been very successful in introducing new students to the program. Through these efforts, there has been an increase in applications as follows:

2005 - 21 applicants
2006 - 31 applicants
2007 - 41 applicants
2008 – 57 applicants
2009 – 56 applicants
2010 – 52 applicants

Meadow Wood Opens to Assist Impaired Health Professionals

By Judy Burk, M.D., Psychiatrist, Acadia Hospital

A report in *The American Journal of Medical Science* (July, 2001) reported that 15% of physicians will experience some sort of functional impairment over the course of their career. A study published in *Critical Care Medicine* (February, 2007) noted that 10-15% of medical providers would experience a substance abuse issue; a rate similar to that of the general population but with stakes much higher.

Despite the professional consequences of an impairment, physicians tend to avoid getting help for a myriad of reasons. Behavioral health disorders are still seen as a personal sign of weakness instead of illness. Stigma exists both within the medical profession as well as in the communities in which physicians serve. While keen knowledge of disease has led physicians to be healthier than the general population in areas like smoking and obesity, this, sadly is not yet the case with issues like depression and substance abuse.

Physicians are also trained to be in charge. Admitting to a mental health problem may excite fear of loss of control or be experienced as personal weakness. Even a physician ready to admit to a problem and seek help may fear repercussions such as losses of license, privileges, collegial trust, and reputation in the community. And given the national shortage of psychiatrists, treatment resources can be difficult to identify.

Ironically, it is untreated illness that is the biggest threat to a physician's professional and personal well being. Untreated substance abuse progresses resulting in a series of personal losses and threats against their career. A depressed physician's irritability and anhedonia becomes full-fledged cognitive and functional impairment.

The suicide rate for physicians is a particularly disturbing phenomenon. The American Foundation of Suicide Prevention states that each year, in the United States, as many as 400 physicians complete suicide. Male physicians complete suicide at a rate that is 70% higher than other male professionals. Female physicians complete suicide at an alarming rate - 250-400% higher than other female professionals. Many of these physicians die despite having so many untapped resources at their disposal. In the past few years, several Maine communities have grieved the loss of beloved physicians who committed suicide.

Physicians who do seek help have resources and strengths that result in good outcomes for treatment for substance abuse and mental health problems. Among these are prior successes, intelligence, social and economic resources. In Maine, there are a number of important resources specifically aimed at helping impaired physicians. The Medical Professionals Health Program, a service offered by the Maine Medical Association, provides screening, advocacy and support for physicians, dentists, pharmacists, PA's and nurses in the state. Caduceus support groups for physicians and physician extenders are located in various cities around Maine. In Bangor, Acadia Hospital has opened Meadow Wood, an off campus outpatient psychiatric practice. Meadow Wood is specifically built to meet the need of physicians, executives, other high profile professionals and their family members who need evaluation or outpatient treatment for mental health, substance abuse or impairment. Privacy and confidentiality are maximized by Meadow Wood's location on a quiet street, discrete signage, private waiting rooms, and a private practice model management of medical records and billing. Consultation and ongoing treatment are provided solely by board certified staff psychiatrists from Acadia Hospital.

Encouraging physicians to seek help early in the course of substance abuse or depression or anxiety disorders will improve outcome, prevent truncated careers, and should reduce the rate of physician suicide. Removing barriers to treatment for physicians and other licensed health providers will require several approaches. The culture of medical providers will need to be more accepting of one's own and one's colleagues' mental health and substance abuse issues and the benefits of early treatment for these issues. Licensing boards and hospital and other credentialing entities need to continue to increase the sophistication with which they respond to providers with mental health and substance abuse issues. Clearly, licensing boards and credentialing entities must act to protect patient safety when a provider has become so ill that there is patient jeopardy. However, patient safety is best protected by encouraging providers to acknowledge problems and seek treatment. Historically, licensing and credentialing fears have inhibited providers from seeking treatment. This is improving but there is still more work to be done. Finally, treatment resources that meet the needs of medical providers, such as Meadow Wood, must be available so that medical providers can receive prompt, appropriate care.

Public Health Spotlight

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

Foremost, I would like to thank the Public Health Committee and other MMA members for your warm welcome to the MMA family. I am thrilled to be joining the MMA staff as the new Director of Public Health Policy, especially at a time when public health issues are more important than ever. I would also like to thank the Committee co-chairs, Dr. Lani Graham and Dr. Norma Dreyfus for their tireless leadership, Kellie Miller for helping to support and grow the Committee to what it is today, and Mariah Gleaton for staffing the Committee until I joined the MMA in August.

I was lucky to start my work at the MMA just before an extremely successful annual session that had public health as a centerpiece. At the General Membership Meeting, the Public Health Committee submitted two resolutions that were unanimously adopted by the MMA membership. The first builds on the Committee's longstanding work to address the health impacts of toxic chemicals in the environment and to remove dangerous chemicals from children's products. The resolution calls on the MMA to work with the Maine Congressional Delegation to reform the Toxic Substances Control Act, the current federal law regulating chemicals in the environment – but which has only succeeded in banning five chemicals since its passage in 1976.

The MMA membership also passed a second resolution urging a reduction in the number and testing of nuclear weapons due to the devastating health concerns raised by even small nuclear explosions, including death, blast injury, burns, radiation sickness and malignancy. Moreover, the harm would be on a scale far beyond the ability of the medical community and the public health infrastructure to respond adequately. The MMA's actions in this arena are particularly timely, as the United States Senate is poised to act within weeks on a treaty to reduce strategic arms. The full text of both resolutions can be found at the MMA website: http://www.mainemed.com/annual/2010/proposedResolutions.pdf

Finally, a highlight of the annual session was the Gubernatorial Forum on Public Health, attended by all five candidates. The Committee worked to draft questions on pressing public health issues facing Maine, from raising the excise tax on cigarettes to strategies to attract physicians to rural areas of Maine. The candidates' answers to the question of raising the tobacco tax - with the three independent candidates in support and Libby Mitchell and Paul LePage expressing opposition - spurred much discussion in the public health community following the forum. Video from the forum can currently be viewed at the Bangor Daily News website, http://www.bangordailynews.com/story/bdn/Candidates-air-views-on-public-health-care,153617, and will soon be available on the MMA website.

Please join us for the upcoming meeting of the Public Health Committee, where the Committee will be setting their priorities for 2010-2011. The Committee will undoubtedly continue critical work from 2009-10 in areas such as toxics in the environment, global climate change and implementation of the universal vaccination program, as well as taking steps to carry out the resolutions that passed at the 2010 Annual Session and addressing other emerging public health issues.

The Committee is meeting next on October 13th from 4-6 pm at the Maine Medical Association office in Manchester. All interested members are encouraged to attend. Contact Jessa Barnard at 207-622-3374, ext. 211 or jbarnard@mainemed.com for more information and to join the committee.

MMA Welcomes Barbara Farrell

Barbara Farrell joined the Maine Medical Association in the last week of 2009 as an Administrative Assistant. She comes to us with more than 20 years of administrative experience and currently splits her time between two responsibilities: The Medical Professionals Health Program where she oversees invoicing, monthly compliance reporting and database management; and the Downeast Association of Physician Assistants (DEAPA) for which she manages all day-to-day activities including membership supervision and acting as a liaison to it's member base by disseminating information through newsletters and e-news briefs.

Prior to joining MMA, Barbara worked in the Accounts Receivable Dept of PFG Foodservice located in Augusta and also as the Sheriff's Assistant at the Kennebec County Sheriff's office. Prior to re-locating to Maine, Barbara was in Colorado.

Barbara is a native of Iowa and lives in Vassalboro, Maine where she enjoys biking, reading, and spending time with her husband, Mike, 2 stepdaughters, Mariah and Meghan, and 2 sons, Ian and Adam.

MMC / TUSM Medical School Program Class of 2014

In early August, the Maine Medical Center welcomed its 2nd class of the MMC/ Tufts University School of Medicine. MMA welcomes the class, most of whom have joined MMA as student members.

Bethany Bartley
Greenville Junction, Maine
Doctors for Maine's Future Program

Tyler Bernaiche
Fort Fairfield, Maine
Doctors for Maine's Future Program

Christopher Buttarazzi
Scarborough, Maine
Spectrum Medical Group Endowed Scholarship Fund

Amy Case
Brunswick, Maine
MMC General Scholarship Fund

Jacquelyn Crane
Cape Elizabeth, Maine

Andrew Crouter
Portland, Maine
George and Marie Bing-You Endowed Scholarship Fund

Elisabeth Deeran
Falmouth, Maine
Bingham Program Scholarship Fund

David "Josh" Douin
Hollis Center, Maine
MMC General Scholarship Fund

Gwendolyn Downs
Auburn, Maine
Doctors for Maine's Future Program

Samuel Giles
Bath, Maine

Jasmine Hanifi
Falmouth, Maine
Vincent & Barbara Welch Scholarship Fund

Grady Hedstrom
Yarmouth, Maine
MMC General Scholarship Fund

Corina Hopkins-Vacca
Lunenburg, Massachusetts

Caitlin Hynes
Owl's Head, Maine
Vincent & Barbara Welch Scholarship Fund

Andrew Kelner
Needham, Massachusetts

Chelsea Kotch
Cape Elizabeth, Maine
Martin's Point Health Care Scholarship Fund

Justin Li
Falmouth, Maine
MMC General Scholarship Fund

Michael Neilson
South Paris, Maine
Bingham Scholar (Betterment Fund)

Thatcher Newkirk
Waterville, Maine
MMC General Scholarship Fund

Katherine Nichols
York Harbor, Maine
OA Centers for Orthopaedics Scholarship Fund

Bethany Roy
Cape Elizabeth, Maine
MMC General Scholarship Fund

Daniel Schupack
Mahtomedi, Minnesota

Sarah Sedney
Underhill, Vermont

David Sobel
Portsmouth, NH

Gillian Stevens
Chicago, Illinois

Renee Thibodeau
Fort Kent, Maine
Doctors for Maine's Future Program

Lynsey Waite
Cape Elizabeth, Maine
MMC General Scholarship Fund

Rebecca Wood
Eagle Lake, Maine

Jennifer Zuar
Auburndale, Massachusetts

From the State Epidemiologist

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

Stephen D. Sears, M.D.

Got Raw Milk?

Raw milk consumption is common in Maine. Raw milk advocates claim it is better for you than pasteurized milk but public health advocates and the facts say "no." The internet and other sources of information seem to be proliferating myths about pasteurization. However, this 100+ year old process is really nothing more than a life-saving, brief heating of raw products such as milk and cider. The raw-versus-pasteurized milk debate pits the alleged health benefits of consuming raw milk against the disease threat of unpasteurized milk. The U.S. Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and the U.S. Food and Drug Administration (FDA) and many other worldwide health agencies investigate disease outbreaks associated with raw milk and warn that the bacteria occasionally found in raw milk make it unsafe to consume. On the other hand, raw milk proponents claim that raw milk has health benefits that are destroyed in the pasteurization process; they claim that raw milk can be produced hygienically. We have almost 150 years of experience with pasteurization and the FDA, CDC and many others have shown:

- Pasteurization **DOES NOT** reduce milk's nutritional value.
- Pasteurizing milk **DOES NOT** cause lactose intolerance and allergic reactions. (Both raw milk and pasteurized milk can cause allergic reactions in people sensitive to milk proteins.)
- Pasteurization kills dangerous pathogens. Raw milk **DOES NOT.**
- Pasteurization **DOES** save lives.

The risks from raw milk in the United States are different today than they were before the 1930's when raw milk caused 25% of all food and waterborne outbreaks and resulted in significant morbidity and mortality. Two common diseases from raw milk during that period were bovine tuberculosis and brucellosis. Fortunately, today cattle are virtually free from these diseases because of programs to vaccinate and eliminate sick animals. However, other diseases have become more common and the present-day raw milk associated illnesses include Campylobacter, E.coli 0157:H7, Salmonella (including antibiotic-resistant strains), and Listeria. In people, these infections range from severe diarrhea and vomiting to even more serious illnesses, including kidney damage and Guillain-Barre syndrome.

In the 21st Century, dairy products now cause approximately 1% of reported foodborne outbreaks, but about 70% of dairy outbreaks are from raw milk or raw milk products such as cheese. Despite improvements over the last 100 years, consuming raw milk is still risky because the dairy environment is difficult to keep clean. Large animals produce large amounts of fecal material. Even with careful sanitation, it is nearly impossible to keep all dirt and fecal matter from getting into the raw milk. In addition, some cows might have udder infections that are not obvious to the dairy operator, but can result in bacteria getting into the milk. Pasteurization is the only scientifically proven way to ensure that disease-causing germs are eliminated from the milk that is sold to consumers.

In Maine, it is legal to sell raw milk for human consumption. Maine is one of the 29 states that does allow some form of on-or off-farm raw milk sales but only if the farm has been licensed by the Department of Agriculture. Nonetheless, from a public health perspective, raw milk, no matter how carefully produced, may be unsafe. According to the CDC, between 1998 and 2008, there were 1614 reported illnesses, 187 hospitalizations and 2 deaths attributed to raw milk consumption in the United States. So got milk? —absolutely—as long as it is pasteurized.

POISON Help™
1-800-222-1222

Northern New England Poison Center

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

Maine Health Management Coalition's 2010 Symposium

NBA superstar Dominique Wilkins is coming to Maine for the MHMC's 2010 Symposium on October 20th. Hosted at the Portland Club in Portland, ME, the symposium, entitled "Unlocking the Potential of Health Care Reform Through Alignment and Engagement," will bring together voices from across the health care spectrum to discuss ways to improve health outcomes and curb escalating health care costs.

Dominique will be talking about his experience with Type 2 Diabetes and what patients need to do to take an active role in their health. Dominique has been on a nationwide speaking circuit promoting patient involvement and has been actively involved in a number of local and national health-related charities.

In addition to Dominique Wilkins, there will also be presentations from Dr. Erik Steele, the Vice President and Chief Medical Officer for Eastern Maine Health Systems, April Greene, the Director of Payment Reform and Health Care Services for Blue Cross Blue Shield of Massachusetts, and Victoria Robinson, the Manager of Risk, Compensation and Benefits for the City of Las Vegas, NV. Each speaker brings their unique perspective on the health care dialogue and will share what they have been doing to better move the quality of care across the US.

For more information or to download a brochure for the event, please visit www.mehmc.org.

Andrew MacLean, Esq.

Legislative Update

The Chair of the MMA's Committee on Legislation, Lisa D. Ryan, D.O., presented the following report at the General Membership meeting at the Harborside Hotel & Marina in Bar Harbor, Maine on Saturday, September 11, 2010. Dr. Ryan is a pediatrician practicing in Bridgton and a past President of the Maine Chapter of the American Academy of Pediatrics. The MMA's Summary of Health Care Legislation from the two years of the 124th Maine Legislature mentioned in 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 125th Maine Legislature following Election Day on Tuesday, November 2, 2010. Look for a notice of the meeting in the Maine Medicine Weekly Update. If you have suggestions for the MMA's legislative agenda for 2011, please contact Andrew MacLean, Deputy EVP, at amaclean@mainemed.com or 622-3374, ext. 214.

MAINE MEDICAL ASSOCIATION
2010 ANNUAL REPORT OF THE COMMITTEE ON LEGISLATION

By Lisa D. Ryan, D.O., Chair

The 186 members of Maine's 124th Legislature carried out the work of their Second Regular Session at the State House in Augusta from early January through April 12, 2010.

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 2009 to assess the coming session and then held conference calls to brief members on legislative action weekly during the session. In late February, the Committee held an informal forum with members of the Appropriations and HHS Committees and representatives of the Executive Branch on the state budget situation and its impact on health care policy.

The following bills are highlights from the Second Regular Session of the 124th Maine Legislature.

- **Budget:** L.D. 1671, the State FY 2010-2011 supplemental budget (P.L. 2009, Chapter 571). This bill closed a budget gap of approximately $310 million (on a $5.8 billion biennial budget). It achieved a net savings of approximately $31.8 million in DHHS programs, down from $91.5 million as originally proposed by the Governor. Again this year, federal stimulus funds softened the impact on State-funded programs.
- **Payment Reform/QI**: L.D. 1544, *An Act to Amend the Laws Governing the Maine Health Data Processing Center and the Maine Health Data Organization* (P.L. 2009, Chapter 613). This bill establishes a working group "to resolve issues regarding submission of data concerning service and billing providers" and to develop a plan to provide such data to the MHDO. A report is due to the HHS Committee on 11/15/10.
- **Licensing Board Issues:** L.D. 1608, *Resolve, Directing the Commissioner of Professional & Financial Regulation to Study the Complaint Resolution Process* (Resolves 2009, Chapter 191). This bill directs the Commissioner to convene stakeholders to "study the need to establish protocols for the resolution of complaints made to occupational and professional licensing boards. A report is due to the Business, Research & Economic Development (BRED) Committee on 2/15/11.
- **Substitution of AEDs:** L.D. 1672, *Resolve, Regarding the Dispensing of Antiepileptic Drugs* (Resolves 2009, Chapter 188). This bill directs the Maine Board of Pharmacy, GOHPF, BOLIM, and DHHS to study patient safety issues in the substitution of antiepileptic drugs and to provide a report to the HHS Committee on 1/15/11.
- **Sexually-transmitted Disease:** L.D. 1617, *An Act Enabling Expedited Partner Therapy* (P.L. 2009, Chapter 533). This bill permits "expedited partner therapy" for sexually-transmitted in accordance with ACOG guidelines.
- **Lyme Disease:** L.D. 1709, *An Act to Enhance Public Awareness of Lyme Disease* (P.L. 2009, Chapter 494). This bill designates May as "Lyme Disease Awareness Month" and directs the Maine CDC to maintain a publicly accessible web site for Lyme disease awareness and education.
- **Immunizations:** L.D. 1408, *An Act to Establish the Universal Childhood Immunization Program* (P.L. 2009, Chapter 595). This bill establishes the Universal Childhood Immunization Program and the Maine Vaccine Board to determine a uniform set of vaccines for children from birth until age 19.
- **Insurance Mandates:**
  - L.D. 20, *An Act to Require Insurance Companies to Cover the Cost of Prosthetics Containing Microprocessors* (P.L. 2009, Chapter 603). This bill modifies an exclusion permitted under current law for prosthetics designed exclusively for athletics.
  - L.D. 425, *An Act to Require Private Insurance Coverage for Certain Services for Children with Disabilities* (P.L. 2009, Chapter 634). This bill requires coverage from birth to 36 months up to a limit of $3200 per year or $9600 by the third birthday.
  - L.D. 1198, *An Act to Reform Insurance Coverage to Include Diagnosis and Treatment of Autism Spectrum Disorders* (P.L. 2009, Chapter 635). This bill requires coverage within certain limits through age 5.
- **Insurance Reform:** L.D. 1620, *An Act to Protect Health Care Consumers from Catastrophic Debt* (P.L. 2009, Chapter 588). This bill prohibits annual and lifetime caps in health insurance policies.
- **Physician Delegation:** L.D. 1702, *An Act to Amend the Laws Governing Advanced Practice Registered Nurses* (P.L. 2009, Chapter 512). This bill eliminates reference to "delegated performance of services" in the nurse practice act.
- **Medical Marijuana:** L.D. 1811, *An Act to Amend the Maine Medical Marijuana Act* (P.L. 2009, Chapter 631). This bill amends the law passed at referendum in November 2009 and addresses recommendations of the implementation committee. The focus of the bill is on improving access for patients.

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

With the key positions of Maine's two U.S. Senators in the national health care reform debate, the MMA staff and leadership spent substantial time in 2010 on advocacy in the health care debate in Congress and then in the beginnings of the implementation phase at the state level.

Late in the second session, the executive and legislative branches of Maine State government each acted in response to the national health care reform legislation. On April 22, 2010, Governor Baldacci issued Executive Order 12 FY 10/11, *An Order Implementing National Health Reform in Maine*: http://www.maine.gov/tools/whatsnew/index.php?topic=Gov_Executive_Orders&id=96404&v=Article. Previously, on April 7th, the legislature had passed H.P. 1262, *Joint Order Establishing a Joint Select Committee on Health Care Reform Opportunities and Implementation*: http://www.mainelegislature.org/legis/bills/bills_124th/billpdfs/HP126201.pdf.

The focus of the health policy discussion in Maine this summer has been on the implementation of the federal health care reform laws, the *Patient Protection & Affordable Care Act* (PPACA) and the *Health Care & Education Reconciliation Act*. In the executive branch, the Governor's Office of Health Policy & Finance (GOHPF) and the Dirigo Health Agency both are involved in the implementation work. The legislature has established the *Joint Select Committee on Health Care Reform Opportunities & Implementation*, composed of bipartisan members of both houses from the leadership and the Joint Standing Committees on Appropriations & Financial Affairs, Health & Human Services, and Insurance & Financial Services. The Joint Select Committee now has met twice, once in May and once in June, and it has several meetings scheduled throughout the fall. It spent the first two meetings developing a general understanding of the complex new federal law and a work plan for implementation. You can find the membership of the Joint Select Committee along with its meeting schedule, agendas, and working documents on the web at: http://www.maine.gov/legis/house/jt_com/hlt.htm.

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.

In addition to this Annual Report, you will find two other resources on the health policy issues in the 124th Maine Legislature in your business meeting materials: a Powerpoint presentation of legislative highlights and the booklet *Summary of Health Care Legislation*.

For more information about the MMA's advocacy work, please contact Dr. Ryan or Deputy EVP Andrew MacLean.

During the legislative session, the MMA staff provides links to bills for review and comment, updates on the legislature's work, and calls-to-action through our weekly electronic newsletter, *Maine Medicine Weekly Update*.

To find more information about the MMA's advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA web site, www.mainemed.com. You will find more information about the Maine Legislature, including schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at: http://maine.gov/legis/.

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

MMA wants to hear from you!

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

_____ _____

_____

_____

_____

Comments / feedback on what MMA is doing:

_____

_____

_____

_____

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

Telephone: _____

E mail: _____

Return to MMA via fax at 207-622-3332.

"Meaningful Use" Final Rule for EHR Incentive Program Issued

The final "meaningful use" rule for electronic medical record adoption was issued by the Centers for Medicare and Medicaid Services (CMS) on July 13, and it provides Maine physicians and hospitals some flexibility in meeting certain objectives to quality for the federal Medicare or Medicaid incentives. CMS also issued a final rule the same day outlining the standards and criteria EMR vendors need to follow for their products to become certified for meaningful use.

The CMS rule divides the 25 meaningful use objectives into two categories: a core group of 15 objectives that physicians and hospitals must meet, and a "menu set" of 10 procedures from which they can choose any five to defer in 2011-12, the first round of the incentive program. CMS also softened some requirements to make them easier to achieve, although many observers believe the rules will still prove difficult for many practices.

Each objective has an accompanying measure to determine if a physician has met the goal. For example, one core objective – that a physician use an EMR to conduct computerized physician order entry for medication orders – requires that more than 30 percent of a doctor's patients taking at least one medication have at least one drug ordered through CPOE. The meaningful use regulations specify only the objectives physician and hospital EMRs must achieve in payment years 2011 and 2012. Additional objectives will be added in future years.

The American Recovery and Reinvestment Act of 2009 created incentive payments of up to $44,000 under Medicare, or up to $63,750 under Medicaid to physicians who achieve meaningful use of certified electronic health record systems within a certain timeframe. The Medicare incentive payments are greater for those practices that adopt EHRs in 2011 or 2012.

As stated earlier, for the first round of Medicare and Medicaid EMR bonuses in 2011-12, physicians must meet the below 15 core objectives and at least five of 10 of the below "menu set" items. Each objective has a measure to determine if an EMR was used to perform the function for an appropriate number of opportunities.

Core Set (must meet all):

- Record patient demographics;
- Record vital signs/chart changes;
- Maintain current and active diagnoses;
- Maintain active medication list;
- Maintain active allergy list;
- Record adult smoking status;
- Provide patient clinical summaries;
- Provide electronic health information copy on demand;
- Generate and transmit prescriptions electronically;
- Use computerized physician order entry for drug orders;
- Implement drug-drug/drug-allergy interaction checks;
- Be capable of electronic clinical information exchange;
- Implement one clinical decision support rule;
- Protect patient data privacy and security; and
- Report clinical quality measures to CMS or states.

Menu Set (can defer up to five for 2011-12):

- Implement drug formulary checks;
- Incorporate clinical lab test results;
- Generate patient lists by condition;
- Identify patient-specific education resources;
- Perform medication reconciliation between care settings;
- Provide summary of care for transferred patients;
- Submit electronic immunization data to registries;
- Submit electronic epidemiology data to public health agencies;
- Send care reminders to patients; and
- Provide timely patient electronic access to health information.

According to CMS, the agency will begin to make meaningful use incentive payments for EHR's to eligible physicians and hospitals as early as May 2011. Officials stated that CMS will open registration for the incentive program in January, and physicians and other healthcare providers must verify that they have demonstrated meaningful use of certified EHRs for 90 days. Eligible hospitals and physicians must have a national provider identifier (NPI) and be enrolled in the CMS Provider Enrollment, Chain and Ownership System (PECOS) to participate in the incentive program, and most providers also need to have an active user account in the National Plan and Provider Enumeration System (NPPES). The Office of the National Coordinator is in the process of establishing a temporary EHR certification program and hopes to have multiple organizations ready to certify EHR products shortly.

For more information, please go to: https://www.cms.gov/EHRIncentivePrograms/.

Medical Mutual Insurance Company of Maine Risk Management Practice Tip:

Occupational Safety and Health Administration (OSHA) – Physician Office Practice - Part II

Recent data from OSHA reveals that 80% of the citations issued by Federal OSHA for physician practices were in the Bloodborne Pathogen and Hazard Communication Standards.

I. Overview

The following brief overview is directly quoted from the *Medical & Dental Offices A Guide to Compliance with OSHA Standards OSHA 3187-09R*
http://www.osha.gov/Publications/OSHA3187/osha3187.html

Bloodborne Pathogens Standard (29 *CFR* 1910.1030)

Addressed in **Part I.**

Hazard Communication (29 *CFR* 1910.1200)

Sometimes called the "employee right-to-know" standard as it requires employee access to hazard information. The basic requirements include:

- A written hazard communication program
- A list of hazardous chemicals (such as alcohol, disinfectants, anesthetic agents, sterilants, mercury) used or stored in the office
- A copy of the Material Safety Data Sheet (MSDS) for each chemical (obtained from the manufacturer) used or stored in the office
- Employee training

Ionizing Radiation (29 *CFR* 1910.1096)

This standard applies to facilities that have an x-ray machine and requires the following:

- A survey of the types of radiation used in the facility, including x-rays
- Restricted areas to limit employee exposures
- Employees working in restricted areas must wear personal radiation monitors such as film badges or pocket dosimeters
- Rooms and equipment may need to be labeled and equipped with caution signs

Exit Routes (29 *CFR* Subpart E 1910.35, 1910.36, 1910.37, and 1910.38 and 1910.39)

These standards include the requirements for providing safe and accessible building exits in case of fire or other emergency. It is important to become familiar with the full text of these standards because they provide details about signage and other issues. OSHA consultation services can help, or your insurance company or local fire/police service may be able to assist you. The basic responsibilities include:

- Exit routes sufficient for the number of employees in any occupied space
- A diagram of evacuation routes posted in a visible location

Electrical (Subpart S-Electrical 29 *CFR* 1010.301 to 29 *CFR*1910.399)

These standards address electrical safety requirements to safeguard employees. OSHA electrical standards apply to electrical equipment and wiring in hazardous locations. If you use flammable gases, you may need special wiring and equipment installation. In addition to reading the full text of the OSHA standard, you should check with your insurance company or local fire department, or request an OSHA consultation for help.

OSHA Poster

Every workplace must display the OSHA poster (OSHA Publication 3165), or the state plan equivalent. The poster explains worker rights to a safe workplace and how to file a complaint. The poster must be placed where employees will see it. You can download a copy or order one free copy from OSHA's web site at www.osha.gov or by calling (800) 321-OSHA.

II. Additional Resources

- OSHA Regulations (Standards - 29 CFR) http://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&p_toc_level=0&p_keyvalue
- OSHA Small Business Handbook http://www.osha.gov/Publications/smallbusiness/small-business.html
- Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communication Standard http://www.osha.gov/Publications/osha3186.pdf

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.

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MMA/BOLIM

Chronic Pain Project Home Study

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

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

This monograph (available at mainemed.com) is estimated to require two hours to read. **The accompanying post-test must be submitted and successfully completed in order to obtain two Category I CME credits. The course will be available until October 1, 2011, after which it will be either updated or terminated.**

NOW available FREE
www.mainemed.com