Maine Medicine

a quarterly publication of the Maine Medical Association

JANUARY FEBRUARY MARCH » 2014

Maine Medical Association Mission »

» **SUPPORT** Maine physicians,

» **ADVANCE** the quality of medicine in Maine,

» **PROMOTE** the health of all Maine citizens.

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BOARD SETS NEW DIRECTION DURING RETREAT

At its annual President's Retreat over the weekend of January 24-26, 2014 at the Samoset Resort, the MMA Board of Directors made some important decisions and established a pathway for the organization to achieve some important goals in the next three to five years. Responding to the results of a membership survey in which members force ranked twenty services in terms of their value to the member, the Board voted to de-emphasize certain areas and put more resources in the area that members value the most.

The survey showed that members most valued the association's advocacy. Also receiving high marks were the Medical Professional Health Committee, legal services and communications/publications. Receiving the lowest rank were affinity/royalty arrangements, the corporate affiliate program and the relationship with the AMA.

Using the principles set force in the book, *The Road to Relevance*; the Board moved resources from the low value services to the high value services or, in some cases, asked staff to put together an implementation plan to accomplish such a transition.

While some of the decisions made will take some period of time to accomplish, others will be implemented immediately or within the next few months. For instance, while there will be significant changes in the Annual Session, the 2014 meeting in Bar Harbor September 5-7, 2014 will maintain the same basic format as prior meetings. Future Annual Meetings may look much differently recognizing that fewer than 3% of the members are interested in it. But the annual Corporate Affiliate Breakfast will be discontinued immediately. While many of the association's activities were valued and enjoyed by a small number of members, some of these activities were not central to the core mission (to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens). The Board believed it was important to discontinue some of these low value activities in favor of putting more focus on the services that are valued.

During Saturday afternoon's free time, eight Board members received media training from facilitator Carol Kelly.

In some cases, non-essential activities, such as providing management services to medical specialty societies, will have to do better than breaking even financially. This financial concern applies to educational activities as well.

During the Sunday morning session of the Retreat, the Board conducted a self-assessment exercise that also resulted in some important recommendations. Stated succinctly, new board members will receive a more robust orientation and board members will play a more active role in recruiting new Board members and in being the eyes and ears of the association across the state. Board members also discussed the appropriate role of the Board, the Executive Committee and the staff.

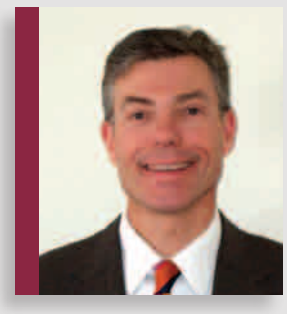
The Board is currently comprised of 23 members and the Executive Committee includes 8 of the Board members. Any MMA member who is interested in serving on the Board should communicate that interest to EVP Gordon Smith who will relay the information to the Nominating Committee.

The current Board Chair is Brian Pierce, M.D., a family physician practicing in Rockport.

On Sunday morning, Board members participated in a board-assessment exercise facilitated by Joanne D'Arcangelo.

LEGISLATIVE UPDATE »

Andrew MacLean, Esq., Deputy Executive Vice President, Maine Medical Association



126th Maine Legislature Revisits ACA Medicaid Expansion

Maine's 186 legislators returned to the State House in Augusta on Wednesday, January 8, 2014 for the opening of the Second Regular Session. During a "short" session that is expected to conclude by mid-April, the legislature must complete consideration of bills carried over from the First Regular Session, those admitted by the Legislative Council for the Second Regular Session, and a FY 2014-2015 supplemental state budget. House Speaker Mark Eves' bill (L.D. 1578) seeking acceptance of federal funds available through the Affordable Care Act (ACA) to expand health insurance coverage for nearly 70,000 low-income Mainers was among the earliest bills scheduled for public hearing on Wednesday, January 15, 2014. MMA Legislative Committee Chair Amy Madden, M.D. was one of a strong contingent of supporters speaking at the hearing.

Two other MMA board members also presented testimony in support of L.D. 1578 on behalf of their specialty societies. President Steve Feder, D.O. presented testimony on behalf of the Maine Chapter of the American Academy of Pediatrics (Maine Chapter, AAP) and Executive Council member Janis Petzel, M.D. presented testimony on behalf of the Maine Association of Psychiatric Physicians (MAPP). The MMA is a member of the Steering Committee of *Cover Maine Now!*, the coalition assembled to advocate for acceptance of the additional federal funds. You can find more information about the effort at www.covermainenow.org. Two proposals (L.D. 1037 and L.D. 1345) for a single payer approach to health care reform also were aired in a public hearing before the Insurance & Financial Services Committee early in the session. Many Maine physicians spoke in favor of these bills, including representatives of *Maine AllCare*, www.maineallcare.org. The MMA submitted a memorandum including its standing policies on health care reform which you may find on the MMA web site at: http://www.mainemed.com/sites/default/files/content/testimony/ld1037_1345_memo.pdf. Governor LePage has chosen not to submit a supplemental state budget proposal, so the legislature's Appropriations & Financial Affairs Committee will assume this responsibility without an executive branch starting point. On January 15, 2014, Commissioner H. Sawin Millett of the Department of Administrative & Financial Services (DAFS), the Governor's budget point person, briefed the Appropriations Committee on the General Fund status. The budget briefing reflected shortfalls of $52.5 million in FY 2014 and $119.5 million in FY 2015, attributable largely to increased utilization in the MaineCare program.

The MMA advocacy team monitors or influences hundreds of bills affecting the practice of medicine in Maine each legislative session. Our summary of bills from the First Regular Session (2013) of the 126th Legislature is available on the MMA web site at: http://www.mainemed.com/sites/default/files/content/ld_tracker%20126th%20Legislature%20Final%20Sorted.pdf and a Powerpoint overview of highlights from the

continued on page 2

» **Is Your Practice Ready for the Transition to ICD-10? Note the March 25th & 26th Courses at MMA (see page 4).**

NOTES FROM THE EVP »

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

Recognizing that most readers of *Maine Medicine* won't be reading this until mid-February, it seems a little late to be wishing you a happy, healthy and prosperous 2014. Nonetheless, I hope you are embracing the New Year in good health and with optimism for you, your family and our healthcare system, both in Maine and in our nation. Given the enormous challenges and the daily media focus on the ACA, MaineCare expansion and dysfunction of government in Augusta and Washington, optimism is sometimes difficult to muster. But the New Year brings a time for renewal and reflection, so I offer these observations as one who has the privilege every day of representing you in Augusta and occasionally in Washington.

The Challenges

1. Hyper-partisanship in Augusta and Washington will not only continue, but will get worse because of 2014 being an election year. Unfortunately, most of the policy debate on health care reform has devolved into ideological warfare. It is difficult to find compromise when the most basic health care issue divides along party/ideological lines.
2. Policymakers in both parties will continue to focus on the short term, failing to strategically plan for even a three to five year time period. The state has no Master Plan to improve the critical areas holding Maine back from the job and population growth being enjoyed by other states.
3. Because of items 1 and 2, the pressures on the health care system, including certainly the pressure to reduce costs will continue inexorably. Focus on costs will receive more attention than either access or quality.

The Positives

1. Physicians continue to be the one group (along with nurses) that citizens trust when it comes to their health care.
2. As a physician, you have more tools available to you than ever before to diagnose and treat your patients. While the challenges to the delivery system are real, the opportunities for physicians to help patients are unparalleled.
3. Never has there been more need and opportunities for physicians to lead. In fact, there is a lot of competition for physician leadership – your leadership is desperately needed in your offices, hospitals, health systems, specialty societies and at the Maine Medical Association.

So, I encourage you to ***engage and lead.*** Your opinion matters and lots of people, including legislators, are waiting to hear from you.

I wish you and your family all the best for 2014. May it be a great year for you and at least a good year for health care in our state and our nation.

I always welcome your comments and ideas at gsmith@mainemed.com or call 207-622-3374 ext. 212. »

When a Small Reminder Makes a Big Difference

Have you ever had one of those little warning icons light up on your car's dash and you don't know what it means? You know that some signals require attention right away and others can wait. The thing is, most of the time you have to look up the icon to make that decision.

When it comes to medicines and people's lives, there is no substitute for being clear about a warning, and for injectable drugs the stakes are particularly high. Beginning December 1st, manufacturers of injectable drugs will have to comply with new labeling standards that help ensure that important warnings — warnings that can help prevent life-threatening situations — are obvious and clear. The standards were established by the U.S. Pharmacopeial Convention (USP). USP is a scientific nonprofit organization that sets standards for the identity, strength, quality, and purity of medicines, food ingredients, and dietary supplements manufactured, distributed and consumed worldwide. USP's mission is to improve global health through public standards and related programs that help ensure the quality, safety, and benefit of medicines and foods.

In short, this USP standard states that warning messages – for example, "Warning – Paralyzing Agent" or "Dilute Before Using" – are the only markings that should appear on ferrules and cap overseals of injectable drugs. The ferrules and cap overseals must remain clear of any markings, including logos, except for markings intended to prevent an imminent life-threatening situation. The standard goes on to say that warnings must be printed in contrasting color and clearly visible under ordinary conditions of use. Finally, products that do not require cautionary statements should be free of information, so that those with cautionary statements are immediately apparent.

With the new USP labeling standard, if a healthcare provider sees a warning on a ferrule or cap overseal, he or she will know immediately that it is a vital, possibly life-saving piece of information that must be observed and acted upon before administering the drug to the patient. Warning messages on ferrules and cap overseals may go a very long way to helping practitioners protect their patients from harm. »

Legislative Update » continued from page 1

summary is available at: http://www.mainemed.com/sites/default/files/content/126th%20Legislative%20Update_PES.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 8:00 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. 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.

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Time for a checkup?
Physicians Need Protection Too

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Employment Agreements

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Estate Planning

Lambert Coffin
attorneys at law

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PRESIDENT'S CORNER »

Guy G. Raymond, M.D., President, Maine Medical Association

Greetings from the President's desk and Happy New Year! My first three months as your President has been both exciting and humbling. I enjoy working with the MMA staff, second to none, and getting to participate with them and the Board, in the privilege of serving you, our members. I am truly humbled by the daunting task that our Association has maintained over the years in advocating for and supporting its members. As one who benefits greatly from my membership, I am grateful to the staff and the board members for their work and dedication. As your President, I am pleased to share what is happening at the MMA and report regularly on some of our initiatives.

At the end of January, the MMA board will be holding its yearly winter retreat at the Samoset in Rockland, at this time of the year quite serene and hopefully lending itself to the task at hand. Beyond the regular business meeting, the primary thrust is to strategize about making the Association more relevant to its members, especially with the services that we offer and how we can engage with you – the members. You may recall the recent poll that was sent to you asking you to force rank 20 different offerings provided by the MMA in order of importance to each member. Thank you to those who provided their input. Going forward, in the interest of providing what we do well and minimizing redundancies and inefficiencies, we will modify our offerings in order to concentrate on our strengths, while at the same time eliminating those services that we (with your input) have collectively deemed less relevant or beneficial to you, our members. We may also have opportunities to delegate or outsource some services to other organizations at less cost or waste.

As I mentioned in the last newsletter, we have witnessed a dramatic shift in the demographics of our membership. Not only has the proportion of independent practitioners decreased, the majority of our new members are employed and many are women. The MMA board recognizes the imperative to remain responsive to the needs of Maine physicians as they try to provide excellent care to their patients. Much of what was important to physicians 20 years ago frequently does not fit in today's environment. The needs of today's physicians have not only forced a reassessment of our offerings, but of our membership structure as well. At this retreat, we will assess our membership categories in an attempt to accommodate physicians in a myriad of employee and independent arrangements while preserving the integrity of the traditional MMA membership model. This work has already started with the creation of group and affiliate memberships. A flexible approach may not only allow us to reach the growing numbers of employed physicians, but better serve each individual physician in his or her own special circumstance. After nearly two years of preparation and study, the Board is ready to tackle these strategic initiatives at the retreat.

On the legislative front, we are lending support to the Medicaid expansion so Mainers may benefit from the potential influx of federal dollars to help restore appropriate care to 25,000 Mainers who lost their health coverage last year and to provide new coverage to up to 45,000 additional patients.

The MMA Legislative Committee resumed its weekly conference calls each Tuesday evening on January 14th. Even if you don't feel strongly about the proposed legislation or believe that you may not have much to contribute, the conference call accompanied with the documents from our MMA staff provides an excellent interactive forum for any of us to follow or influence in some way what transpires at the Legislature. It is also very interesting to hear from our colleagues who practice in different environments.

On the national front, we continuously follow and support the ongoing efforts to repeal the SGR. Another crucial issue we hope to address is the worsening manpower shortage aggravated by the bottleneck in our residency slots for our medical graduates. Also of concern for some of our members is the growing financial burden imposed by the maintenance of certification programs. Though well intentioned, MOC programs carry high administrative costs that are passed on to physicians, a process that could potentially be streamlined. Through our AMA delegates we join other rural states in bringing our perspective to the national forum on these and other issues.

The MMA also continues to lead as a local resource in assisting our members in the implementation of the ACA, ICD-10, and meaningful use of electronic health records.

The external environment surrounding our profession is changing in quantum leaps. As we struggle to care for our patients with our noses to the grindstone, it is near impossible for us to sift through what you may perceive as rapid-fire attacks on our practices. We, at the MMA, aspire to combine the resources that you, our members, provide through your membership to deal with this environment.

Thank you for your support and your passion for our profession. Present your ideas or concerns to Gordon (gsmith@mainemed.com or 207-622-3374 ext: 212) or myself (president@mainemed.com or 207-834-1411) as we "move" ourselves to better serve you to advance the care of your patients. »

MMA 2014 » FIRST FRIDAYS EDUCATIONAL PROGRAMS

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

Apr 4	Physician Employment Contracts
May 2	New Laws from the 126th Legislature
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

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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.

SAVETHEDATE

MMA's 161st Annual Session

SEPTEMBER 5-7, 2014

Harborside Hotel & Marina
Bar Harbor, ME

UPCOMING AT MMA »

FEBRUARY 11
4:00pm - 6:00pm
MMA Committee of Physician Quality

FEBRUARY 12
4:00pm - 6:00pm
MMA Public Health Committee

FEBRUARY 13
8:00am - 3:30pm
Pathways to Excellence

FEBRUARY 20
5:00pm - 7:00pm
QC Choosing Wisely Leadership Group

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

MARCH 4
1:00pm - 4:00pm
Maine Council on Aging

MARCH 12
4:00pm - 6:00pm
MMA Board of Directors

MARCH 20
6:00pm - 8:30pm
Maine Association of Psychiatric Physicians

MARCH 25
8:00am - 4:30pm
CSI Coding Strategies
(call MMA office if interested)

MARCH 26
8:00am - 4:30pm
CSI Coding Strategies (continued)

APRIL 4
9:00am - 12:00pm
First Fridays Educational Program:
Physician Employment Contracts

APRIL 17
8:00am - 3:30pm
Pathways to Excellence

5:00pm - 7:00pm
QC Choosing Wisely Leadership Group

APRIL 22
5:00pm - 9:00pm
ME Chapter American Academy of Pediatrics

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

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

MAY 2
9:00am - 12:00pm
First Fridays Educational Program:
New Laws from the 126th Legislature

MAY 15
6:00pm - 8:30pm
Maine Association of Psychiatric Physicians

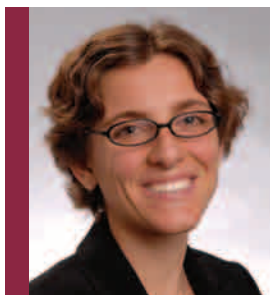
MMA WELCOMES OUR NEWEST CORPORATE AFFILIATE

Bruzgo Kremer & Swanson, LLC

WE APPRECIATE THEIR SUPPORT!

PUBLIC HEALTH SPOTLIGHT »

Jessa Barnard, J.D., Associate General Counsel, Maine Medical Association



50 Years Later, the Work to Reduce Tobacco Use is Not Over

January 2014 marks the 50th anniversary of the first Surgeon General's Report on Smoking and Health. Although we now know that tobacco use causes a host of cancers and other illnesses and is still the leading preventable cause of death in the United States, the 1964 landmark report was the first to definitively link smoking with lung cancer and heart disease – forever changing Americans' understanding of the deadly consequences of smoking.

In the 50 years since the release of the report, 30 additional Surgeon General's Reports have enhanced our knowledge and understanding of the devastating health and financial burdens caused by tobacco use, while an even wider body of research continues to track the devastating toll of tobacco use, and its consequences.

As we observe the 50th anniversary of the landmark 1964 Surgeon General's Report on Smoking and Health, we have much to celebrate, but also much more work to be done. Since 1964, smoking prevalence among U.S. adults has been reduced by half. While smoking was allowed almost everywhere in 1964, today nearly half the nation's population is protected by smoke-free laws that apply to all workplaces, restaurants and bars. The Maine Medical Association has been a primary advocate for smoke-free policies since 1979 when former Governor Joseph Brennan vetoed a bill to prohibit smoking in Jury rooms. His action, done at the request of the Tobacco Institute, galvanized physicians and public health advocates and led to the formation of the Maine Coalition on Smoking or Health. Since that time, public health advocates have achieved numerous legislative and regulatory successes in Maine.

Reductions in smoking have saved millions of lives and are responsible for 30 percent of the increase in the life expectancy of Americans since 1964, according to a study published in early January in the Journal of the American Medical Association. The fight against tobacco has been a tremendous public health achievement.

> Tobacco use still remains the leading preventable cause of disease, disability, and death in the United States, killing more than 440,000 Americans every year and costs the nation $193 billion annually in health care expenditures and lost productivity.

Yet, about 44 million adults still smoke, and more than 3,000 kids try their first cigarette each day. It is unacceptable that tobacco still kills so many Americans, lures so many children, devastates so many families and places such a huge burden on our nation's health care system.

On the 50th anniversary of the first Surgeon General's report, it is time for a new commitment to end the tobacco epidemic for good. Over the past 50 years, we have developed proven strategies that can reduce smoking rates, protect Americans from secondhand smoke and end the death and disease caused by tobacco if they are fully and effectively implemented. These strategies include tobacco tax increases, comprehensive smoke-free workplace laws, hard-hitting mass media campaigns, health insurance coverage to ensure smokers have access to quit-smoking treatments, and well-funded, sustained programs to prevent kids from smoking and help smokers quit. In 2009, these measures were supplemented with a powerful new tool when the Food and Drug Administration was granted authority to regulate the manufacturing, marketing and sale of tobacco products, for the first time empowering a federal agency to rein in the tobacco industry's harmful practices.

We have the tools to end the tobacco epidemic for good. We cannot afford to wait another 50 years. »

MeHAF Awards $668,000 to Support Advocacy Promoting Implementation of the Affordable Care Act

MeHAF announced on January 28, that it has awarded $668,017 to five statewide advocacy organizations to ensure that Maine policymakers understand and advance provisions of the Affordable Care Act (ACA) that can benefit Maine people who are uninsured and underserved. The organizations will focus their advocacy on key areas of the ACA, commonly referred to as Obamacare, particularly the expansion of Medicaid (MaineCare) to provide access to health care for over 70,000 low-income Maine people.

"These important grants help us support the foundation's mission of promoting access to quality health care for all Maine people, particularly those who are uninsured and underserved, said Dr. Wendy Wolf, MeHAF's President and CEO. "A major goal of Obamacare is to increase the number of Americans with affordable, high quality health insurance, through both private and public programs. Although the new Health Insurance Marketplace provides more affordable coverage options for many Maine people and families, thousands of very low-income, uninsured Mainers are not eligible to receive financial assistance that can make a Marketplace health plan affordable. For this group, providing coverage through our state's Medicaid program is their only real option for affordable high quality health insurance. It is also an essential component of achieving the ACA's vision of expanding coverage."

Research has repeatedly shown that individuals who have health insurance are much more likely to get timely and appropriate care, whether coverage is through their job, Medicare (the federal program for people over age 65 and those with disabilities) or Medicaid (a federal-state program for certain groups of low income people). People without insurance often delay getting needed care until such a time that it requires emergency attention, and then they face significant financial barriers to treatment and follow up.

The expansion of Medicaid to provide coverage for individuals and families with low incomes was a key strategy of the ACA to decrease the number of Americans who are uninsured. However, the 2012 U.S. Supreme Court ruling essentially made the choice to expand Medicaid a state decision. The advocacy organizations receiving support from MeHAF will help inform the discussion by Maine policymakers about this key decision. Grantees will also present the stories of real Maine people who are directly impacted by a decision for or against an expansion.

"Our goal in funding these organizations is to make sure that the voices of Maine's most vulnerable people are heard and taken into consideration by decision-makers as they work to implement the ACA," said Morgan Hynd, the MeHAF Program Officer who will oversee the grants. "Our hope is to promote a better understanding of the impact of their decisions on those who currently have no other options for health insurance."

Grant Recipients:

Consumers for Affordable Health Care Foundation
$150,000.00
Joe Ditre » jditre@mainecahc.org » 207-622-7083

Maine Center for Economic Policy
$135,000
Garrett Martin » gmartin@mecep.org » 207-622-7381

Maine Equal Justice Partners
$149,042
Deb Curtis » dcurtis@mejp.org » 207-626-7058

Maine Medical Education Trust
$133,975
Jessa Barnard » jbarnard@mainemed.com » 207-662-3374

Maine People's Resource Center
$100,000
Amy Halsted » amy@mainepeoplesresourcecenter.org
207-797-9207

See more at: http://www.mehaf.org/news/2014/01/28/mehaf-awards-668000-support-advocacy-promoting-implementation-affordable-care-act/#sthash.WQEawMqF.dpuf

MAINE QUALITY COUNTS »

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

QC 2014: Innovation to Transformation: What Will it Take?

Each year, Maine Quality Counts (QC) hosts a statewide conference that brings together physicians and other health care providers with payers, employers, policy makers, and patients to highlight national and state innovations to improve health care quality. This year's conference will be held on Wednesday, April 2, 2014 at the Augusta Civic Center and will focus on the theme of "Innovation to Transformation: What Will it Take?"

The annual QC conference typically attracts over 500 stakeholders from across the state, and highlights cutting edge issues related to improving health care quality. This year's conference is designed to recognize the many changes and innovations happening in Maine and nationally as health care reform hits the ground, and looks to explore the key themes in what it takes to move from piloting innovative approaches to truly transforming the health care system. The conference will explore the many tests of change being supported by the Maine State Innovation Model (SIM) grant, and sets the stage to explore what it will take to drive innovative best practices and trends into transformational change.

This year's conference will feature three innovative health care leaders as keynote speakers, as well as over a dozen breakout sessions highlighting innovative changes in Maine.

Doug Eby, MD, MPH, has served as an innovative physician leader of Southcentral Foundation (SCF) in Anchorage Alaska and the Alaska Native Medical Center for 16 years. He plays a key role in SCF's innovative primary care system and speaks nationally and internationally on health care system design and quality improvement.

John Santa, MD, MPH, Director of the Consumer Reports Health Ratings Center, is a key leader in the ABIM's Choosing Wisely® initiative, and is a national leader on the issue of helping patients and physicians partner in efforts to make more informed choices about the use of health care tests and procedures.

Susan M. Burden, CEO of the Beach Cities Health District (BCHD) serving Redondo, Manhattan and Hermosa Beach, California. Susan has helped transform the approach to health and health care in these communities, moving from a focus on health care to lead the development of a premier preventive health organization.

For more information and to register or submit a proposal for a breakout session presentation, visit http://www.mainequalitycounts.org/page/887-984/qc-2014

Innovation to Transformation – QC 2014 Special Webinar Series

In concert with the theme of QC 2014, QC will again be offering a year-long educational webinar series designed to continue exploring the theme of "Innovation to Transformation" throughout the upcoming year. The series will continue discussion on the themes of the QC 2014 conference, identifying new trends and best practices related to issues of cultural changes, new workforce models, community leadership, transparency data issues, and more. This year-long series will be held on the 3rd Thursday of each month from 12N-1PM, and will feature presentations by national and local speakers who are actively engaged in innovation and transformation of health care. This webinar series kicks off on February 20, 2014 (12N – 1PM) with an overview of the different aspects of innovation and transformation in health care.

For more information and to register for these exciting events, please visit the Maine Quality Counts website at www.mainequalitycounts.org. »

National Take Back Initiative (NTBI VIII)

To give people a more environmentally responsible and secure way to dispose of their meds, DEA launched its first Take-Back event in September 2010. **The 8th National Drug Take Back Day has been scheduled for April 26, 2014.**

This initiative addresses a vital public safety and public health issue. Prescription drugs that languish in home medicine cabinets are highly susceptible to diversion, misuse, and abuse.

Collection Day Protocols

On April 26, 2014, state and local law enforcement agencies will host one or more collection sites at locations of their choosing. Collection locations will be posted on the DEA website at http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html in February or you can contact your local police department.

- Controlled, non-controlled, and over the counter substances may be collected.
- This program is anonymous. No questions or requests for identification will be made.
- Participants may dispose of medication in its original container or by removing the medication from its container and disposing of it directly into the disposal box. If an original container is submitted, the individual should be encouraged to remove any identifying information from the prescription label.
- All solid dosage pharmaceutical product and liquids in consumer containers may be accepted. Liquid products, such as cough syrup, should remain sealed in their original container. The depositor should ensure that the cap is tightly sealed to prevent leakage.
- Intra-venous solutions, injectibles, and syringes will not be accepted due to potential hazard posed by blood-borne pathogens.
- Illicit substances such as marijuana or methamphetamine are not a part of this initiative and should not be placed in collection containers.

Any further questions may be directed to DEA Resident Agent in Charge Michael W. Wardrop at 207-780-3331 X11 or at email: Michael.W.Wardrop@usdoj.gov. »

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

Medication management is a complicated and time consuming process. Even with the best of intentions, it can be difficult to coordinate the timing of prescription refills and office visits. To address this, some practices adopt written protocols for limited prescription refills until an office appointment can be arranged.

Prior to the implementation of a prescription refill protocol, confirm that:

- State statutes allow physicians to delegate this responsibility.
- The delegated duty falls within the state statutes and/or licensing requirements of the individual performing the tasks.
- Staff is adequately trained and has demonstrated competency in implementation of the protocols.

Attorneys at the Maine Medical Association are always willing to assist your practice with the first two items listed above.

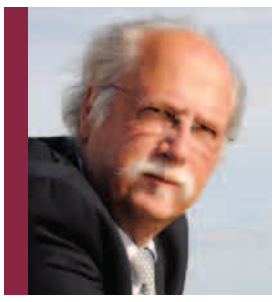
Developing a Medication Refill Protocol

1. **Define clear parameters:**
   - Specify, by position, staff members who are permitted to implement the protocol.
   - Limit the protocol to maintenance drugs with a low risk for side effects or interactions.
   - Limit the protocol to medications that have been at a stable dose for a specified amount of time (e.g., 3 months).
   - Require an annual appointment to review medications and secure new prescriptions.
   - Only refill prescriptions ordered within the last 12 months.
   - Seek a physician order for a 1 month refill and schedule the patient for an office visit within the month.
2. **Identify exclusions to the protocol. For example, require the following refill requests be routed to the provider:**
   - Controlled substances.
   - Antibiotics.
   - New symptoms or specific questions.
   - Staff member has concerns or questions.
   - Remember that refilling a prescription for a patient who has been terminated re-establishes the physician-patient relationship.
3. **Establish clear expectations for staff:**
   - All medication refill requests are routed to clinical staff that are authorized to implement the protocol.
   - Authorized clinical staff have demonstrated knowledge and understanding of medications commonly ordered including indications, contraindications and side effects.
   - Authorized clinical staff have received education on the use of the protocol and have demonstrated competence (competencies are documented annually).
   - Prior to refilling a medication request review the patient's medical record for:
     - Medication allergy information.
     - Current prescription order specifying the name of the drug, dose, frequency, etc.
     - Date of last refill or new order.
     - Date of last visit.
     - Pertinent physical findings (e.g., blood pressure) and lab values.
     - Any change in the patient's status that may negate the refill such as new medications, new medication allergies.
   - Require that the clinical staff member responsible for the refill, document pertinent information (e.g., ordering physician, medication, dosage, frequency, route of administration, length of refill, pharmacy, date order was called in).
   - The physician/provider is required to sign all staff generated refill requests.
4. **Formalize the process with a written policy and protocol:**
   - Require that each physician in the practice annually review and approve the protocol.
   - Regularly review a sample of medical records to ensure the medication refill protocol is administered appropriately.

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. »

FROM THE STATE EPIDEMIOLOGIST »

Stephen D. Sears, M.D., M.P.H., State Epidemiologist, Maine Center for Disease Control and Prevention



We Are What We Eat

We are what we eat. Unfortunately, what we eat is not always safe. New studies by the Pew Charitable Trust and Consumer Reports have shown that our food – especially poultry – may be contaminated with bacteria that can make us sick. Does this happen often? Indeed, it does – too often. In fact, the numbers of harmful food-borne bacteria are on the increase, and the types of affected food include chicken and other meats, vegetables, and even cookie dough.

Each year, roughly one in six people in the U.S. gets sick from eating contaminated food, and public health authorities investigate over 1000 outbreaks, many caused by typical culprits like Salmonella, Campylobacter, E. coli, and Norovirus. In fact, even rarer pathogens like Vibrios and Cryptosporidium are on the increase. Perhaps as our food becomes more diverse, with increasing international importation, food-borne illnesses are becoming more prevalent.

However, of all the pathogens, Salmonella causes the most hospitalizations and deaths, and by conservative estimates costs over $365 million yearly in direct medical expenses, as well as countless hours of lost productivity and significant personal misery. The rate of Salmonella infection has not declined in 15 years. This ubiquitous bacterium has been found in all types of foods including meat, eggs, fruits, vegetables, and even processed foods like peanut butter. Moreover, contamination of food with Salmonella can occur anywhere, from the field where the food is grown, to the food processing facilities, to the cutting boards in our kitchens. No matter what we do to control Salmonella, this sneaky bacterium finds a way to cause disease.

In the U.S. alone, over 42 thousand cases of Salmonella are reported each year, and it is estimated that over a million people are afflicted. In other words, for every reported case of Salmonella, there are another 30 that we don't know about, likely because those who become sick either don't go to the doctor or go too late for the diagnostic test to be accurate. In Maine we see our share: in 2012, Maine doctors diagnosed 161 cases of Salmonella – a number that has been consistent from year to year, but it is more likely that at least 4800 Mainers are sickened by Salmonella every year. That's a lot of illness.

The Salmonella bacterium causes an infection in the gastrointestinal system, and most afflicted people develop fever, diarrhea, abdominal pain, and cramps 12-72 hours after eating contaminated food. The illness usually lasts 4-7 days, and fortunately, the majority of people recover without treatment. However, in some persons, severe diarrhea may require hospitalization; if the untreated infection spreads from the intestines to the blood-stream and then to other body sites, it can cause serious consequences and even death. Additionally, Salmonella is much more dangerous for certain people. Although anyone can get Salmonella, older adults, infants, and people with impaired immune systems are at increased risk. In these populations, even a small number of Salmonella bacteria can cause severe illness.

So how do we prevent this Salmonella scourge? Well, first and foremost, we need better national policies to minimize Salmonella contamination in the food supply. Specifically, we need more complete food inspections, adequate resources to investigate outbreaks quickly, and the power to halt food production when Salmonella is highly suspected. While this approach requires more stringent national controls by the regulatory authorities, we can make a difference now by not forgetting how important individual responsibility is as well.

So what can you do? You can keep yourself and your family healthier by following these 4 simple steps:

- » **CLEAN:** Wash hands, cutting boards, utensils, and countertops often.
- » **SEPARATE:** Don't cross contaminate. Keep raw meat, poultry, and seafood separate from ready-to-eat foods.
- » **COOK:** Cook to the right temperature. Use a food thermometer to ensure that foods reach safe internal temperatures: 145°F for whole meats (allowing the meat to rest for three minutes before carving or consuming), 160°F for ground meats, and 165°F for poultry.
- » **CHILL:** Refrigerate promptly. Keep your refrigerator below 40°F and refrigerate food that will spoil.

REMEMBER: Don't prepare food for others if you have diarrhea or vomiting, and be especially careful in preparing foods for children, pregnant women, older adults, and those in poor health. Salmonella is everywhere – we all need to use good kitchen hygiene and encourage others to do so too. »

Specialty Solutions Publishes Quality Report Card For Specialty Physician Practices

Specialty Solutions announced on January 22 that they have released a quality report card focused on specialty medicine.

Specialty Solutions is an association of 11 independent physician practices working together to improve the coordination and quality of care, optimize operational efficiency, cultivate partnerships, and reduce costs. The association includes more than 250 physicians across 15 specialties.

"A primary area of focus for Specialty Solutions is to improve the quality and coordination of patient care," stated Stephen Gorman, DO, president of Chest Medicine Associates and Specialty Solutions board member. "Through a unique collaboration, we have developed a mechanism to allow member practices to share successes in their quality improvement programs and also identify areas for development. Through continued cooperation and knowledge sharing, these efforts will help all member practices raise the bar and, ultimately, enhance patient experience."

The practices developed a shared framework to report and measure quality initiatives, which are shown on the 2013 Specialty Solutions Quality Report Card. While the member practices continue to utilize metrics relevant to their respective specialties, quality measures are also reported jointly in six high-level categories: Process Management, Quality Improvement Processes, Competency, Risk Management, Outcomes, and Patient Centeredness. It is anticipated that the standardization of measurement will not only enhance quality improvement efforts at Specialty Solutions practices but also provide quality and reporting standards that will shape specialty quality measurement throughout the state.

"Maine is one of the nation's leaders in measuring and reporting healthcare quality. We've made great strides both locally and nationally in quality reporting, but most efforts to date have not been focused on specialty medicine for a variety of reasons," stated Beverly Neugebauer, executive director of Coastal Women's Healthcare and board member of Specialty Solutions.

> "Specialty Solutions identified a need and worked collaboratively to address it. Our inaugural report card is just the first step in the process. It is our plan to continue to enhance and refine these metrics and continue reporting on our progress."

The development of the quality report card was spearheaded by a subcommittee comprised of individuals from Specialty Solutions member practices. Subcommittee members include: Stuart Abramson, MD; Brenda Caron, RN; Steve D'Amato; Stephen Gorman, DO; Thalia Mayes, MD; Rebecca Murray, RN; Beverly Neugebauer; Cheryl Pelletier, RN; Linda Ruterbories, ANP; Barbara Slager, MD; and Tracey Weisberg, MD.

For more information about Specialty Solutions or to obtain a copy of the 2013 Specialty Solutions Quality Report Card, please visit the organization's website www.specialtysolutionsmaine.com or contact Beth Austin at 207-774-2345 x13. »

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SO, IS THERE A NEED FOR FINANCIAL PLANNING?

- **Three Quarters (73%) of all couples disagree on whether or not they have completed a detailed retirement income plan.***
- **Nearly two-thirds (62%) of couples approaching retirement don't agree on their expected retirement ages***

Have you had this discussion.....yet?

If not, maybe you should.....sooner than later!

Fiscal Fitness for Life

Contact Mike Genetti or Larry Perry at (207) 770-2021

* Source: http://www.fidelity.com/inside-fidelity/individual-investing/couples-2011

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MMA-MMS ONLINE CME OFFERINGS

Members of the Maine Medical Associate are eligible to receive a 25% discount on all online CME courses offered by the Massachusetts Medical Society. Visit the MMA website at http://www.mainemed.com/cme-other-offerings for a tutorial which includes a step-by-step guide for MMA members who would like to participate in this program and a link to current offerings (a sample of which are listed below).

Important Information

- The MMA discount educational voucher code is MMACME11.
- If you have any questions about the registration or login process, please contact the MMS Continuing Education Department at (800) 322-2303, ext 7306 or continuingeducation@mms.org.

End-of-Life Care

End of Life Series (3 Modules) › 1.00 CME Credit
Legal Advisor: Advance Directives › 1.00 CME Credit
The Importance of Discussing End-of-Life Care with Patients › 1.00 CME Credit

Pain Management

Legal Advisor: Identifying Drug Dependence › 1.00 CME Credit
Managing Risk When Prescribing Narcotic Painkillers for Patients › 1.00 CME Credit
Opioid Prescribing Series (6 modules) › 6.00 CME Credits

Communication

Impact of Effective Communication on Patients, Colleagues, and Metrics (2 modules) › 2.75 CME Credits
Seven Steps to Better Health Literacy › 1.00 CME Credit
Legal Advisor: Active Listening › 1.00 CME Credit
Legal Advisor: Boundary Violations › 1.00 CME Credit
Legal Advisor: Legal Duties When a Patient Raises Suicide › 1.00 CME Credit
Managing the Risks of Practicing Telemedicine › 1.00 CME Credit

Clinical Medicine

Breast Cancer Screening:Update on Guidelines and the Ongoing Controversy › 1.00 CME Credit
Colorectal Screening Guidelines › 1.00 CME Credit
Cervical Cancer Screening Guidelines › 2.00 CME Credits

Alosa Foundation Topics in Clinical Medicine

Aggregating the Evidence on Antiplatelet Drugs: A Review of Recent Clinical Trials › 2.50 CME Credits
Acid Suppression Therapy: Neutralizing the Hype › 2.50 CME Credits
Just a Spoonful of Medicine Helps the Sugar Go Down: Improving the Management of Type 2 Diabetes › 2.50 CME Credits
Weighing the Evidence on Obesity › 2.50 CME Credits

Ethics

Legal Advisor: Advance Directives › 1.00 CME Credit

Electronic Health Records

Incorporating Meaningful Use in the Specialty Practice › 1.00 CME Credit
Data Analytics Module 1 - Population Health Management › 1.00 CME Credit
Data Analytics Module 2 - How the ACO and You Can Succeed › 1.00 CME Credit
Data Analytics Module 3 - Improving the Health of Your Patients › 1.00 CME Credit

Patient Safety and Quality Improvement

Avoiding Failure to Diagnose Suits › 1.00 CME Credit
Preventing Falls in Older Patients: A Provider Tool Kit › 1.50 CME Credits
Effective Chart Review › 1.00 CME Credit
Medical Mistakes: Learn To Steer Clear of Common Ones › 1.00 CME Credit
Data Analytics Module 1 - Population Health Management › 1.00 CME Credit
Data Analytics Module 2 - How the ACO and You Can Succeed › 1.00 CME Credit

Practice Management

A Physician's Guide to Accountable Care Organizations › 2.00 CME Credits
Physician Employment Contracting Basics › 1.00 CME Credit
Finance 101 for Physicians and Practice Administrators › 1.00 CME Credit
HIPAA 2.0: What's New in the New Rules › 1.00 CME Credit

Public Health

Bullies and Victims: Can You Tell the Difference? › 1.25 CME Credits
MA Responds (9 Modules) › 2.25 CME Credits
A Roadmap to Bring an End to HIV and STDs in MA (3 Modules) › 3.00 CME Credits

Risk Management CME

Dealing with the Changing Dynamic of the Medical Staff › 1.00 CME Credit
Medical Mistakes: Learning to Steer Clear of Common Ones › 1.00 CME Credit
Legal Advisor: Defining What to Include in a Minor Patient's Chart › 1.00 CME Credit
The Changing Nature of Informed Consent › 1.00 CME Credit

In addition to the CME courses offered online by the Massachusetts Medical Society listed above, the Maine Medical Association website lists other CME offerings taking place in the state of Maine. This information can be found at www.mainemed.com/cme-activities-listings.

MMA

Visit the mma website: www.mainemed.com

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SPECIALTY SOCIETY MEETINGS

MARCH 7, 2014
Harraseeket Inn – Freeport, ME

CODEquest 2014 – Conquering ICD-10
Ophthalmology-specific coding program presented by the Maine Society of Eye Physicians and Surgeons and the American Academy of Ophthalmic Executives (AAOE)

Contact: Peggy Coakley 415-561-8561 or pcoakley@aao.org

APRIL 17-18, 2014
Hilton Garden Inn, Freeport, ME

Maine Association of Psychiatric Physicians Annual Mtg. & Clinical Conference "Aging and Mental Health"

Contact: Dianna Poulin 207-622-3374 ext: 223 or dpoulin@mainemed.com

MAY 2, 2014
Harraseeket Inn – Freeport, ME

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

Contact: Shirley Goggin 207-445-2260 or sgoggin@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

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 13th Annual Downeast Ophthalmology Symposium)

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

SEPTEMBER 19 - 21, 2014
Harborside Hotel & Marina – Bar Harbor, ME

13th Annual Downeast Ophthalmology Symposium *(Presented by the Maine Society of Eye Physicians and Surgeons)*

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

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John Hussey, MD
Jo Linder, MD
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ICD-10 Guarantee

athenahealth guarantees we will be ready for ICD-10 by the October 1, 2014 deadline or you don't pay for our services until we are. Additionally, any new clients who experience significant interruption in cash flow may be eligible to receive a cash loan from us.†

Meaningful Use

If you participate in the Meaningful Use program—Stage 1 or Stage 2—athenahealth guarantees your Medicare incentive check. And our track record speaks for itself, with 96% of our participating providers attesting in 2012.††

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TO REQUEST YOUR MEETING VISIT: athenahealth.com/mmafeb14

† This Guarantee covers ICD-10-CM codes and does not cover the ICD-10-PCS code set. Eligibility for the cash advance is limited to independent practices that (i) are live on athenahealth's athenaOne services, or on our athenaCollector, athenaCommunicator and athenaClinicals services, by June 30, 2014; (ii) have an overall average days in accounts receivable (DAR) of more than 60 days in regard to transactions occurring on or after October 1, 2014; (iii) have Client-responsible DAR of seven days or less for such month; and (iv) are not in breach of the athenahealth Master Services Agreement; provided, however, that the total aggregate amount of cash advances made by athenahealth to its clients will not exceed $50 million dollars in the aggregate and cash advances made to each practice will be capped based on the number of MDs and mid-level providers in such practice. Additional terms and conditions apply; please see your sales representative for more information.

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Save the Date » June 18, 2014

23rd Annual Practice Education Seminar

Augusta Civic Center, Augusta, Maine

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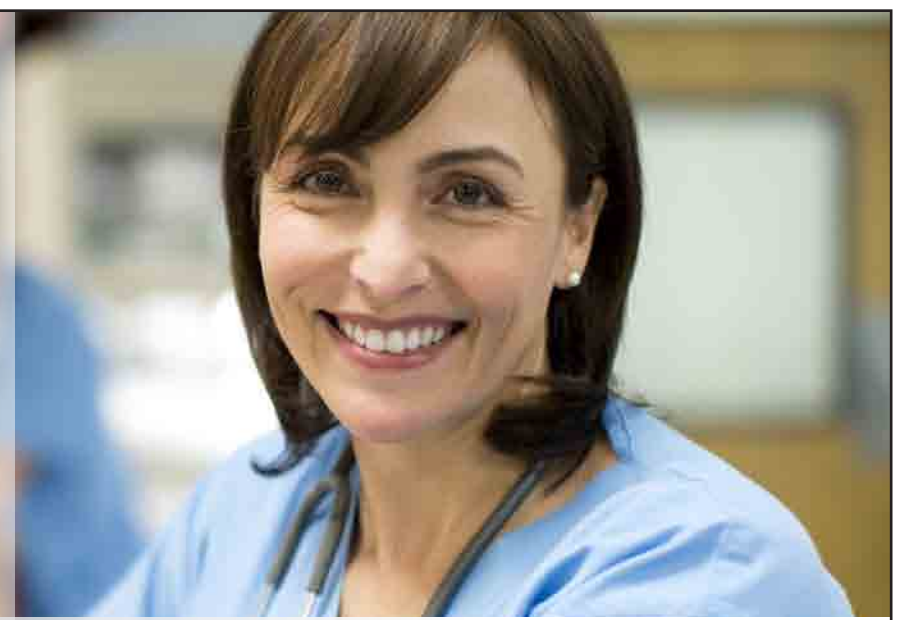

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