OCTOBER / NOVEMBER / DECEMBER 2011

Maine medicine

IN THIS ISSUE

MMA Concludes 158th Annual Session

Good member participation, sunny skies, and an excellent CME Program on Innovation combined to make this year's Annual Session one of the most successful in recent history. Opening for the third year at The Jackson Laboratory in Bar Harbor, Friday's educational program featured Carol Bult, Ph.D., Meaghan Russell, MPH, and Matthew Hibbs, Ph.D., discussing how genetics research at the Lab could lead to dramatic improvements in the delivery of medical care. Tours of the Lab followed the presentations. At the opening reception members and guests were joined by U.S. Senator Olympia J. Snowe. Senator Snowe's presence on the Senate Finance Committee makes her a critical player in the effort to eliminate Medicare's Sustainable Growth Rate formula.

Saturday morning's General Session was well attended and began with a brief welcome by new Jackson Laboratory President Edison Liu, M.D. Members overwhelmingly approved important Bylaw amendments, enacted a proposed budget for 2012, and elected a slate of officers proposed by the Executive Committee. Outgoing President Jo Linder, M.D., in her annual address to members, discussed the year's highlights including the Association's advocacy with the state legislature and the LePage Administration following the landmark election of 2010. *(Dr. Linder's remarks are available on page 2.)*

The General Session also included presentations by Terrance Sheehan, M.D., President of Medical Mutual Insurance Company of Maine, Kevin Flanigan, M.D., Medical Director of Maine Care, and James Harnar, Executive Director of the Hanley Center for Health Leadership.

The Saturday afternoon CME continued the theme of Innovation with a panel of experts in technology, closing with a fascinating talk on Nanotechnology by Gary L. Woods, M.D., Ph.D., a former AMA Council member and former President of the New Hampshire Medical Society.

At the Annual Banquet Saturday night, Dr. Linder handed the President's gavel to Nancy M. Cummings, M.D., who will lead the Association for the next year. Dr. Cummings is an orthopedic surgeon practicing at Franklin Memorial Hospital in Farmington.

Sunday morning began bright and early with the 31st Annual Edmund Hardy, M.D., Road Race. This year's race attracted nearly fifty participants. Perhaps the highlight of the entire meeting was the closing CME program entitled, "Innovations in Physician Wellness," moderated by Dr. Cummings. Presenters included Lani Graham, M.D., M.P.H., Director of the Medical Professionals Health Program, George "Joe" Dreher, M.D., and Stephanie Lash, M.D. The program was dedicated to the memory of Dr. Lash's husband, John West, M.D., who tragically was lost to suicide just prior to the Annual Session in 2009. The speakers presented compelling evidence on the positive role that mindfulness, wellness, and other efforts to improve life balance could play in the busy life of a physician.

Counter Clockwise from top:
Dr. Cummings presents past President plaque to Dr. Linder.
Dr. Linder and President's Award winner, Peter Bates, M.D.
Dr. Linder with Frank Read, M.D. recipient of Cushman Award.

Honorees at this year's meeting included:
Peter Bates, M.D. – President's Award for Distinguished Service
Frank Read, MD – Cushman Award for International Voluntary Efforts (Project Guatemala)

Next year's Annual Session will be held September 7-9, 2012, again at the Harborside Hotel and Marina in Bar Harbor on beautiful Mt. Desert Island. Please jot the dates down now in your 2012 calendar and plan to join your colleagues for the 159th meeting of the Association.

Copies of the Resolutions passed, Dr. Linder's Presidential address, and all other officer and committee reports prepared for the meeting are available at www.mainemed.com/annual/index.php.

Distinguished group of past Presidents.

Patti Bergeron pins James Haddow, M.D.

Patti Bergeron pins William Wanger, M.D.

Patti Bergeron presents 50 yr. pin to Danielle Mutty, M.D.

U.S. Senator Olympia J. Snowe with Deputy EVP Andrew MacLean and Associate General Counsel Jessa Barnard.

Patti Bergeron pins Buell Miller, M.D.

L.D. 1501 (Resolves 2011, Chapter 81) Work Group Continues Efforts to Address Prescription Drug Abuse

While there are several efforts in the state proceeding simultaneously to address the epidemic of prescription drug abuse, the most impact on physicians likely will emerge from the work of the individuals assembled through the amended version of L.D. 1501. L.D. 1501, in its original form, was introduced by Rep. Jon Hinck (D, Portland) and was based on recent legislation enacted by the state of Washington. Believing that the provisions in the original bill would have a chilling effect on physicians' willingness to treat chronic pain, MMA advocates redrafted the language into a Resolve that called upon the Maine Substance Abuse Services Commission to convene a group of experts and interested parties to review the original legislation and to make any necessary recommendations to the Legislature by December 1, 2011.

On October 21st, the work group met for the fifth time. It is chaired by Robert Long, who also serves as Chairman of the Commission. The group has formed four task forces to perform the following tasks:

- Review of current efforts in the State aimed at preventing addiction and diversion.
- Examination of similar efforts in other states, including Washington State, which in 2010 enacted comprehensive legislation on this subject.
- Consideration of additional tools that could lead to decreased abuse while not unduly restricting access to adequate pain control.
- Consideration of enhancements to the Controlled Substances Prescription Monitoring Program established in the Maine Revised Statutes, Title 22, section 7248.

During the midst of the group's work, veteran reporter John Richardson of the *Maine Sunday Telegram* and *Portland Press Herald* completed a series of in-depth articles on the state's problem with prescription drug abuse. The series ran for a week beginning October 16th. It featured interviews with recovering addicts, treating physicians, law enforcement officials, and legislators. It also contained a review of MMA's Medical Professional Health Program which monitors physicians and other professionals in recovery.

MMA members and staff on the working group include Steven Hall, M.D., Mark Publicker, M.D., Mark Cooper, M.D. (from the Board of Licensure in Medicine), Kevin Flanigan, M.D., and EVP Gordon Smith, J.D. Noel Genova, PA-C has also assisted both MMA and the work group in her capacity as a consultant to the BOLIM-funded Chronic Pain Consultation Program.

The work group has at least two more meetings scheduled and is anticipated to complete its work in early December. Recommendations to the Legislature could include all or some of the following:

- Increased education of prescribers who hold a DEA license.
- Mandatory participation in the Prescription Monitoring Program.
- Use of "universal precautions" when starting a patient on controlled substances for chronic pain.
- Mandatory consultation with pain specialists.
- Mandatory use of Treatment Agreements, as recommended for use in Joint Rule Chapter 21 adopted by the relevant licensing boards.

Access to the minutes and agendas of the work group are available on the OSA (Office of Substance Abuse) website at www.mainegov/dhhs/osa/.

MMA members for whom the Association has an e-mail address were sent a survey in October, asking for their opinions and practices regarding prescribing for chronic pain. Thanks to all who took the time to complete the survey.

Watch the articles in *Maine Medicine Weekly Update* every Monday to stay up to date on the work of the legislature once it convenes in January.

New Online Domestic Violence CME Program Available

The University of New England College of Osteopathic Medicine is hosting an ongoing online Continuing Medical Education (CME) course, Domestic Violence Response Initiative - Screening For Abuse. This course for practicing clinicians, taught by Daniel Oppenheim, MD, Endocrinologist and Domestic Violence Community Educator, Karen Wentworth, will provide participants with an overview of the dynamics of domestic abuse, indicators of abuse that providers should be aware of, the health care providers role in screening for abuse, discussions on the medical RADAR tool used to effectively and efficiently screen for abuse, and resources available for providers as well as patients.

To register go to http://aicme.com/catalog_class.asp?clid=167

Electronic Death Registration System

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

Nancy Cummings, M.D.
President, MMA

President's Corner

It is an honor and a pleasure to communicate with you through my first column as President of the MMA. This upcoming year, I plan to focus on physician wellness. In today's current health care environment, it's an alphabet soup of stresses, with PQRIs, EMRs, SGRs, and RVUs all representing the diminishing control physicians have over their work. Lack of control has been shown to be a very potent stressor. For example, when laboratory animals lose control of their environment they demonstrate depressed behaviors, poor appetite, and the inability to sleep. Currently, depression and burnout are much more common amongst doctors today than ever before. Ironically, what is not as common in our profession today is talking about it. We as caregivers are apparently not so good at caring for ourselves as others. We tend to have type A personalities to go along with high expectations of ourselves and it seems simpler for us to take care of our patients than to take care of ourselves.

At the MMA's annual meeting in September, I moderated a panel discussion on this very topic. It was a remarkable event where Stephanie Lash, M.D., a past president of the MMA, shared the story of her husband, John West's suicide 2 years ago. John was an orthopedic surgeon in Bangor and was undergoing a major practice transition at the time. Her talk was one of the most courageous presentations I have ever witnessed. Additionally, Lani Graham, M.D. presented on the public health data relating to physician health and disclosed, not surprisingly, that there is not much data for US physicians on this. However, it is known that every year 300-400 physicians commit suicide while another 20-60% admit to feeling burned out by the practice of medicine. Dr. Joe Dreher spoke about Mindfulness and other techniques individual physicians can use to decrease our stress. He has been instrumental in teaching these techniques to the medical students and residents at Maine Medical Center, in the hopes of helping a future generation of physicians. Mindfulness as a stress reduction technique was pioneered by Dr. Jon Kabat-Zin at The University of Massachusetts Medical Center in the 1990's as a combination of Hatha Yoga and meditation in his book *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* (Delta, 1991). This book can be an excellent resource in these stressful times.

The September panelists' presentations were followed by an amazing discussion in which an important topic was addressed, e.g. the need to de-stigmatize depression and burnout in physicians so that the mere act of asking for help is not seen as "professional suicide" or a sign of weakness. Last year, in an effort to curtail the effects of stress on medical practitioners, members of the medical staff at the hospital where I practice, Franklin Memorial Hospital in Farmington, created a Mindfulness group, which has been very well received. An alternative approach might be for hospital medical staffs to create Physician Wellness Committees to further explore ways to better support their physicians. I cannot think of a better cause in these troubled times and I plan to dedicate this year to help find practical solutions for the working doctor. I hope that together we can better understand the effects and dangers that stress has on our profession and our lives and make physician suicide an N.E., a "Never Event". Let's make this John West's legacy.

I look forward to your thoughts. I can be reached at 207-778-9001 or president@mainemed.com.

Gordon H. Smith, Esq.

Notes from the EVP

Thanks to all of you who attended the 158th Annual Session in September. It was a terrific meeting, with great CME and a lot accomplished. All of the reports and resolutions considered can be viewed on the MMA website at www.mainemed.com/annual/index.php. One of the reports available is my EVP Report, summarizing our work for the year, so I will not repeat here the material in that report. But I do believe that we have had a very successful year and I hope that many of you will check out my annual report on the website.

Dr. Jo Linder was an inspiration to myself and all the staff this past year. Congratulations to her on a successful Presidency. Among her many achievements was the establishment of a scholarship fund to benefit Maine residents in medical school. Although the Maine Medical Education Foundation has existed since 1962, it is limited to the offering of low-interest loans to such students. The opportunity to provide scholarships as well as loans is something we all look forward to. Thank you Jo!

MMA has had a very busy Fall and our new President, Nancy M. Cummings, M.D., has hit the ground running, just what we expected from a former collegiate athlete! You can read about Dr. Cumming's plan for the year in her article in this publication. We look forward to working with her.

Perhaps the most exciting effort internally is the new Nominating Committee and its plan to seek out the future leaders of MMA. Dr. Stephanie Lash is chairing the Committee and you may well be hearing from her.

As we approach the end of the year, it appears that MMA will have a balanced budget as well as the most members ever. I thank each and every one of you for that.

Please don't hesitate to give me a call (622-3374, ext. 212) or shoot me an email (gsmith@mainemed.com), if you have any needs or concerns that I can respond to.

Final Words of the Past President

A look back: MMA moving forward 2011 Presidential Address

Jo Linder, M.D.
Past President, MMA

On the first morning of my Presidency, in this very room I moderated the first gubernatorial debate. We knew one of those five candidates would be Governor. The 2010 election was quite significant and drastically changed the political landscape in our State. These changes presented a number of challenges as well as several opportunities. The strength and resilience of the Maine Medical Association with our incredible staff, our dedicated volunteer leaders, and so many members helped guide me. Our organization was able to meet the challenges head on and step forward when opportunity knocked.

It's been a true privilege to serve as your President this year. It's truly been a team effort and I need to thank so many of you in this room as well as several who were not able to join us this weekend. Much of the year's accomplishments are described in the reports provided in your packets. Please be sure to read the report from Dr. Lisa Ryan, Chair of the Committee on Legislation to get a glimpse of our legislative advocacy work, including tracking over 350 bills during this long session. Led by our legal team, I felt strongly supported by several MMA members who participated in weekly conference calls, testified at the statehouse, wrote OpEds, sent emails and picked up the phone to call their local legislator.

The Patient Protection and Affordable Care Act was signed into law in the Spring of 2010. MMA supported several provisions in the bill based upon guiding principles for health system reform initially adopted in 2003. We spent a lot of time this past year responding to changes that affected our members' ability to provide access to patients as well as to influence implementation of future provisions in the law. There are several more opportunities on the horizon for MMA to help make improvements in a health system that is not only affordable, but also accessible & sustainable.

As you can see from the other reports, MMA has done much more including our work in quality and patient safety, the medical professionals' health program, member benefits, and continuing education.

Each year the MMA President has an initiative or theme, and mine was education. I didn't really do anything new. I just wanted to highlight the work that MMA already does in the educational arena, because we do so much! The Committee on CME & Accreditation, led by Dr. George Davis and MMA staff member Gail Begin, provides countless hours of volunteer time ensuring the availability of quality continuing medical education for physicians by accrediting 24 CME providers around the State. But that's not all the education MMA does! Supported almost entirely by grants and contracts, MMA provided education to physicians and their support team members through our Academic Detailing Program, Chronic Pain consultations, Peer Review, understanding and implementing expanding coverage and other ACA provisions, First Fridays, the 20th annual Practice Education Seminar, a new Prep for Practice Seminar for residents, and several educational programs for our Senior Section including a panel on Medical Education 101 years Post-Flexner (the latter 2 put together by Dr. Buell Miller). Not to mention our role in guiding the Maine Medical Education Foundation loan programs supporting medical students from Maine. I want to thank all of you who made personal contributions this year in response to my challenge to build Maine Medical Education Trust resources. Including the generous donations and bids at tonight's silent auction the new medical student scholarship fund now contains almost $38,000!

MMA provides and supports great educational programs and we should celebrate it!

Speaking of celebrations and milestones, we've had a few of those this year, too. Starting with the **30th annual** Edmund G. Hardy Road Race at dawn of my first morning in this position. [Forty participants at this year's annual session ran, jogged, and/or walked in the 31st annual non-competitive race sponsored by Medical Mutual]. Other celebrations included MMA's **20th annual** Practice Education Seminar (formerly known as the Physician Survival Seminar) at the Augusta Civic Center in May. Last month, we celebrated the legacy of Frank O. Stred with the Stred family by rededicating our MMA headquarters: the Frank O. Stred building. I hope you will stop in, say thank you to our capable and dedicated staff, and see the portrait of Frank on the second floor of the building. As Dr. John Towne recalled, "Frank had a vision of Association Drive, and we are there at the top of the hill."

This past year was a tremendous opportunity for me to stand on the shoulders of giants in this organization, many of whom are here today. Over the past several years, MMA leaders worked diligently to transform our solid, respected state medical society into the "PREMIER HEALTHCARE ORGANIZATION RECOGNIZED BY ALL PHYSICIANS AND THE PUBLIC AS THE LEADER AND THE VOICE OF THE PHYSICIAN COMMUNITY." That's the big audacious goal we envisioned for this organization several years ago under then President Kevin Flanigan. And now, MMA is poised for the future with the foundation of a new governance structure for the 21st century. Led by President Nancy Cummings and Chairman Ken Christian, the MMA Board of Directors is ready to serve our mission -

supporting Maine physicians, advancing the quality of medicine in Maine, and promoting the health of all Maine citizens.

It has been an honor to play a small part as a leader of our MMA. Thank you for the privilege and for joining me along the way. I look forward to continuing the journey with you in support of our members, our patients, and the communities we live in.

Upcoming Specialty Society Meetings

DECEMBER 7, 2011 Dry Dock Restaurant and Tavern – Portland, ME
Maine Chapter, American College of Emergency Physicians
MMA Contact: Maureen Elwell 207-622-3374 ext: 219 or melwell@mainemed.com

FEBRUARY 3-5, 2012 Point Lookout – Northport, ME
Maine Gastroenterology Society
MMA Contact: Gail Begin 207-622-3374 ext: 210 or gbegin@mainemed.com

FEBRUARY 3-5, 2012 Sugarloaf Mountain Hotel – Carrabassett Valley, ME
Annual Winter Meeting of the Maine Urological Association
MMA Contact: Maureen Elwell 207-622-3374 ext: 219 or melwell@mainemed.com

FEBRUARY 11-12, 2012 Sugarloaf Mountain Hotel – Carrabassett Valley, ME
Annual Winter Meeting of the Maine Society of Anesthesiologists
Contact: Anna Bragdon 207-441-5989 or mesahq@gmail.com

APRIL 27, 2012 Location: TBD
Maine Association of Psychiatric Physicians
Annual Psychiatry Update Educational Sessions
MMA Contact: Warene Eldridge 207-622-7743 or weldridge@mainemed.com

MAY 11, 2012 Harraseeket Inn – Freeport, ME
Maine Society of Eye Physicians and Surgeons Spring Business Meeting
MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

Upcoming at MMA

NOVEMBER 16	9:00am – 11:00am	Coalition for the Advancement of 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 17	8:30am – 4:00pm	Pathways to Excellence (Maine Health Management Coalition)
NOVEMBER 19	9:00am – 12:00pm	Downeast Association of Physician Assistants Board Meeting
NOVEMBER 30	8:00am –12:00pm	Medical Group Management Association
DECEMBER 2	8:00am – 12:00pm	First Fridays Seminar
DECEMBER 5	4:00pm – 6:00pm	Academic Detailing Work Group
DECEMBER 6	8:00am – 3:30pm	Association for Professionals in Infection Control and Epidemiology (APIC) Pine Tree Chapter
	2:30pm – 4:30pm	Community Health Teams Steering Group
DECEMBER 7	8:30am – 3:30pm	Maine Health Management Coalition
	9:30am – 11:30am	Academic Detailing Work Group
	1:00pm – 2:00pm	Aligning Forces for Quality, Executive Leadership Team
	4:00pm – 7:00pm	MMA Board of Directors
	2:00pm – 3:00pm	Quality Counts Executive Committee
	3:00pm – 5:00pm	Quality Counts Behavioral Health Committee
DECEMBER 8	11:30am – 1:00pm	Maine State Bar Association Health Law Section
	1:00pm – 3:00pm	OSC HIT Steering Committee
DECEMBER 13	1:00pm – 4:00pm	LifeFlight
DECEMBER 14	4:00pm – 6:00pm	Public Health Committee
DECEMBER 15	12:00pm – 4:00pm	CME Coordinators Meeting
DECEMBER 21	9:00am – 11:00am	Patient Centered Medical Home -Conveners
	11:00am – 1:00pm	Patient Centered Medical Home - Working Group
	1:00pm – 4:00pm	Aligning Forces for Quality, Patient Family Leadership Team
JANUARY 4	8:30am – 12:00pm	Maine Health Management Coalition
	1:00pm – 2:00pm	Aligning Forces for Quality, Executive Leadership Team
	2:00pm – 5:00pm	Quality Counts Board
JANUARY 18	9:00am – 11:00am	Coalition for the Advancement of Primary Care
	11:00am – 1:00pm	Patient Centered Medical Home, Working Group
	1:00pm – 4:00pm	Aligning Forces for Quality, Patient Family Leadership Team
JANUARY 24	5:00pm – 9:00pm	American Academy of Pediatrics
FEBRUARY 1	8:30am – 12:00pm	Maine Health Management Coalition
	1:00pm – 2:00pm	Aligning Forces for Quality, Executive Leadership Team
	2:00pm – 3:00pm	Quality Counts, Executive Committee
	3:30pm – 5:00pm	Behavior Health Committee
FEBRUARY 3	8:00am – 12:00pm	First Fridays Seminar

Note: All MMA Committee Meetings are now being offered through WEBEX

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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:

APS Healthcare

Maine Organic Therapy

Swanson, Eshelman & Gamage, LLC

SMK Consulting Services, LLC

We appreciate their support!

MMA Members Eligible for 25% Discount on MMS Online CME Opportunities

Members of the Maine Medical Association are eligible to receive a 25% discount on all online CME courses offered by the Massachusetts Medical Society.

The following tutorial includes a step-by-step guide for MMA members who would like to participate in this program: http://www.mainemed.com/cme/OnlineTutorialGuide.pdf

To view current Massachusetts Medical Society CME Offerings, go to www.massmed.org/cme.

Important Information:

- The MMA discount educational voucher code is MMACME11.
- If you have any questions about the registration or log in process, please contact the MMS Continuing Education Department at (800) 322-2303, ext 7306 or continuingeducation@mms.org.

December 2, 2011 First Friday Program Will Focus on Supervising Mid-level Providers

MMA will conclude its 2011 educational programs with a popular topic.

On Friday morning, December 2nd, health lawyers, regulators and practicing physicians and physician assistants will discuss the requirements of supervising mid-level providers. Standards of practice will be addressed from the point of view of risk management, state regulations and payor considerations. This three hour program will also be available live and via webex. The cost is $65 per person and the program will run from 9:00am to noon.

Any questions about the program should be addressed to Gail Begin at MMA. Gail can be reached at 622-3374 ext. 210 or via e-mail to gbegin@mainemed.com.

Stephen D. Sears, M.D.

From the State Epidemiologist

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

Shots in School - What Goes Around Comes Around

The words "Back to School" mean different things to different people. For some, it's a chance to reacquaint with old friends. For others, it's a chance to meet and make new friends and to share the stories of summer vacation. But for everyone, it's an opportunity to share the inevitable flu germs that are so easily spread in the confinement of a classroom. Perhaps some of you have memories, as I do, of receiving vaccinations in school. After a long hiatus, vaccination is back in school.

School-located vaccination has a long history in the United States, and this history of vaccination programs in the school setting paves the way for annual seasonal influenza vaccination in schools. Over the years, public health vaccination programs successfully helped limit the spread of many diseases such as smallpox, polio, measles, mumps, and varicella. Although support for childhood immunizations began in 1920s, there was no specific federal funding until the licensing of inactivated polio vaccine in 1955. Federal money was used again in 1960, when one-time funding was provided for stockpiling oral polio vaccine to be used in combating epidemics. By 1955, the federal government increased the support for immunizations for children against vaccine-preventable diseases. In 1994, the Vaccines for Children program began financing vaccines for eligible children through 18 years of age. More recently, school-based varicella vaccination clinics have been used to decrease outbreaks in schools.

Once again, children and teachers in Maine have the opportunity to protect themselves from influenza by being vaccinated at one of several planned School-Located Vaccination Clinics (SLVCs). Maine CDC has received a two-year grant from US CDC to enhance the sustainability of school-located vaccination. SLVCs were first broadly *re*-implemented in Maine in response to the 2009 H1N1 flu pandemic. Since then, schools and health care providers in many communities around the state have worked together to continue to offer influenza vaccine to students and staff members in the school setting.

SLVCs have been shown to:

- provide low-cost, convenient opportunities for families to have their children vaccinated
- help achieve high immunization rates in schools
- reduce school absenteeism during the flu season
- improve the learning environment

The new guidelines recommend flu vaccination for all children aged 6 months and older creating a huge increase in the numbers of children to be vaccinated annually. Unlike adults, children may have fewer opportunities to get a flu shot. Pediatricians and family practitioners may not be able to accommodate the high demand for vaccines in their offices. And, even though Maine's influenza immunization rates among children for the 2010-11 season were well above the national average, too many Maine children still go without an annual flu shot. Providing vaccines to children in the school setting is a strategy that can improve access and decrease financial barriers that some children may face in getting the flu vaccine.

Please help us with this effort by becoming familiar with the clinics in your community and by spreading the word to the families in your practice.

Additional information on influenza in Maine is accessible at: www.maineflu.gov

An online toolkit for SLVC with registration forms, guidance documents, and sample materials has been posted at: http://www.maine.gov/dhhs/boh/maineflu/h1n1/educators.shtml#schoolclinics

Visit the MMA website at www.mainemed.com

Public Health Spotlight

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

MMA Urges Adoption of Mandatory Influenza Vaccination Policies

With the passage of a resolution at its Annual Session in September, the MMA joins the growing number of professional organizations endorsing universal immunization of health care workers against seasonal influenza. The resolution was brought to the membership by the Public Health Committee in recognition of the burden on health of influenza and the role that vaccination of health care workers can play in reducing transmission to patients and maintaining employee health.

The new MMA policy states that the MMA supports influenza vaccination for health care workers across all settings (inpatient, outpatient, and long-term care); that the MMA will encourage all members to receive an annual influenza vaccination; and that the MMA will encourage members to adopt policies in their practices, and to support the adoption by their hospitals and medical staffs of polices that require vaccination for all health care workers.

Despite the CDC recommending an annual flu shot for health care workers since 1981, and education programs and easy access to influenza immunization resulting in some improvement in vaccination rates, national health care worker vaccination rates remain near 50% and Maine compliance has ranged from 40 to 65% over the past 5 years. In contrast, health care settings that have adopted mandatory vaccination programs for influenza have led to success rates of 95-98%. Numerous studies have shown that current levels of vaccination are inadequate to prevent transmission to susceptible patients.

While patient vaccination is also a critical prevention measure, patients in acute care hospitals and long-term care facilities, because of their age and underlying illnesses, often do not respond well to influenza vaccination, and are at significant risk of severe illness and death if they become infected. The health care worker population is generally younger and relatively healthy, and therefore more likely to respond to influenza vaccination. Health care workers can transmit influenza to patients before the onset of symptoms, and often continue to work even after the development of symptoms of influenza. It has been estimated that 100% vaccination coverage of health care workers would reduce influenza risk among patients by approximately 43% in acute care facilities and 60% in long-term care facilities. In addition to direct patient protection, vaccination prevents health care workers from themselves developing symptoms of influenza, which in an outbreak can reduce the health care workforce to levels at which patients are placed at further risk.

Numerous professional organizations support mandatory influenza vaccination of health care workers, including the Infectious Diseases Society of America, the American Academy of Pediatrics, the American College of Physicians, the Association of Professionals in Infection Control and the American Hospital Association, and a growing number of hospitals nationally and in Maine have adopted policies requiring all employees to be vaccinated.

The MMA urges all physician practices to develop a formal policy that requires immunization for all health care workers and to disseminate the policy to all employees. Such a policy should:

- Indicate who should be immunized, why, and when. The MMA recommends that it apply to all health care workers, including front desk and office support staff not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from staff.
- Include consequences of not being vaccinated, such as wearing a mask at all times during influenza season when in the presence of patients or other staff, or alternative infection control guidelines.
- Include the reasons one can be exempt from vaccination (which the MMA recommends should be limited to a medical contraindication or religious objection).
- Include an exemption request form.

For sample policies and forms, see: http://www.haponline.org/quality/resources/flu-campaign/ or http://www.wsha.org/fluimmunization.cfm

For further resources and the list of organizations that have adopted mandatory vaccination policies, see: http://www.immunize.org/honor-roll/

Please contact me directly at jbarnard@mainemed.com or 207-622-3374 x 211 if your practice would like assistance moving forward with a policy.

MMA Associate General Counsel Jessa Barnard, J.D. with colleagues at a meeting of grantees as part of the project, Engaging Physicians and Informing Patients of the Patient Protection and Affordable Care Act (PPACA) Coverage Opportunities funded by the Maine Health Access Foundation (MeHAF).

Lisa M. Letourneau, M.D., MPH

Maine Quality Counts

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

Improving Care Across the Continuum

While many physicians may be familiar with Maine Quality Counts (QC) primarily through our annual conference and our work to improve care in ambulatory primary care settings, QC is also hard at work supporting efforts to improve the quality of health care across the continuum of care. This includes several efforts to improve care in hospital settings, as well as a recent effort including teams from long term care settings. Highlights of these efforts include the following:

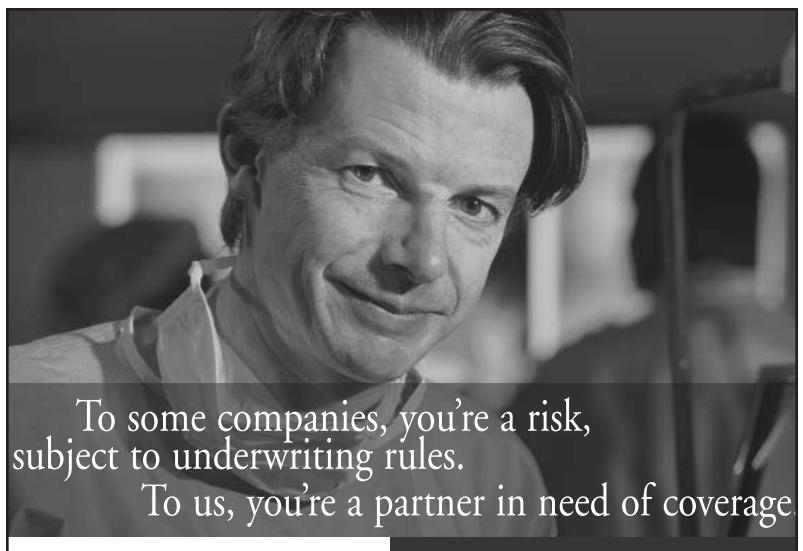
- **Aligning Forces for Quality (AF4Q) - Hospital Quality Network**
  The Hospital Quality Network (HQN) is a national AF4Q effort to improve care delivery in hospital settings. In Maine, HQN teams from 11 hospitals are working together to improve the quality and safety of patient care by piloting and testing new improvement strategies, and are each working on one or more of the following areas:
  - Reducing hospital readmissions for patients with heart failure
  - Improving flow through hospital emergency departments
  - Improving language services to better communicate with diverse patients

  Maine HQN teams work locally and with other teams throughout the country through a distance-based national learning collaborative to implement specific strategies for improving care in these areas, and to collect and track key measures of quality to drive improvements in care.

- **Maine Pressure Ulcer Prevention Collaborative**
  The Maine Pressure Ulcer Prevention (PUP) Collaborative is an initiative to improve pressure ulcer prevention in hospitals and long-term care facilities by implementing nurse-led improvement efforts, to improve screening and prevention of pressure ulcers with the goal of driving pressure ulcer incidence to zero. Developed as part of the AF4Q effort and with support from Maine nurse leaders, the PUP Collaborative included 23 hospitals and over 30 partnering long-term care facilities that worked together to implement a set of specific measures to decrease the incidence of pressure ulcers, and worked to improve the coordination of care across settings of care. PUP Collaborative teams recently wrapped up their year-long effort and celebrated several key successes, including several facilities that reported dramatic reductions in pressure ulcer prevalence over the course of the year. Like many AF4Q efforts, the PUP Collaborative is another example of a multi-stakeholder improvement effort and jointly supported by QC, the Dirigo Health Agency's Maine Quality Forum, and the Maine Department of Health and Human Services, Division of Licensing and Regulatory Services.

- **Transforming Care at the Bedside (TCAB)**
  Transforming Care at the Bedside (TCAB) is an innovative, nurse-led improvement program that is designed to empower nurses and other frontline hospital staff to redesign their work to achieve better results for patients. As part of our AF4Q efforts, QC is currently leading the Maine Regional TCAB Collaborative which includes 21 nurse-led teams from 17 Maine hospitals and one skilled nursing facility, all working to improve care in several areas including reducing falls; reducing pressure ulcers; improving efficiency; and improving coordination of care by increasing time spent at the patient's bedside. Using a TCAB learning collaborative model and structured improvement methods, front-line nurses, staff, and leaders at all levels from participating facilities work together to identify, pilot, test, and adopt new improvement practices. Evidence from similar TCAB efforts across the country has shown that this approach leads to higher-quality care and more satisfied nurses who stay on their jobs and improve quality by working directly with patients and their families.

Maine Quality Counts recognizes the commitment and dedication of hundreds of Maine nurses, physicians, and other front-line staff involved in these efforts all aimed at improving the quality of care for patients in hospital and long term care settings, and is committed to finding additional ways to support providers in these efforts. We also recognize that several other organizations are involved in supporting additional improvement efforts in inpatient care, and look for opportunities to align and support those efforts, including the Maine Hospital Association. Another important improvement partner for Maine hospital and long term care facilities is the Northeast Health Care Quality Foundation (NHCQF), the Medicare-designated Quality Improvement Organization (QIO) for Maine that was recently awarded the contract for the QIO's 10th Statement of Work. This next phase of work will look to QIO's to lead several improvement efforts including improving patient safety in hospital settings, decreasing healthcare acquired infections, and improving transitions of care. We congratulate NHCQF on this award, and look forward to partnering with them and other key partners in the state to support providers in our collective efforts to improve care for Maine people.



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

Incentive payments will include:

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

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

For more information and to register, visit: **www.cms.gov/EHRIncentivePrograms/**

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

CMS HealthIT.gov EHR

Membership Adopts New Bylaws

At the General Membership meeting held on September 10th, as part of the Annual Session, members voted to approve a new set of bylaws for MMA. The new bylaws, that combine the former constitution and bylaws into one modern governing document, contains the following changes (not intended to be a list of all the changes):

- The former Executive Committee will transition to a Board of Directors, effective immediately. The Board will consist of a maximum of 28 members.
- The former Operations Committee will become a 7-member Executive Committee.
- The Board members will be voted upon by the general membership, but can be nominated by a new Nominating Committee which will meet on a year-round basis to seek out the most talented physician leadership available. Stephanie Lash, M.D. of Camden has been appointed to chair the Nominating Committee.
- Criteria for Board membership will no longer be limited to geographic representation. Instead, geography will be one criteria considered along with mode of practice, gender, age, leadership experience or potential, and specialty.

Any member wishing to serve on the Nominating Committee should contact Dr. Lash at stephanielash@roadrunner.com or Gordon Smith at gsmith@mainemed.com.

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.

Andrew MacLean, Esq.

Legislative Update

LEGISLATURE TO TACKLE HEALTH INSURANCE EXCHANGE IMPLEMENTATION IN SECOND REGULAR SESSION

The 186 members of the 125th Maine Legislature will return to the State House in Augusta for their Second Regular Session on Wednesday, January 4, 2012. The second or "short" session of the legislature usually ends in mid-April. One or more supplemental budgets and the report and recommendations of the Advisory Committee on Maine's Health Insurance Exchange likely will be the focus of the health policy debate in Augusta in early 2012. The MMA and other health policy advocates also will follow with great interest the progression of litigation over the Affordable Care Act ("ACA") with consideration by the U.S. Supreme Court anticipated some time before Election Day. The legislature also will consider a variety of health care bills of interest to the MMA carried over from the First Regular Session, as well as new bill requests submitted by the September 30th cloture deadline and being reviewed by the 10 members of the legislature's leadership, known as the Legislative Council, in October. The MMA's Legislative Committee, under the leadership of Chair Lisa D. Ryan, D.O., has scheduled an organizational meeting to prepare for the second session for Tuesday, December 6th at the MMA office in Manchester. Any interested member is welcome to attend.

Republicans remain in control of the Blaine House and both chambers of the legislature going into the Second Regular Session of the 125th Legislature. The Senate is composed of 20 Republicans, 14 Democrats, and 1 Unenrolled member, while the House is composed of 77 Republicans, 72 Democrats, and 1 Unenrolled member. The House has a vacancy resulting from the resignation of Representative Frederick L. Wintle (R-Garland) from the House District 24 seat. A special election to fill this seat will take place on Election Day, November 8th. Representative Linda Sanborn, M.D. (D-Gorham), a retired primary care physician, remains the sole physician member of this legislature. Dr. Sanborn serves on the Health & Human Services Committee. The November 8th ballot also will include a People's Veto of P.L. 2011, Chapter 399 requiring voter registration at least two business days prior to an election (Question 1) and Citizen Initiatives on gambling in Biddeford, Washington County, and Lewiston (Questions 2 and 3).

Upon their return in January, one of the first pieces of business legislators will face likely will be a State Fiscal Year 2012 supplemental budget to ensure that the state budget remains balanced. According to the September 2011 newsletter of the Office of Fiscal & Program Review, the professional staff of the Appropriations Committee, General Fund revenue bounced back from a poor July to be "very close to or slightly above budget." The Consensus Economic Forecasting Commission ("CEFC") has two meetings scheduled in late October to update its economic forecast. The following is an excerpt from the newsletter on MaineCare expenditures:

> The average weekly MaineCare cycle for FY 2012 through Week 11 was $43.0 million (state and federal dollars), down slightly from the average of one month ago but still a significant increase over the comparable MaineCare weekly cycle average in FY 2011. While the Department of Health and Human Services (DHHS) initially indicated that caseload increases were the primary factor in the increase, they recently identified three new causes: increased claims for prior-year services; increased Medicare crossover claims; and reductions in federal match on prior-year claims adjustments. DHHS MaineCare caseload reports, because of the recent change in source of the data used, have lost much of their value in tracking historical trends.

The Advisory Committee on Maine's Health Insurance Exchange, established by Resolves 2011, Chapter 105, a group of gubernatorial appointees chaired by former Republican lawmaker Joe Bruno, R.Ph., met several times throughout the summer and fall to develop recommendations for implementation of the ACA's health insurance exchange concept in Maine. Among the bills carried over in the Insurance & Financial Services Committee are two addressing the exchange concept. L.D. 1497, *An Act to Comply with the Health Insurance Exchange Provision of the Patient Protection and Affordable Care Act*, sponsored by Representative Jonathan McKane (R-Newcastle), represents the Republican view of the exchange and is an "open market" model like the exchange in Utah. L.D. 1498, *An Act to Phase Out Dirigo Health and Establish the Maine Health Benefit Exchange for Small Businesses and Individuals*, sponsored by Representative Sharon Treat (D-Hallowell), represents the Democratic view of the exchange and is an "active purchaser" model like the exchange in Massachusetts. Given the composition of the Advisory Committee, it is no surprise that its recommendations are closer to the Republican view of the exchange. You can find the Advisory Committee's final report and associated materials on the Dirigo Health Agency web site at: http://www.dirigohealth.maine.gov/Documents/Advisory%20Committee%20Report%20on%20Health%20Insurance%20Exchange%20(Final%209-20-11).pdf. The Insurance & Financial Services Committee received the report in late September and is scheduled to further consider the recommendations of the Advisory Committee at a meeting scheduled for November 1st.

In addition to the exchange bills, other "carry over" bills of interest to the MMA, include bills regarding health insurance tax credits and subsidies and the ACA's "essential benefits package" (L.D.s 1030 and 882), disposal of medical "sharps" (L.D. 1412), bullying and cyberbullying (L.D.s 1237 and 980), menu labeling (L.D. 936), the progressive treatment program (L.D. 897), medication therapy management by pharmacists (L.D. 612), and health insurance rate review (L.D. 1179).

The following list contains some of the key health care "legislative requests" or "LRs" submitted for consideration during the second session. The only new legislation considered during the second session is supposed to be of a fiscal or "emergency" nature and the Legislative Council must approve submission of these LRs according to this standard. The Legislative Council is scheduled to meet on October 31st to consider the requests and sponsors have an opportunity to appeal an initial denial. The list of bills approved for consideration during the second session should be complete by late November or early December.

- LR 2315, *An Act to Require Birthing Facilities to Screen Newborns for Congenital Heart Disease* (Representative Beck)
- LR 2351, *An Act to Improve Care Options for Sufferers of Serious Illness* and LR 2406, *An Act to Avert Future Drug Epidemics and Corrections Costs by Expanding the Availability of the Drug Court* (Representative Berry)
- LR 2477, *An Act to Withhold Subsidies from Any Hospital that Pays its Hospital Administrators Annual Salaries Greater than the Annual Salary of the Governor*, and LR 2481, *An Act to Repeal the Law Governing the Collection and Use of Health-related and Personal Information Regarding Minors* (Representative Bolduc)
- LR 2640, *An Act to Improve Accountability Concerning Travel Reimbursement under MaineCare* (Representative Burns, D.C.)
- LR 2628, *An Act to Restore Consumer Protections in Health Care* and LR 2629, *An Act to Restore Health Care and Other Benefits for Legal Immigrants* (Representative Chipman)
- LR 2319, *An Act to Change Certain Effective Dates Regarding Guaranteed Access and the Purchase of Health Insurance from outside Maine* and LR 2369, *An Act to Extend the Scope of the Maine Guaranteed Access Reinsurance Association* (Senator Courtney)
- LR 2424, *An Act to Amend the Law Relating to Concealed Firearms Locked in Vehicles* (Representative Crafts)
- LR 2341, *An Act to Prevent Bullying in Schools*, LR 2343, *An Act Requiring the Department of Health & Human Services to Specify Duration of Service when Setting Rates by Rule*, and LR 2540, *An Act to Require that a Proposed Cut to the MaineCare Program be Accompanied by an Economic Impact Statement* (Senator Craven)
- LR 2505, *An Act to Facilitate the Environmentally Sound Processing of Biomedical Waste* (Senator Dill)
- LR 2469, *An Act to Allow Hospitals to Charge a Copayment for Nonemergency Use of an Emergency Room by Certain MaineCare Recipients* (Representative Espling)
- LR 2600, *An Act to Ensure the Continuation of Federal Matching Funds for Certain MaineCare Services* (Representative Eves)
- LR 2612, *An Act Related to Specialty Tiers in Prescription Medication Pricing* (Representative Fitts)
- LR 2490, *An Act to Require that Pseudoephedrine be Made Available by Prescription Only* and LR 2614, *An Act Relating to False Claims under the Medicaid Program* (Representative Gifford)
- LR 2669, *An Act to Enhance Affordable Quality Health Care in Maine* (Representative Graham)
- LR 2402, An Act to Address Inequities in the Workers' Compensation System (Senator Jackson)
- LR 2419, *An Act to Guarantee Basic Preventive Dental Health Services for Children in Maine* (Senator Katz)
- LR 2445, *An Act to Improve Recycling of Mercury-containing Lamps* (Representative Knapp)
- LR 2518, *An Act to Limit the Liability of Charitable Organizations and Clubs* (Representative Libby)
- LR 2387, *An Act to Extend Certain Insurance Protection to Emergency Responders* (Representative Luchini)
- LR 2535, *An Act to Repeal the Authority for an Insurer to Vary the Premium Rate Based on Geographic Area* (Representative Martin, J.)
- LR 2605, *An Act to Amend the Laws Governing Stalking and Domestic Violence* (Senator Mason)
- LR 2426, *An Act to Conform Maine's Prescription Privacy Laws with the United States Constitution* (Senator McCormick)
- LR 2630, *An Act to Clarify the Status of Patients Held Under Involuntary Commitment Applications* (Representative Moulton)
- LR 2539, *An Act to Define the Term "Pharmacy Student Intern"* (Speaker Nutting)
- LR 2451, *An Act to Amend the Insurance Law as It Pertains to Notification of Cancellation or Nonrenewal* (Representative O'Connor)
- LR 2453, *An Act to Improve the Rights of Insurance Companies with Regard to Property and Casualty Insurance Subrogation*, LR 2653, *An Act to Provide for Licensing of Recreational Therapists*, and LR 2660, *An Act to Provide for Prepayment of Insurance Premium Taxes* (Representative Picchiotti)
- LR 2652, *Resolve, Directing the Workers' Compensation Board to Revise the Medical Fee Schedule to Use an Appropriate Conversion Factor in the Payment of Anesthesia Services* (Representative Prescott)
- LR 2596, *An Act to Correct Inconsistencies and Ambiguities in the Maine Guaranteed Access Reinsurance Association Act* (Representative Richardson, W.)
- LR 2510, *An Act to Allow the Administration of Nitrous Oxide for Analgesic Purposes by Licensed Respiratory Care Practitioners under the Direction of a Physician* and LR 2514, *An Act to Facilitate the Use of Alternative Biomedical Waste Treatment Devices* (Senator Saviello)
- LR 2362, *An Act to Establish a Board of Dental Hygienists and LR 2363, An Act to Withdraw the State from the Regional Greenhouse Gas Initiative* (Representative Sirocki)
- LR 2580, *An Act to Allow for the Timely Access to and Enhanced Administration of Injectable Medications, Biologicals, Immunizations and Vaccines* (Representative Strang Burgess)
- LR 2468, *An Act to Remove a Barrier to Response by Emergency Medical Personnel* and LR 2474, *An Act to Prohibit Soda and Candy from the Supplemental Nutrition Assistance Program* (Senator Sullivan)
- LR 2583, *An Act to Clarify Medical Licensing Requirements Related to Postgraduate Training of Oral Surgeons* (Representative Volk)
- LR 2586, *An Act to Implement an Integrated and Coordinated Statewide Approach to Addressing the Use of Synthetic Hallucinogenic Drugs and Other Drugs* and LR 2587, *Resolve, Establishing a Blue Ribbon Commission to Develop an Integrated and Coordinated Statewide Response to Synthetic Hallucinogenic Drug Abuse* (Representative Webster)
- LR 2544, *An Act to Restrict Further the Amount of Methamphetamine Precursors That May be Bought or Sold* (Representative Willette, A.)

The following list contains state agency legislative requests of interest:

- LR 2561, *An Act to Require Carbon Monoxide Detectors in All Residential Occupancies* (Department of Public Safety)
- LR 2558, *An Act to Strengthen the Integrity of Nonresident Concealed Handgun Permits* (Department of Public Safety)
- LR 2495, *An Act to Amend the Organization of the Quality Assurance Review Committee* (DHHS)
- LR 2491, *An Act to Allow for Contingency Fee Agreements for the MaineCare Recovery Audit Contractors Agreement* (DHHS)
- LR 2496, *An Act to Lessen the Regulatory Burden on Providers by Removing Outdated Requirements from the Maine Medical Laboratory Act* (DHHS)
- LR 2492, *An Act to Limit Payment for Care and Treatment of Residents of State Institutions* (DHHS)
- LR 2493, *An Act Regarding the Filing of Birth, Death and Marriage Data* (DHHS)
- LR 2461, *An Act to Update the Membership of the Homeland Security Advisory Council* (Department of Veterans Affairs)

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

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

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

Medical Mutual Insurance Company of Maine Risk Management Practice Tip: *Satisfaction Survey - An Emphasis on Customer Service*

Studies have shown that malpractice risk is directly proportional to unsolicited patient complaints. In order to have a better understanding of your potential risk, patient satisfaction surveys can assist in gauging that risk. In addition, the satisfaction survey demonstrates to patients that the physicians and office staff are receptive and responsive to their needs.

I. Types of Survey Tools

A. In-office Surveys

In-office surveys are often placed on an office counter, creating a situation where patients hesitate to fill them out. To facilitate patient cooperation have staff hand the survey to the patient letting the patient know that the doctor would like to know "How are we doing?", or have health care providers hand out the surveys. In order to provide some level of anonymity, provide a receptacle which can accommodate completed surveys.

B. Mail Surveys

Mail surveys permit a patient to remain anonymous and allow a patient time to reflect on the office visit experience. When mailing the survey, include a cover letter from the provider explaining why the office is conducting a survey. To improve your response rate, consider using a decorative stamp rather than a postage meter and a PO Box instead of a street address. Patients may be hesitant to send negative remarks directly to you. You may also provide a survey to patients upon check out. Be sure to include a stamped pre-addressed envelope.

C. Telephone Surveys

Telephone surveys conducted by your staff do not allow a patient to remain anonymous but does provide a personal touch. Consider using a professional marketing firm.

D. Website Surveys

For patients who prefer the convenience of completing a survey online, web-based satisfaction surveys offer an alternative to paper-based survey methods. Determine feasibility of offering the office practice survey online or on a practice-based website.

II. Frequency of Surveys

Consider surveying your patients two to four times per year. Expect a return rate of 25% to 35% (telephone surveys may be higher). A random sample may include each patient seen in the office in a two-week period. Consult your site administrator to establish website surveys.

III. Federal Regulations

The Patient Protection and Affordable Care Act 2010 required the Centers for Medicare and Medicaid Services (CMS) to establish the Physician Compare website. The Affordable Care Act requires the website to contain information on physicians enrolled in the Medicare program and other eligible professionals who participate in the Physician Quality Reporting System. Measures for public reporting of physician performance include an assessment of patient experience and patient, caregiver, and family engagement. Specific and detailed information regarding this initiative can be found at www.cms.gov.

IV. Utilizing Survey Data

- Aggregate your survey data for analysis.
- Discuss feedback from the surveys with staff and physicians.
- Choose areas for improvement.
- Prioritize areas identified.
- Facilitate discussion with staff and physicians as to how to address each chosen area.
- Create a plan to address the area, implement the plan and reevaluate to assure success.

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.

Introducing MAINESENSE

An innovative new health program of the Maine Wellness Association powered by Martin's Point Health Care

Two years ago, **Martin's Point Health Care** was approached by **Joe Edwards**, President of the **Maine Wellness Association** (MWA) and former Superintendent of Insurance in Maine. Hearing the frustration many Maine employers were facing with health insurance issues, Joe reached out to Martin's Point to explore innovative options for redesigning health care and health coverage.

The result of these efforts is **MaineSense**, a progressive new health insurance program, owned by employers, that engages providers, employers, patients, and members, and utilizes technology to make meaningful changes to the health care system. This program, which was created in close partnership between the Maine Wellness Association and Martin's Point, focuses on promoting good health outcomes, creating a better health care experience, and lowering overall costs.

MaineSense will accomplish this in part by making the health care system easier to navigate. The program focuses on prevention by providing incentives to members for taking care of their own health and by paying providers for high-quality care and health outcomes. These efforts help reduce the rate of increase in health insurance premiums and help fundamentally change the way health care is delivered and funded.

What makes MaineSense so unique from other health insurance products is that it **reinforces and incents greater accountability and positive behavior changes from providers, members, and employers that will play a role in transforming care and its costs**.

Understanding the True Costs of Care

Currently in health care, most patients and members, and even providers to a certain extent, have no idea what the true costs of care are. Many are also unaware that there is an extremely wide range of variation in costs for the same tests depending on where you go. A big part of MaineSense is access to transparent information, that is readily available and easily accessible, that will help members and providers make informed choices and will help to keep costs of tests and procedures competitive and manageable.

New Primary Care Physician Compensation Model

Under MaineSense, providers are paid for the quality of care they deliver, the health outcomes of their patients, and the patient satisfaction scores they receive. These incentive payments are combined with a partial capitation and fee-for-service model in a payment structure that gives providers the potential to earn significantly more than they have in the past. But they will receive these additional payments only if they meet the program's high quality standards and keep their patient populations healthy.

Creating a Culture of Wellness

As part of MaineSense, employers also become active participants promoting the health and well-being of their employees. Employers are expected to promote a "culture of wellness" within their organization, which includes forming employee health committees, actively communicating with employees about the importance of health and wellness, requiring all employees to have a Primary Care Provider (PCP), and to complete a Personal Health Assessment (PHA) including biometrics and a follow up call with a health coach.

The MaineSense program launched with Hutchins Trucking/Atlantic Great Dane on August 1, 2011. It will gradually ramp up to over 30 employers across Maine by January 2012.

*The **Maine Wellness Association** (MWA) is a group of over 100 leading Maine based employers who work together to improve the health care delivery system based on the principles of Triple Aim: improving the patient experience, improving health outcomes, and lowering the costs of care. To participate in MaineSense, employers must first become part of the MWA.*

***Martin's Point Health Care** is a progressive not-for-profit health care organization committed to creating the best possible health care experience for its patients and members. It operates nine health centers in Maine and New Hampshire, where all commercial insurances are accepted. Martin's Point also administers the US Family Health Plan in Northern New England, New York, and Pennsylvania, as well as Medicare Advantage health plans for seniors in Maine.*

Dr. Rogers Honored With Gold Foundation Humanism in Medicine Award

Congratulations to Victoria Rogers, MD, FAAP, who received the 2011 Arnold P. Gold Foundation Humanism in Medicine Award. This award is presented annually by the American Academy of Pediatrics (AAP), in collaboration with the Council of Medical Specialty Societies, to honor a medical school faculty physician who exemplifies the qualities of a caring and compassionate mentor in the teaching and advising of medical students. Nominees must demonstrate positive mentoring skills, involvement in community service, compassion and sensitivity, collaboration with students and patients, and model ethics of the profession. The goal of the award is to emphasize, reinforce, and enhance the importance of humanistic qualities among medical school students and faculty.

Dr. Rogers received the award at the *Pediatrics for the 21st Century: Ending Obesity Within a Generation—Innovations in Practice* symposium hosted by the American Academy of Pediatrics in Boston on October 14th.

As a leader in the field of childhood obesity prevention and management, Dr. Rogers is often called upon as a consultant by the National Initiative for Children's Healthcare Quality (NICHQ), the AAP, and other national organizations to provide her expert opinion and review. As the Director of the Kids CO-OP at The Barbara Bush Children's Hospital, Dr. Rogers oversees the development, coordination, and promotion of community-oriented, pediatric health care initiatives.

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