



# Maine Medicine

a quarterly publication of the Maine Medical Association

APRIL/MAY/JUNE 2017

Maine Medical Association Mission: **SUPPORT** Maine physicians, **ADVANCE** the quality of medicine in Maine, **PROMOTE** the health of all Maine citizens.

## MEDICAL, NURSING AND PA SOCIETIES PARTNER WITH LOWN INSTITUTE TO ADDRESS CHALLENGES TO PROFESSIONALISM



Thomas Bodenheimer, M.D., MPH

Eric Campbell, PhD

Michael Milligan, Actor

Make plans now to join professional colleagues at a unique conference being held in Portsmouth, NH on Saturday, June 17, 2017. A year in the making, this conference is a joint effort of the Lown Institute and the Northern New England professional associations representing Physicians, Nurse Practitioners and Physician Assistants for the purpose of examining the current barriers to busy health clinicians conducting themselves as professionals. Attendees will learn of the major trends in medicine which may impact on professionalism and will learn of acceptable approaches to issues such as collegiality, conflicts of interest, electronic medical records, productivity and more. The location is the Sheraton Portsmouth and the time is 8:30am to 4:30pm. Registration begins at 8:00am.

Keynote speakers are Thomas Bodenheimer, M.D., MPH author of *Understanding Health Policy and Improving Primary Care*. Dr. Bodenheimer has spent the past 11

years in the University of California San Francisco's Department of Family and Community Medicine, and Eric Campbell, PhD. Dr. Campbell is a sociologist with an expertise in survey science who conducts research relating to physician conflict of interest and professionalism.

Breakout sessions will include presentations by five leading clinical ethicists in Northern New England. James Bernat, M.D., Jessica Miller, PhD, Frank Chessa, PhD, Julien Murphy, PhD and Robert Macauley, M.D. will respond to the keynote presentations but also present their unique perspective on the topics of the day. The day concludes with a reactor panel and group discussion.

A special presentation of the one act play, *Side Effects*, performed by actor Michael Milligan will be presented following lunch. *Side Effects* vividly demonstrates the stresses our clinicians are experiencing today.

Registration materials for the conference are included in this issue of *Maine Medicine*. Registration is also available on the MMA website at [www.mainemed.com](http://www.mainemed.com).

## A MESSAGE FOR OUR PHYSICIAN ASSISTANT AND PHYSICIAN COLLEAGUES

By Stephanie Podolski, MPH, MSPA, PA-C, President of the Maine Association of Physician Assistants



As many of you know, Physician Assistants (PAs) are trained in the medical model similarly to our physician colleagues, with an ever evolving curriculum created by physicians and PAs together. Team based, quality patient care remains at the forefront of our

clinical values. We believe the best care stems from a collaborative relationship with other members of a patient's healthcare team including our physician team leaders. PAs undergo rigorous medical training and take national certification exams in general medicine to be licensed and certified. And like physicians, PAs complete extensive continuing medical education throughout their careers and retake their board examinations every 10 years, previously every 6 years.

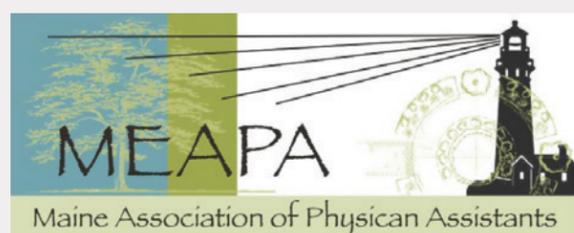
PAs diagnose, treat and prescribe medicine and learn to interpret and understand diagnostic imaging studies and tests, which in turn allow PAs to make life saving diagnostic and therapeutic decisions. PAs are certified as medical generalists with a foundation in primary care, however over the course of their careers many devote their practice to various specialty areas of medicine as well. We are trusted healthcare providers and studies have shown that when PAs practice to the full extent of their abilities and training, hospital readmission rates and lengths of stay decrease and infection rates go down. This quality care also applies to primary care, specialty care, and nursing care settings. With an ever-growing aging population, Maine must rely on all qualified members of the healthcare team.

infectious disease, opiate management, emergency medicine, etc. We invite our fellow PA and physician colleagues to save the date for our 2018 MEAPA Winter Conference from February 7-10, 2018 at the Grand Summit Hotel at the Sunday River Resort. Consider earning 20+ CME hours, while enjoying ski breaks, family fun, and networking with colleagues.

As a reminder, the Maine Joint Chapter 2 Rules, which went into effect January 1, 2017, unite PA licensure and supervisory criteria under the Maine Board of Licensure in Medicine and Maine Board of Osteopathic Licensure. MEAPA Board of directors has created a Joint Chapter 2 "compliance" rubric for your use. This document has also received approval from both licensing boards and has been mailed to all Maine PAs. **All practicing PA's and Primary Supervising Physicians (PSPs) must read the rubric and the Chapter 2 Rule. Plans of supervision should be reviewed and rewritten by PA/PSP teams as soon as possible to comply with the rules as they stand now. If you would like access to an electronic copy of this document, please use the contact information below.**

There are more opportunities on the horizon for PAs and physicians to continue to work collaboratively and we hope to inspire physicians of Maine to reach out to our leadership community at MEAPA for further engagement.

If you have additional questions, comments or concerns, please feel free to reach out directly at [MEAPA4ME@gmail.com](mailto:MEAPA4ME@gmail.com).



Recently the Maine Association of Physician Assistants (MEAPA) held our 27th Annual Winter CME Conference at Sunday River from February 8-11, 2016. Conference presentations were provided by Physicians and Physician Assistants (PAs) with topics spanning almost all areas of medicine, including geriatrics, neurology, internal medicine, gastroenterology, pediatrics,

## HHS RELEASES FINAL OPIOID RULE

On March 31, the Maine CDC released the final rule authorized by Chapter 488 limiting opioid prescribing and requiring PMP checks, e-prescribing and three hours of CME. While many of the changes requested by MMA were not adopted, there were some changes that are significant.

- the definition of "opioid medication" includes all controlled substances containing opioids, not just those opioids in Schedule II. For instance, Tramadol is now included.
- the term "administer" is now defined.
- a prescriber's duty to review the PMP check done by a delegate is defined.
- a prescription must include notations of the prescriber's DEA number, whether the pain being treated is acute or chronic; a notation of "acute" when prescription is for "acute on chronic" pain and as any exemption being claimed.
- notation of ICD 10 codes is limited to those scripts using the palliative care exemption.
- a new exemption has been created for situations where a patient proves intolerant of a prescribed opioid and must get another within the same 7 day or 30 day period (Code H)
- the rule sets out the types of information the CDC is looking for when reviewing PMP information.

The Legislature's Joint Standing Committee on Health and Human Services will review the rule at a public hearing on April 20 with a work session scheduled for April 26. MMA will continue to advocate for some additional changes in the rule. If not achieved, we will work with the legislature to amend the underlying law. MMA attorneys are available to present CME programs on the law and rule either in a one hour program or in conjunction with a three hour CME program offered through MICIS. Requests can be forwarded to [academicdetailing@mainemed.com](mailto:academicdetailing@mainemed.com) or call Susan Kring at 480-4190.

## Legislative Committee Holds Forum on Death with Dignity Legislation

On March 28, 2017 MMA's Legislative Committee hosted a forum on the two legislative bills pending which would authorize a physician to prescribe a lethal dose of medication to competent patients who are terminally ill. Over fifty members, legislators and guests attended and listened respectfully to legislators who were sponsoring the legislation and legislators and members opposed to the bills. Both Senator Roger Katz (R, Augusta) and Representative Jennifer Parker, sponsors of L.D. 347, *An Act to Support Death with Dignity* and L.D. 1066, *An Act to Promote Life with Dignity* respectively, presented at the Forum as did opponents of the bills including James Vankirk, M.D., a palliative care specialist practicing in Bangor. A robust discussion followed. The Legislative Committee is chaired this year by Katherine Pope, M.D. and Stephen Meister, M.D.



State Senator Roger Katz presents at Forum

# MAINE QUALITY COUNTS

By Erik N. Steele, D.O., Interim Executive Director



## WHO CARES WHAT HAPPENS IN DC: BUILDING THE HEALTHCARE ENTERPRISE THAT CAN SURVIVE IN A CRAZY HEALTHCARE WORLD

I often get asked what I think is going to happen with healthcare reform in Washington and Maine.

My answer is, "Who knows, but it does not matter, so don't focus on it. Instead, build your organization's (your practice's / hospital's / health system's, community agencies, etc.) ability to survive in a crazy, unpredictable healthcare world so that, no matter what happens and how we get paid, your organization is positioned to survive, and perhaps even thrive." To do that I think you need to do at least these things:

1. Build rapid ability into your organization, through good management structure and process, training in change management, recruitment of people who don't wig out when the next change comes, etc. If your organization cannot respond to the changing environment by analyzing that change, determining how you should change in response, and then making your change happen with relative speed, you are doomed. And whining about change does not count as responding to change.
2. Don't build for a specific payment model, because we have no idea what the ultimate payment model will be, and there may be several. Build instead for organizational reliability, adaptability, accountability, and high level performance as part of a network of caregivers.
3. Digitize everything. It will be the only way your organization can efficiently measure your caregiving performance, gather and report data about that, coordinate patient care across caregivers, etc. It will also be the foundation for innovation in multiple areas of patient care. So digitize or die.
4. Be outstanding at what you do, and ruthlessly examine how your actual (measured) performance compares to that goal. If you are not outstanding, get there quickly, or stop doing what you will never be outstanding at doing.
5. Be progressively and brutally efficient, because no matter what else happens, we are all getting paid less money for our care.
6. You must be functionally integrated with the rest of the delivery system, or at least some network within it. At a minimum, this means you can effectively take and manage complex patients handed off to you, and help coordinate patient care proactively and effectively. It must also mean you can develop and deliver on common goals with other parts of the delivery system, etc. It means you can own your piece of some partnering organization's efforts to improve outcomes for which they are primarily responsible. If you cannot reliably partner toward such ends, your organization will likely stand and fall alone.
7. Add progressive value to everything you touch – your partnerships, your patient care, etc. If you are not constantly growing the value of your part of the healthcare delivery system some other organization that is doing so will progressively eat your lunch. Adding progressively includes improving the cost, quality, and efficiency (the value) of your care.

Your organization may do all these things and still fail to survive over the long haul of delivery system evolution. But at Quality Counts, we believe that organizations building these kinds of capabilities into real strengths have a much better chance of surviving than organizations that do not. (Learn more about Maine Quality Counts at [mainequalitycounts.org](http://mainequalitycounts.org))



# PRESIDENT'S CORNER

By Charles Pattavina, M.D., President, Maine Medical Association



## THE LIVES WE TOUCH

Sometimes I hear a doctor or a nurse at the end of a long day wondering if they've done much for anybody. Perhaps part of this is because they feel worn out and remember the difficult interactions but not some of

the more routine care they gave that day, even if it made a big difference in other people's lives.

Several weeks ago, one of the evening network news shows did a story on a how a young woman finishing nursing school was inspired by a nurse who took care of her when she was hospitalized after a car crash. I know of many stories where physicians had acute or chronic medical problems as children or young adults and I often wonder what role their physicians played in their choice to become physicians. If we stop and think back for a minute, I'll bet many of us can come up with at least one physician who made a strong positive impression on us – and not necessarily a parent.

When I was still working in Providence about a dozen years ago, I happened to see a Brown student with a very complex medical history on a night shift. As she was partly through the story, it began to sound very familiar and I realized I already knew most of it because I had reviewed her application to the eight-year Brown medical program about a year earlier. She had spent months of her high school junior year as an inpatient at the Mayo Clinic, not knowing if she would even survive – and I clearly remember wondering at that time what influence the kind giants of medicine at Mayo might have played on her career choice. (Fortunately, she was

studying the whole time and I was really pleased she came to Brown.)

This past February I was at the AMA legislative meeting in Washington where several awards were presented. One award winner was a pediatrician who had gone into government service and, among other things, was being recognized for saving \$20 billion in taxpayer money. Even with 250 million people paying some kind of federal tax in this country, I realized that a decent chunk of that money was mine. (I wish I'd bought him a drink – I'd still have come out ahead.) Later in the meeting however, this physician ran into a surgical subspecialist (a regular at this annual meeting) and realized that doctor had taken care of him for a high school sports injury many years earlier. I had to wonder what role that specialist might have played in this man's choice to become a physician and treat countless children – and on top of that, save us *twenty billion dollars!*

So whether you're having a rough day or a fine day, please don't ever forget the positive ways in which you touch so many people's lives. They may not become physicians, nurses or involved in healthcare at all, but they very much appreciate the time you spent with them, even if "all you did" was hear them, care about them and do your best for them. We will know about some of them, but we will never know about all the lives we touch in a day or in a career.

On a side note: Thank you to all those who gave thought to and sent me comments about my last column. I'll certainly keep that conversation going. I welcome your comments, feedback and criticisms. Please feel free to reach me at 207-907-3350 or by email to [president@mainemed.com](mailto:president@mainemed.com).

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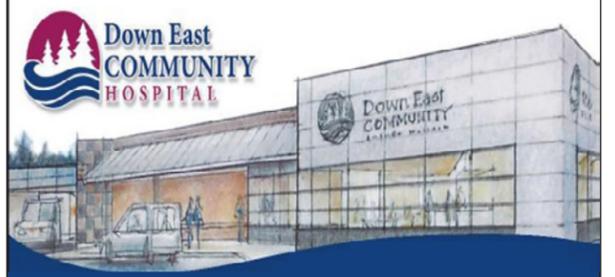
Under Maine's Public Law, Chapter 488; Sec. 13.32 MRSA 2210 Para. 3 for Electronic Prescribing of Controlled Substances (EPCS) comes into effect on July 1, 2017.

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something that extraordinary!

# NOTES FROM THE EVP

By Gordon H. Smith, Esq., Executive Vice President, Maine Medical Association



I hope Spring finds MMA members and their families well and looking forward to a fine Maine summer. The long legislative session in odd-numbered years always presents challenges to the Association and its staff given that we are presented with nearly 1800 legislative

bills of which two to three hundred touch upon health care or public health in some way. The policy interests of Maine physicians are very broad, ranging from licensing issues to the health of the environment. While it is very busy time, it is also an opportunity for the Association to show value to its members and partners.

Among the many issues this session are physician assisted death (death with dignity or life with dignity as one of the bills was titled), opioid prescribing, implementation of recreational marijuana use, prior authorization and high pharmaceutical costs. MMA positions are developed by the Legislative Committee ably co-chaired this year by Drs. Katherine Pope and Steve Meister. MMA is deeply indebted to these two dedicated members for leading the Committee this busy year. Every week the Committee has a one hour conference call to review the bills printed the previous week. Discussion is robust on these calls but the members generally develop a position on each bill by consensus. Where necessary, the MMA

Board is able to clarify or determine a position. We also have been soliciting member opinion on several issues through the simple process of an on-line survey tool. Please take the time to complete these brief surveys when they arrive in your e-mail. We value your input.

We expect the legislative session to conclude by the end of June and look forward to a slower pace over the summer. But we do have some terrific events planned highlighted by the conference on Professionalism on June 17 (see article on front page and insert in this issue of *Maine Medicine*) and the 164th Annual Session in Bar Harbor September 8-10. We hope members will take a break from their busy lives and join their professional colleagues for a weekend of education and activities focused on the topics of Professionalism and Advocacy.

Throughout the remainder of the year we will be continuing our educational presentations on chapter 488 and the related rules. Please let us know if you would like a CME presentation at your hospital or practice. Our presentations come with CME credits which qualify for the three hours required by Dec. 31, 2017 for prescribers of opioid medication. There is no fee charged for these educational presentations.

As always, I welcome your questions, comments and complaints. I can be reached at [gsmith@mainemed.com](mailto:gsmith@mainemed.com) or by calling 207-480-4197 or my cell at 207-215-7461.

## MMA/Baystate Renew Three Year Fiscal Fitness for Life Financial Education Initiative

Three years ago your MMA leadership anticipated the financial upheaval that health care's systematic change would cause to physicians and allied medical professionals, and initiated a partnership with Baystate Financial to help our members address this impact. We have benefitted from being ahead of the curve, as we are just now seeing the morphing of the Triple Aim into the Quadruple Aim. As stated in its recent [Statement on Reform of the U.S. Health Care System](#), MMA continues to pledge our support for "improving the health and work life of health care clinicians and staff members" as one of our core values.

As your association continues to work diligently to represent your interests as the foundational contributor to the delivery of quality health care to Maine's citizens, the partnership with Baystate represents our efforts to provide all members with the resources necessary to prepare you for making informed financial decisions in both your professional and personal lives. While we have the "in-house" resources to lobby at the State House and to be at the table with the other healthcare stake holders, we sought out an organization to assist us in providing a platform to help members address the ever increasing challenges to their financial well-being.

Baystate Financial is one of New England's largest and most well respected privately held financial services firms. They have offices throughout New England and have over a 10-year presence in Maine. Over the past three years Baystate has proven to have the wide range of professional and technical resources to provide our members with the highest quality financial education and individual planning resources, as well as the commitment to deliver them in a manner consistent with our association's values. Through the renewal of this partnership, members will continue to have access to these resources.

Additionally, Baystate has negotiated a 20% discount on Financial Planning fees and a 10% discount on Individual Disability Insurance policies issued by one of the industry's leading companies for all members. Finally, keep a lookout for regular articles in the upcoming *Maine Medicine* written by Baystate staff, attorneys, and specialists addressing some of the important and timely issues you may be facing in your personal financial planning.

The MMA is looking forward to our continued partnership with Baystate and supporting members through the financial impact of the shifting health care environment.



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

## MMA WELCOMES OUR NEWEST CORPORATE AFFILIATE:

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## SAVE THE DATE / JULY 10, 2017 MMA's 14th Annual Benefit Golf Tournament Augusta Country Club, Manchester, ME

Contact Lisa Martin at 622-3374 ext. 221 or [lmartin@mainemed.com](mailto:lmartin@mainemed.com) for more details, including sponsorship opportunities.

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## MMA HAPPENINGS

All meetings take place at the MMA office, 30 Association Drive, Manchester, ME unless otherwise noted.

### MAY 5

8:00am – 5:00pm  
Medical Professionals Conference:  
Health, Wellbeing & Awareness at  
Holiday Inn by the Bay, Portland, ME

### MAY 9

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

### MAY 22

5:30pm – 8:00pm  
Washington County Listening Session  
Helen's Restaurant, Machias, ME

### MAY 31

8:00am – 4:00pm  
Physicians' Day at the Legislature,  
State House, Augusta, ME

### JUNE 7

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

### JUNE 14

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

### JUNE 17

8:00am – 4:30pm  
Challenges to Professionalism in a Time of  
Change Conference at Sheraton, Portsmouth, NH

### JULY 10

11:00am – 6:00pm  
14th Annual MMA Benefit Golf Tournament at  
Augusta Country Club, Manchester, ME

### AUG 4

4:00pm – 6:00pm  
MMA Board of Directors at President's  
home in Winterport

### AUG 9

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

### SEPTEMBER 8-10

MMA's 164th Annual Session at Harborside Hotel  
& Marina, Bar Harbor, ME

### SEPT 12

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

### OCT 11

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

### NOV 14

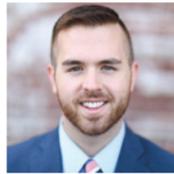
4:00pm – 6:00pm  
MMA Committee on Physician Quality

### DECEMBER 13

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

## PUBLIC HEALTH SPOTLIGHT

### Making HIV Testing Routine Can Dissolve Stigma, Prevent AIDS



Rep. Ryan M. Fecteau

Maine's HIV/AIDS community joined a global effort in 2015 and committed to ending new cases of AIDS by 2030. The Campaign to End AIDS in Maine by 2030 continues its work despite two prevalent challenges: accountable care organizations' (ACO) funding constraints and Maine's escalating drug epidemic. In order to meet the goal set forth in 2015, testing should be made more widely available to Mainers.

One in seven Mainers who have HIV don't know it. The most significant contributing factor to this statistic is the same force that fueled the epidemic since the first reported cases in 1981: Stigma. The Maine Youth Integrated Survey in 2015 revealed that 40 percent of high school students in Maine are sexually active. Only 20 percent of these individuals have ever been tested for an STD, including HIV. The Bangor Daily News recently reported an alarming number of elderly Mainers are having unprotected sex. Terry Marley-DeRosier, nurse practitioner at the Mabel Wadsworth Center in Bangor shared, "You just can't assume anything. You can't assume because you and your partner are older, that you are safe."

Conversations between physicians and patients that reveal risky behavior, thus the need for a HIV test, are often hindered by stigma. The Portland Press Herald wrote in a 2015 editorial, "Family doctors, however, often shy away from asking patients (especially those over 60) about their sex lives or their sexual orientation... Though awkward, these discussions offer opportunities to stop the spread of the virus." The best way to cut through the stigma is to simply offer HIV testing as a routine part of a wellness visit. Routine offerings suppress a physician's susceptibility to making assumptions and relieve the patient from the sexual stigma.

New York passed a law in 2010 requiring physicians to offer HIV testing to a patient at least once. A report from the New York State Department of Health (NYS DOH) in 2012 said, "[Patients] who were not offered an HIV test (93 percent) were asked if they would get an HIV test if their healthcare provider recommended it, and 77 percent

said 'yes.'" In addition, NYS DOH funded modeling to project the law's impact over the long-term. The report states, "...the model predicts an initial surge in the annual number of newly diagnosed HIV infections followed by a decline, and a steady decline in the number of newly diagnosed AIDS cases. This decline is explained by the identification of persons earlier in the course of infection before progressing to late stage disease."

The NYS DOH modeling illustrates the significance of increased testing. The increase in HIV testing could not be timelier given the indiscriminate drug epidemic. In 2015 the rate of HIV in Scott County, Indiana surged from an average of 5 per year to a total of 181 new cases of HIV over the course of nine months. The crisis was felt predominantly by people who injected drugs and was led in part by a lack of access to testing services. Moreover, an analysis by the US Centers for Disease Control and Prevention found that several of Maine's rural counties were vulnerable to a similar outbreak.

Maine's healthcare practitioners can take the lead to make HIV testing routine without a legislative mandate. In order to end AIDS in Maine by 2030, a collaborative effort to increase the number of Mainers who have ever been tested for HIV (32 percent) must be made. ACOs reach concentrated populations. As federal funding for prevention programs continues to decrease and a relentless drug epidemic ravages the state, the healthcare community has an obligation to put as many resources towards a coordinated effort to address and prevent future infections.

*Ryan M. Fecteau is serving his second term in the Maine Legislature. He serves as the house chair of the Labor, Commerce, Research and Economic Development Committee.*

*Kenney Miller is the Executive Director of the Health Equity Alliance, a community-based public health organization.*

*Katie Rutherford is the Director of Development at Frannie Peabody Center, Maine's oldest and largest HIV/AIDS service organization.*

### Legislature Creates Task Force to Address the Opioid Crisis in the State

In March, the Legislature, by Joint Order, established a Task Force to address the opioid crisis in the state. The Task Force was appointed by the President of the Senate and the Speaker of the House and consists of 8 legislators and 8 individuals representing a number of interests. Included in the group are MMA members Trip Gardner, M.D. and Steve Diaz, M.D. as well as EVP Gordon Smith. The Task Force is charged with examining the current laws in the State addressing opiate abuse and heroin use, including but not limited to existing laws focused on law enforcement, prevention, treatment and recovery. As part of its study, the Task Force is to review the report and recommendations of the Maine Opiate Collaborative issued in May, 2016, as well as initiatives that have been successfully undertaken by other states. The Task Force held its first meeting on April 7 at the State House and a second meeting will be held on April 21. The group will continue to meet throughout 2017 and will file a final report with the legislature by Dec. 6, 2017.



Task Force meeting at State House April 7



MOC Law Enforcement Task Force co-chairs present to Task Force

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### THANKS TO 2017 SUSTAINING MEMBERS

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

J. Thomas Laverdiere, MD  
Aziz Massaad, MD  
Michael Parker, MD  
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By Andrew MacLean, Esq., Deputy Executive Vice President, Maine Medical Association



## Legislative Update: 128th Maine Legislature Approaches Adjournment of First Regular Session

The 128<sup>th</sup> 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, as usual. The Appropriations & Financial Services Committee continues its work sessions on the Governor's State FY 2018-2019 biennial budget, L.D. 390. The legislature also has established an Opioid Abuse Task Force to address the state's continuing opioid abuse epidemic. In another somewhat unusual step, the legislature has created a Joint Select Committee on Marijuana Legalization Implementation to oversee the development of a regulatory framework for the new law legalizing use of marijuana for recreational purposes. The 128<sup>th</sup> Legislature is scheduled to conclude its First Regular Session by Wednesday, June 21, 2017. MMA Legislative Committee Co-Chairs, Katherine Pope, M.D. and Stephen Meister, M.D., invite physicians to join our regular 8 p.m. Tuesday conference calls for the latest updates on action at the State House.

**SAVE THE DATE:** *Physicians' Day at the Legislature is Wednesday, May 31, 2017 – please plan to join us at the State House!*

The Appropriations Committee continues its work on Governor LePage's SFY 2018-2019 biennial budget (L.D. 390) in a reasonably stable fiscal environment free of crisis in the DHHS portion of the budget. The legislature must evaluate the Governor's policy priorities reflected in his budget which are various tax reforms and reductions against the practical impact of continuing cuts in health and human services funding, including cuts to hospital reimbursement and public health, as well as more restrictions in MaineCare eligibility and public assistance. Once again, the biennial budget negotiations could push right up to the end of the current fiscal year, June 30, 2017. You can find the biennial budget materials on the web at: <http://legislature.maine.gov/ofpr/afa-committee-information/9297/>.

The opioid abuse crisis in Maine remains high on policymakers agenda and the legislature has created

by Joint Order (S.P. 210) a *Task Force to Address the Opioid Crisis in the State*, co-chaired by Senator Andre E. Cushing III (R-Penobscot) and Representative Joyce "Jay" McCreight (D-Harpswell). The Task Force is composed of bi-partisan and bi-cameral representation from the legislature and key public stakeholders, including MMA EVP Gordon Smith. The Task Force convened on Friday, April 7th and is expected to make an initial report of its recommendations to the legislature by the end of April and another report in December.

The biennial budget and many opioid bills are just a few of more than 1300 bills now printed and being considered by the legislature, many of which are relevant to Maine physicians and their patients addressing topics such as scope of practice, informed consent, public health, health care reform, and "assisted death." You can find the MMA's bill tracking list including our position and basic information on bills being tracked along with our testimony on the MMA web site: <https://www.mainemed.com/bills-interest-medicine>. You also can find the MMA's recent *Statement on Reform of the U.S. Health Care System* on the MMA web site: <https://www.mainemed.com/maine-medical-association-statement-reform-us-health-care-system>.

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*. Also, the MMA Legislative Committee holds a weekly conference call to review bills and brief members on legislative action. The conference call information is published each week in the *Maine Medicine Weekly Update*. Finally, we are always recruiting volunteers for MMA's *Doctor of the Day Program* at the State House. This is an excellent opportunity to participate in MMA's state legislative advocacy. Find out more about the program on the MMA web site: <https://www.mainemed.com/advocacy-policy/doctor-day-program-maine-legislature>.

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](http://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](mailto:amaclean@mainemed.com).

## May 6-7, 2017

Sable Oaks Marriott – Portland, ME – 8am – 4pm

Maine Chapter of the American Academy of Pediatrics Spring Conference

Contact: Dee Kerry at 207-480-4185 or [dakerry@aap.net](mailto:dakerry@aap.net)

## May 12, 2017

Brunswick Hotel & Tavern, Brunswick, ME – 12:00pm – 5:00pm

Maine Society of Eye Physicians and Surgeons Spring Educational Program & Business Meeting

Contact: Shirley Goggin 207-445-2260 or [sgoggin@mainemed.com](mailto:sgoggin@mainemed.com)

## May 19-21, 2017

Harborside Hotel & Marina – Bar Harbor, ME

Maine Chapter, American College of Surgeons Annual Meeting

Contact: Shirley Goggin 207-445-2260 or [maine@mainefacs.org](mailto:maine@mainefacs.org)

## June 15, 2017

Maine Medical Association, Manchester, ME – 6:00pm – 8:00pm

Maine Association of Psychiatric Physicians Executive Council Meeting

Contact: Dianna Poulin at 207-480-4194 or [dpoulin@mainemed.com](mailto:dpoulin@mainemed.com)

## June 22, 2017

Boothbay Harbor, ME – 4:30pm

Maine Chapter of the American College of Emergency Physicians

Cabbage Island Lobster/Clam Bake

Contact: Maureen Elwell at 207-512-6108 or [melwell@mainemed.com](mailto:melwell@mainemed.com)

## July 25, 2017

Maine Medical Association– Manchester, ME – 5:30pm – 8:30pm

Maine Chapter of the American Academy of Pediatrics Board Meeting

Contact: Dee Kerry at 207-480-4185 or [dakerry@aap.net](mailto:dakerry@aap.net)

## Maine Alliance of Health Care Professionals

With financial support from the Maine Health Access Foundation (MeHAF), MMA and other health professional associations in Maine have organized an alliance of representatives of all health professionals who are licensed, registered or certified to provide health care services to patients in the State. Members of the Alliance met in Portland recently with the co-chairs of the Legislature's Joint Standing Committee on Labor, Commerce, Research and Economic Development, Senator Amy Volk and Representative Ryan Fecteau.

The purpose of the Alliance is to explore common ground on issues such as patient access to care, health plan reimbursement and administrative hassles and public health issues. "While we may disagree with each other vehemently on scope of practice issues, it is in the best interest of patients for all of the groups to find common ground on other issues and to use their collective voice to increase the effectiveness of advocacy on these important issues", EVP Gordon Smith stated in an organizational meeting of the group. He and John Royce, Executive Directive of the Maine Chiropractic Association have co-chaired the group assisted by Susan Kring, MMA's Outreach Director.



Maine Alliance members meet with LCREd co-chairs Sen. Amy Volk and Rep. Ryan Fecteau

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## The E-Prescribing Mandate is Just Weeks Away

With the e-prescribing mandate quickly approaching on July 1st, the Maine Medical Association wants to support our members with the information you need to be prepared to comply with this important step in the fight against opioid abuse.

As a service to our members, we have chosen DrFirst as our preferred e-prescribing platform and negotiated a generously discounted price of \$550 per annual license for MMA members (a \$249 discount). DrFirst offers a superior clinical workflow that is easy to use and affordable. Their package includes Rcopia® for legend drug e-prescribing, EPCS Gold 2.0<sup>SM</sup> for controlled substance e-prescribing, and iPrescribePro<sup>SM</sup>, an app for mobile e-prescribing.

Aside from legend drug and controlled substance e-prescribing within a single workflow, you'll also get

- 24 months of patient medication history
- real-time benefit check (formulary data, drug cost, suggestions for cheaper alternatives)
- clinical alerts (e.g., duplicate therapy and allergy warnings)
- one-on-one guidance through DEA identity proofing and authentication
- patient adherence monitoring
- electronic prior authorization

To help answer your questions, DrFirst and Maine Medical Association are hosting a series of educational webinars during May and June to help you learn more the patient safety and workflow benefits of using controlled substance e-prescribing. Sign-up today by going to: [www.drfirst.com/mainemed](http://www.drfirst.com/mainemed)

For more information, MMA members can visit DrFirst's website at [www.drfirst.com/mainemed](http://www.drfirst.com/mainemed) and/or contact DrFirst's Eric Landry, a New Gloucester resident, at (207) 632-7500.

## Provider Education on Opioid Prescribing

MICIS, the Maine Independent Clinical Information Service, has been providing evidence-based prescribing CME throughout Maine since 2008. In 2017, MICIS will be focusing on opioid education required by Maine Law, Chapter 488. Join us for engaging presentations and workshops ranging from 30 minutes to 3 hours which may include "blitz" didactics, multi-media components with expert faculty, case-based studies and small group discussions. An academic detailing "un-advertisement" color monograph will also be provided to participants.

Welcome to newly-designed CME, created by and for practicing clinicians, modeled to change practice behaviors with a compassionate, patient-centered perspective and focused on combating the defining public health crisis of our generation. Presentations are available on Legal and Regulatory Requirements for Opioid Prescribers (Chapter 488 and its accompanying rule) and on the following clinical topics:

- The genesis of the opioid crisis: "How We Got Here"
- Opioid Basics: MMEs & Tapering
- Practice Transformation & QI for Opioids/Chronic Pain
- Harm reduction: Naloxone & MAT
- Communication skills & difficult conversations/ Behavioral Health Integration
- Non-opioid/Non-pharm treatments for acute & chronic pain

For more information

- email [academicdetailing@mainemed.com](mailto:academicdetailing@mainemed.com)
- download a request form at [www.mainemed.com/micis](http://www.mainemed.com/micis)
- call Susan Kring at the Maine Medical Association at 480-4190

## AMA NATIONAL ADVOCACY CONFERENCE

The 2017 American Medical Association National Advocacy Conference was held in Washington D.C. Feb. 27 - March 1. MMA President Charles Pattavina, M.D. attended with EVP Gordon Smith. Featuring presentations by Mick Eberling, CEO of Not Impossible Labs and Mark Halperin, Editor, author and political analyst, the conference offered a unique opportunity to be in the nation's capital at a time of great uncertainty but informed somewhat by the President's speech to a joint session of Congress on Feb. 28. Members of Congress speaking at the conference included Sen. John Barrasso, M.D. (R-Wyoming), Sen. Ron Wyden (D-Oregon) and Congressmen Charlie Dent, Kevin Brady and Joseph Crowley.



During the conference, Dr. Pattavina and Mr. Smith were able to meet personally with Senator Collins and King and Congresswomen Pingree. The advocacy message delivered was that repealing the Affordable Care Act should not be done, if at all, until a full replacement reform bill is ready which protects coverage for those persons covered under existing law and which continues to move the country toward the goal of all persons being covered. We also spoke forcefully against the notion of Medicaid block grants although we acknowledged the need for the states to have more flexibility in using Medicaid dollars. We also articulated that states which did not expand Medicaid eligibility under the ACA should be provided with the federal dollars that were available with expansion. We discussed the opioid crisis and what is being done in Maine to address it. We also supported repealing the unpopular IPAB provision and noted the importance of the Congress re-authorizing the children's CHIP program by Sept. 1 of this year.



Rep. Pingree with Dr. Pattavina



EVP Smith, Dr. Pattavina with Senator Susan Collins

Other interesting points that were made by the various speakers and AMA advocacy staff:

- The atmosphere in D.C. remains toxic and very polarized. If Democrats remain united against the President's healthcare agenda, it will take only three Republican Senators or a handful of House Republicans to derail efforts to dismantle what has been built around the ACA. And for ACA provisions which cannot be repealed through Budget Reconciliation, eight Democrats would be needed to support repeal. Almost no one in Washington sees that as a possibility. More gridlock is the likely result.
- With 10,000 Americans becoming eligible EVERY DAY for Medicare, it will be politically impossible for the Republicans to turn Medicare into a premium support or voucher program. Seniors vote.
- Repealing the ACA without a solid replacement is like taking off in an airplane without any sound landing plan. (From Rep Charlie Dent, R-PA).
- There was a lot of discussion about the high price of prescription drugs. Something is likely to happen although the pharmaceutical industry is a very strong lobby and has significance influence among Republicans and in the White House. Of course, Democrats are not immune from this type of pressure, as well.
- There were several comments made about improving health care for our nation's veterans and the need to improve and expand the VA Choice law which was not as effective as it might have been despite the \$15 billion appropriated for it.
- The deficit and slow growth rate (2% instead of a more robust 3 to 4%) are dragging down the middle class despite low unemployment and a positive economy.

### BOTTOM LINE

It is difficult, if not impossible, to accomplish bi-partisan compromise with the nation and the Congress so divided. President Trump and Bernie Sanders, both of whom energized their respective voters, were not even members of the political parties whose nomination they sought one year before they announced. People want change, but not the same kind of change. The majority of voters are concerned about their children's future and America's place in the world. But we seem destined for more partisan gridlock. And the jury is still out on the new President. There are signs of the "good Trump" emerging but clear evidence of the "bad Trump" still being present. We are likely in for a rocky run over the next few months. And as uncertainty remains, physician stress levels are likely to increase.

# SAVE THE DATE

## SEPTEMBER 8-10, 2017

### Maine Medical Association's 164th Annual Session

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## The Medical Professionals Health Program (MPHP) Can Help

On page 6 of the Jan/Feb/Mar 2016 issue of *Maine Medicine* ([https://www.mainemed.com/sites/default/files/content/news-archive/JanFebMar\\_FINAL.pdf](https://www.mainemed.com/sites/default/files/content/news-archive/JanFebMar_FINAL.pdf)) there was an article describing the challenge and consequences of physician burn-out, along with some possible actions that could be taken to address this very serious problem. The purpose of this article is to provide readers with a better understanding of the many "faces" of burn-out, the two-sided nature of an effective response, and the ways MPHP can help. Several examples of differing presentations of burn-out, along with the kinds of confidential assistance we can offer, will highlight these issues.

A physician was fired for "disruptive" behavior toward his colleagues and referred to the MPHP from his hospital. During evaluation, it was determined that he suffered from auditory and vision problems, so he was referred for proper care. He was also matched for appropriate therapy and skills training. When these problems were addressed, his behavior changed markedly for the better. He is now working in again and has expressed gratitude that someone is "caring for the care-giver."

In another case, a physician was referred by a hospital because of "constantly seeming to be in a dark mood." While not suicidal, his stress level was very high. A short-term plan and a long-term plan were developed for him. He recognized that though he loves medicine, he wants a different kind of practice. He is continuing to work out the best path forward but with optimism that there are answers to his concerns.

These two physicians, and others we have seen, illustrate some of the risk factors we have observed: married to another physician, raising children, being "different" from the main stream (foreign training, immigrant status, sexual orientation, disability) and having a chronic illness.

Once a physician develops burn-out, recovering can be hard and there can be many adverse consequences for patient care, teamwork (disruptive behavior), the family and the community. In an effort to self-treat, the situation may become complicated by a substance use disorder. And, there is always the frightening possibility of suicide. We are encouraged by the growing understanding at health care worksites that creating a more supportive work environment, as well as early intervention with those showing distress, can make a big difference for the individual as well as vastly improve patient care.

Beyond the worksite, MPHP can offer immediate, confidential support for physicians in distress. Though we are not an emergency service, we do have team members that respond to weekend calls made to our general line. Sometimes all that is needed is a neutral person with whom to discuss the situation and develop a plan. Or perhaps a therapist is needed who has experience with medical professionals. At a more complex level, we can help a physician obtain an independent evaluation, which will form the basis for any on-going treatment needs.

The MPHP is in touch with highly skilled evaluation and treatment facilities across the country that can help with anger management, collaboration skills, other behavioral illnesses and of course, substance use. Many of these institutions also have physician-only tracks, designed to help make the individual feel more at ease in the group and individual treatment environment.

It is very sad when a physician that needs help is fired or reported to the Board before help is offered. A recommendation for assistance just needs to be made. Please call (207-623-9266) or refer to MPHP before one or all of the adverse consequences outlined above occur.

This project is timely, as health care is too often the most stressful part of the American budget. In a 2015 survey from the Kaiser Family Foundation at <http://kaiserf.am/1PUCSxn> 42 percent of respondents reported that it is somewhat or very difficult to afford health services. In this same survey, more than half of respondents said that making information about the price of medical appointments, procedures and tests more available to patients should be a "top health care priority" for the President and Congress. Rising out-of-pocket costs helped shape these attitudes, and they are hitting patients in the U.S. at all levels.

To gain additional information and perspectives, Peter Ubel, MD, Madge and Dennis T. McLawhorn University Professor of Business, Public Policy and Medicine at Duke University, has conducted extensive research in the field of cost-of-care conversations. A representation of his current publications can be found at <http://bit.ly/2jnkqlZ>. Dr. Ubel will be a guest presenter for the Maine Quality Counts Lunch & Learn Webinar on June 20, 2017, 12 Noon – 1pm, he will present on, "Recognizing When Patients Have Concerns About the Cost of Their Health Care" and will address the following:

1. Better understand how missed cost of care conversation opportunities affect patients health care decisions & outcomes.
2. Create an awareness of the behaviors that lead to missed opportunities to reduce patients' out of pocket expenses.
3. Describe 4 examples of a providers' failure to address patients' financial concerns.
4. Describe key steps to optimize having a cost of care conversation with your patients.

To register for the webinar, go to: <https://www.mainequalitycounts.org/articles/161-1569/april-18th-webinar-cost-of-cares/2>

For additional information on Choosing Wisely in Maine and the RWJF Cost-of-Care Conversations project, go to: <https://www.mainequalitycounts.org/page/2-882/maine-choosing-wisely> or contact Kellie Slate Vitcavage, Project Manager, Maine Quality Counts at [kslatevitcavage@mainequalitycounts.org](mailto:kslatevitcavage@mainequalitycounts.org) or call 207-620-8526, ext. 1011.

Upcoming educational webinars related to cost-of care conversations and Choosing Wisely will be announced in the *Maine Medicine Weekly Update* as they become available.

## Medicine...What's It All About... Nowadays?

By Baystate Financial

The Triple Aim: the healthcare industry's five-year focus that has left no stakeholder escaping the feeling of angst.

What hopefully was to be the master plan for a profession struggling to adjust as it transitions from the "profession of practicing medicine" to the "business of delivering healthcare," has, itself been found in need of tweaking. The source of the angst can be traced to the fact that in the early stages of implementing the principles of the Triple Aim, many healthcare professionals simply felt that they were looked upon as "cogs in the wheel," something to be managed to meet the needs of the system. However, in reality, it is becoming apparent that *the healthcare professional is an individual upon whom the health of the entire system depends.*

In response to this realization, the Triple Aim is morphing into the Quadruple Aim, as industry leaders are coming to appreciate the importance of addressing the needs and well-being of those individuals in the medical community charged with the actual delivery of patient care.

As partners in the *MMA's Fiscal Fitness for Life Initiative*, Baystate Financial is committed to serving the Financial needs and wellbeing of Maine's physicians and allied medical professionals. Over the past three years, we've dedicated ourselves to gaining a perspective from which we can provide advice which is relevant to the reality each of you faces daily.

To gain that perspective we regularly exhibit at and attend conferences, symposiums and workshops sponsored by Maine's leading professional organizations and healthcare industry advocacy groups. Whether it is at annual or continuing education events of the Medical and Osteopathic Associations and Medical Group Managers' Association, Maine Hospital Association meetings, Maine Quality Counts and Maine Healthcare Management Coalition sponsored events, a common thread has emerged. It has become apparent that no stakeholder has escaped the feeling of *angst* described above.

While the healthcare industry is beginning to embrace the fourth branch of the Quadruple Aim, *improving the health and work life of healthcare clinicians and staff members, its initial efforts are focused on reducing the "work life" stress of the clinician.* As of now, little attention is being paid to (the correlating) non-work place issues that contribute to the stress brought to the work place on a daily basis.

*Recent studies are revealing that financial stress is a major contributor to physical and emotional stress.*

Both have shown to impact the quality of work and productivity of employees.

*So what's it all about?.....It's all about....*

*Each individual clinician having confidence that their hopes and expectations for their futures [and the futures of those they care most about] will best be realized by being able to consistently bring a best effort to their workplace environment.*

That is why the professionals at Baystate are committed to meeting the financial needs and well-being of the medical professionals who have dedicated their lives to the health and welfare of Maine's citizens. Whether you are an individual physician or a decision maker at an institution dedicated to the success of your clinicians, Baystate has a unique and broad range of resources to provide quality financial education and advice. As Preferred Providers of Maine Medical Association, we look forward to continuing our work with Maine's healthcare community to help assure that the state's health care professionals have access to the expertise and resources necessary to bring to reality the future they hope for.



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## Joint Effort Underway to Study New Ways of Helping Patients Understand the Cost of their Health Care

Maine Quality Counts (QC) has partnered with the University of Southern Maine, Muskie School of Public Service and the Maine Health Data Organization on the initiative, "Enhancing Cost-of-Care Conversations for Low-Back Pain Treatment in Clinical Practice, Using Publicly Reported Cost Information". This project seeks to provide evidence on how cost-of-care discussions with publicly-reported cost data can be used to support patient decisions within clinical practices. The pilot is focused on low back pain treatment working with Maine primary care health care providers, practice teams and system champions. This initiative is funded by the Robert Wood Johnson Foundation (RWJF) and builds off of the current "Spreading Choosing Wisely" in Maine initiative at <http://bit.ly/2jwygVB> spearheaded by QC.

This cost-of-care conversations project will help patients understand the effectiveness of different treatment options and the relative cost to help inform their treatment choices. Using the [www.CompareMaine.org](http://www.CompareMaine.org) website, the project will also explore how to help providers integrate the cost-of-care conversation concepts into the clinical workflow, and evaluate how those talks change patient engagement in their care.

RWJF has outlined six broad priorities for improving patient-clinician Cost-of-Care Conversations, which are helping to guide the project work. They are:

- Education & Engagement
- Tools & Resources
- Clinical Workflow
- Training
- Measurement
- Synergy & Scaling

The complete infographic with the full details and context of the above six priorities, can be found at <http://bit.ly/2jKhkrW>.



# Maine Medical Association

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# MICIS

Maine Independent Clinical Information Service

The Maine Independent Clinical Information Service (MICIS) is a program of the Maine Medical Association. MICIS provides evidence-based prescribing education and, in 2017, will focus exclusively on education required by Maine's new opioid law.

- Free 30 minute to 3 hour presentations available
- "Blitz" didactics, multi-media components, case-based studies and small group discussions
- Experienced, expert faculty
- Clinical content created by practicing clinicians
- Compassionate, patient-centered perspective
- Educational credits applied for

For more information, contact Susan Kring at [academicdetailing@mainemed.com](mailto:academicdetailing@mainemed.com) or 480-4190.

[www.mainemed.com/MICIS](http://www.mainemed.com/MICIS)

## Mandated Prescriber Opioid Education

- The Genesis of the Opioid Crisis: "How We Got Here"
- Opioid Basics: MMEs & Tapering
- Practice Transformation & QI for Opioids/Chronic Pain
- Harm Reduction: Naloxone & MAT
- Communication Skills & Difficult Conversations/Behavioral Health Integration
- Non-opioid/Non-pharm Treatments for acute & chronic pain
- Legal and Regulatory Requirements for Opioid Prescribers