



# 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](http://www.mainemed.com)

## MAINE QUALITY COUNTS

### Innovation to Transformation: What Will it Take?

On Wednesday, April 2, Maine Quality Counts (QC) hosted its annual statewide conference at the Augusta Civic Center, attracting more than 750 attendees from all regions of the state. Participants included physicians and other clinicians, hospital and health system leaders, consumers, employers, health plans, and representatives from public health, and provider organizations. This year's conference focused on the theme: "Innovation to Transformation: What Will it Take?" The question was considered in more than a dozen breakout sessions and discussed by a slate of nationally-recognized keynote speakers including Dr. Doug Eby and Denise Morris from Alaska's Southcentral Foundation; Dr. John Santa from Consumer Reports Health; and Susan Burden from the Beach Cities Health District, a multi-stakeholder community-based effort to improve health that was created from the resources of a hospital that struggled with its mission in the face of decreasing patient volumes.

During the conference, all 750 participants were asked to focus on a key challenge: how will you help Maine move from health care innovation to health care transformation? We're privileged to ask that question; not every state can boast the number and quality of health care innovations that are underway in Maine. We are justifiably proud of these innovations, from the growth of Patient Centered Medical Home practices, to a range of Accountable Care Organization (ACO) efforts, to Maine's State Innovation Models (SIM) award, to increased sharing of health data through HealthInfoNet. But innovation only goes so far. No one can deny that the first light bulb was a tremendous innovation, but it only had the power to light one room. To make an impact, scientists and engineers replicated the new technology and applied it to meeting human



National health care policy expert Rosemary Gibson leads breakout session

needs. Only then did it illuminate cities, improve lives and transform societies.

So, how are members of Maine's health care community planning to replicate and apply current innovation to achieve future transformation? Many who answered our challenge vowed to increase patient engagement. Others expressed a commitment to spreading health care price transparency. Still others focused on strengthening communication and cooperation between health care facilities and community resources.

One participant had a unique response to the challenge. To help move Maine from innovation to transformation, they pledged to do one thing: maintain the courage to fail. While no one likes failing, we recognize this commitment as essential to these efforts: innovation requires testing of new ideas, new approaches, and often, new relationships - and testing doesn't always work. But failing does not mean failure - it means a willingness to learn from our experience, and to use the lessons learned to adapt our approaches and move forward.

The U.S. health care system is in a crisis that requires transformation to resolve. With the courage to experiment and occasionally fail, and with the wisdom to learn from both successes and failures, we will identify the most useful current innovations, bring them to scale, and use them to drive the transformation that health care is waiting to see. For more information about QC 2014 and related activities, please visit the Maine Quality Counts website at [www.mainequalitycounts.org](http://www.mainequalitycounts.org).



Keynote Speaker Doug Eby, MD



QC 2014 participant listens to keynote speaker



Robert Allen, MD and Joshua Cutler, MD



Bangor Daily News Health Editor Meg Haskell chats with MEHAF Executive Director Wendy Wolf, MD, MPH



Richard Perry, MD, Medical Director of Harvard Pilgrim

## DOCTOR OF THE DAY »

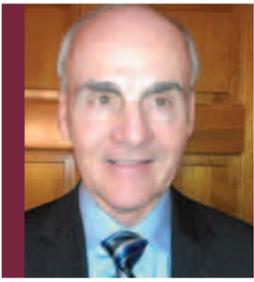
MMA and MOA have been honored to administer the Doctor of the Day program for nearly two decades at the State House. Each day the legislature is in Session, a licensed Maine physician is present to provide medical care to legislators, staff, and guests, should any care be required. A special thank you to the following physicians who served as Doctors of the Day during the 126<sup>th</sup> Legislature in 2013 or 2014.



Sam Cady, MD served as Doctor of the Day while his daughters Hope (9) and Chloe (7) served as Honorary Pages

### Doctor of the Day 2013 and 2014 Participants:

- |                                |   |
|--------------------------------|---|
| Peter Amann, MD                | Bruce Malmer, MD  |
| Robert Anderson, MD            | Terry Malmer, MD  |
| David Andrews, MD              | David McDermott, MD   |
| William Atlee, Jr., MD         | Dylan McKenney, MD  |
| Robert Beekman, MD             | Kristin Mitchell, DO  |
| Paul Berkner, DO               | Mary Casey Murphy, MD   |
| A. Jan Berlin, MD              | Elena Nawfel, MD  |
| Megan Berube, MD               | Geoffrey Noonan, DO   |
| William Bradfield, MD          | Merideth Norris, DO, FACOFP   |
| Amanda Brownell, MD            | Charles Pattavina, MD, FACEP  |
| Carla Burkley, MD              | Julie Keller Pease, MD  |
| Sam Cady, MD                   | Marguerite Pennoyer, MD   |
| Rebecca Chagrasulis, MD, FACEP | Tamas Peredy, MD, FACEP   |
| Robert Chagrasulis, MD         | Timothy Pieh, MD  |
| Judith Chamberlain, MD         | Charles Radis, DO   |
| Marshall Chamberlin, MD        | Guy Raymond, MD   |
| Michael Chipman, DO            | Challa Reddy, MD  |
| Kenneth Christian, MD          | Lisa Ryan, DO   |
| Doug Collins, MD               | Eric Schenk, DO   |
| Chris Connors, MD              | Sydney Sewall, MD, MPH  |
| Patrick Connolly, MD           | Heather Sharkey, DO   |
| Barbara Covey, MD              | William Strassberg, MD  |
| Craig Curtis, MD               | Donald Strickland, MD   |
| Thomas Dancoes, DO, FACEP      | Richard Swett, MD   |
| Russell DeJong, MD             | Aaron Tebbs, MD   |
| Steven Diaz, MD, FAAFP, FACEP  | Kathleen Thibault, DO   |
| David Edsall, MD               | Eric Tweedie, MD  |
| Richard Fein, DO               | Steven Wilson, MD   |
| Noreen Flanagan, MD            | Gary Winn, DO, MPH  |
| Richard Flowerdew, MD          |   |
| Leigh (Jack) Forbush, DO       | <b>And, a special thank you goes out to our four physician legislators for all their hard work at the legislature and for filling in as Doctor of the Day whenever necessary.</b> |
| Catherine Fredericks, DO       | The Honorable Ann E. Dorney, MD from Norridgewock   |
| Lani Graham, MD, MPH           | The Honorable Geoffrey M. Gratwick, MD from Bangor  |
| Brenda Gowesky, MD             | The Honorable Jane P. Pringle, MD from Windham  |
| Jay Hagerty, MD                | The Honorable Linda F. Sanborn, MD from Gorham  |
| Sue-Anne Hammond, DO           |   |
| Craig Hawkins, MD              |   |
| James Hildebrand, MD           |   |
| Michael Hofmann, MD            |   |
| Christine James, DO            |   |
| David Jones, MD                |   |
| Joel Kase, DO                  |   |
| Brian Kaufman, DO              |   |
| Patrick Keaney, MD             |   |
| Lindsey Kerr, MD               |   |
| Christopher Kleeman, MD        |   |
| Dieter Kreckel, MD             |   |
| Rodney Lahren, MD              |   |
| Lisa Letourneau, MD, MPH       |   |
| Amy Madden, MD                 |   |



I find it hard to believe that my term as President is more than half complete. Time flies when you are having a good time. I can't say that serving as your president has been a walk in the park, but I can assure you that my tenure so far has been exciting and truly fulfilling. What a wake up call

it has been to meet the task of representing and advocating for our physicians in Maine and on the national scene with the AMA. It brings home the complexity of forces that impact our work and has given me an appreciation for the important role we have as practicing physicians in shaping our future. "Team MMA" truly is spot on in supporting my role as your president.

Let me report on current MMA activities. In the aftermath of our winter retreat at the Samoset, where recommendations came from the Board concerning our focus as an association, the reallocation of resources has begun. The demand for services by the Peer Review program and our physician's contract review consultation service is more robust and more staff time and support have been allocated to these activities. Our legal team, which continues to provide legal services to medical staffs and larger groups, was directed to adjust its fees for services to reflect the value of its work, while remaining competitive with what is reflected in the marketplace. As recommended by the Board, we have abandoned those corporate affiliations that were not germane to our mission. We are also reducing resources in those areas that are shared with other organizations. For example, as a co-sponsor the MOA has been asked to assume more of the staffing and administrative burden for the "Doc of the Day" program.

The legislative committee has been working tirelessly evaluating and refining the MMA's position on numerous

bills during our weekly Tuesday evening conference calls. Most of MMA's positions are developed as a result of input during these legislative discussions, trying to stay true to our mission statement. Working toward universal health coverage for our citizens, we have strongly supported the Medicaid expansion. In the interest of transparency for our patients, we have supported legislation to assure truth in advertising, certification and training, and price disclosure of common procedures and services.

On the national front, joining our other state associations and the AMA, we were successful in obtaining yet another year of reprieve from ICD-10. This will allow all the stakeholders and CMS to complete end-to-end testing and assure that the new process will function. Unfortunately our efforts to repeal the outdated SGR formula that determines Medicare reimbursement again failed, but another temporary fix was passed to avoid the 24% shortfall that would have been disastrous for access to care for many Medicare patients.

In an effort to meet with more of our members, we began hosting "listening sessions." The first of these was held in March at the Seadog Brewery in South Portland and it was very successful. Approximately twenty MMA members joined some of the MMA staff and a few board members to share beverages, appetizers, and great conversation. We look forward to more opportunities in different locales around the state where we can provide fellowship and garner your ideas about how we can make your association more relevant to you.

Again, I thank you for the opportunity to serve you. Present your ideas or concerns to Gordon (gsmith@mainemed.com or 207-622-3374 ext: 212) or myself (president@mainemed.com or 207-834-3155) as we "move" ourselves to better serve you to advance the care of your patients.

### Prevent Adult-onset Occupational Asthma

By the Maine Center for Disease Control and Prevention (Maine CDC)

Isocyanates (eye-so-sigh-a-nates) are chemicals that can cause asthma and cancer, irritate the skin, eyes, nose and throat, and even cause death. It is important for medical providers to know the health risks associated with isocyanates and be aware that patients who work in certain industries are in danger of being exposed. The risks are so well documented that the Occupational Safety and Health Administration (OSHA) has announced an emphasis program to protect workers from exposure to isocyanates.

#### Patients potentially exposed to isocyanates may have:

- » Persistent or recurring eye irritation
- » Nasal congestion
- » Dry or sore throat
- » Cold-like symptoms
- » Cough
- » Shortness of breath
- » Wheezing
- » Chest-tightness

#### Direct skin contact can cause:

- » Sensitization
- » Inflammation
- » Rash
- » Itching
- » Hives
- » Swelling



#### Isocyanates are found in the following compounds:

- » Paints
- » Varnishes
- » Foams
- » Sealants

#### They are used in the following industries:

- » Residential/commercial construction to coat cement, wood, fiberglass, steel and aluminum
- » Automotive painting and spray on bed-liners
- » Commercial manufacturing of ridged and flexible foams
- » Boatbuilding coatings to protect boats

When dealing with a patient, medical providers should consider that patient's occupation and work environment. Isocyanates are powerful irritants to the eyes, gastrointestinal, and respiratory tracts. Isocyanates can sensitize a patient through skin contact which means a patient could be subject to a severe asthma attack if they come into contact again (death from severe asthma in some sensitized subjects has been reported). Isocyanates cannot easily be washed off skin or clothing because they are not water soluble. OSHA is hoping that by focusing on this problem it will raise physician awareness of the risk, reduce employee exposure, and lessen the overall negative health effects associated with isocyanates. For more on the National Emphasis Program as well as a patient questionnaire (appendix C), please visit [www.osha.gov/OshDoc/Directive\\_pdf/CPL\\_03-00-017.pdf](http://www.osha.gov/OshDoc/Directive_pdf/CPL_03-00-017.pdf).



### Northern New England Poison Center

Maine, New Hampshire & Vermont, the Northern New England Poison Center provides immediate treatment advice for poison emergencies.

They also provide information about poisons and poison prevention, twenty-four hours a day, seven days a week.

### SAVE THE DATE

### MMA's 23rd Annual Practice Education Seminar June 18 in Augusta

The Augusta Civic Center will once again be the site of the Association's 23rd Annual Practice Education Seminar which is intended to present physicians and practice managers with the information and trends in medical practice in Maine and across the country. The program will be held on Wednesday, June 18 from 8:15am to 4:00pm.

The theme of this year's program is "Preparing Your Practice for the Rough Road Ahead." The focus will be on payment reform and best practices. Carol Vargo from the American Medical Association will present data from the Rand survey conducted for the AMA which asked physicians questions about their level of satisfaction with their work and also elicited opinion about practice sustainability. Kevin Flanagan, M.D., Medical Director for MaineCare will present a keynote luncheon talk on the State Innovation Model grant and its role in reforming the payment and delivery system in the state. The complete program is included as an insert in this issue of *Maine Medicine*. Registration will also be available on the MMA website at [www.mainemed.com](http://www.mainemed.com) after May 1.

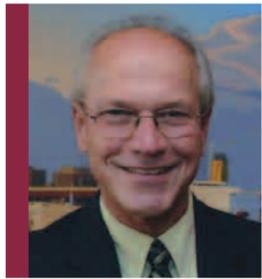
This year's program is supported by the Payment Reform grant from the Maine Health Access Foundation (MeHAF).

### Thank You

A special thank you to the following physicians who served as volunteers on prelitigation screening panels from July thru December 2013. Physicians willing to volunteer may contact the MMA EVP Gordon Smith at 622-3374 ext: 212 or via email at [gsmith@mainemed.com](mailto:gsmith@mainemed.com).

- Karen Calcott, MD
- Mike Clark, MD
- Paul Denoncourt, MD
- Virginia Eddy, MD
- Julie Hurley, DO
- Elizabeth Laverack, MD
- Thomas Murray, MD
- Mary Prybolo (CEO St. Joes)
- Ed Ringel, MD
- William Rogers, MD
- McKenzie Savidge, DO
- Amy Tan, MD
- James Vankirk, MD

**Visit the mma website: [www.mainemed.com](http://www.mainemed.com)**



As I sit in the Senate Chamber this morning (April 9) with our Doctor of the Day Jim Hildebrand, M.D., I struggle to think about what to write for the upcoming issue of *Maine Medicine*. Although it is easy to be cynical about State House activities these days, it is also important to

put the current situation in perspective. I have been a registered lobbyist at the State House since 1977 which, if my math serves me correctly, is getting pretty close to forty years. This morning, I sit in the Senate Chamber right behind Assistant Republican Leader Roger Katz. When I began lobbying, Roger's dad Bennett Katz was the Republican Leader (majority leader, at that time) holding the same Augusta Senate seat that his son holds now. Bennett and the Assistant Leader, Richard Pierce of Waterville were wonderful mentors to me and I reflect this morning on many of the legislative leaders of that era, Ken MacLeod, Harry Richardson, Joseph Sewall and my close friend Jerrold Speers. They all had time to take a young lawyer under their wings and instruct me in the proper ways of participating as a paid advocate in the give and take of the Maine Legislature.

While it is tempting to say that times have surely changed and that what some describe as the toxic environment in Augusta (and Washington) has lowered the bar in terms of public debate and discourse, the essence of the Maine Legislature has not changed all that much. The legislators themselves continue to make up what is very much a citizen's legislature. One of the poorest paid legislatures in the country, the House and Senate are made of up a good cross section of Mainers. Young people right out of school, retirees, small business owners, a hand-full of lawyers and even four physicians. It is supposed to be part-time work although many legislators today would probably disagree with that characterization. Legislators arrive in Augusta with no staff, they have no office other than the desk in the House or Senate Chamber. They are remarkably accessible. The public, and that fortunately includes lobbyists, can sit right in the Senate Chamber

within a few feet of the voting members. While we no longer have access to the House Chamber during sessions, we can sit in the upstairs gallery and observe. And there is ample time to talk with legislators as they come and go between their committee rooms and the chamber. Never once have I been treated rudely by a legislator when approaching them at the State House, even sometimes when they are taking a restroom break during a long debate! By and large, they are a very kind group.

Legislators, not surprisingly, are extroverts. They put themselves out there, choosing to be on the ballot, and they take their responsibilities to their constituents seriously. They like to hear from physicians who live in their districts. Sometime your voices are silent and they almost beg to hear some professional opinion. While Andy, Jessa and I are there daily to assist the conversation, we are no substitute for the relationship that you can and should have with your House and Senate representatives. You will likely be surprised at their interest and sincerity.

As I sit in the Senate Chamber this morning, there is a lot of good natured bantering going on. Later this week, there will likely be bitter debate on important issues to medicine, such as access to Naloxone and MaineCare expansion. But this morning, these 35 Senators are respectful colleagues. At noon, they will recognize two retiring Senators, celebrating their service with cake and appropriate remarks. As lobbyists, we will be invited to share in the cake. We are part of the family, we may agree or disagree, but the mutual respect and the respect for the traditions of the Maine Legislature, for the legislators who have paved the way earlier, is still there. I remember Bennett Katz and then have cake with Roger. You all know the old saying, *the more things change, the more they stay the same*. It is the same way at the State House.

It is an incredible honor and privilege not to just be a part of the process, but to be speaking on behalf of Maine's hard-working physicians. I thank each and every MMA member for giving me that privilege.



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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.

**SUBSCRIBE TO MMA'S MAINE MEDICINE WEEKLY UPDATE**

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

**INVITE A PHYSICIAN TO JOIN MMA**

Encourage your colleagues to become an MMA member and take advantage of the benefits of membership. Contact Lisa in the MMA Membership Department at 622-3374 ext 221 or email [lmartin@mainemed.com](mailto:lmartin@mainemed.com).

**THANKS TO 2014 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.

- Coastal Women's Healthcare
- Maroulla Gleaton, MD
- Myron Krueger, MD
- Michael Parker, MD



**MMA Members Give Your Patients Prescription Discounts**

Do you have patients who are without prescription coverage? Here's how you and MMA can help:

The Maine Medical Association has partnered with United Networks of America to provide a pharmacy discount program to Maine patients who have no prescription coverage.

The prescription savings card, called Maine RX Card, is FREE. There are no strings attached. Your patients

can present the card at any of thousands of participating pharmacies to save up to 50% on all prescription drugs, new or refills.

To request an allotment of cards for your office, contact Lisa Martin, Membership Coordinator, at 207-622-3374 ext: 221 or via email at [lmartin@mainemed.com](mailto:lmartin@mainemed.com).



MMA receives a monthly royalty check based upon the volume of use of the Maine RX Card. These non-dues dollars help keep MMA membership dues at an affordable level.

**Time for a checkup?**  
Physicians Need Protection Too

Philip M. Coffin III  
Licensing Issues  
Employment Agreements

Jonathan T. Harris  
Estate Planning

**Lambert Coffin**  
attorneys at law

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Calling Hospice of Southern Maine doesn't mean you're giving up...  
**It means you're taking charge.**

If you or a loved one has been diagnosed with a life-limiting illness and you're not sure what your options are, call Hospice of Southern Maine. We will collaborate with your physician to ensure your wishes are known.

Contact us today to learn more about the care we provide through our home program and Gosnell Memorial Hospice House.

**Hospice of Southern Maine**  
When each moment counts  
866-621-7600  
[hospiceofsouthernmaine.org](http://hospiceofsouthernmaine.org)

**MAY 15**

9:00am - 4:00pm  
Critical Access Hospital Nurse Managers

6:00pm - 8:30pm  
Maine Association of Psychiatric Physicians

**JUNE 4**

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

**JUNE 6**

9:00am - 12:00pm  
First Fridays Educational Program:  
Annual HIPAA Update

**JUNE 10**

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

**JUNE 11**

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

**JUNE 19**

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

6:00pm - 8:30pm  
Maine Association of Psychiatric Physicians

**JULY 14**

4:00pm - 8:00pm  
Maine Professional Health Program (MPHP)

**JULY 22**

5:00pm - 9:00pm  
ME Chapter American Academy of  
Pediatrics

**AUGUST 1**

9:00am - 12:00pm  
First Fridays Educational Program:  
Ethical Issues in Contemporary Medicine

**AUGUST 12**

4:00pm - 6:00pm  
MMA Committee of Physician Quality

**AUGUST 13**

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

**AUGUST 20**

11:30am - 2:00pm  
MMA Senior Section

**SEPTEMBER 8**

4:00pm - 8:00pm  
Maine Professional Health Program (MPHP)

**SEPTEMBER 18**

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

**OCTOBER 3**

9:00am - 12:00pm  
First Fridays Educational Program:  
Risk Management Seminar  
(Presented by Medical Mutual Insurance)

**OCTOBER 8**

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

**OCTOBER 14**

4:00pm - 6:00pm  
MMA Committee of Physician Quality

**OCTOBER 15**

11:30am - 2:00pm  
MMA Senior Section

**OCTOBER 28**

5:00pm - 9:00pm  
ME Chapter American Academy  
of Pediatrics

Joel Kase, DO, MPH and Angela Kase, AM

**Climate and Human Health**

*In honor of Earth Day, we are pleased to feature a guest article by Dr. Joel Kase and Angela Kase. Joel Kase, DO, MPH, is an emergency physician, active member of the Maine Medical Association and past-president of the Maine Osteopathic Association. Angela Kase, AM, is a graduate in biological sciences at Harvard University. This is an abbreviated version of the article they co-authored, "Achieving a viable equilibrium: exploring the connections between human health and the world we inhabit" published in Osteopathic Family Physician in May 2010.*

2014 marks the 44th Anniversary of Earth Day. The national awareness created by the publicity of the first Earth Day in 1970 ignited so much passion about our collective responsibility in caring for our planet, that by the end of that year, the Nixon Administration had created the Environmental Protection Agency.

In recent decades the Western Medical Establishment has become more cognizant of the connection between our environment and our health, a relationship Eastern Medicine has respected for centuries. Throughout history, physicians, scientists, and scholars have postulated that the health of humans is dependent, at least in part, on the health of the planet. Objective data now exist, which allow us to better understand this relationship, so that we may work to continue to improve the health of individuals, communities, the human race, and the planet we inhabit.

The impact of climate change on human health ranges from an increase in vector-borne diseases to compromising drinking water quality. In recent decades in North America, awareness of the influence of climate on the transmission and spread of vector-borne pathogens has grown dramatically. The rapid spread of West Nile virus in the United States has resulted in over 15,700 human cases and 650 fatalities. In recent decades, Lyme disease has now become the most common tick-borne disease in the United States. Waterborne diseases continue to account for significant morbidity in the United States. In 2002, there were 1,330 water-related disease outbreaks

throughout the nation. Warming temperatures and sea-level rise cause the hydrologic cycle to continue to intensify, translating into an increase in extremes of droughts and floods. The World Health Organization estimates that across the globe, 2 million people die from the impact of air pollution each year. In both developed and developing countries, short- and long-term exposures to air pollutants have significant health impact, and children, the elderly, and the poor are most susceptible to detrimental effects such as respiratory and cardiac disease.

The examples of effects on human health included here represent just a small sample of the broad range of potential climate impacts on the health of individuals, communities, and the earth. Industrialization, deforestation, urbanization, and agricultural practices are all examples of human activity impacting human health.

There are numerous interventions that can be employed to address the impact of climate change health effects on the safety of air quality, the water supply, land resources, and food consumption practices.

Each of us, as individuals, as communities, and as nations, bears a responsibility for our own well-being, and thus, we are all entrusted with the stewardship of our individual health, the health of the environment and the health of our planet.

The public health lessons we have learned in the past have driven the improvements that underlie our improved health today. This insight begs the question: What lessons will be learned in 20 years time because of the actions or inactions we pursue today?

Whichever position one favors on the climate change debate, presented here are illustrations of tangible negative health impact that we have the ability to address. As physicians on the front lines of medical care, we are in a unique position to utilize this information to improve patient care needs, while advancing the health of our citizens, our communities, and our planet.



**Join Your Colleagues in Bar Harbor for MMA's 161st Annual Session**

**September 5-7, 2014**

MMA's 161st Annual Session will be held Sept. 5-7, 2014 at the Harborside Hotel and Marina in Bar Harbor. We are excited to return to Bar Harbor after having held the 160th Anniversary meeting in Portland last Fall. President-elect Lisa Ryan, D.O. has chaired the Annual Session Committee which has proposed a number of changes for this year's meeting. Regular attendees to the Annual Session will find the following changes:

- >> In order to minimize time away from the office and expense, the meeting will be a half day shorter and will begin with a keynote talk at 4:00pm on Friday afternoon, Sept. 5 following the Board meeting which will begin at 2:00pm.
- >> The Saturday morning business meeting will be completed by 10:30am and followed by two hours of CME.

- >> The 50 year pins will be presented on Saturday evening.
- >> The Saturday evening banquet will be replaced by a lobster bake with casual dress. President Guy Raymond, M.D. will install Dr. Ryan as MMA's first osteopathic President.
- >> Daycare will be provided and members will be encouraged to bring their families.
- >> Saturday afternoon will be devoted to free time for family activities and recreation.
- >> The Sunday morning road race will remain unchanged.

We hope members and their families will enjoy the new approach. Watch future publications for additional speakers and programming information. Registration will also be available on the MMA website at [www.mainemed.com](http://www.mainemed.com).

If you're unable to work due to a sickness or injury, disability income insurance can help you meet expenses and maintain your standard of living. It can help you pay bills like your mortgage, tuition and car payments, and help cover expenses for food, clothing and utilities. By replacing a portion of your income, disability income insurance can help provide financial stability until you get back on your feet and return to work.

Short-term disability insurance can replace a portion of your income during the initial weeks of a disabling illness or accident. Long-term disability insurance can replace a portion of your income after those initial weeks, for an extended period. You may have one or both of these through your employer. Many people also choose to purchase individual disability insurance on their own. Individual disability income insurance can provide protection for people who do not have disability insurance available through their workplace or may be used to supplement group coverage through their workplace.

No one knows what the future holds, so it's important for you to do your best to prepare for what life may bring. Based on our experience in helping clients through an emotionally and financially difficult time, we've created these 8 Simple Tips to share our point of view and provide guidance and answers to common questions about disability insurance. Certainly, everyone's circumstances are different, but these will help you get started and make the best decision based on your specific needs.



- 1 If you or others depend on your income – You should consider purchasing disability insurance.**  
If you have people who depend on your income – or if you depend on your income – you should consider disability insurance. Many people may be surprised to learn that Social Security disability benefits are not available if you are expected to be out of work for less than a year. One year without income could deplete your savings and have a significant impact on your finances.
- 2 Disability insurance replaces a portion of your income when you can't work.**  
If you were unable to work due to illness or injury, disability insurance can help to pay your most essential expenses, including food, utilities, school tuition, mortgage payments and car payments.
- 3 Most long-term absences are due to illnesses, not accidents.**  
While many people think that disabilities are typically caused by accidents, the majority of long-term absences are actually due to illnesses, such as cancer and heart disease. Only 10% of long-term disabilities are due to injury.<sup>1</sup>

- 4 You may need disability insurance even if you're young and healthy.**  
Almost 1 in 4 of today's 20 year olds may become disabled before reaching age 67.<sup>2</sup> It may be easier and less expensive to get disability insurance when you're young and healthy.
- 5 The risk of a disability during your working years may be greater than you think.**  
The risk of suffering a disabling illness or injury may be more likely than you realize. The average 20 year old is twice as likely to become disabled than to pass away before age 67.<sup>3</sup> Disability insurance helps you to maintain a steady stream of income when you can't work due to illness or injury.
- 6 A good rule of thumb is to protect 60%-80% of your after-tax income.**  
You will need to meet your essential living expenses if you should become disabled. Approximately 72% of consumer expenditures are to cover essential expenses like housing, food, transportation, health care and education.<sup>4</sup>
- 7 Some disability insurance is better than no disability insurance.**  
When budgets are especially tight, it still may make sense to purchase sufficient disability insurance to cover the rent or mortgage and keep your family in their home should you become disabled.
- 8 Make sure you know how much disability insurance you get at work.**  
A good place to start is to see if disability coverage is made available to you at work. You might want to look carefully at the coverage, however, since group benefits alone may not be enough due to the amount of income being replaced, potential benefits limitations and types of income covered.

There are several ways to obtain disability income coverage. As previously mentioned, some companies provide their employees with group coverage. In addition, various associations offer disability income benefits for members. You may also purchase an individual disability income policy yourself. Rates vary according to your age, health, occupation, and the policy features you choose.

So many people recognize the need for disability insurance, but don't move forward because they don't feel they have a reliable place to start. Your Financial Advisor can provide you with the information and knowledge you need to make an informed decision.

<sup>1</sup> 2011 Long-Term Disability Claims Review, Council for Disability Awareness.  
<sup>2</sup> Social Security Fact Sheet, April 2012.  
<sup>3</sup> Social Security Fact Sheet, April 2012.  
<sup>4</sup> Consumer Expenditures (US Department of Labor Statistics, October 2010).

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MMA President Guy Raymond, MD and EVP Gordon Smith attended the AMA's National Advocacy Conference in early March. In above photo, Dr. Raymond talks with Maine's Junior Senator Angus King.



Susan Kring and Lisa Martin represented MMA well at Quality Counts 2014 Annual Conference.



John Makin, M.D. and wife Nancy

**2014 MMA Benefit Golf Tournament to Honor John Makin, M.D.**

This year's golf tournament, to be held Monday, July 21, 2014 at the Augusta Country Club will be dedicated to the memory of our friend and golf colleague John Makin, M.D. who died unexpectedly in November soon after receiving his 50 year pin at the MMA Annual meeting in October. Dr. Makin served as President of the Association from September 1998 to September 1999 and was an enthusiastic participant in the annual golf tournament, playing with his wife Nancy. Nancy and other family members will join us for the tournament and the proceeds this year will be split between the scholarship fund and Dr. Makin's favorite charity, the Memphis Area Golden Retriever Rescue.

The day will begin with our usual 11:00am registration and lunch on the deck with a shot gun start at noon. The traditional Texas scramble will remain the format with prizes awarded to the top three teams in net and gross categories. Prizes will also be available for closest to the pin on all the par 3's and for longest drive on hole # 1. We will gather for refreshments and awards and do the raffle following the golf.

Watch your mail for invitations, but players and sponsors can register now with Lisa Martin at MMA by calling Lisa at 622-3374 ext. 221 or via e-mail to lmartin@mainemed.com. The cost is \$125 per player and hole sponsorship is \$500. Please join us!

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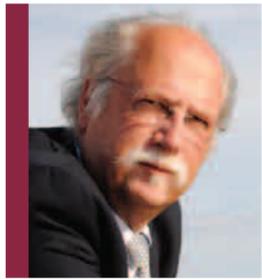
**MMA 2014 » FIRST FRIDAYS EDUCATIONAL PROGRAMS**

8:30 a.m. – Registration and Breakfast; All sessions 9:00 a.m. – Noon with breakfast included; All sessions take place at the Maine Medical Association Building in Manchester, Maine unless otherwise noted.

Registration is available at [www.mainemed.com/events/first-fridays](http://www.mainemed.com/events/first-fridays)

- June 6** Annual HIPAA Update
- Aug 1** Ethical Issues in Contemporary Medicine
- Oct 3** Risk Management Seminar *presented by Medical Mutual Insurance Company of Maine*
- Dec 5** Annual Compliance Seminar





**Little bite, BIG Problem**

Believe it or not, all of this snow will soon be gone, and warmer weather will be here! With the sun and grass, will come the return of the critters especially those pesky ticks. Ticks (of multiple species) carry diseases that infect Maine residents

with numerous diseases and these illnesses have been increasing since the 1980's. Currently, there are four tick-borne diseases that are considered endemic in the state of Maine, and all of their rates have increased especially in the last 5 years.

Lyme disease is the most common tick-borne illness in Maine. The disease is caused by the bacteria *Borrelia burgdorferi* found in an infected deer tick (*Ixodes scapularis*) and is transmitted to us when the tick is attached for at least 24 hours. Maine reported over 1,350 probable and confirmed cases in 2013. Lyme is a statewide issue with eleven of the 16 counties reporting increased rates, with eight of those above the state rate.

Anaplasmosis is another bacterial disease transmitted to humans through the bite of an infected deer tick. The bacterium infects the white blood cells, causing a range of symptoms from mild (headaches and body aches) to severe (encephalitis, meningitis and death). PCR testing is the preferred method to confirm cases.

Maine had 94 cases (72 confirmed and 22 probable) of anaplasmosis reported in 2013. This is almost double the number of confirmed and probable cases that occurred in 2012, the second consecutive year the number has jumped dramatically.

Babesiosis is also caused by the bite of an infected deer tick and can cause serious illness. Symptoms include: extreme fatigue, aches, fever, chills, sweating, dark urine, and possibly anemia. Asplenic individuals are of a higher risk of serious disease. PCR testing is the preferred testing method to confirm cases. Maine had 36 cases (30 confirmed and 6 probable) reported in 2013 which more than triples the amount of cases in 2012. Cases occurred only in six southern counties, but that does not mean that the disease cannot move up the state.

Powassan Encephalitis is a rare and serious disease caused by the Powassan virus and is transmitted to humans usually through the bite of an infected woodchuck tick (*Ixodes cookei*) and possibly from an infected deer tick. Powassan is the only known tick-borne arboviral disease in the U.S. and Canada. Symptoms include: fever, headache, vomiting, weakness, confusion, seizures, and memory loss. Long-term neurologic problems may occur. Fifty cases of Powassan were reported in the U.S. in the last decade. Maine had one confirmed case of Powassan reported in 2013, which was the first case identified in in nearly a decade.

When it comes to ticks and tick-borne diseases, the simplest

prevention is to avoid getting bitten by a tick at all. Maine CDC has developed the "No Ticks 4 ME" approach to follow to ensure proper tick prevention, and it is as follows:

- 1) Use caution in tick infested areas
- 2) Wear protective clothing
- 3) Use an EPA approved repellent
- 4) Perform daily tick checks

If an individual is bitten by a tick, the most important thing is prompt removal. If the tick is a deer tick and was attached for more than 24 hours then an individual may benefit from prophylactic antibiotics but needs to discuss this with their provider. It is also important to monitor for signs and symptoms for 30 days and consult their provider if symptoms occur. Ideally, the individual should also retain the tick for identification. Tick identification is available for a fee at the University of Maine Cooperative Extension Tick ID Lab: <http://extension.umaine.edu/ipm/tickid/>.

As the statistics prove, these diseases and the ticks that carry them are not going away; in fact, the range of ticks is expanding. Providers need to be aware of these diseases and educate their patients, along with being prepared to identify and treat the diseases when they occur. Unfortunately ticks are now part of the Maine experience but tick borne diseases do not have to be if we all chant the "No Ticks 4 ME" mantra.

*Editor's Note: This will be Dr. Sears' final article in his current position as he has resigned his state position and will be moving to the VA system where he will serve as Associate Medical Director. We wish him well.*



**Medical Mutual Insurance Company of Maine Risk Management Practice Tip: Medication Prescriptions, Refills, and Adjustment Protocols – Part II**

At times physician practices adopt written medication dose adjustment protocols and delegate dose adjustment to clinical staff. Prior to implementation assure state statutes allow physician delegation of this responsibility and that regulations/licensing allow designated staff to accept this responsibility.

**Developing a Medication Adjustment Protocol**

**1. Require adjustment be delegated to clinical staff only. Provide designated clinical staff with education on implementation of the written protocols at least annually. Education should address:**

- >> Indications for usage of the medication.
- >> Purpose and desired effect of medication.
- >> Side effects of the medication.
- >> Interactions with other medications.
- >> Significance of the therapeutic range.
- >> Importance of lab tests associated with medication, e.g., INR and significance of critical lab values.
- >> Specify when a physician should be notified or consulted, e.g., when a patient reports an untoward effect from drug, a critical lab value is reported, etc.
- >> Annual demonstration of clinical competence

**2. Establish a written adjustment protocol for each medication and address:**

- >> Dosing parameters.
- >> Definition of critical lab values.
- >> Specific questions to ask the patient regarding current medications, side effects, activity level, changes in health status, etc.
- >> Frequency requirements for patient appointments with a physician, e.g., every six months, annually.
- >> Frequency requirements for lab testing or monitoring.

- >> Specifics on when to consult with a physician, e.g., critical lab values, failure of patient to comply with ordered lab work.
- >> Documentation requirements:
  - > Lab values, complications, current medication dose, adjustment to dose, written instructions provided on dosage change, date for lab tests
- >> Require physicians approve all protocols annually.
- >> Computer-based or web-based management systems for anticoagulation therapy may be utilized and include record keeping, patient tracking and clinical decision support tools. Although dosing parameters, frequency of lab testing, etc., may be built into these programs, written protocols should address how these systems are to be utilized by staff.

**3. Define the oversight of staff assigned to implement the protocols.**

- >> Define and provide oversight of the process by a physician(s) at regular intervals not to exceed quarterly. Determine if:
  - > The protocol is administered appropriately, e.g., dosing adjustments made are appropriate to recommended parameters; physician was consulted when indicated and according to protocol; therapeutic range was obtained and maintained.
  - > Required documentation is complete.

**4. Implement a tracking system to monitor completion of lab tests and follow-up visits.**

- >> Track receipt of diagnostic test results
- >> Facilitate follow-up appointment compliance.
  - > Stress the importance to the patient
  - > Place a reminder call in advance.
  - > Notify physician of a missed appointment
- >> Maintain lab reports in the medical record and require each be reviewed and signed by a provider. If lab values are manually recorded on flow sheets/forms or in a computerized tracking system, institute a double-check system to help prevent recording errors. Errors on flow sheets may lead to an adverse patient outcome.



*Medical Mutual Insurance Company of Maine'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.*

**MMA Membership as a Return on Investment**

Every day, MMA leaders and staff work hard to show value to MMA members, whether they be in independent practice, employed by hospitals, health centers or large integrated systems, medical students or residents in training. Full dues for one year is \$480 (among the lowest dues of any state medical society) but discounts are available for first year members, groups and through arrangements with some specialty societies and the Maine Osteopathic Association.

While non-dues income now makes up approximately 60 percent of MMA's annual revenue, member dues is still the largest revenue item in the budget at over \$600,000. Your MMA leadership has worked for the past three years developing a strategic framework which will allow the Association to better focus on those services that members indicate are of the highest value. In order to put more resources into the services of most value, it is necessary obviously to decrease the resources going to services of marginal value. With the help of a membership survey late last year, the MMA Board of Directors is in the process of determining the services to be eliminated or de-emphasized.

As a result of the member survey, it is clear that **Advocacy** for the profession is a highly valued service. Other services appreciated by the members include the highly visible Medical Professional Health Program, the legal services of the staff attorneys and MMA's quality improvement activities. But your dues also support the ability to have a full-time staff of approximately a dozen individuals to assist members with the day to day questions they have. Please look upon your dues as an **Investment** in your practice and the profession and look to MMA to provide you a good return on that investment.

Thanks to all members who have paid their membership dues for 2014.

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**Legislative Update:  
126<sup>th</sup> Maine Legislature  
Adjourns Second Regular  
Session Sine Die**

The 186 legislators comprising the 126<sup>th</sup> Maine Legislature concluded their Second Regular Session at the State House in Augusta on

Wednesday, April 16, 2014. Tensions ran high between Republican Governor Paul R. LePage and Democratic leaders of the House and Senate throughout the session. Irritated by bipartisan legislative amendments to his biennial budget during the First Regular Session, the Governor refused to submit a supplemental budget as is customary in January 2014. Although the budget process was unusual and awkward, the Appropriations Committee did reach bipartisan agreement on two supplemental budget bills to keep the budget in balance through FY 2014 and 2015. The Governor and Democratic legislative leaders also sparred throughout the session on the initiative to accept the federal funds available under the ACA to expand Medicaid coverage to nearly 70,000 low-income Mainers, the Governor's welfare reform package, and a bill to improve access to the anti-overdose drug naloxone. The 127<sup>th</sup> Maine Legislature will be seated in December and will begin work in early January 2015. The MMA staff welcomes input from individual members, practices, or specialty societies on the MMA's legislative agenda for the next legislature.

The ACA Medicaid expansion debate topped the health policy agenda during the 2014 session and the MMA took a leadership role in *Cover Maine Now!* ([www.covermainenow.com](http://www.covermainenow.com)), the coalition of nearly one hundred Maine organizations advocating acceptance of the federal funds to expand health insurance coverage through the MaineCare program for nearly 70,000 Mainers. The failure of two bills (L.D. 1487 and L.D. 1578) to accept those federal funds represents a missed opportunity for Maine - not only to offer health insurance coverage to low-income individuals who need it, but also to inject substantial federal money into a Maine economy that is still struggling to recover from the recent recession. The MMA thanks President Guy Raymond, M.D., Immediate Past President Dieter Kreckel, M.D. and Legislative

Committee Chair Amy Madden, M.D. who represented the MMA at numerous press and legislative events in favor of expansion. The MMA also thanks Ken Christian, M.D. and countless other Maine physicians who reached out to key legislators in an effort to persuade them on the merits of the expansion effort.

The MMA participated in the development of, and is largely pleased with the outcome, of bills addressing health care price transparency (L.D. 1642 and L.D. 1760), expanded availability of naloxone (L.D. 1686), MaineCare coverage for services provided by ambulatory surgical centers (L.D. 390), and conducting registration for the Prescription Monitoring Program (PMP) through the licensing boards (L.D. 1840).

Now is a great time to get to know the candidates for the 2014 campaign season. You can find the "List of Primary Candidates" for the June 10, 2014 primary election on the web here: <http://www.maine.gov/sos/cec/elec/upcoming.html>.

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 8:00 p.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.

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://www.maine.gov/legis/>.

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

**MAY 9-10, 2014**  
**Harborside Hotel & Marina – Bar Harbor, ME**  
Maine Chapter, American Academy of Pediatrics Annual Spring Conference Educational Conference and Business Meeting  
*Contact: Leslie Goode 207-782-0856 or [ldgoode@aap.net](mailto:ldgoode@aap.net)*

**JUNE 26, 2014**  
**Cabbage Island – Boothbay Harbor, ME**  
Maine Chapter, American College of Emergency Physicians Annual Summer Lobster/Clambake and Business Meeting  
*Contact: Maureen Elwell 207-512-6108 or [melwell@mainemed.com](mailto:melwell@mainemed.com)*

**SEPTEMBER 6, 2014**  
**Harborside Hotel & Marina – Bar Harbor, ME**  
The below two meetings will be held in conjunction with the Maine Medical Association's Annual Meeting taking place September 5-7, 2014.  
**Annual Fall Business Meeting of the Maine Society of Anesthesiologists (2:00 – 5:00pm)**  
*Contact: Anna Bragdon 207-441-5989 or [mesahq@gmail.com](mailto:mesahq@gmail.com)*  
**Maine Urological Association**  
*Contact: Dianna Poulin 207-622-3374 ext: 223 or [dpoulin@mainemed.com](mailto:dpoulin@mainemed.com)*

**SEPTEMBER 12-14, 2014**  
**Atlantic Oceanside Hotel & Conference Center – Bar Harbor, ME**  
American College of Physicians - Maine Chapter 2014 Annual Chapter Meeting and Educational Sessions  
*Contact: Warene Eldridge at 207-215-7118 or [warene54@yahoo.com](mailto:warene54@yahoo.com)*

**SEPTEMBER 19, 2014**  
**Harborside Hotel & Marina – Bar Harbor, ME**  
Maine Society of Eye Physicians and Surgeons Fall Business Meeting (To be held in conjunction with the 13<sup>th</sup> Annual Downeast Ophthalmology Symposium)  
*Contact: Shirley Goggin 207-445-2260 or [sgoggin@mainemed.com](mailto:sgoggin@mainemed.com)*

**SEPTEMBER 19-21, 2014**  
**Harborside Hotel & Marina – Bar Harbor, ME**  
13<sup>th</sup> Annual Downeast Ophthalmology Symposium (Presented by the Maine Society of Eye Physicians and Surgeons)  
*Contact: Shirley Goggin 207-445-2260 or [sgoggin@mainemed.com](mailto:sgoggin@mainemed.com)*

**SEPTEMBER 27, 2014**  
**Harborside Hotel & Marina – Bar Harbor, ME**  
Maine Society of Orthopaedic Surgeons 2014 Annual Educational Sessions & Meeting  
*Contact: Warene Eldridge at 207-215-7118 or [warene54@yahoo.com](mailto:warene54@yahoo.com)*

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\*Data as of Sept 2013

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