



Maine Medicine

a quarterly publication of the Maine Medical Association

APRIL MAY JUNE » 2016

Maine Medical Association Mission »

- » SUPPORT Maine physicians,
- » ADVANCE the quality of medicine in Maine,
- » PROMOTE the health of all Maine citizens.

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MAINE OPIATE COLLABORATIVE PRESENTS TASK FORCE RECOMMENDATIONS

Following many Task Force meetings and more than a dozen community forums, the Maine Opiate Collaborative is scheduled to present the recommendations of its three Task Forces on May 6 at an event at Maple Hill Farm in Hallowell. The Collaborative was established last fall by U.S. Attorney Thomas Delahanty, Attorney General Janet Mills and Commissioner of Public Safety John Morris in an attempt to draft a comprehensive action plan addressing the public health epidemic of opioid/heroin abuse. The Maine Medical Association was proud to be a part of this endeavor and EVP Gordon Smith served on the Board of the Collaborative. A dozen physicians also served on the three task forces organized around the topics of Prevention, Treatment and Law Enforcement. These physicians, who volunteered significant amounts of time, included Noah Nesen, M.D., Lisa Letourneau, M.D., MPH, Christopher Pezzullo, D.O., Mary Dowd, M.D., David Moltz, M.D., Meredith Norris, D.O., Lani Graham, M.D., PHD, Steven Dias, P.M., Matt Sholl, M.D., Vinjay Amarendran, M.D., and Amy Belisle, M.D.

Each of the Task Forces met many times and heard from both the public and experts in their respective fields of treatment, prevention and law enforcement. Many valuable contributions came from the many community forums held throughout the state. At least one forum was held in each of the nine public health districts and all but one of the forums were facilitated by Carol Kelly of Pivot Point, Inc. The forums were supported financially by grants from the Maine Health Access Foundation (MeHAF) and the Maine Community Foundation to the Maine Medical Education Trust, a 501-C-3 non-profit foundation established by MMA.



Nearly 300 individuals attended the Community Forum in Machias

The following is a summary of the areas recommended by each of the Task Forces. The full reports are available on the MMA website at www.mainemed.com and on the public section of the U.S. Attorney's website.

TREATMENT

1. Expanding Access to Evidence Based Treatment for Opioid Dependence in Maine's Publically Funded SUD Treatment System.
2. Expanding Access to Evidence Based Treatment for Opioid Dependency, Specialty Populations: Community Corrections, Institutions, Drug Courts, Adolescents, Women and Children.
3. Expanding Medication Assisted Treatment (MAT) in Maine's Primary Care System.
4. Safe Prescribing Practices (Prescribing Standards for Chronic Non-Cancer Pain).



Panel participating at Community Forum in Ellsworth



Healthy Maine Partnership staff at Machias Forum

PREVENTION

Goal 1: Promote good public health and safety, and reduce the harmful effects of opiate use.

1. Increase understanding of harms and decrease stigma surrounding opiate and heroin use disorder.
2. Decrease youth use of opiate and associated risk factors.
3. Reduce unnecessary access to legal opiates.
4. Decrease the number of babies born with neonatal abstinence syndrome.
5. Decrease opiate overdose and death in Maine.
6. Increase opportunities and decrease barriers to recovery for people with substance use disorders.

Goal 2: Strengthen and enhance Maine's public health infrastructure at the state, district and community levels to prevent and reduce opioid use and overdose deaths.

1. Increase state level capacity to prevent and reduce opioid misuse and overdose in Maine.
2. Increase district and local level capacity to prevent and reduce opioid misuse and overdose in Maine.

Goal 3: Generate funding streams to expand the reach and to ensure evaluation of prevention, intervention, treatment and recovery programs proposed in these recommendations.

1. Increase alcohol, tobacco, and medical marijuana taxes.
2. Initiate Maine lawsuit against Purdue Pharma Pharmaceuticals for illegal promotion of Oxycontin.

LAW ENFORCEMENT

Goals: Destigmatize Substance Use Disorders within the law enforcement profession

1. Identify, Investigate and Prosecute Most Dangerous Drug Traffickers.
2. Support and Encourage Pre-charge Law Enforcement Programs.
3. Make Problem Solving Courts available for every appropriate defendant.
4. Provide custodial treatment for county jail inmates with substance use disorders.
5. Provide case management services for re-entry.

Each of these goals have written strategies associated with them that can be reviewed in the final report of the Collaborative. Implementation will be further discussed at the May 6th event.

Quality Counts 2016 Annual Conference – Taking it to the Streets

The Augusta Civic Center was, once again, filled to capacity on April 6, 2016 for the 13th Annual Quality Counts conference. Centered around the theme of *Taking it to the Streets – Building Clinical and Community Connections*, nearly 800 health professionals, consumers, insurers and employers heard from two keynote presenters and participated in a host of breakout sessions. The Maine Medical Association was proud to be a part of the planning committee and to exhibit at the conference.



Nearly 800 individuals attended the Annual QC conference



Barbara Crowley, M.D. and Gordon Smith, Esq. present Award to Dr. Letourneau

At the noontime awards ceremony, Quality Counts Executive Director Lisa Letourneau, M.D., MPH was recognized for her exceptional leadership since the founding of the organization (Dr. Letourneau had previously announced that she is leaving QC at the end of the year). Founding Board members Barbara Crowley, M.D. and Gordon Smith, Esq. presented Dr. Letourneau with the first Lisa Letourneau, M.D. Award for Excellence in Primary Care, an award named for her which will be presented annually based upon criteria developed by the Quality Counts Board of Directors. The naming of this award is a fitting tribute to Dr. Letourneau's passion and commitment to primary care and quality improvement. MMA wishes her and her husband Lee Chick, RN all the best as they embark on a "gap year" experience in 2017.

Keynote presenters at the conference were Leana Wen, M.D., Health Commissioner for the city of Baltimore and Rebecca Onie, JD, Co-Founder and CEO of Health Leads. Both presentations were inspiring and emphasized the role that each individual in health care can play in improving the lives of patients. Dr. Wen provided case studies from the streets of Baltimore, alluding to the heroin crisis that both Maine and Baltimore are continuing



Keynote Speaker
Leana Wen, M.D.

continued on page 3



“A Call to Action”

The rate of opiate deaths in Maine and the Governor and Legislature’s responses continue to require most of our time and attention at MMA.

Both the Governor and Legislature introduced bills that increase considerably state government interference in the physician patient relationship requiring prescribers of addictive medications to check the PMP (Prescription Monitoring Program) regularly and sets significant, detailed limits on opiate prescribing.

While I normally oppose the intrusion of government and other third parties into the physician patient relationship, in this case I agree with MMA’s decision to support the Governor’s bill, LD 1646, as amended. Maine physicians bare some of the responsibility for the overdose deaths and these bills were the political and public response to that.

When the academics and policy wonks led the way with “Pain is the 5th vital sign” and other nonsense years ago, Maine physicians responded too well to them, pharmaceutical marketing and/or patient satisfaction pressure by eventually leading the nation in prescribing long acting opiates by 2012. Unfortunately, over-prescribing of opioid medication continues in some circles today, although recent data in both Maine and the nation demonstrates a marked decrease in the amount of opioids being prescribed for pain.

The opiate prescribing bill does far more harm than interfering with the physician patient relationship. It also diverts the attention of the press, Augusta, and the MMA

while only addressing a long term problem, the availability of overprescribed opiates, and does nothing in the short term while Maine patients continue to die from overdoses at an unprecedented rate.

However, Maine physicians could save the lives of many of the Mainers dying each week from overdoses with two simple interventions, naloxone and buprenorphine. We need to increase our prescribing of naloxone to patients at risk and their family and friends. This is the equivalent of Epi-pens for families of anaphylactic patients or fire extinguishers in hazardous areas. Maine pharmacists have found ways around the exorbitant cost of brand name naloxone injectors and have created nasal syringe kits which are safe, easy to use and cost about \$70 for cash patients. Every patient at risk and their contacts should be offered naloxone prescriptions.

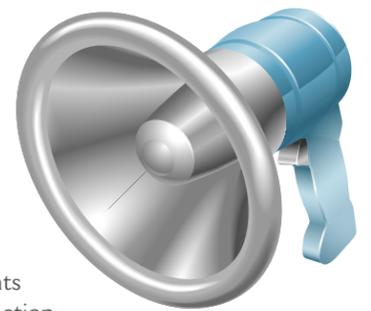
Maine primary care physicians need to get DEA waived and prescribe buprenorphine in their practices. This has been available since 2002 and, as part of medication assisted treatment, has the best data for success, yet many Maine primary care physicians have not obtained a waiver or do not treat addiction in the primary care setting. Clinics need to adjust to this but any physician or clinic that can manage the complexities of routine primary care can learn addiction treatment. Medication assisted treatment, done in a simple clinic setting, can be sustainable for physicians, yet affordable for most working patients even without government programs.

Physicians need to stop waiting for others to address this crisis. This will not be solved by government, hospital executives nor addiction specialists. Most of the prescribing of opioid medication is by primary care physicians. The political world is full of too many who feel that addicts have brought these problems on themselves due to weakness or character flaws or that we

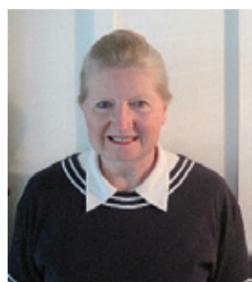
need new or expanded government programs to tackle these deaths. Maine has yet to remove prescription requirements from naloxone, a safe and life-saving drug and the Federal Government has responded to pleas to expand buprenorphine waivers, the safest of the opiates and the treatment for addictions caused by more easily prescribed opiates, but with even more proposed restrictions on physicians and clinics that wish to increase its use. Hospitals now employ most Maine physicians but, at least in theory, are governed by their medical staffs. Addiction specialists can help guide the rest of us but there are too few to tackle this crisis. Maine physicians need not wait for others to act.

Yet as hundreds of Mainers have been attending opiate forums around the state discussing their struggles with addiction and the pain of losing loved ones, very few physicians have attended. By and large, most Maine physicians still lack a sense of urgency or a need to make changes. We need to step up.

We can do better. Start prescribing naloxone to patients at risk and their contacts. Add buprenorphine management to your primary care clinic or demand that of your employer. Your patients are dying from our inaction.



I welcome your comments, feedback and criticisms. Please feel free to reach me at 207-390-8570 or by email to president@mainemed.com.



Medication Nonadherence

By Martha Morrison, MedHelp Maine

Patients who don’t take the drugs you prescribe not only compromise their health, but limit the value of your therapeutic interventions.

Increasingly, this is not just a problem of the poor and uninsured. Kaiser Family Foundation cites unaffordable deductibles and copays as causes of medication nonadherence by Medicare and other insured patients, with 43% of those in poor health and 35% of those taking four or more drugs either not filling a prescription or cutting pills in half or skipping doses because of cost. Do your own patients struggle to pay for their meds? In one single 24-hour period, I spoke with some of them:

1. A 90-year-old woman discharged from the hospital two days earlier with a prescription for Vancomycin for C diff. Her Medicare drug plan requires a \$500 copay.
2. An unemployed woman with scripts for rheumatoid arthritis, ulcer, and PTSD meds was denied MaineCare. Her conditions remain untreated.
3. Although a 55-year-old man obtains hospital free care, that doesn’t cover outpatient meds. He can’t afford his insulin.
4. A 73-year-old man in the Medicare donut hole can’t continue his \$800 per month cardiologist-prescribed drug for atrial fibrillation.

DHHS or 2-1-1 referred these individuals to MedHelp Maine. Not one practice had offered to help if meds were unaffordable. And, believing there was nothing their practitioners could do anyway, none had told their doctors they couldn’t obtain their meds.

WHAT WE CAN DO:

You can ask each patient at each visit to notify you if the meds you prescribe are ever unaffordable. And we will encourage patients to have these conversations with you.

As needed, refer patients to your local hospital-managed prescription assistance program.* Skilled personnel, dedicated solely to medication access, can then identify the most appropriate sources of free or low-cost meds: brand name and generic patient assistance programs (PAPs), copay foundations, retail discounts, and state and federal programs. Help for insured patients with high out-of-pocket expenses is often possible.

By managing the prescription assistance process for both physician and patient, these centralized resources remove this costly and complex burden from the practice and better ensure access to unaffordable meds by your most vulnerable patients.

***HOSPITAL-MANAGED PRESCRIPTION ASSISTANCE PROGRAMS**

Has your hospital not yet created a prescription assistance program for its medical staff members? Or has your local program perhaps just not communicated adequately with area doctors? Since at least 15 of Maine’s 36 hospitals now have prescription assistance programs, a resource may already be available to help you and your patients.

MedHelp Maine provided start-up guidance and funding for seven existing programs. In just one recent year, one of them alone obtained \$5.7 million in free meds by processing 5,708 PAP applications for 135 referring

prescribers. This enhanced medication access contributed to 74% fewer preventable hospitalizations and 89% fewer ER visits.

MaineHealth has centralized its system-wide medication access work under its corporately-funded MedAccess program. With knowledgeable program personnel at six MaineHealth hospitals, MedAccess obtained \$24 million in free meds last year. Additionally, it obtained \$2.6 million in oncology meds to replace those administered to qualifying patients.

FREE PROGRAM START-UP

Non-profit MedHelp Maine is a prescription assistance program consultant. It envisions a local hospital-managed prescription assistance program available to every Maine prescriber and every patient who requires unaffordable medicines.

At no charge, MedHelp Maine will provide additional hospitals or hospital systems with program start-up guidance in policy and procedure development, staffing and training, database management, outcomes reporting, and community and professional outreach.

Please feel free to call me at 207-793-4462 or email medhelpmaine@zwi.net with any questions.

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As there is a two to three week period between my writing this article and your reading it, much of what MMA is in the middle of now will be fully resolved, one way or the other, by publication date. We will know the results of our majority legislative priorities including

MaineCare expansion, opioid prescribing, midwifery and defeat of a radical medical liability proposal. Although this is the Second Regular Session limited to emergency legislation, proposals submitted by the Governor and bills held over from the First Regular Session, it has nonetheless been a very busy three and one-half months. Now our focus will move to other non-legislative work including the pending election where every Maine house and senate seat is up for grabs.

I want to personally thank the many members who served this year as Doctor of the Day, offered testimony at a public hearing, participated in our weekly legislative calls or otherwise engaged in MMA's advocacy work. And a special thanks to Amy Madden, M.D. who is completing her final year as Chair of the Legislative Committee.

Dr. Madden has provided strong leadership during a period of time in which a number of challenging issues were confronted, including most recently the issue of responsible prescribing for pain. Dr. Madden is continuing her leadership by serving on the MMA Board of Directors.

All members recently received a letter from MMA President Dr. Pierce and myself describing the context of the opioid/heroin crisis and the contents of the Governor's proposal (L.D. 1646). Included with that letter was a data form and I encourage you to complete the form and send it back to us so that we can be more effective in our grassroots advocacy. We can't communicate with our members on a timely manner if we don't have updated information in our database.

I hope to see many of you at one of our upcoming listening sessions. We hope to hold such sessions this year in Brunswick, Ellsworth and in Aroostook County. In the meantime, let's hope for a great summer and I will look for you at MMA's 163rd Annual Session, being held again this year at the Harborside Hotel in Bar Harbor, Sept. 9-11. Feel free to communicate with me at any time by emailing gsmith@mainemed.com, calling 622-3374 ext: 212 or my cell at 215-7461.

Quality Counts 2016 » continued from page 1

to experience. As a professor of emergency medicine and health policy, she has co-lead a new national collaboration on health policy and social mission. A Rhodes Scholar who has been involved in health policy since her experience as President of the American Medical Student Association in 2007, Dr. Wen also spoke of her personal experience in medical errors as her mother was misdiagnosed and ultimately died. Rebecca Onie, a graduate of Harvard Law School, in 1996 co-founded Health Leads to address the fundamental drivers of patients' health. With hospital, community health centers, and integrated delivery systems as partners, Health Leads has enabled physicians and other healthcare professionals across the country to "prescribe" food, electricity, and other basic resources their patients need to be healthy. In 2009, Attorney Onie received a MacArthur "Genius" Fellowship and is the recipient of numerous other national and international awards.

Among the other activities at the conference, Charles Burger, M.D., was honored with presentation of a Quality Improvement Leadership award. Dr. Burger recently retired after 45 years of practice in the Bangor area and was recognized for his early adoption of electronic medical records systems. MMA EVP Gordon Smith, presented Dr. Burger with the award and noted that Dr. Burger was a pioneer in primary care quality improvement and was passionately involved in quality improvement activities based upon sound data decades before quality improvement became an everyday staple in medicine.

This annual conference has become a "must attend" event for health professionals working throughout the state. Next year's conference will be on April 5, 2017, again at the Augusta Civic Center. Visit www.MaineQualityCounts.org for a listing of all upcoming Quality Counts events.



Nona Boyink, Forest West, M.D., and Connie Coggins receive QI Award from Barbara Crowley, M.D.



One of over two dozen breakout sessions



Gordon Smith presents Quality Improvement Leadership Award to Charles Burger, M.D.



Keynote Speaker Rebecca Onie, J.D.



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SAVE THE DATE

MMA's 13th Annual Golf Tournament

JULY 18, 2016

**Augusta Country Club
Manchester, ME**

Contact Lisa Martin at
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for more details,
including sponsorship
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UPCOMING AT MMA »

MAY 8

8:00am – 4:30pm
Occupational Medical Consulting

MAY 10

4:00pm – 6:00 pm
MMA Committee on Physician Quality

MAY 11

8:00am – 4:30pm
Occupational Medical Consulting

MAY 16

11:45am – 1:45pm
Maine Alliance for Primary Care Committee

MAY 19

6:00pm – 8:00pm
Maine Association of Psychiatric Physicians

MAY 25

8:00am – 4:30pm
Occupational Medical Consulting

JUNE 1

4:00pm – 6:00pm
MMA Board of Directors

JUNE 2

9:00am – 4:00pm
CAH CNO & Nurse Managers Conference

JUNE 3

9:00am – 12:00pm
Annual Coding Seminar (Tentative)

JUNE 7

1:00pm – 4:00pm
Maine Council on Aging (MCOA)

JUNE 8

4:00pm – 6:00pm
MMA Public Health Committee

JUNE 9

8:30am – 3:30pm
Maine Health Management Coalition

JUNE 16

8:30am – 3:30pm
Maine Health Management Coalition

SPECIALTY SOCIETY MEETINGS »

MAY 20-22, 2016

Portland Regency – Portland, ME

Maine Chapter, American College of Surgeons
Annual Meeting

Contact: Maine Chapter, ACS at 877-249-9321 or
maine@mainefacs.org

JUNE 23, 2016

Cabbage Island Clambakes – Boothbay Harbor,
ME from 4:30pm – 8:30pm

Annual Summer Business Meeting of the
Maine Chapter of the American College of
Emergency Physicians

Contact: Maureen Elwell at 207-512-6108 or
melwell@mainemed.com

SEPTEMBER 10, 2016

Atlantic Oceanside – Bar Harbor, ME

Annual Fall Business Meeting of the
Maine Chapter of the American College of
Emergency Physicians

In conjunction with MMA's Annual Session

Contact: Maureen Elwell at 207-512-6108 or
melwell@mainemed.com

MAINE QUALITY COUNTS »

By Lisa Letourneau, M.D., M.P.H., Executive Director, Maine Quality Counts



Ending the Opioid Epidemic: A Clarion Call for Maine Physicians

On Wednesday, April 6, Maine Quality Counts (QC)

was pleased to again host Maine's largest health care conference, QC 2016: Building Clinical & Community Connections. The meeting brought together nearly 800 stakeholders from a wide variety of clinical and community settings and highlighted a range of innovative programs and approaches for building connections between clinicians and community partners.

The conference also brought attention to one of the most pressing health issues of our time: the current, tragic epidemic of opioid and heroin use in our state. With 272 Mainers dying and 1013 babies affected by this epidemic in 2015, as well as thousands of Mainers actively suffering from addiction, this epidemic presents an enormous public health challenge and requires leadership and immediate action from Maine physicians.

While many of us struggle to understand how we got to a place where over 80 million opioid pills were prescribed by Maine physicians in 2015 (averaging over 60 pills per person statewide!), it can be helpful to think of this through the lens of history: in many ways, opioids for chronic pain may well become the 21st century equivalent of the ancient medical art of blood-letting. The parallels are striking: just as Hippocrates and Galen believed blood-letting was helping their patients by purging "bad humors", so we as a physician community took on "pain as the 5th vital sign" in the early 1990s, and accepted the expectation to eliminate our patients' pain. Bolstered by deceptive claims from pharmaceutical companies that long-acting synthetic opioids were effective, safe, and non-addicting, we pursued this charge, even as evidence

mounted that many of these claims were untrue, and that our treatments were actually harming patients. While we initially had reasons to believe we were helping patients, we must now change our practice in the face of mounting evidence of harm - just as physicians finally abandoned blood-letting 100 years ago.

Recognizing the need for creative solutions and active partnership with Maine's physicians, QC has launched "Caring for ME", a collaborative effort that aims to bring together a wide set of partners to promote shared messages, educational resources, and practical tools for health care providers to support safe opioid prescribing and the compassionate tapering of patients on high-dose chronic opioids. We recognize that many physicians may also need help to prepare for changes in response to new legislation that will mandate limits on the duration and dosage of opioid prescribing. Given those challenges, the goals of the Caring for ME initiative are to support prevention efforts; maintain a compassionate and trauma-informed approach to chronic pain management; improve the safety of opioid prescribing; appropriately diagnose addiction when it exists; and improve access to effective treatments for patients with substance use disorder.

As a start, we have brought together a collection of practical tools and resources at mainequalitycounts.org/caringforme. These include a summary of state efforts; a list of webinars in a new QC Caring for ME webinar series; a link to previous "Snuggle ME" webinar series for drug-affected pregnant mothers and children; the recent US CDC Guidelines for opioid prescribing; info on the Maine Chronic Pain Collaborative and Chronic Pain Playbook, including information on compassionate tapering of high-dose opioids; and links on Medication Assisted Therapy for opioid use disorder. We urge physicians to access these tools and find ways to change practice patterns while continuing their commitment to compassionate care for their patients.

The time for action is now – we urge Maine physicians to step up and do our part to end this crisis.

New Tools Available to Maine Clinicians for Reducing Unnecessary Medical Treatments

First appearing in Maine in 2013 as a pilot program engaging a small number of primary care practices, ABIM Foundation's Choosing Wisely® campaign is now growing to engage multiple health systems and community organizations in Maine.

Maine Quality Counts is a Choosing Wisely grantee, and is working to advance the goals of the campaign by promoting conversations between clinicians and patients to help patients choose care that is supported by evidence, not duplicative of other tests or procedures already received, free from harm and truly necessary. Recognizing the importance of providers and patients working together, more than 70 leading medical societies, along with *Consumer Reports*, are participating. Each has created lists of "Things to Question" that provide specific, evidence-based recommendations providers and patients should discuss to help make wise decisions about the most appropriate care based on their individual situation.

Maine Quality Counts is one of **seven initiatives** funded by the ABIM Foundation, and supported by the Robert Wood Johnson Foundation, working to reduce overused or unnecessary tests and treatments. Each of these projects will focus on implementation of at least three

Choosing Wisely recommendations, including reducing the use of antibiotics for viral infections by at least 20 percent over nearly three years at participating health systems, hospitals and medical groups in their regions.

By 2018, Maine Quality Counts is aiming for a 20 percent reduction in overuse of:

- antibiotics for acute bronchitis in older adults
- advanced imaging for low back pain
- benzodiazepines in older adults

Evaluation of this goal will focus on health systems in the greater Bangor and Midcoast (Bath/Brunswick) regions, but Maine Quality Counts invites all clinicians in Maine to reduce unnecessary use in these three focus areas no matter where their location. To start, clinicians may download a new evidence-based Choosing Wisely Implementation Toolkit created just for Maine providers. In addition, background information created by the Infectious Disease Society of America, the American Academy of Family Physicians, the American Geriatrics Society and others is also available. Both the toolkit and background info sheets can be found at www.mainequalitycounts.org/choosingwisely.

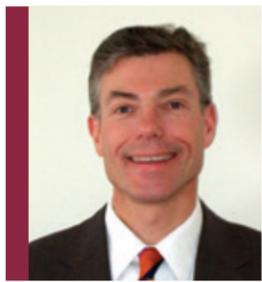
Need more information? Visit www.choosingwisely.org or contact Kellie Slate-Vitcavage at Maine Quality Counts: (207) 620-8526 x1011.



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Legislative Update: Opioid Prescribing Limits are High Profile Issue as 127th Maine

Legislature Comes to a Close

The Second Regular Session began on January 6th and concluded on April 15th. The MMA has worked with representatives of the Maine Hospital Association, law enforcement, and the LePage Administration to influence policymakers' response to the state's opioid abuse epidemic in a way that tries to balance principles of proper pain management for patients with efforts to treat or prevent addiction. We thank Amy Madden, M.D., a family physician from Rome who practices at the Belgrade Regional Health Center, for her strong leadership of the MMA Legislative Committee during the past four years. Amy is retiring as Chair of the Committee, but now is a member of the MMA Board of Directors.

As anticipated when the session opened in January, the State's response to the opioid abuse epidemic has dominated the health policy agenda in Augusta. In early January, the legislature enacted and the Governor signed legislation co-sponsored by House Speaker Mark Eves (D-North Berwick) and Senate President Michael Thibodeau (R-Waldo), entitled L.D. 1537, *An Act To Combat Drug Addiction through Enforcement, Prevention, Treatment and Recovery*. After passing without a negative vote in both chambers of the legislature, Governor LePage signed this bill as P.L. 2015, Chapter 378 on January 19, 2016 and it became effective immediately upon the Governor's signature as an emergency measure. The bill included new funding for law enforcement, treatment, and prevention initiatives.



L - R: Noah Nesin, MD and Steve Hull, MD testifying on L.D. 1646

Later in the session, Governor LePage introduced L.D. 1646, *An Act To Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program*. MMA EVP Gordon Smith led negotiations with representatives of the LePage Administration, the hospital community, and other key stakeholders on this bill addressing opioid prescribing limits, prescriber use of the Prescription Monitoring Program (PMP), and continuing education. The Health & Human Services Committee gave this bill a strong 12-1 "ought to pass as amended" report. The bill passed both the Senate and the House, and was signed by the Governor on April 19th. MMA has solicited input from members throughout the course of the deliberations on the bill and you also will find our key communications with members about it in the "Spotlight" section of the MMA web site, www.mainemed.com.

As this issue of **Maine Medicine** goes to press, the following bills on which MMA has expended considerable effort this session remain in the legislative process.

1. L.D. 690, *An Act To Ensure the Safety of Home Birth* – Sen. Volk (R-Cumberland) (proposal to license Certified Professional Midwives). The Labor, Commerce, Research, & Economic Development Committee voted 9-2 in favor of this bill, and a "fiscal note" has been removed but the Governor may veto the bill so ultimate outcome is uncertain.
2. L.D. 1305, *An Act To Encourage Health Insurance Consumers To Comparison Shop for Health Care Procedures and Treatment* – Sen. Whittemore (R-Somerset) (proposal on transparency of health care cost and quality data, identification of certain health care services for which patients might be incentivized to "shop"). The Insurance & Financial Services Committee voted 7-6 "ought to pass as amended" on this bill with Committee Democrats and Republicans supporting different versions of an amended bill. This bill is likely to fail with the House and Senate voting for different versions.
3. L.D. 1311, *An Act To Establish the Patient Compensation System Act* – Rep. Sanderson (R-Chelsea) (proposal for an alternative to Maine's current medical liability system). The Judiciary Committee voted 12-1 "ought not to pass" on this bill and it likely will be killed by the full legislature.

Lastly, the MMA has continued its important role as a member of the Steering Committee of the *Cover Maine Now* coalition (www.covermainenow.org) advocating the acceptance of federal funds available under the *Affordable Care Act* ("ACA") to provide health care coverage for approximately 70,000 needy Mainers. The Coalition has worked throughout this session with Sen. Tom Saviello (R-Franklin) on L.D. 633, *An Act To Improve the Health of Maine Citizens and the Economy of Maine by Providing Affordable Market-based Coverage Options to Low-income Uninsured Citizens*, a bill including concepts appealing to Republican legislators and governors in other states in an effort to gain sufficient bipartisan legislative support to override a gubernatorial veto. The Health & Human Services Committee voted 8-5 "ought to pass as amended" along party lines. The bill passed in the House and narrowly passed in the Senate. It is currently on the Special Appropriations Table.

The MMA staff thanks all physicians who assisted with our legislative advocacy this session by serving as Doctor of the Day, testifying at a public hearing, speaking at a press conference, or communicating with your own two legislators.

All 186 seats in the 128th Maine Legislature will be contested in November 2016 and the campaigns will begin shortly after adjournment of this legislature. You can find a list of candidates for the June 14, 2016 primary election here: <http://www.maine.gov/sos/cec/elec/upcoming/index.html>.

To find more information about the MMA's advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA web site, www.mainemed.com/legislation/index.php. 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://legislature.maine.gov/>.

The MMA welcomes your participation in our legislative advocacy activities. For more information, please contact Andrew MacLean, Deputy EVP & General Counsel, at amaclean@mainemed.com.



Susan Kring Named MMA Grants Manager and Outreach Director

The Maine Medical Association is pleased to announce the hiring of Susan Kring of Brunswick as Grants Manager and Outreach Director, effective March 30, 2016. For the last year, Sue has shared a position with MMA and MaineHealth related to providing outreach to practices on ACA enrollment. Previous to that position, she worked as Coordinator for the Maine Alliance to Prevent Substance Abuse. At an earlier time, she was the Toxics Program Director for Physicians for Social Responsibility, Maine Chapter. A graduate of Dickinson College, Sue received an M.S. degree in Education from the University of Pennsylvania Graduate School of Education.

"We are very fortunate to have a person with Sue's experience to step into this new position. Her background and education are ideally suited for the type of work that we have in mind," said Gordon Smith, Executive Vice President. In addition to managing a number of current grants, Sue will be able to assist current executive staff in reaching out to our member practices and in creating new relationships which will be important in carrying out the mission of MMA in the months and years ahead. She will immediately assume responsibility for the Maine Alliance of Health Care Professionals, the student and resident activities of MMA and the staffing of the Dirigo Geriatric Society. She will oversee the Association's Academic Detailing activities funded through MaineCare and the current Advocacy grant from the Maine Health Access Foundation. Please join us in welcoming Sue to the MMA family.

THANKS TO 2016 SUSTAINING MEMBERS

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

- Michael Curran, MD
- Maroulla Gleaton, MD
- Linda Schumacher Feero, MD
- Kennebec Internal Medicine
- Mid Coast Hospital
- Pines Health Services
- Spectrum Medical Group



Northern New England Poison Center

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.

Tick Watch

By Siiri Bennett, MD, State Epidemiologist, Maine Center for Disease Control and Prevention



Lyme disease remains the most common tick-borne disease in Maine with 1,171 cases reported in 2015. While ticks may be active any time the temperature is above freezing, they are most active in warmer months. May is Lyme Disease Awareness Month in Maine, and we ask you to please help us stress the importance of tick education. Specifically, we ask you to encourage patients to partake in "tick watch" when spending time outside. This includes daily tick checks, wearing protective clothing, using EPA approved repellents, and using caution in areas where ticks may be.

Important Things to Remember:

- Lyme disease is preventable by avoiding contact with infected ticks and tick infested areas.
- Lyme disease is caused by the bacteria *Borrelia burgdorferi*, which is transmitted through the bite of an infected deer tick (*Ixodes scapularis*). The tick must be attached to an individual for a minimum of 24 hours for transmission.
- The most common early symptom of Lyme disease is an *erythema migrans* (EM), a "bull's eye" rash that appears 3-30 days after transmission (seen in about 60 to 80 percent of cases nationwide). Other early symptoms include: fatigue, fever, headaches, arthralgia, and myalgia.
- Disseminated symptoms include: arthritis including joint swelling, Bell's palsy and other cranial neuritis, encephalitis, lymphocytic meningitis, radiculoneuropathy, and second- or third-degree atrioventricular block.
- Antibiotic therapy is effective for the treatment of Lyme disease. Clinical treatment guidelines are available at the Infectious Diseases Society of America (IDSA)'s website.

Ixodes scapularis can transmit Lyme disease and two other tick-borne infections that are endemic in Maine: anaplasmosis and babesiosis. Cases of both of these diseases are on the rise in Maine. Babesiosis cases increased in 2015 and cases of Anaplasmosis remained steady. The majority of tick-borne illnesses occur during the summer months when ticks and humans are active outdoors. If you see a patient with "summer flu," especially if their WBC is low - think anaplasmosis and send samples for PCR testing.

Thank you for your invaluable help in preventing tick-borne diseases here in Maine.

Resources:

- IDSA treatment guidelines available at <http://cid.oxfordjournals.org/content/43/9/1089.full>
- Lyme disease case report form available on the web at <http://www.maine.gov/lyme> under Resources for Physicians
- "Tick-Borne Disease in Maine: A Physicians Reference Manual" is available online at <http://www.maine.gov/lyme> under Tick Resources. Paper copies can be requested through disease.reporting@maine.gov
- University of Maine Cooperative Extension Tick ID Lab submission instructions found at <http://extension.umaine.edu/ipm/tickid/>
- To continue getting updates throughout May please like our Facebook page at <https://www.facebook.com/MaineCDC>

By Daniel Oppenheim, MD, Co-Chair MMA Public Health Committee & Peter Wilk, MD, Maine Physicians for Social Responsibility Board Member

In 1986, the *New England Journal of Medicine* devoted an entire issue to the health consequences from any use of nuclear weapons. Then editor of the NEJM Dr. Arnold Relman authored an editorial entitled: "The Physicians' Role in Preventing Nuclear War" in which he declared:

"What we physicians urgently need to be telling our government and our fellow citizens is that even 1 percent (or less) of the total destructive power now in possession of the superpowers is enough to doom our two countries and inflict untold damage on the rest of the world.... That is why most physicians, although we have no special expertise in foreign policy or diplomacy, agree that our government ought to be exploring every possible initiative to achieve an agreement on the early reduction of nuclear stockpiles."

This is still true today. Although our nuclear stockpiles have been reduced significantly since 1986, in a nuclear war with Russia involving just a fraction of current arsenals, millions of Americans would be killed and our entire economic, medical and public health infrastructure would be destroyed.

Yes, there are many urgent national security threats that must be dealt with these days. However, these horrific weapons are simply unusable in addressing any of them.

We have also learned that detonation of a smaller number of warheads anywhere in the world (for example in a war between India and Pakistan) would result in catastrophic consequences for all of us. In a series of articles published over the past nine years in the *Journal of Atmospheric Chemistry and Physics* and the *Journal of Geophysical Research*, Drs. Robock, Toon and others document the likely impact of a so-called "limited nuclear war" on climate and global food production, putting the entire world's population at grave risk of mass starvation.

For those reasons, along with the World Medical Association and the American Medical Association, the Maine Medical Association has adopted a series of resolutions on this set of issues, culminating in a 2010 commitment to "work cooperatively with other organizations and individuals interested in the prevention of the devastating consequences of the detonation of nuclear weapons to further public education, public policy and legislation to that end."

Physicians across the country are once again stepping up to address this threat.

- This past June in Chicago, the AMA adopted a resolution urging "the U.S. and all national governments to continue to work to ban and eliminate nuclear weapons." In addition, the AMA reaffirmed its commitment to "collaborate with relevant stakeholders to increase public awareness and education on the topic of the medical and environmental consequences of nuclear war."
- On October 14th, the NEJM published an article by Drs. Ira Helfand and Victor Sidel summarizing the current state of affairs. They observed that most of the world has acted "as though the danger of nuclear war were a thing of the past. To the extent that we have considered the matter, we have focused on the possibility that terrorists or "rogue states" such as North Korea and Iran will acquire nuclear weapons. Although these are important threats, it is critical that we understand that the greatest danger is posed by the arsenals of the countries that already have nuclear weapons. There remain in the world today more than 15,000 nuclear warheads, 95% of which are in the arsenals of the United States and Russia. Of these warheads, some 2000 are on hair-trigger alert. They can be fired in less than 15 minutes and can destroy their targets across the globe 30 minutes later."
- On November 11th the AMA released the text of a letter to Secretary of State John F. Kerry, noting the imperative for physicians to speak out on this issue. "As physicians, we have a clear duty and responsibility to preserve and safeguard the health of our patients and consecrate ourselves to the service of humanity... Therefore, the AMA supports good faith efforts to eliminate nuclear weapons and urges the Administration to continue the process of bilateral and verifiable nuclear arms reduction."

When considering the catastrophic health consequences of any potential use of nuclear weapons, the only appropriate response is prevention. As Drs. Helfand and Sidel urged at the end of their article, we physicians have unique credibility and we must act in concert with the resolutions adopted by the WMA and AMA to "educate our patients, the general public and our political leaders about the medical consequences of nuclear war and the urgent need to abolish these weapons before they are used."

For more information or to help with this educational effort, please check out Maine Physicians for Social Responsibility Maine's website (www.psrmaine.org) or call PSR Maine's Executive Director, Karen D'Andrea at 210-0084.

Connie Adler, MD Installed in Maine Women's Hall of Fame

On Saturday, March 19, Connie Adler, MD became the first physician installed in the Maine Women's Hall of Fame. Established in 1990 by the Maine Federation of Business and Professional Women, the Hall is dedicated to women who have met three specific criteria, including significantly improving lives of women in Maine. Congratulations Dr. Adler!



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Many providers are misinformed that the availability of emergency equipment and medication in the practice increases liability exposure. In actuality, failure to plan and lack of adequate preparation to provide emergency care may lead to increased liability.

Adequate preparation begins with a thorough office system evaluation to determine the unique characteristics of the office setting and the patients served. A retrospective look at emergencies that have occurred will assist in formulating a profile of trends for which the office can prepare. Determine the frequency over the last year of EMS activation and patients sent from the office to the emergency department for admission as well as the causes. Assess your practice population for high risk patients (i.e., cardiac, pulmonary) that may pose a greater likelihood for a medical emergency.

Evaluate the physical plant to determine proximity to definitive emergency care. Determine the average EMS response time. Evaluate the level of response of EMS personnel.

Based on the evaluation of the above areas determination of appropriate equipment can be made. If definitive advanced life support is readily available, then a minimal amount of equipment and supplies may be necessary.

If transport may be delayed or first responders are not capable of advanced life support, then adequate supplies should be available to support the patient.

It is necessary to determine the skills and competency of the office staff and providers before equipping the office with supplies or medications. Use of the equipment and supplies must be within the scope of practice of the staff member. Providers and staff must maintain competency in the equipment. It is recommended that staff have training in basic life support (BLS).

When determining the need for medication supplies, consider the skills of the staff involved in the care of the patient. If a medication requires IV administration, is the staff proficient in obtaining IV access? Are staff knowledgeable on the specific medication and competent to manage anticipated side effects?

Practices may consider incorporating an Automated External Defibrillator (AED). Studies have clearly demonstrated that early defibrillation has a significant impact on mortality.

Key to an emergency response is a coordinated plan. A written protocol insures that staff members have an understanding of their respective roles during an

emergency event. The plan should delineate each staff member's responsibility. Once the plan has been developed, it is imperative that mock drills be conducted to provide staff the opportunity to learn their roles, evaluate the plan, implement changes and develop the confidence and skill needed to respond effectively.

In addition, on a monthly basis review the adequacy of the supplies, proper functioning of the emergency equipment and quantity as well as outdates of your emergency medications.

Hospital-affiliated physician practices are encouraged to explore potential EMTALA implications of their emergency response plan with hospital leadership.

Lack of appropriate training and equipment may result in an adverse outcome. Do not wait for an emergency event to discover that you are ill-prepared.

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.

Home Equity and Culture Competence Trainings

The Hanley Center is pleased to announce additional Health Equity and Culture Competence Trainings!

Positive health outcomes are not evenly distributed across the public. Some populations face much greater challenges in achieving and maintaining good health. Public Health Leaders can play a crucial role in understanding the reasons for these differences and leading strategies to promote greater health equity. In this workshop, we will explore the concepts of health and healthcare disparities, build greater insight into unconscious/implicit bias, and delve into models for developing individual and organizational cultural competence.

Below are links to the EventBrite pages with additional information and tickets:

Ellsworth Training – May 16th: <https://www.eventbrite.com/e/health-equity-cultural-competency-training-ellsworth-tickets-24290694120>

Augusta Training – May 17th: <https://www.eventbrite.com/e/health-equity-cultural-competency-training-augusta-tickets-24291721192>

Additional questions can be sent to jaclynbuck@hanleyleadership.org.

Important Survey Opportunity to Inform a "State of the Union" of the Medical Profession

Survey Will Inform a "State of the Union" of the Medical Profession

The Physicians Foundation, a non-profit organization that seeks to empower physicians to lead in the delivery of high-quality, cost-efficient healthcare, is launching its fourth national Survey of America's Physicians, one of the largest physician surveys ever undertaken in the United States.

The survey is being conducted by national physician search and consulting firm, Merritt Hawkins, and will be emailed to more than 650,000 physicians across the country from March-May of 2016. The survey will take approximately 10-12 minutes to complete and will allow physicians to share their thoughts on health reform, electronic medical records, new methods of physician reimbursement, ICD-10, and a variety of other topics. A full copy of the final survey report will be emailed to all physicians who participate, and participants will also be entered to win one of five \$500 Amazon gift cards and one \$5,000 Amazon gift card.

Physicians can access the survey via this link: https://amnhealthcare.col.qualtrics.com/jfe3/form/SV_bk1BYfvrlFDaOIR

To access previous Physicians Foundation surveys, visit www.physiciansfoundation.org.

Financial Planning – "Taking it to the Street"

By Anthony R. Bartlett, ChFC®, CASL®, AEP®

In today's world, complexity is certain. At the recent Quality Counts Symposium the theme was "Taking it to the Streets." As we all know, Quality Counts is committed to meeting the challenge of coordinating the community's available resources to address the complexities associated with providing for the health of Maine's citizens.

In the ever-changing financial landscape, a financial planner is critical to your financial success. In today's financial world multiple advisors collide if a disconnected program is in place. When advisors don't communicate with each other, the loss to the client in uncoordinated planning can mount to staggering levels. Most clients have a team of advisors (lawyer, CPA, Insurance and an investment advisor), but the reality is they haven't "taken it to the street" to completely coordinate their clients plan. Financial planning is about "taking it to the street" and working hard to make sure that the planning is done with a holistic, collaborative view.

Tax law changes are certain. According to Webster's Dictionary, financial is defined as relating to money and planning is the act or process of making or carrying out plans; specifically: the establishment of goals, policies, and procedures for a social or economic unit. Combined, these words provide the essence of what financial planning means, putting together a plan for your money.

A doctor would not prescribe a medication without knowing the patients symptoms, their vitals and other

medications they are taking. Unfortunately, this is a common symptom when it comes to financial decision-making.

Most successful people have assembled a team of advisors, but only in a few cases have the team of advisors met for the sole benefit of making sure the plan is coordinated. Often the question is asked, "When was the last time your attorney, CPA, insurance and Investment advisors worked collaboratively to ensure that the plans they have created are in sync?" The most common response heard is "never." This miscalculation can cost thousands and thousands of dollars in disconnected planning.

"Taking it to the streets" in financial planning is a must. Working with a financial planner that operates from this vantage point is critically important as a client's net worth increases. Many people are familiar with the Pebble in the Pond, a book of prophecy. It refers to Richard Rahl and was first mentioned in the Stone of Tears. It explains that a pebble dropped in a pond has a rippling effect well past the impact spot. Like the pebble, financial decisions have a rippling effect on all aspects of your financial plan. It is no longer about silo planning.

Please contact Anthony Bartlett or Larry Perry at Baystate Financial, 207-775-6181, with any questions.

SAVE THE DATE
Maine Medical Association's Annual Session
September 9-11, 2016 at the Harborside Hotel – Bar Harbor, ME

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Maine Opiate Collaborative Task Force Reports Event

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Guest Speaker: Kimberly Johnson, PhD, Director,
SAMHSA Center for Substance Abuse Treatment

You are welcome to attend and hear the recommendations
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RSVP to slepoff@mainemed.com or call 622-3374 ext: 213.



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