



Maine Medicine

a quarterly publication of the Maine Medical Association

Maine Medical Association Mission »

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

Visit us online: www.mainemed.com

MEDICARE SGR REPEALED, FINALLY

Late on the evening of April 14, 2015, the United States Senate voted 92-8 to pass The Medicare Access and CHIP Reauthorization Act (H.R. 2) thus repealing the notorious Sustainable Growth Rate (SGR) Medicare payment formula. The House had passed the bill on March 26 on a vote of 392 to 87. President Obama promptly signed the bill, completing the legislative process and freeing physicians and other Medicare providers from a flawed payment formula that had resulted in Medicare payments increasing only 4% since 2001 while the cost of caring for patients increased by 26% during the same period. MMA is pleased to note that all four of Maine's Congressional delegation members voted for the bill. Please take the time to thank our two Senators and two Representatives for this historic vote.

The new law gives physicians the option to stay in Medicare's traditional fee-for-service system while incentives are offered to move to alternative payment models. In addition to repealing the SGR formula, the bill would:

- » Provide all physicians with positive 0.5 percent updates for 4 and ½ years (July 1, 2015 through the end of 2019).
 - » Replace Medicare's multiple quality reporting programs with a new single Merit-Based Incentive Payment System (MIPS) that provides positive or negative payment adjustments based on a composite score/performance for providers remaining in the fee-for-service model. While the MIPS program has similar features of Medicare's current quality programs, it is intended to be more flexible with new opportunities to earn bonuses.
 - » Under MIPS physicians can earn bonuses and face lower penalties. Maximum MIPS bonuses and penalties would be 4 percent in 2019; 5 percent in 2020, 7 percent in 2021, and 9 percent in 2022 and beyond. Additional bonuses of up to 10 percent would go for exceptional performance, with \$500 million of Medicare funds set aside each year for that purpose.
 - » Existing programs PQRS, MU and VBM would officially end in 2019. The last reporting period would be for 2018. Physicians would be judged by what is relevant to their practice, and get credit for improvements as well as hitting performance targets. They would know those targets at the start of each reporting period and receive more timely individual feedback.
 - » Preserve the 10-day and 90-day global surgical bundled payments by reversing a recently adopted rule by the Centers for Medicare and Medicaid Services (CMS) that would have unbundled these services.
 - » Sets a goal of achieving interoperability of EHR systems by December 31, 2018. If not achieved, the Secretary can recommend adjusting MU penalties and/or decertifying EHRs. A study is required to assist physicians in comparing and selecting among certified EHR products.
 - » Practices with 15 or fewer professionals would qualify for technical-assistance funding to help improve their performance or transition to alternative payment models. Priority would be given to practices with low scores and those in rural and underserved areas.
 - » Liability protections are included if provider standards are followed.
- The Maine Medical Association, the American Medical Association and over 750 other national and state medical societies and specialty organizations supported the bill. While certainly not perfect, it does put behind us the flawed formula and gives medicine an opportunity to expand its advocacy agenda which for several years has been negatively impacted by the annual effort to patch the formula.

PHYSICIANS' DAY AT THE 127TH LEGISLATURE IS A GREAT SUCCESS

Sponsored by the MMA, the Maine Osteopathic Association, and the Maine Association of Physician Assistants, Physicians' Day at the Legislature on Thursday, March 12th was a positive experience for physicians, residents, medical students, and staff alike. More than 50 representatives of the organizations filled the State House with white coats and engaged legislators on a wide range of topics of interest to the medical community and Maine patients. In addition to meeting with Governor Paul LePage for an hour, participants met with all legislative leaders and listened to the four physicians in the Legislature comment on their experiences in public service.

Governor LePage responded to several issues during a wide ranging discussion including infectious disease, immunizations, medical school debt, methadone, scope of practice, and the needs of primary care. Holly Lusk, J.D., the Governor's Senior Health Policy Advisor also attended the meeting.

In four separate meetings with legislative leaders, attendees pressed legislators on the need to expand access to care and opposed the establishment of limits on the treatment options available to patients struggling with addictions.

Four physician legislators, Senator Geoff Gratwick, M.D. and Representatives Linda Sanborn, M.D., Patricia Hymanson, M.D., and Heidi Brooks, M.D. talked with attendees about what attracted them to public service and what surprises they found when they arrived at the State House.

Sponsored by MMA, the Maine Osteopathic Association, and the Maine Association of Physician Assistants, Physicians' Day at the Legislature is held on a biannual basis in odd-numbered years. This year, the following specialty societies participated, along with several individual physicians and the students from the University of New England College of Osteopathic Medicine.

- » Maine Academy of Family Physicians
- » Maine Society of Eye Physicians and Surgeons
- » Maine Society of Anesthesiologists
- » Maine Gastroenterology Society
- » Maine Association of Psychiatric Physicians
- » Maine Council of Child and Adolescent Psychiatry
- » Maine Association of Physician Assistants
- » Maine Chapter, American Academy of Pediatrics

In addition, tables were also staffed in the Hall of Flags by representatives of MMA, MOA, Quality Counts, the University of New England, Maine AllCare, the Maine Association for Infant Mental Health, MMA's MICIS (Academic Detailing), and the Medical Professional Health Program.

Photos of the event are posted in the photo gallery on the MMA website at www.mainemed.com. The MMA thanks all who attended and made the event a success.

Timed to coincide with Physicians' Day, the House and Senate passed a Joint Resolution Commending the Efforts of the Parties to Advance Changes in Primary Care Payment to Promote Better Primary Care for All Maine. A copy of the Resolution will be available on the MMA website.

A hearty thanks to all those who attended and to the MMA and MOA staff who put the successful event together.



Governor Paul LePage talks with physicians and medical students



Linda Schumacher Feero, MD
President, Maine Society of Eye
Physicians and Surgeons



Margaret Penoyer, MD with
James Maier, MD



MOA Executive Director Angela Westhoff with
medical students



Robert Schlager, MD with David McDermott, MD



Charles Solton, Esq. with
Richard Flowerdew, MD, BS



As I sit down to write my President's Corner article for this edition of *Maine Medicine*, I'm looking out the window to fresh spring snow and thinking I'm ready for the warmth and renewal of spring and summer. It has been a long cold winter and I continue to be inspired by the

resilience of Mainers to hang in there and make the most of any situation Mother Nature throws at us! I also know that I am getting away from the snow and unpredictable spring Maine weather as I get ready to embark on a medical mission trip to the Dominican Republic. I have never done a mission trip before and am thrilled to be doing something I have always wanted to do. What makes this trip even more special is that I get to share the experience with my 15 year old daughter who is going with her Rotary Interact High School club.

Things have been busy on the political front, both nationally and in the state of Maine. I had the opportunity to attend the AMA National Advocacy Conference in Washington DC in February with EVP Gordon Smith. We were able to hear from national leaders about what they are dealing with in Washington currently and it is always interesting to hear partisan perspectives. Willie Geist from the Today show was an entertaining host and we heard from Sylvia Matthews Burwell, Secretary, U.S. Department of Health and Human services along with Governor Haley Barbour. The highlight of the meeting was the opportunity we had to meet with the Maine Congressional Delegation. We were able to sit down with Senators King and Collins and Representatives Poliquin and Pingree along with their key staff members. The most important topic of discussion centered on a permanent fix to the Medicare SGR. I'm happy to report that all of Maine's congressional delegation is in support of a permanent fix, we will see if it can happen. The disturbing news is that with the 17 temporary fixes the government has spent more than what the permanent fix would have cost! I guess that's politics for you! We also discussed funding for CHIP, meaningful use requirements for primary care providers, ICD 10, high deductible plans and access to care. Our Congressional Delegation in Washington continues to be busy with the business of running our country but they are always interested in hearing what their Maine constituents are worried about here locally.

On the local front, the 127th Maine Legislature has been busy with over 1400 bills introduced. Our Legislative

Committee, under the leadership of Amy Madden, MD, has been actively reviewing the bills that are relevant to the medical community in our weekly legislative conference calls. Prior to the call, every week the MMA *Weekly Update* lists the bills that are to be reviewed that week. The *Weekly Update* goes out to all MMA members who have provided us with an email address. The calls are open to anyone, member of the MMA or not, who has an opinion or interest in the legislation. Having participated in these calls over the years, I can't begin to tell you how meaningful and important this process is for MMA. Time and time again, when we survey members about what the MMA does that is important to them, advocacy tops the list. We have an incredible staff that utilizes a significant amount of time during the busy legislative session to sort through the bills and formulate the position they feel the MMA should adopt (to support, oppose or neither support nor oppose a given bill). The staff is dependent upon our participation to determine the position the Association ultimately takes on the bills. I urge you all to take a look at your *Weekly Update* and if there is something you are passionate about, please call in and voice your opinion. We still have a long way to go until this Legislative session finishes up in mid-June.

I am proud to say that Physicians' Day at the Legislature on March 12th was one of the most well attended we have had in years. We had great representation from physicians, both MD and DO, students from UNECOM, residents, Physician Assistants and specialty societies. It was a great opportunity to talk to legislators and share our commitment to high quality, cost effective, patient centered health care in the state of Maine. We had the opportunity to meet with Governor Lepage for over an hour. He was attentive to our concerns and the conversation ended with him asking his Health Care Policy advisor to put together a group of us to meet with him on a regular basis to discuss common concerns. More to come on this one and I'll keep you posted!

Needless to say, we continue to be busy and are doing our best to represent you all every day at the MMA. I continue to welcome any thoughts, concerns or questions that you may have and please feel free to touch base with me any time at president@mainemed.com, my work phone number, 647-4232 or my cell phone number, 232-0594. I look forward to sharing with you all my experiences on my mission trip and I can only hope the snow is gone and spring has sprung by the time I return.

Cheers!

Custom Ringtones Added to DocbookMD

Based on feedback from physicians stating that you want to be able to customize your iOS ring tones to make sure to hear when you receive a new DocbookMD message, this new feature has been added to the settings menu inside the app. Now, not only can you choose from 40 different sound notification options, but you can assign a different tone to each of the three message priority times. From your iPhone or iPad, tap on Settings from the main menu and decide which ringtone you want for messages sent with "5 min," "30 min" and "None" priorities.



Beyond the new ringtone customization feature, there are even more useful tools in the settings section of DocbookMD:

- » **Enable Messaging:** The quick option to turn the ability for you to receive DocbookMD messages on and off.
- » **Enhanced Notifications:** Enter an email address and/or phone number to be notified of an unread DocbookMD message that's waiting for your attention. No protected health information is sent via email or standard text, simply a notification that you have a pending DocbookMD message.
- » **Lock App with PIN:** An additional level of HIPAA security, creating and using a pin number to gain access to the DocbookMD app is a quick way to further protect yourself and your patients.

DocbookMD is available to all MMA members as a free member benefit. Across the country, more than 25,000 physicians in 40 states use DocbookMD, further connecting the community of medicine. DocbookMD is available for iPhone, iPad, and Android devices as well as PC and Mac via the new web version. The app can be downloaded using the Apple App Store or Google Play.

Docbook Enterprise offers a scalable and secure way for groups and hospitals to meet a wide variety of workflow needs and enhance existing technology systems. To bring the enterprise version of DocbookMD to your hospital or large group, contact DocbookMD Director of Partnerships Chad Shepler at (512) 383-5822.

Maine Rx Card Helps with Rising Costs of Generic Drug Prices

Statewide Prescription Assistance Program Offers a Prescription to High Healthcare Costs

According to a recent article posted in the *Chicago Tribune*, the prices of generic medications are getting less affordable year after year. The latest numbers by Catamaran show that consumers and insurers paid an average of \$13.14 per prescription for the 50 most popular generics in 2010. In 2014, they paid \$62.10, a 373 percent increase. Today, more than a third of available generics cost insurers and consumers more than \$100 per prescription.

With this in mind, physicians can help by educating their patients about the Maine Rx Card, which is a free statewide prescription assistance program endorsed

by the Maine Medical Association. Maine Rx Card was launched in 2010 in an effort to make prescription medications more affordable for the uninsured, as well as the underinsured. The Maine Rx Card can be used for savings of up to 75% on prescription medications at more than 56,000 pharmacies nationwide.

The card discounts both brand and generic prescription medications for those individuals without prescription coverage. Additionally, those who have prescription drug coverage may still qualify and receive discounts on medications not covered by their insurance plan. There's no application to complete, no membership restrictions, no income requirement, and no age limitations.

Patients may visit www.mainerxcard.com to print a free Maine Rx Card. There, they can also search for participating pharmacies and compare medication pricing.

Physicians may request a supply of custom cards mailed directly to their office at no cost by contacting the program's development director, Annie Bass, at abass@mainerxcard.com or 207-504-5370.

Your Prescription to Save!

Program Highlights:

- ✓ Free Card For Everyone
- ✓ No Restrictions on Eligibility
- ✓ Low Price Guarantee
- ✓ Discounts Most Medications
- ✓ Accepted at Over 56,000 Pharmacies
- ✓ HIPAA Compliant

For more information or to order free hard cards visit:
www.mainerxcard.com
Annie Bass
abass@mainerxcard.com
 207-504-5370

Free Rx iCard
 Maine Rx Card

Time for a checkup?

Physicians Need Protection Too

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Representing You at the State House

The 127th Maine Legislature is now in high gear. Nearly 1400 bills have been printed and as expected, more than 10% of these proposals

impact physicians directly or indirectly. While MMA drafted and sought legislative sponsors for a handful of bills, most of our political capital is expended opposing the many bills that may be well intended but would impose barriers to your ability to practice medicine. Here are a couple of recent examples:

L.D. 327, *An Act to Require Prescribers of Controlled Substances to Use the Controlled Substances Prescription Monitoring Program Software* would have required any prescriber of a controlled substance (schedules II-V) to check the PMP prior to writing ANY such prescription for any patient, including any refill. A proposal so obviously over the top that we were able to get a clean kill quickly. A similar proposal (L.D.989), limited to Zohydro is still pending.

L.D. 199, *An Act to Improve the Reporting of Child Abuse* would have removed from current statute the ability to report suspected child abuse or neglect through the institution, agency or facility that a mandated reporter works in. Intended to eliminate those instances in which a case is missed when various health professionals assumed someone else had reported the case, the language as

proposed would have resulted in many duplicative reports flowing into HHS. In this case, we worked with sponsors and advocacy organizations to draft an amendment which ensures that a report gets made but does not require every individual involved to file duplicative reports.

As noted in Dr. Ryan's article in this issue of *Maine Medicine*, the process that MMA follows in determining its position on a bill is both transparent and participatory. The bills being considered on the weekly conference call are listed in the e-newsletter each Monday (*Maine Medicine Weekly Update*). All members are invited to join staff and Legislative Committee chair Amy Madden, M.D. on the call and we also invite a number of our colleagues such as the Maine Osteopathic Association, the Maine Hospital Association and Medical Mutual. All medical specialty societies are encouraged to participate so we are aware of any unique interests they may have.

Rest assured, we probably do not always get it right and we always are willing to take a second look, as we did on L.D. 422 involving Lyme disease. But we are very serious about representing your interests at the State House and look to you, the members, to let us know what you are interested in. The most difficult issues for us involve those instances in which the members are very divided. But even in these cases, we will do our best to reconcile the interests involved and provide the Legislature with the appropriate science and evidence that they deserve.

It is an honor for Andy, Peter and I to speak for Maine's physicians every day at the State House. Thank you for the opportunity.

Corporate Affiliate Profile: IWP Delivers Peace of Mind in Addition to Excellent Prescription Care

As *THE Patient Advocate Pharmacy*, IWP provides convenient home delivery prescription medications to those injured on the road, on the job and everywhere in between so they can return to a productive life. Our simple, hassle-free process is designed to give your patients the highest quality prescription care with little to no upfront cost. By delivering peace of mind to your patients, IWP allows you to keep your focus where it belongs – your practice.

We eliminate the headaches associated with obtaining prescription approvals and take the administrative hassles off your hands with a team that is well versed in the state-specific nuances and clinical needs of workers' compensation, auto and personal injury claims. Our dedicated account team manages the claims process and

monitors prescription shipments ensuring your patients are never without their medications. For you this means fewer calls from distressed patients, fewer interactions with the insurance carrier, and a lot less paperwork.

We are experts in not only providing quality care, but working on behalf of injured individuals and our business partners to ensure their rights are never compromised. Our Government Affairs team monitors pharmacy-related legislation and regulations and works closely with policymakers to benefit you and your practice. We take action so that any legislative reforms are favorable to attorneys, medical providers, and ultimately the interest of the patient.

IWP makes it our mission to deliver peace of mind in addition to prescription medications, so your patients can focus on what's important – getting better. For more information about IWP and our services, please visit www.IWPPharmacy.com.

Physicians Vote to Exercise Conscience in Medical Care

Physicians voted in favor of new policies during the 2014 AMA Interim Meeting in Dallas, focusing on physicians' exercise of conscience and physician civil discourse.

Nearly 500 delegates voted to pass policy that supports high standards of civility and respect among physicians, stating that different beliefs, aspects of conscience and ethical views are essential to the improvement of medicine.

Also adopted was policy outlined in a report by the AMA Council on Ethical and Judicial Affairs on physicians' exercise of conscience. This policy supports giving physicians' latitude to practice in accordance with their own well-considered, deeply held beliefs that are central to their self-identities.

Physicians are expected to provide care in emergencies, honor patients' decisions to refuse treatment, respect basic civil liberties and not discriminate against individuals. At the same time, policy also recognizes that physicians have an interest in maintaining personal integrity.

According to the new policy, to responsibly follow the dictates of conscience, physicians should:

- >> Consider whether and how significantly an action will undermine the physician's personal integrity, create emotional or moral distress for the physician, or compromise the physician's ability to provide care for the individual and other patients.

- >> Make clear that there are interventions or services the physician cannot in good conscience provide because they are contrary to the physician's deeply held personal beliefs before entering into a patient-physician relationship. In particular, the physician should focus on interventions or services a patient might otherwise reasonably expect the practice to offer.

- >> Take care that their actions do not discriminate against or unduly burden individual patients or patient populations and do not adversely affect patient or public trust.

- >> Be mindful of the burden their actions may place on fellow health care professionals.

- >> Uphold standards of informed consent and let the patient know about all relevant options for treatment, including options to which the physician morally objects.

- >> In general, physicians should refer a patient to another physician to provide treatment the physician declines to offer. When a deeply held, well-considered personal belief leads a physician to also decline to refer, the physician should offer impartial guidance to patients about how to inform themselves regarding access to desired services.

- >> Continue to provide other ongoing care for the patient or formally terminate the patient-physician relationship in keeping with ethical guidelines.

Get more news on policy from the 2014 AMA Interim Meeting at AMA Wire®.

Reprinted from AMA Wire® Nov. 10, 2014.



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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.

SAVE THE DATE

MMA's 12th Annual Golf Tournament

JULY 20, 2015

**Augusta Country Club
Manchester, ME**

Contact Lisa Martin at
622-3374 ext. 221 or
lmartin@mainemed.com
for more details.

UPCOMING AT MMA >>

MAY 7

10:30am - 4:30pm
CCMEA Annual Meeting

MAY 11

4:00pm - 7:30pm
Medical Professional Health Program (MPHP)

MAY 21

6:00pm - 8:00pm
Maine Association of Psychiatric Physicians (MAPP)

JUNE 3

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

JUNE 8

4:00pm - 7:30pm
Medical Professional Health Program (MPHP)

JUNE 16

8:00am - 4:00pm
CAH CNO and Nurse Manager Conference

4:00pm - 6:00pm

Committee on Physician Quality (CPQ)

JUNE 18

8:00am - 3:30pm
Pathways to Excellence

6:00pm - 8:00pm

Maine Association of Psychiatric Physicians (MAPP)

JULY 13

4:00pm - 7:30pm
Medical Professional Health Program (MPHP)

AUGUST 10

4:00pm - 7:30pm
Medical Professional Health Program (MPHP)

AUGUST 18

4:00pm - 6:00pm
Committee on Physician Quality (CPQ)

SEPTEMBER 14

4:00pm - 7:30pm
Medical Professional Health Program (MPHP)

SEPTEMBER 17

6:00pm - 8:00pm
Maine Association of Psychiatric Physicians (MAPP)

SEPTEMBER 17

8:00am - 3:30pm
Pathways to Excellence

MAINE QUALITY COUNTS >>

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



Building a Culture of Health: A New Conversation Started at QC 2015

What started in 2003 as a gathering of 178 individuals interested in health care quality has blossomed into Maine's largest health care conference, this year attracting 1200 participants who came together on April 1st to learn, share, listen, network with colleagues, and be inspired to move toward a culture of health in Maine. This year's annual conference sponsored by Maine Quality Counts, "QC 2015: *Delivering Health Care or Health?*" featured noted surgeon and writer, Atul Gawande, and was the largest health care conference ever held in the state. The sold-out attendance brought together physicians and other health care providers, consumers, health plans, employers, public health workers, and many others from every corner of the state to explore dimensions of what it will take to move from a focus on delivering health care, to delivering health.



Atul Gawande, Keynote Speaker



1200 participants attended Maine's largest healthcare conference

What does it mean to deliver not only health care, but health? We heard a number of answers from conference presenters and attendees. Some suggested it starts with an awareness that the two are different – particularly noted by the fact that Maine ranks 4th in the nation in ratings of health care quality, but only 20th in ratings of overall health. Many suggested reaching out and collaborating with professionals in other fields like education and transportation. Others proposed increasing communication and collaboration within the health care field itself. All stressed the goals of creating broader connections and stronger collaborations, particularly those that can help to address the underlying social needs of patients and social determinants of health, such as poverty, education, and housing.

I'm pleased to note that the day-to-day work of Maine Quality Counts aligns well with these goals. By training Behavioral Health Home Organizations, we're increasing cooperation and collaboration between primary care providers and their community mental health counterparts to improve the physical health outcomes of the severely mentally ill. Our Choosing Wisely in

Maine campaign and support of Shared Decision Making are increasing connections and collaboration between individual providers and patients. And, our work with the State Innovation Model is paving the way for closer collaboration and cooperation between health systems.

While we are already hard at work planning QC 2016 – scheduled for Wednesday, April 6, 2016 at the Augusta Civic Center – we're also continuing to explore the theme of this year's conference during monthly webinars. Catch the noontime Delivering Health and Health Care webinars the second Tuesday of every month through the rest of the year. On Tuesday, May 12th, the webinar will feature a discussion on investing in children's health led by Marjorie Withers, director and co-founder of the Community Caring Collaborative, and Sue Mackey-Andrews, co-facilitator and co-founder of the Maine Resilience Building Network. You can find our full webinar schedule online: www.mainequalitycounts.org/lunchandlearn.



MMA staff Dianna Poulin and Susan Kring exhibited at the event

As health care providers, I urge you to consider ways you can go beyond the traditional bounds of facility-based health care delivery and begin "delivering health." Can you partner with a community food bank or farmers' market to improve your patients' access to fresh, nutritious food? Is your practice ready to consider implementing Choosing Wisely? What about closer integration of behavioral and physical health? As you consider these questions, please remember that Maine Quality Counts is here to provide help and support for just these kinds of innovations and transformations. To learn more visit www.mainequalitycounts.org, join our mailing list, or sign up for one of our free webinars. And of course, plan to attend QC 2016 on April 6, 2016 – don't be left out of the conversation!



A few attendees among the large crowd gathered at the conference

THANKS TO 2015 SUSTAINING MEMBERS

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

Jo Linder, MD

Michael Parker, MD

Michael Szela, MD

New England Cancer Specialists

Pines Health Services

How Do You USE Your MMA Membership?

DocbookMD, a no cost member benefit, lets you share messages securely using your smartphone, tablet, or iPad to improve care coordination and referrals – while avoiding a HIPAA violation. With Docbook, you can even share photos, X-rays and EKGs. Learn more at www.docbookmd.com.

DocbookMD Enhances Care

DocbookMD, a mobile app, addresses the many issues surrounding the convenience, speed, and legality of physician-to-physician communication. It's your latest membership benefit from MMA.

Developed by physicians Tim Gueramy, MD, and Tracey Haas, DO, DocbookMD eliminates the red-tape and overcomplicated systems that govern your communication with other physicians. By letting you send and receive other vital patient information instantly via your smartphone or tablet, DocBookMD helps you enhance patient care, make your practice more efficient, gain and give referrals, and avoid mistakes.

"DocbookMD allows you to look up another doctor at the point of care. You can then either call the physician or send a text message with room numbers, medical record numbers, even pictures of wounds, and x-rays. And all of this is sent securely and in a way that meets HIPAA requirements," Dr. Gueramy said.

With DocbookMD, a regional network of physician colleagues is at your fingertips for consultation and referrals – all at the point of care and in the blink of an eye.

AMA and CDC launch new physician practice tools/resources

Eighty-six million American adults have prediabetes, which means it is likely that you have patients with this common but treatable condition. To help these patients and improve outcomes for your practice, without adding burden to your workflow, you can take advantage of new physician practice tools and resources from the American Medical Association (AMA) and the Centers for Disease Control and Prevention (CDC).

On March 12, 2015, the AMA and CDC launched a national, multi-year initiative called "Prevent Diabetes **STAT**: **S**creen, **T**est, **A**ct – **T**oday™."

The goal of Prevent Diabetes STAT is to raise awareness about prediabetes and to increase physician screening, testing and referral to evidence-based diabetes prevention programs that are part of the CDC's National Diabetes Prevention Program.

Visit preventdiabetesstat.org, the new Web page where physicians and the general public can find helpful content.

The first phase of the initiative is focused on providing physicians and care teams with easy-to-use tools and resources, <http://www.ama-assn.org/sub/prevent-diabetes-stat/toolkit.html>, to help them identify people with prediabetes and refer them to community-based or virtual diabetes prevention programs.

"Diabetes remains a very serious issue in our state," noted Lisa Ryan, DO, MMA President. "I am pleased to see the AMA and CDC make these resources available to medical practices in the state."

Using Prevent Diabetes STAT screening, testing and referral tools can help your practice achieve Patient Centered Medical Home Recognition, as well as Meaningful Use of your electronic medical record.

As a key focus of this initiative, the AMA and CDC are calling on physicians and care teams to:

- >> **S**creen patients for prediabetes, using the CDC Prediabetes Screening Test or the American Diabetes Association Diabetes Risk Test.
- >> **T**est patients for prediabetes, using one of three blood tests and looking for these results:

HbA1C(%)	5.7–6.4
Fasting plasma glucose (mg/dL)	100–125
Oral glucose tolerance test (mg/dL)	140–199

- >> **A**ct **T**oday to prevent diabetes by referring patients with prediabetes to a CDC-recognized diabetes prevention program, where available.

- > If a CDC-recognized in-person or virtual diabetes prevention program is not available, patients with prediabetes should be referred for alternate nutrition and physical activity counseling services. Printed educational materials available at <http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=71> may also be distributed to patients.

The initiative website <http://www.ama-assn.org/sub/prevent-diabetes-stat/for-health-care-professionals.html> also includes brief videos to inform both clinicians and patients about the diabetes prevention program, a link to locations of in-person diabetes prevention programs by state and to organizations offering virtual programs, and an online screening tool to help people determine their own risk for type 2 diabetes. Visit the site, take the risk test <http://www.ama-assn.org/sub/prevent-diabetes-stat/downloads/prediabetes-screening-test.pdf> (don't forget, physicians are people, too), and encourage colleagues, family members and patients to do the same thing to Prevent Diabetes **STAT**.



Louis A. Hanson, D.O. Scholarship to Honor Respected Physician Leader

A scholarship established by the MMC PHO will honor the late Louis A. Hanson, D.O., one of southern

Maine's most respected physician leaders. Scholarship funds will be awarded to physicians who have been selected for leadership development courses through the Daniel Hanley Center for Health Leadership, an independent non-profit organization based in Portland. The Louis A. Hanson, D.O. Scholarship is meant to carry on the leadership example and legacy of Dr. Hanson and to help develop future generations of medical leaders.

To read more about Louis A. Hanson, the scholarship, and the first scholarship recipient, visit: <http://www.cpmtoday.me/sites/default/files/3.5%20Louis%20Hanson%20Announcement.pdf>

For more information about the Hanley Center, visit www.hanleyleadership.org.

For scholarship information, contact:

- > Hanley Center For Health Leadership: Kathy Vezina, Associate Executive Director at kathyrnvezina@hanleyleadership.org
- > MMC PHO: Lindsay Keller, Communications Specialist at lkeller@mmc.org

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MAY 29 - 31, 2015
Harborside Hotel & Marina – Bar Harbor, ME
 Maine Chapter, American College of Surgeons
Contact: 1-877-249-9321 or maine@mainefacs.org
Website FMI: www.mainefacs.org

JUNE 25, 2015
Cabbage Island Clambakes – Boothbay Harbor, ME from 4:30pm – 8:30pm
 Maine Chapter, American College of Emergency Physicians Annual Summer Business Meeting
Contact: Maureen Elwell at 207-512-6108 or melwell@mainemed.com

SEPTEMBER 25-27, 2015
The Algonquin by the Sea - St. Andrews, New Brunswick, Canada
 Joint Conference - American Academy of Pediatrics - Maine Chapter and the American Academy of Pediatrics - Atlantic Provinces Chapter
Contact: Dee Kerry deHaas at 207-622-3374 x219 or dkerrydehaas@aap.net

SEPTEMBER 25-27, 2015
Atlantic Oceanside Hotel & Conference Center – Bar Harbor, ME
 American College of Physicians - Maine Chapter
 2015 Annual Chapter Meeting and Educational Sessions
Contact: Warene Eldridge at 207-215-7118 or warene54@yahoo.com

OCTOBER 2, 2015
Harborside Hotel & Marina – Bar Harbor, ME
 Maine Society of Eye Physicians and Surgeons Fall Business Meeting – 10:00am – 11:45am
 (To be held in conjunction with the 14th Annual Downeast Ophthalmology Symposium)
Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

OCTOBER 2-4, 2015
Harborside Hotel & Marina – Bar Harbor, ME
 14th Annual Downeast Ophthalmology Symposium
 (Presented by the Maine Society of Eye Physicians and Surgeons)
Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

OCTOBER 7, 2015
Davinci's Restaurant – Lewiston, ME from 6:00pm – 9:00pm
 Maine Chapter, American College of Emergency Physicians Annual Fall Business Meeting
Contact: Maureen Elwell at 207-512-6108 or melwell@mainemed.com

OCTOBER 23, 2015
Hilton Garden Inn – Freeport, ME 8:00am – 4:00pm
 Postpartum Depression Conference
Contact: Dianna Poulin 207-622-3374 ext: 223 or dpoulin@mainemed.com

DECEMBER 9, 2015
Dry Dock Restaurant – Portland, ME from 5:00pm – 9:00pm
 Maine Chapter, American College of Emergency Physicians Annual Winter Business Meeting
Contact: Maureen Elwell at 207-512-6108 or melwell@mainemed.com

By Sara Robinson, MPH, Epidemiologist



U.S. Senator Angus King tours new Maine General Medical Center with Andrew Dionne, MD and CEO Chuck Hayes



Gordon Smith, Esq., Lisa Ryan, DO, and AMA EVP James Madara, MD at National Advocacy Conference



MMA President Lisa Ryan, DO with U.S. Senator Collins



EVP Gordon Smith and MMA President Lisa Ryan, DO with Congresswoman Chellie Pingree



Erika Pierce, PA-C received the prestigious Robert Lapham Award at the mid-winter meeting of the Maine Association of Physician Assistants. Erika is shown here holding the award with Robert Lapham, PA-C.



Inspect and Protect

Lyme disease remains the most common tick-borne disease in Maine with more than 1,395 cases reported in 2014. 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 “inspect and protect” oneself when spending time outside. This includes daily tick checks.



Important things to Remember

- » 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.
- » Lyme disease is also capable of causing dermatologic, rheumatologic, neurologic, and cardiac abnormalities.
- » Later onset symptoms include: arthritis including joint swelling, Bell’s palsy and other cranial neuritis, encephalitis, lymphocytic meningitis, radiculoneuropathy, and second- or third-degree atrioventricular block.
- » Lyme disease is treatable, 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.

- » Lyme disease is preventable by avoiding contact with infected ticks and tick infested areas.

Ixodes scapularis can transmit Lyme disease and two other tick-borne infections that are endemic in Maine: anaplasmosis and babesiosis. Cases of both these diseases are on the rise in Maine. Anaplasmosis doubled for the second year in a row and cases of babesiosis also increased from 2013. 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>

IN MEMORY OF CHARLES D. MCKEE | 1940-2014

We are saddened by the loss of our dear friend and partner, Charlie McKee, who died peacefully at his home in Spring Island, S.C. on December 8th. He will be deeply missed.

BUCKY JOHNSON Senior Vice President – Financial Advisor
JIM JACKSON, CFP®, CIMA® Senior Vice President – Financial Advisor

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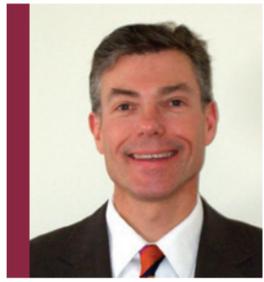
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127th Maine Legislature Faces Heavy Workload as it Approaches June 17th Adjournment Date of First Regular Session

The 127th Maine Legislature has passed the mid-point of its First Regular Session as this issue goes to press and the legislature's joint standing committees still have a substantial number of bills to address through the public hearing and work session process. The workload in the Health & Human Services Committee is particularly heavy. The Appropriations Committee has just begun to sink its teeth into the hard work of developing a bipartisan biennial budget, L.D. 1019. MMA Legislative Committee Chair Amy Madden, M.D. invites physicians to join our regular 8 p.m. Tuesday conference calls for the latest updates on action at the State House.



Dr. Tory Rogers with Representative Christine Burstein (D, Lincolnville)

Governor LePage's \$6.3 billion FY 2016-2017 biennial budget proposal presents plenty of challenges for the Appropriations Committee, including elements of tax reform (including extending the sales tax to elective cosmetic medical procedures), threats to Maine's public health infrastructure by diverting money from the *Fund for a Healthy Maine*, cuts in key hospital reimbursement programs, and maintenance of the ACA primary care fee increase with state General Fund dollars. The Appropriations Committee has begun its budget work session process by "pairing" a Republican member with a Democratic member to review sections of the budget and make recommendations to the whole committee. Many observers anticipate that this year the biennial budget negotiations could push right up against the end of the fiscal year, June 30, 2015.

The biennial budget is just one of more than 1400 bills now printed and being considered by the legislature. Among the several hundred bills identified by MMA as affecting the physician community are the following examples: bills dealing with minors' use of tanning facilities (L.D. 123), treatment for Lyme disease (L.D. 422), study of a single payer approach to health care reform (L.D. 384), implications of out-of-network practitioners in in-network facilities (L.D. 251), screening for Krabbe disease (L.D. 84), health insurance coverage for early refills of prescription eye drops (L.D. 572), access to naloxone (L.D.s 140 and 812), mandating use of the prescription monitoring program (L.D. 327), and independent prescriptive authority for CRNAs and expansion of scope of practice of all APRNs (L.D. 970). The MMA also is involved in a facilitated collaborative process involving the Certified Professional Midwives (CPM) community and representatives of the American College of Obstetricians & Gynecologists (ACOG) and the American College of Nurse Midwives that may lead to the state licensure of CPMs in 2016.

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*. The Legislative Committee conducts conference calls to review new bills and to provide updates on legislative activity every Tuesday evening at 8:00p.m. during the session. Any interested member or staff person is welcome to participate. Please see each week's *Maine Medicine Weekly Update* for conference call information.



Paul Killoran, MD, 2nd year resident in psychiatry at MMC, testifying before the Appropriations and HHS Committees on March 5, 2015.

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.

MMA Joins the Maine Health Management Coalition (MHMC)

The Maine Health Management Coalition (MHMC), a non-profit organization working to reduce healthcare costs and improve the quality of clinical services, is pleased to announce the addition of the Maine Medical Association as a new member of its multi-stakeholder group. The Maine Medical Association is the state's largest physician organization with over 3700 members.

As a convener between health plans, purchasers, providers, consumer groups, associations and affiliate members, the MHMC combines the efforts of all parties involved in Maine's healthcare system to reach its vision to lead the country in health status, patient experience and low per capita healthcare expenditures. The MHMC drives and achieves improvements in the Maine healthcare system by working with its members to foster innovative health plan approaches, provide ratings on clinician's performance and educate members on how their individual healthcare spending compares to state benchmarks.

The Maine Medical Association supports Maine physicians to advance the quality of medicine in Maine and promote the health of all Maine citizens.

"We are very pleased to have the Maine Medical Association join the Coalition. Their initiatives align with the critical component of our mission to attain optimum healthcare quality," said MHMC CEO, Andrew Webber.

As membership grows, the MHMC is able to achieve change faster to support the state's citizens with a continually improving healthcare system. "Our rapid member growth is vitally important for achieving improvements in our state's healthcare and we can best do so working with engaged members, committed to this cause," stated Marie Stuckey, MHMC's Member Relations Specialist.

The MHMC currently supports over 60 members representing thousands of Maine healthcare beneficiaries. For further information on the MHMC, visit www.mehmc.org or contact Marie Stuckey at 207-844-8106 or through email at mstuckey@mehmc.org.

Medical Mutual Insurance Company of Maine Risk Management Practice Tip: Appointments: Missed (No Show) & Canceled Appointments

The implementation of a missed/canceled appointment policy should assist the physician office practice in ensuring that patients return for follow-up appointments. The policy should reflect the following:

- » During the patient's initial visit, the patient should be advised of the importance of keeping scheduled appointments.
- » Every patient who misses (no shows) or cancels an appointment and does not reschedule should be contacted. The physician should be notified or provided with a list of patients who missed or canceled an appointment.
- » When additional follow-up with the patient is directed by the physician, at least three contact attempts should be made.
 - > The initial attempt would be the courtesy contact mentioned above.
 - > The second contact attempt may be the same as used in the initial attempt, i.e., phone call, card or a letter. It is not uncommon, however, for the first attempt to be made by telephone and the second attempt made by a letter sent first class US mail.
 - > The third attempt should be a letter sent certified mail request return receipt, restricted delivery.
 - > If a patient refuses a certified letter:
 - > Note the refusal in the patient's record.
 - > Place the unaccepted letter in the envelope in the chart with the refusal receipt.
 - > Make a copy of the letter.
 - > Send the copy back to the patient in a plain envelope with no office practice identifiers.
- » Documentation should occur in the medical record and reflect:
 - > Each contact or attempt to contact the patient including telephone contact or letters sent to the patient.
 - > The date of the missed or cancelled appointment and the date of the rescheduled appointment.

- > The reason why an appointment is no longer necessary (when applicable).
- > Refusal of the certified letter as discussed above.
- » Referral patients:
 - > When a referred patient neglects to schedule an initial appointment or fails to keep their initial consultative appointment, a letter should be sent to the referring physician within a reasonable timeframe, e.g., 30 days, notifying them that the patient never scheduled or did not show for the initial appointment. Return or destroy (in accordance with applicable policies/regulations) patient information that had been received from the referring physician.
 - > A copy of the notification letter should be kept for the same number of years medical records are retained, i.e., 6-10 years.
 - » Patient portal and appointment management:
 - > A patient portal may offer options designed to facilitate appointment management. Risk management recommendations are provided for each patient portal function that may be utilized by the practice to assist with the appointment management.
 - > Verify the patient's appointment view is enabled so they may view all of their appointments on the portal.
 - > Verify the patient referral appointments are listed in the patient's appointment view.
 - > Enable a standard patient response to their attempt to schedule, reschedule or cancel an appointment via the patient portal.

Medical Mutual's "Practice Tips" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.



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