



Maine Medicine

a quarterly publication of the Maine Medical Association

APRIL/MAY/JUNE 2018

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

AMA ADVOCACY CONFERENCE

MMA leaders travel to Washington, D.C. to meet with legislators, get updates on national health care issues

The American Medical Association (AMA) National Advocacy Conference was held February 12-14, 2018 in Washington, D.C., and brought together physicians from around the country, industry experts, political insiders and members of Congress to discuss the latest health care issues. MMA President Robert Schlager, MD, Past-President Charles Pattavina, MD, and EVP Gordon Smith attended.

During the group session portion of the conference, AMA President David O. Barbe, MD, MPH, and senior advocacy staff unveiled the 2018 advocacy agenda:

- Protect and expand access to coverage to help patients live longer and with a higher quality of life.
- Reform Medicare physician payment systems to provide better support for coordinated, high-value care.
- Modernize state laws regarding the adoption of telemedicine and ensure physicians are paid for this kind of care delivery.
- Encourage transparency in pharmaceutical pricing through Truth in Rx campaign.
- Address short-sighted insurer policies that undercut physicians' ability to practice medicine and create waste in the system.
- End the opioid epidemic by eliminating prior authorization for medication-assisted treatment, working with payers to remove barriers to multidisciplinary pain care, and more.

- Target the inefficient, opaque prior-authorization policies that cost physician practices time and money, delay treatments and may harm patient outcomes (also an MMA priority; see LD1032).
- Eliminate and streamline the many federal regulations that contribute to doctors spending two hours on administrative tasks for every hour they spend with patients.
- Protect patient well-being that is threatened when health care practitioners are allowed to practice beyond their education, training or experience.

Keynote speakers included Erik Wahl, and internationally recognized artist, TED speaker and No. 1 bestselling author, and Chris Wallace, and award-winning journalist and host of Fox News Sunday. Attendees also heard from Rep. Josh Gottheimer (D-NJ) and Rep. Tom Reed (R-NY) – cofounders of the Problem Solvers Caucus, a bipartisan group in Congress that includes approximately 40 members from both parties who are committed to forging bipartisan solutions.

Kate Goodrich, MD, MHS, Centers for Medicare and Medicaid Services director and chief medical officer of the Center for Clinical Standards and Quality, provided an overview of Merit-based Incentive Payment System (MIPS) Year 2 and Advanced Alternative Payment Models (APMs). The federal CMS is working on developing more advanced APMs. The agency has also made efforts to simplify the data submission portal for MIPS by giving immediate feedback to users and allowing multiple opportunities to submit data.

Interested in federal advocacy? Save the date for the 2019 AMA National Advocacy Conference taking place February 11-13, 2019.

2018 PRESIDENT'S RETREAT

The twenty-nine member MMA Board held a very successful retreat in early March focusing on the topics below. The retreat was held at the Portland Regency Hotel and was facilitated by Derek Ahl of the Daniel Hanley Center for Health Leadership. Twenty-five of the Board members participated in one or more sessions during the weekend.

- Renovations to the Frank O. Stred Building in Manchester which houses the MMA staff. The most significant renovations will be making the building ADA compliant and modernizing the large conference room.
- Succession planning in the face of EVP Gordon Smith retiring at the end of 2019. A Search Committee chaired by Charles Pattavina, MD, will be organized over the next few months (see timetable on page 3).
- Board Engagement – Participants discussed how each board member could be more engaged in the work of the Association and the responsibilities of governance.
- Member Engagement – Participants focused on the question of, "How can MMA be more relevant to each and every member and how can we "connect" more strongly with each member's passion and interests?"

Notes of the retreat are available to any member by contacting Diane McMahon at dmcMahon@mainemed.com. The notes are also posted on the MMA website at www.mainemed.com.



Board members at Retreat



Board members break into small groups

Continued on page 3

MMA RECEIVES QUALITY IMPROVEMENT LEADERSHIP AWARD

The Association received the prestigious Quality Improvement Leadership Award from Maine Quality Counts at its Annual QC Conference on April 4th. The award was presented to MMA President Robert Schlager, MD, and EVP Gordon Smith, Esq. in recognition of the Associations work in responding to the opioid crisis. In presenting the award, Quality Counts Executive Director Larry Clifford noted that MMA has been engaged in advocacy, outreach, and education in the areas of prescription drug diversion, opioid street drugs, and substance use disorders since the late 1990's and was also one of the principal stakeholders negotiating Maine's comprehensive opioid prescribing law known as P.L. 2015, Chapter 488.

In brief remarks upon receiving the award, Dr. Schlager said that as a physician, he appreciated the educational resources MMA made available to clinicians. Mr. Smith thanked MMA members and all clinicians for their efforts in meeting the requirements of the law, which has resulted in a significant reduction in scripts for opioid medication. He also acknowledged the struggle

that many patients had tapering from high doses and credited those individuals now in recovery. He closed by thanking other MMA staff members present (Andrew MacLean, Esq., Peter Michaud, Esq., and Susan Kring) and those members of the staff left in the office.

In 2017 alone, MMA made over fifty CME presentations on the topic of opioid prescribing reaching over two thousand (2,000) prescribers.



MMA President Robert Schlager, MD and Executive Vice President Gordon Smith with Q.I. Improvement Leadership Award

165th MMA Annual Session September 7-9, 2018

Harborside Hotel and Marina
Bar Harbor, ME

Join your colleagues for an engaging weekend focusing on policy advocacy, education and closing with a gubernatorial forum. See insert in this issue for details.



AGING IS A NEW AGE

By Larry Perry, CLU, ChFC, CLTC, Financial Advisor/
Planner, Baystate Financial

The reality of today's retirement is demanding a new paradigm, states Dr. Joseph F. Coughlin who has worked out of MIT's School of Engineering's Age Lab since 1999 and has been studying emerging trends in aging and their impact on today's society and economy.

Both the Healthcare and the Financial Services industries are being significantly impacted as we are to continue to meet the needs of our constituencies. The reality of **increasing longevity** is putting tremendous pressure on both our industries, demanding the reallocation of resources as well as the creation of new approaches to caring for the wellbeing needs of our patients and clients.

As primary care has evolved into medical homes, the focus on acute care into a focus on chronic care and hospice services into palliative care, a new level of complexity is causing the "practice of medicine" to evolve into the delivery of "health care." **As physicians, it is paramount that you be central players in determining the evolution of this new reality.**

The changes in how you, as physicians, interact with your patients has its counterpart in how we, as financial advisors, interact with our clients.

Dr. Coughlin's AgeLab research is providing a level of insight which allows us to see our changing realities more clearly. From breaking LIFE down into 8000 days (22yr) periods which he has labeled:

- Growing (age birth to 22)
- Learning (age 23-44)
- Maturing (age 45-66)
- Exploring (age 67+)

Dr. Coughlin has found that during the first 3 phases of life, there have been built, over the generations, institutions, systems, and a body of experiential knowledge to guide us through the trials of daily life. However, the 4th stage of life is, what might be termed, "a horse of a different color." The reality of longevity for this generation is unprecedented in history and we must develop, as we go, the necessary institutions, systems and experiences so critical to making sound decisions as individuals and public policies as a community.

Dr. Coughlin's new reality of aging breaks down our post career living into 4 phases:

- The Honeymoon Phase
- The Big Decision Phase
- The Navigating Longevity Phase
- The Solo Journey Phase

While each has its own unique set of challenges, opportunities and rewards, research is uncovering that developing a new sense of meaning and purpose that extends beyond our working lifetime are foundational factors in our being able to truly enjoy this "new age of aging."

To remain at the forefront of this changing reality of retirement, we at Baystate have been diligently at work allocating our resources to incorporate new technologies and professional expertise to assure that those in Maine's physician community will be able to transform a career of caring for the health of Maine's citizens into a lifetime of financial wellbeing for yourselves and those you care about most.

For more information on Dr. Coughlin's MIT AgeLab research and Baystate Financial please contact: Larry Perry, CLU, ChFC, CLTC, Financial Advisor/Planner at lperry@baystatefinancial.com or 207-770-2021.



PRESIDENT'S CORNER

By Robert Schlager, M.D., President, Maine Medical Association



What is your passion? Are you willing to be like Leonardo da Vinci or Daniel Hanley?

Leonardo da Vinci is literally and figuratively the premier "Renaissance Man." He lived from 1452 to 1519 - just like us, in a very exciting yet turbulent time. Among his many talents and interests was anatomy. Over his lifetime he studied anatomy and kept meticulous and extremely accurate drawings of the human body. He did this to improve his knowledge and to assist in the accuracy of his paintings. No one prior to Leonardo knew the anatomy of the human body as well as he did. But Leonardo never organized his anatomical sketches or knowledge into a body of work that would enlighten mankind - he basically kept his knowledge to himself for his own edification. It was left to Andreas Vesalius in the mid-1500's and Henry Gray in 1858 to produce anatomical drawings and text for the benefit of mankind and for them instead of Leonardo to be known as the "fathers of modern anatomy."

In the 1970's through the 1980's Dr. "Jack" Wennberg of the Dartmouth Institute began to study variations in rates of surgical procedures and outcomes in different locations including Maine. Initially his works were not accepted for publication until he partnered with Dr. Daniel Hanley who published it in the Maine Medical Association's Journal. Dr. Hanley recognized the value of the work when he saw that in different areas of Maine, the rate of hysterectomies was almost double than in other areas of the state. Rather than assume reasons for this difference, Dr. Hanley unblinded the data, got many gynecologists together to discuss this variation, and asked them why they thought there was such a variation. Soon it was noticed the high rate areas of hysterectomies decreased and were much more in line

with those throughout the rest of the state. Dr. Hanley and Dr. Wennberg both had a passion for questioning the quality and variation of care in surgical and medical treatment. In this way, they reshaped the way both patients and health care providers today measure the value of care. This was their passion that now benefits all of us.

Most of you have special passions in your field of medicine and the MMA requests you allow your Leonardo or Hanley to come out. The Maine Medical Association wants to increase the engagement of all its members - especially YOU. We are not asking for you to do anything in which you have no interest. We are asking you to consider engaging and joining with other colleagues of the Maine Medical Association in whatever your professional passion might be. Be it the legislative process, the quality of medical care, the direction healthcare is taking in the State of Maine, the patient experience or the wellness of your fellow physicians, please consider partnering with us. With you as an active partner, our organization will better serve all the citizens of Maine. And is that not a goal for all of us?

I ask you to not only inspire us with your Leonardo-like talents but also share your passion as Dr. Daniel Hanley did - for the benefit of others. Please feel free to call or email the Maine Medical Association to ask how you can become a more active member. You can also reach me at president@mainemed.com.



Let us help you monitor your financial health

Jim Jackson, CFP®, CIMA®
Senior Vice President – Financial Advisor

Jackson Cousins
Financial Advisor

Carole Sunday
Senior Business Associate



Wealth Management

Two Portland Square, 5th Floor | Portland, ME 04101 | (207) 775-2990 | (800) 341-0336 | www.jmjrcb.com

© 2018 RBC Wealth Management, a division of RBC Capital Markets, LLC, Member NYSE/FINRA/SIPC.

MaineRxCard
www.mainerxcard.com

Save up to 75% on your allergy medications with Maine Rx Card.

Download the new **FREE RX ICARD APP** and have the savings card conveniently on the go!

Check the price of any medication online 24/7/365

Discover more: MaineRxCard.com

SCAN FOR FREE APP OR VISIT FREERXICARD.COM TO DOWNLOAD

For more information please contact: Annie Bass | abass@mainerxcard.com | 207.504.5370

TYPE 2 DIABETES CAN BE PREVENTED OR DELAYED.

Here's how you can help:

- Screen patients for prediabetes
- Refer eligible patients to a National DPP lifestyle change program
- Follow patients' progress in the program

Visit preventdiabetesstat.org to download a free toolkit.

Prevent Diabetes **STAT**
Screen / Test / Act Today™

NOTES FROM THE EVP

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



By the time members read this article, Maine will be experiencing May and we will have put the winter of 2018 behind us. I suspect that we all look forward to late spring and summer. Following the traditional summer months, the Association will once again

hold its Annual Meeting, our 165th such event, at the Harborside Hotel and Marina in Bar Harbor. I hope to see many of you there. For the particulars, please review the insert mailed with this issue of *Maine Medicine*. The meeting will offer several hours of CME and will also feature the awarding of fifty-year pins, the President's Award for Distinguished Service and the Mary Cushman, MD Humanitarian Award for Outstanding Volunteerism. The dates are September 7-9, 2018 and you can make your hotel reservation and register for the meeting today! We will not be inaugurating a new President this year as Dr. Schlager's term carries through until the Annual Meeting in September 2019. That will be my final meeting as EVP and it will be bittersweet to say goodbye to so many friends made over these five decades.

Early May is also the expected conclusion of the work of the 128th Maine legislature. It has been an exceptionally busy two-year session for MMA and others interested in health care in our state. We have actively worked on or monitored the action on over three hundred fifty (350)

legislative proposals. I direct you to Andy's legislative report for more details on how we fared. I do want to thank Andy and Peter for their steadfast work during the 128th. A special thank you as well to Sarah Lepoff who handles the Doctor of the Day program. And, we were very fortunate to have our active Legislative Committee led by Drs. Steve Meister and Katherine Pope. A lot of time and effort goes into our advocacy work, not the least of which are the weekly Tuesday night conference calls. During the two-year session, there have been nearly forty such calls and each one has been ably conducted by either Dr. Meister or Dr. Pope or both. I would be remiss if I did not acknowledge our regular participants such as Drs. Szantyr, London, McHugh, Flowerdew, and the significant participation of representatives of the MAPP, MAFP, and MSA. All specialties are welcome on the call.

With the session done, all eyes will turn to the election where Maine voters will choose all 186 legislators, a new Governor, two federal House members and a United States Senator. Among the state legislative candidates are six physicians including our own Richard Evans, MD (the long-time editor of this publication) who is running for a house seat in the Dover-Foxcroft area. MMA will be active in these elections through the Maine Physician Action Fund and AMPAC, but I encourage each and every one of you to pay close attention to the races and to vote and actively support the candidates of your choice. I certainly will. Happy Spring.

Continued from page 1...2018 President's Retreat

Succession Planning Timetable

March 11, 2018

Chair of Search Committee appointed

June 1

Executive Committee review of search firm proposals for presentation to Board at June 6 meeting

June 6

Board selection of search firm and initial consideration of Search Committee candidates. Candidates shall represent:

Executive Committee (2 including Chair)
Board (3)
Members (3)
Public (2) stakeholders

August 3

Summer Board meeting select members of Search Committee and budget for the search established.

Fall

Search Committee advised by search firm prepares announcement and solicits candidates for position

January 1, 2019

Deadline for applications

2019

January-February

Search firm narrows field of candidates

March-April

Search Committee interviews appropriate number of candidates

By June 1

Finalists (3-5?) are presented to Executive Committee

June

Executive Committee/Search Committee interviews

By August 1

Final two candidates presented to Board for decision

By September 1

Announcement of new EVP



Board members at Retreat



Board members at Retreat



30 Association Drive, P.O. Box 190
Manchester, Maine 04351

(t) 207-622-3374

(f) 207-622-3332

info@mainemed.com

www.mainemed.com

NEWSLETTER EDITOR

Richard A. Evans, M.D.

(t) 207-564-0715 (f) 207-564-0717

raevans95@earthlink.net

PRESIDENT

Robert Schlager, M.D.

(t) 207-487-6453 (f) 207-487-3790

president@mainemed.com

PRESIDENT-ELECT

Kenneth Christian, M.D.

(t) 207-949-5700

christianken@yahoo.com

EXECUTIVE VICE PRESIDENT

Gordon H. Smith, Esq.

(t) 207-622-3374 ext. 212 (f) 207-622-3332

gsmith@mainemed.com

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

SAVE THE DATE

JULY 16, 2018

MMA's 15th Annual Benefit Golf Tournament Augusta Country Club, Manchester, ME

Contact Lisa Martin at 480-4201
or lmartin@mainemed.com
for more details, including
sponsorship opportunities.



[https://www.mainemed.com/
mma-benefit-golf-tournament](https://www.mainemed.com/mma-benefit-golf-tournament)

Partners in patient safety & medical liability protection



M
Medical Mutual
INSURANCE COMPANY OF MAINE
www.medicalmutual.com

MMA HAPPENINGS

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

MAY 8

6:00pm – 8:00pm
Maine Medical Education Trust
(Trustees Meeting)

MAY 14

4:00pm – 6:00pm
Medical Professionals Health Program

MAY 24

8:00am – 12:00pm
CDIC - May Report Out

JUNE 6

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

JULY 9

4:00pm – 6:00pm
Medical Professionals Health Program

SEPTEMBER 10

4:00pm – 6:00pm
Medical Professionals Health Program

SEPTEMBER 11

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

NOVEMBER 2

9:00am – 3:30pm
Critical Access Hospital (CAH) Nursing/Swing
Bed Coordinators Group

NOVEMBER 12

4:00pm – 6:00pm
Medical Professionals Health Program

THANKS TO 2018 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.

Maroulla Gleaton, MD
Anesthesia Associates of Lewiston/Auburn

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.

Time for a checkup?

Physicians Need Protection Too

Philip M. Coffin III
Licensing Issues
Employment Agreements

Jonathan T. Harris
Estate Planning

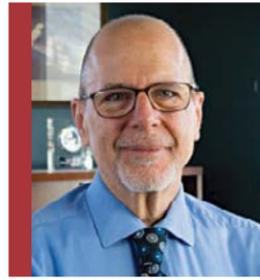
Lambert
Coffin

attorneys at law

Portland: 207.874.4000 | Blue Hill: 207.374.5833

www.lambertcoffin.com

PUBLIC HEALTH SPOTLIGHT



Noah Nesin, MD
*Maine's Physician
Champion for diabetes
prevention*

How to Maximize Employer Diabetes Prevention Tools for Your Patients

Type 2 diabetes is looming large over your patient population. According to the Centers for Disease Control and Prevention (CDC), 84 million U.S. adults have prediabetes, elevated blood sugar levels, not high enough to be classified as

diabetes. Nine out of 10 people don't know they have the condition, but with prevention efforts, prediabetes is reversible.

An effective prevention tool is the CDC's National Diabetes Prevention Program (National DPP), an evidence-based lifestyle change program that reduces disease progression by promoting healthy eating and increased physical activity.

Getting patients enrolled in the program, however, can be a challenge so providing proper support can have a major impact. Here are three ways physicians can work with patients to encourage enrollment through the workplace and provide additional support after enrollment.

1. Screen patients for prediabetes to determine their eligibility.

In as little as five years, prediabetes can progress to type 2 diabetes. So an important first step is to screen your patients to determine if they have prediabetes.

To make the process easier, the American Medical Association, along with the CDC, has developed the **Prevent Diabetes STAT** toolkit, which provides resources that help physicians screen and refer patients to a National DPP provider.

The toolkit includes such information as:

- A roadmap on how to conduct screening, testing and referrals
- A 1-minute **prediabetes risk test** for patients, available online or on paper
- Handouts that explain next steps for patients once they've been diagnosed
- Fact sheets that provide case study evidence on the effectiveness of lifestyle change programs

2. Encourage them to sign up for an employer-sponsored diabetes prevention program.

Once it's been determined that a patient has prediabetes, the next step is ensuring that they enroll in a National DPP to make lifestyle adjustments to prevent type 2 diabetes. Participation in a National DPP reduces the risk of developing type 2 diabetes by up to 58 percent, according to a study published in the *New England Journal of Medicine*.

Employers typically bear much of the costs of type 2 diabetes for their employees. According to a 2017 study in *Population Health Management* of commercially insured adults, during the first three years an individual progresses from prediabetes to type 2 diabetes, the average medical cost incurred is \$8,000.

The toolkit offers information on where patients may be able to **find a National DPP** in their community. However, encouraging patients to talk with their companies about an employer-sponsored National DPP could increase their likelihood of enrolling.

The AMA recently launched the **National DPP Employer Toolkit** to provide helpful information to employers about offering the program to their employees. Employers may cover the cost of programs and build in incentives for enrollment and completion as well.

3. Provide additional support for patients when they do sign up for a National DPP.

When patients have enrolled in the program, it's important that they complete it. As a physician, you can serve as a motivator and provide additional support and counseling to help ensure patients follow through the program to completion.

Without lifestyle changes, many patients with prediabetes will fall prey to type 2 diabetes, which can lead to other life-threatening conditions including heart attack, stroke and kidney failure. Now is the time to support your patients in making a change in support of their health.

The MMA would like to thank the Penobscot Community Health Care in particular for its dedication to diabetes prevention. Its Vice President of Medical Affairs, Noah Nesin, MD, is Maine's Physician Champion for diabetes prevention.

You can find the toolkit, risk test, and additional resources at the MMA's diabetes web page at <https://www.mainemed.com/diabetes-prevention>.



L-R: Joel Riemer, Holly Smith, Shirley Goggin, Susan Kring, and Andrew MacLean working on AMA Diabetes Project.

Save the Date

Meeting the Mental and Physical Healthcare Needs of Immigrants, Refugees and Asylum Seekers in Maine

October 18-19, 2018

**University of Southern Maine,
Event Room, 7th Floor of the Glickman Library**





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

The Second Regular Session of the 128th Maine Legislature began on January 3rd and is scheduled to conclude on April 18th, but given the remaining workload before legislators in Augusta, it is likely that the Second Regular Session will extend through the end of April with one or more "veto days" scheduled some time in May. The legislature still is addressing an unusual number of late-filed and Governor's bills just being printed and referred to committees and the legislature still faces substantial issues such as, a supplemental budget (at least to address bills on the Appropriations Table); tax conformity (with the significant federal tax amendments last year); ACA Medicaid expansion (implementation of 2017 Ballot Question 2); and regulation of recreational marijuana, among others.

MMA has been engaged in advocacy on the two most prominent health policy issues of the Second Regular Session - implementation of Question 2 on the November 2017 ballot directing ACA Medicaid expansion and the continuing effort to identify policy approaches and resources to address the state's opioid crisis. The recommendations of Maine's recent Opioid Task Force have informed legislators' discussions about the opioid abuse problem and MMA EVP Gordon Smith, a member of the Task Force, has participated in briefings on the Task Force report for the key legislative committees. You can find the Task Force's Final Report on the web here: <http://legislature.maine.gov/uploads/originals/opioidtffinalrpt-3.pdf>. L.D. 1430, *An Act to Develop a Statewide Resource and Referral Center and Develop Hub-and-spoke Models to Improve Access, Treatment and Recovery for Those with Substance Use Disorder*, a bill having the strong backing of the Opioid Task Force, received very positive initial floor votes as this issue goes to print.

MMA has continued to push for implementation of the voter-approved ACA Medicaid expansion with our partners in the *Health Care for Maine (HC4ME)* coalition. As anticipated, the LePage Administration did not meet the CMS deadline of April 3rd to file the State Plan Amendment (SPA) necessary to implement expansion. The Appropriations Committee continues to consider approaches to initial funding for expansion, but the

Governor insists upon a full funding plan. You can find more information about the implementation effort on the *Mainers for Healthcare* campaign web site, <https://www.healthcareformaine.com/>.

A *Task Force to Provide Health Care Coverage to all Mainers*, established by Joint Order during the First Regular Session, continues to meet periodically to discuss health care reform alternatives and those meetings draw many knowledgeable health care reform advocates, including physicians and other members of *Maine AllCare*. You can find the Task Force materials on the web at: <http://legislature.maine.gov/task-force-on-health-care-coverage>.

The MMA also has been at the State House presenting physicians' views on a variety of bills dealing with aspects of health insurance, public health, mental health and substance abuse, children's issues, "medical" marijuana, professional regulation, and other health policy before the legislature. L.D. 1032, *An Act to Ensure Health Insurance and Protection of Patients*, MMA's bill to promote electronic prior authorization (ePA) and accurate electronic access to prescription drug formularies, has been enacted and sent to the Governor. You can find the complete list of all bills before the 128th Maine Legislature being tracked by the MMA on the web at: https://www.mainemed.com/sites/default/files/content/testimony/128th_LD_Tracker_032018.pdf.

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 8:00pm 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. 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.

SPECIALTY SOCIETY MEETINGS

May 4, 2018

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

Harraseeket Inn – Freeport, ME
12:00pm – 5:00pm

Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

May 5, 2018

Maine Gastroenterology Society GI Update 2018 Meeting

Hilton Garden Inn – Freeport, ME
7:30am – 4:00pm

Contact: Gail Begin at 207-485-1341 or gbegin@mainemed.com

May 17, 2018

Maine Association of Psychiatric Physicians Executive Council Meeting

6:00pm – 8:00pm – MMA Headquarters
Manchester, ME

Contact: Dianna Poulin at 207-480-4194 or dpoulin@mainemed.com

May 18-20, 2018

Maine Chapter, American College of Surgeons Annual Meeting

Colony Hotel – Kennebunkport, ME

Contact: Cathy Stratton at 207-592-5725 or maine@mainefacs.org

June 21, 2018

Maine Association of Psychiatric Physicians Executive Council Meeting

6:00pm – 8:00pm – MMA Headquarters
Manchester, ME

Contact: Dianna Poulin at 207-480-4194 or dpoulin@mainemed.com

June 28, 2018

Maine Chapter of the American College of Emergency Physicians Meeting

Cabbage Island – Boothbay Harbor, ME – 4:30pm

Contact: Cathy Stratton at 207-592-5725 or cstratton@mainemed.com

September 8, 2018

Meetings being held in conjunction with MMA's Annual Session

Harborside Hotel – Bar Harbor, ME – 2:00pm

Maine Chapter of the American College of Emergency Physicians Meeting

Contact: Cathy Stratton at 207-592-5725 or cstratton@mainemed.com

Maine Society of Anesthesiologists Meeting

Contact: Lisa Montagna at 207-620-4015 or mesahq@gmail.com

September 21, 2018

Maine Society of Eye Physicians and Surgeons Fall Business Meeting

(Held in conjunction with the 17th Annual Downeast Ophthalmology Symposium)

Harborside Hotel & Marina – Bar Harbor, ME
from 10:30am – 11:45am

Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

September 21-23, 2018

17th Annual Downeast Ophthalmology Symposium (Presented by the Maine Society of Eye Physicians and Surgeons)

Harborside Hotel & Marina – Bar Harbor, ME

Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

September 21-23, 2018

ACP, Maine Chapter Annual Chapter and Scientific Meeting

Atlantic Oceanside Hotel & Conference Center
Bar Harbor, ME

Contact: Warene Eldridge 207-215-7118 or mainechapteracp@gmail.com

STAY FOCUSED AMONG THE DISTRACTIONS.

Minimize the things that get in the way of why you're in healthcare to begin with. A focus on reducing lawsuits is just one way we do this. For more information or your nearest agent, contact us at 800.225.6168 or through coverys.com.

MEDICAL PROFESSIONAL LIABILITY INSURANCE

Insurance products issued by ProSelect® Insurance Company and Preferred Professional Insurance Company®

COVERYS



2018 Opioid Education Presentations

MICIS, the Maine Independent Clinical Information Service, has been providing evidence-based prescribing education since 2008.

In 2018, MICIS presents **Next Steps In Addressing Maine's Opioid Crisis**, featuring 1-hour presentations on:

- Recognizing Opioid Use Disorder and Benefits of Medication Assisted Recovery: A Crucial Next Step in the Opioid Crisis
- Alternative Treatments for Chronic Pain
- Co-Prescribing Benzodiazepines and Opioids: the Black Box of Increased Overdose Risk
- Recent Legal Changes Affecting Opioid Prescribing in Maine

For more information about MICIS, visit www.micismaine.org or contact Susan Kring at 480-4190 skring@mainemed.com.

AMA LAUNCHES “SHARE YOUR STORY” CAMPAIGN TO DOCUMENT BARRIERS TO CARE IN PAIN MANAGEMENT

The American Medical Association is launching a new digital toolkit as part of its ongoing efforts to improve access to high-quality treatment for patients seeking multidisciplinary pain care and for a substance use disorder. The tool kit will be used by the AMA and the nation’s state and local medical societies to urge physicians to upload stories about their patients who encounter obstacles when seeking care for pain and/or substance use disorder.

The “Share Your Story” campaign is part of the AMA’s work to end the opioid epidemic and is designed to highlight physician efforts as well as urge payers and policymakers to improve access to treatment.

“We know that prior authorization and other administrative practices used by health insurers can impede appropriate, necessary care – resulting in unnecessary harms and sometimes fatal consequences – for a patient with a substance use disorder,” said Patrice A. Harris, MD, chair of the AMA Opioid Task Force, in a news release. “These stories will enable us to identify the unique challenges faced by patients and physicians and share them with health insurers and policymakers in support of solutions to increase access to care. Without proper treatment and access to care, this epidemic will only get worse.”

A recent study of six large cities found that prior authorization for buprenorphine, used to treat opioid addiction, occurred 42 percent of the time, often delaying patients’ access to necessary medicine at a crucial point in their potential recovery. According to the Substance Abuse and Mental Health Services Administration, in 2016 alone, nearly 90 percent of people who need treatment for illicit drug use didn’t get it, largely due to practices such as these. Physicians agree that these practices must be discontinued, and medication-assisted treatment (MAT), the gold standard in treatment for opioid use disorder, needs to be immediately available.

Physicians can share their story at www.end-opioid-epidemic.org/treatment/treatment-contact-form. The AMA Opioid Task Force recommendations to end the nation’s opioid epidemic can be found at www.end-opioid-epidemic.org.

MORE WOMEN THAN MEN ENROLLED IN U.S. MEDICAL SCHOOLS IN 2017

For the first time, the number of women enrolling in U.S. medical schools has exceeded the number of men, according to new data released recently by the Association of American Medical Colleges (AAMC).

Females represented 50.7% of the 21,338 matriculants (new enrollees) in 2017, compared with 49.8% in 2016. Female matriculants increased by 3.2% in 2017, while male matriculants declined by 0.3%. Since 2015, the number of female matriculants has grown by 9.6%, while the number of male matriculants has declined by 2.3%. Overall, the number of matriculants in U.S. medical schools rose by 1.5% in 2017, and total enrollment now stands at 89,904 students.

In contrast, the number of applicants to medical school declined by 2.6% between 2016 and 2017. Although this is the largest decrease in 15 years, it is not the first, according to the AAMC; previous declines occurred in 2002 and 2008.



MEDICAL PROFESSIONALS HEALTH PROGRAM

By Heidi LaMonica, MPHP Program

The Attitude of Gratitude

We always talk about gratitude during the holiday seasons, but not enough during our everyday lives. Being on the other side of the holidays, we traditionally dig in and get right back into the rushing around of our lives. In the transition from one to the other, a number of things might get left behind; i.e. **the attitude of gratitude**. “The practice of gratitude can have dramatic and lasting effects in a person’s life,” said Robert A. Emmons, professor of psychology at UC Davis and a leading scientific expert on the science of gratitude. By showing your loved ones how much they mean to you on a regular basis, you can have a profound impact on not only their lives, but your own. In fact, expressing sincere gratitude for the people in our lives can be life-changing.

In our daily lives, we can forget to tell those who enrich our lives the most just how much they matter. It’s easy to get caught up in the grind of daily life, often taking many important things, or people, for granted. Nonetheless, this can be remedied by making it a priority to show appreciation for those we care for, above and beyond any material gift we might buy. All it takes is a simple gesture to make someone’s day. Maya Angelou said, “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you make them feel.” At the end of the day, we all have the intrinsic need to feel appreciated and valued as a person, boosting our morale, passion, and purpose. There is no greater gift than to be recognized for one’s contributions, achievements, and unique qualities. Notably, it is also significant to our own emotional health to know that we have made a difference in someone’s life.

A few examples of some simple, yet heartfelt approaches to making someone’s day:

- Lend an ear: listen to a loved one’s problems, no matter how lengthy or complicated.
- Leave a special note for a loved one or send a note of gratitude to a friend.
- Bake some goodies and share them with someone who means the world to you.
- A homemade gift: the love and effort put forth will mean more than anything money can buy.
- Compliments are always an easy way to make someone feel valued and important.
- Tell someone how grateful you are to have them as part of your life.
- Smile generously, it not only brightens your mood, it shows others that you appreciate having them around.

Here at MPHP, we encourage you to take time to pause and reflect on who/what you are grateful for. Set aside some time to let them know just how important they are to you in your life. It will be a gift they will long remember and one you can give at any time; why wait.

“At the end of the day, let there be no excuses, no explanations, and no regrets.”

- Dr. Steve Maraboli

Visit the mma website:
www.mainemed.com



NO TICKS 4 ME

By Maine CDC – Division of Infectious Disease

Lyme disease remains the most common tickborne disease in Maine with 1,769 cases reported in 2017 (preliminary data as of 1/16/18). While ticks can be active at any temperature above freezing, they are most active in warmer months. May is Lyme Disease Awareness Month in Maine, and we ask you to please help us stress the importance of tick education. Specifically, we ask you to encourage patients to use “No Ticks 4 ME” when spending time outdoors. This includes:

1. Using caution in areas where ticks may be.
2. Wearing protective clothing.
3. Using EPA approved repellents
4. Performing daily tick checks after being outdoors

Important Things to Remember

- Lyme disease is preventable by avoiding contact with infected ticks and tick infested areas.
- Lyme disease is caused by the bacteria *Borrelia burgdorferi*, which is transmitted through the bite of an infected deer tick (*Ixodes scapularis*). The tick must be attached to an individual for 24-48 hours before Lyme disease can be transmitted.
- The most common early symptom of Lyme disease is an erythema migrans (EM), a “bull’s eye” rash that appears 3-30 days after transmission (seen in about 60 to 80 percent of cases nationwide). Other early symptoms include: fatigue, fever, headaches, arthralgia, and myalgia.
- Disseminated symptoms include: arthritis including joint swelling, Bell’s palsy and other cranial neuritis, encephalitis, lymphocytic meningitis, radiculoneuropathy, and second- or third-degree atrioventricular block.
- Antibiotic therapy is effective for the treatment of Lyme disease. Clinical treatment guidelines are available at the Infectious Diseases Society of America (IDSA)’s website.

Lyme disease is not the only disease that can be carried by *Ixodes scapularis*. Anaplasmosis, babesiosis, and Powassan are three other tickborne infections found in Maine. The number of human anaplasmosis cases rose to 662, the number of human babesiosis cases rose to 117, and the number of human Powassan cases increased to 3 in 2017 (preliminary data as of 1/16/18). The majority of tickborne illnesses occur during the summer months when ticks and humans are active outdoors. If you see a patient with “summer flu,” especially if their WBC is low – think anaplasmosis and send samples for PCR testing.

Thank you for your invaluable help in preventing tickborne diseases here in Maine.

Resources:

- IDSA treatment guidelines available at <http://cid.oxfordjournals.org/content/43/9/1089.full>
- Lyme disease case report form available on the web at <http://www.maine.gov/lyme> under Resources for Physicians
- “Tick-Borne Disease in Maine: A Physicians Reference Manual” is available online at <http://www.maine.gov/lyme> under Tick Resources. Paper copies can be requested through disease.reporting@maine.gov
- University of Maine Cooperative Extension Tick ID Lab submission instructions found at <http://extension.umaine.edu/ipm/tickid/>
- To continue getting updates throughout May please like our Facebook page at <https://www.facebook.com/MaineCDC>
- For additional questions, please call Maine CDC at 1-800-821-5821 or email disease.reporting@maine.gov
- Tickborne videos can be found on our website www.maine.gov/lyme on the left-hand side of the page
- Human Lyme disease data is available through the Maine Tracking Network <https://data.mainepublichealth.gov/tracking/home> then click *Go to Data Portal* then *Lyme Disease*.

Environmental Safety in the Physician Office Practice

Proactive safety management helps to ensure a safe environment in the physician office practice. Use the following recommendations as a guide in the development of an environmental safety program.

I. Environmental Safety Plan

Operational

- Develop a safety plan that describes how to maintain a safe environment. Include the role of the physicians and employees.
- Conduct walk-around inspections on a regular basis to identify potential risks. Correct identified risks.
- Encourage physicians and employees to report unsafe or potentially hazardous conditions. Immediately remedy high risk situations.

II. Plan Elements

Life Safety: Office Setting

- Arrange furniture away from traffic areas.
- Remedy sharp table corners and worn carpeting.
- Install call bells and safety bars in patient restrooms.
- Remove clutter, equipment and obstacles from walkways.
- Limit height of stacked materials to prevent collapse.
- Maintain stairwells with firmly attached handrails, adequate lighting.
- Identify glass doors with emblems.
- Clearly mark all exits. Post evacuation routes.
- Check emergency exit signs for visibility and lighting.
- Test emergency lighting.

Life Safety: Grounds and Parking Areas

- Remove snow from parking areas and walkways as needed.

- Frequently sand/treat icy areas.
- Repair uneven surfaces, potholes, cracks.
- Remove debris.
- Maintain adequate lighting to minimize shadows; replace burned out bulbs.
- Install signage to identify parking entrances and exits.

Fall Prevention

- Closely monitor occupants of waiting areas.
- Clearly identify wet floors and steps with a warning sign.
- Seat the patient in a chair in the exam room, not on the exam table, while awaiting the physician. Do not leave a patient alone if they are at risk for a fall.
- Use chairs and examination tables appropriate to the needs of the patient.
- Assist unstable patients with accessing the exam table, opening doors or maneuvering through corridors.

Electrical Hazards

- Keep electrical outlets in good condition.
- Store electrical cords appropriately to prevent tripping hazards.
- To maintain child safety, utilize plugs for electrical outlets or install child safe outlets.

Equipment Safety

- Properly ground equipment.
- Inspect office equipment for functionality and integrity.
- Follow manufacturer requirements for safe usage.
- Secure oxygen cylinders.

Fire Safety

- Check for signage warning that elevators are not to be used in a fire emergency.

- Place fire alarms and fire extinguishers in an accessible area.
- Service fire extinguishers annually.
- Install No Smoking signage in designated areas.
- Routinely inspect sprinkler system.

Hazardous Materials

- Label and store hazardous products in appropriate containers in a locked storeroom.
- Provide personal protective equipment.

Emergency Preparedness

- Ensure federal, state and local standards have been met regarding disaster preparations.

Medical Emergency

- Inspect emergency equipment for accessibility, proper functioning. Resupply at designated intervals and after each use.

III. Education

- Educate new physicians and staff on safety practices and expectations.
- Provide annual safety education to physicians and employees.
- Train physicians and staff on the proper use of equipment and recognition of product hazards.

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



DEVELOPING HIGH PERFORMING ORGANIZATIONS

By Steve Musica, MEM, LSSBB, President, Lean Healthcare East

Is your team or organization struggling? Do you sometimes feel like a group of individuals instead of a cohesive unit? Is each leader working on their own set of goals? The Lean

Healthcare East team is helping develop High Performing Organizations that will thrive in today's interdependent, fast-paced and complex world.

High Performing Organizations (HPOs) understand their purpose and vision and ensure every member of the team is advancing together towards a common goal. Our team supports healthcare organizations in three key focus areas: People, Processes, and Performance.

People First: HPOs create a culture of trust by demonstrating respect and caring for every member of the team. Senior Leadership establishes the direction and ensures alignment toward a common vision. Communication with team members is purposeful to define clear, measurable goals and ensure accountability to results. Open dialogue, differing opinions and conflict is encouraged to minimize politics and avoid groupthink.

Ask us how our P.E.R.F.O.R.M.A.N.C.E. process™ will help you set expectations to align and empower your team.

Process Improvement Focused: HPOs deliver customer value with high quality, cost-effective processes. They use Lean Six Sigma or related process improvement tools and concepts to understand the value of each process step, eliminate the waste and support alignment. Every member of the team is encouraged to take the time to solve problems by addressing root cause issues. The silos and bureaucracy that doom agility are challenged and reduced, while health outcomes are improved.

Lean Healthcare East trains process improvement methods and helps teams apply them during team-based operational improvement projects. Learn more

about process improvement by signing-up for our next "Introduction to Lean Healthcare" workshop.

Performance Driven: HPOs have a bias to action and measure important results. The focus is on execution – getting things done. We help HPOs establish a balanced scorecard of SMART goals and stretch goals. Key Performance Indicators (KPIs) are used to assess processes and address issues before targets are missed.

Even the best strategies and processes never work quite as intended, which is why our team prefers engagements where we can coach healthcare teams during an improvement project. We also offer workshops that teach the principles of effective Project Management.

Lean Healthcare East is pleased to be a new MMA corporate affiliate. Our mission is to bring out the best in organizations by bringing out the best in the people.

Our team of organizational improvement consultants, trainers and coaches is based in Topsham, Maine and includes engineers and business leaders with Lean Six Sigma, Project Management and Organizational Development certifications. We have held leadership roles in high performing organizations and have led multiple organizational transformations.

Lean Healthcare East has grown significantly over the past several years while supporting hospitals, Maine and New Hampshire Health and Human Services (DHHS) teams, health practices and others. We share our knowledge and experience through training sessions and by coaching teams. Learn more at www.leanhealthcareeast.com.

Would you like to be in a high performing organization? Please contact Lean Healthcare East President Steve Musica at 207-751-3215 or steve@leaneast.com and schedule an HPO assessment.



Are you best in class e-prescribing?

Find out why thousands of doctors prefer mobile e-prescribing.
Join the movement now.

<http://drfir.st/iprescribe>





Maine Medical Association

Maine Medical Association
30 Association Drive » P.O. Box 190
Manchester, ME 04351

PRSR STD
US Postage
PAID
Permit # 121
Augusta, ME



TRI-COUNTY MENTAL HEALTH SERVICES

TCMHS is currently recruiting for a

Psychiatric Medical Director

Tri-County has multiple current and developing programs including Integrated Primary Care and Behavioral Health Homes. This is a true leadership position, where understanding of healthcare systems is important and involvement in the agency's mission, clinical programs, and growth into new areas is key.

For more information contact:
Jessica Lachance, Talent Strategy Coordinator
(207) 344-1839 or resume@tcmhhs.org

Change

can make a world of difference.



We Offer Hope.

Unmatched Expertise Representing Maine's Medical Community



For over 40 years, Norman Hanson & DeTroy has provided Maine's medical community with the effective legal expertise they need when it's needed most. From regulatory compliance and professional liability to estate planning, put our talent to work for you.

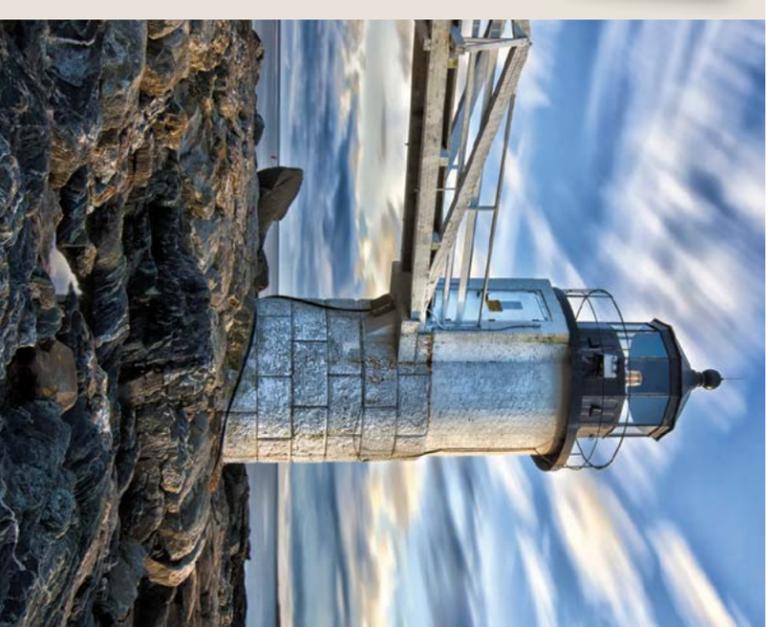
Learn more at nhdlaw.com



Portland (207) 774-7000

nhdlaw.com

Lewiston (207) 777-5200



EASTERN MAINE
MEDICAL CENTER
EMHS MEMBER

**EMMC is currently
recruiting for:**

- Non-invasive Cardiology • Emergency Medicine**
- Endocrinology • Family Medicine • Gastroenterology**
- Inpatient Medicine/Hospitalist • Neurology**
- OB/GYN • Ophthalmology • Otolaryngology**
- Outpatient Internal Medicine • Physical Medicine & Rehab**

As an employee of EMMC, the selected candidate would have a competitive salary and generous benefit package to include student loan repayment, relocation, paid time off and a collegial work environment. We are a professionally managed physician led medical group.

For more information please contact:
Lindsay Collins, DASPR, SHRM-CP at (207) 973-5358
Email your resume directly to emmcvs@emhs.org



TOGETHER WE'RE STRONGER

