Recognizing the signs of professional exhaustion is the first step to reintroducing joy and purpose to your career. Please join your colleagues at this year’s Annual Session where you will learn new tools that will help you develop resiliency and renewal in your personal and professional life.

Bring your family so they can enjoy Mt. Desert Island and Acadia National Park. Registration materials are enclosed with this issue of Maine Medicine.

Saturday, Sept. 10, 12:00 p.m.
Speakers Kevin Mannix and Linda Rota, LSW, will deliver the Saturday noon keynote. Kevin and Linda have co-authored the book, Weathering Shame, an autobiography on their personal experience growing up with the stigma and shame of alcoholism and mental illness. Kevin is a weatherman at WCSH 6, Portland and WLBZ 2, Bangor. His spouse, Linda Rota, LSW, has been a social worker for over thirty years. She is a 1982 magna cum laude graduate of USM with a B.A. in social welfare and criminal justice. Linda served in the Peace Corps in Sierra Leone, West Africa and trained volunteers on cross-cultural issues. Their book will be available for purchase and book signing following their talk.

Saturday, Sept. 10, 10:00 a.m.
Tuning Up Your Resilience Program features five physicians who have extensive experience in physician resilience and burn-out prevention. Dr. Jo Shapiro serves as Chief, Div. of Otolaryngology, Dept of Surgery, at Brigham and Women’s Hospital and is an associate professor at Harvard Medical School. She was one of the first-woman division chiefs and was recently named as a finalist for the Schwartz Center Compassionate Caregiver Award. Dr. George Dreher, knowing what a habit of mindfulness brought to his life and career at Maine Medical Center, started offering a Mindful Practice of Medicine course and helped create a medical staff subcommittee on provider health and resilience. Dr. Christine Hein, who is the medical director of the MMC Emergency Medicine Workgroup, knows first-hand the pressure doctor’s face in their daily work and how important self-resiliency strategies can be in maintaining ideal standards of care for patients. Ben Tipton, PAC, has been working to improve resilience at the Mid Coast Hospital and has built a Mindfulness-based Stress reduction program which is providing training for an increasing number of staff. Dr. David Strassler is the chair of the Martin’s Point Provider Resiliency Team and has recently undertaken a drive to reduce burdensome paperwork.

Saturday, Sept 10, 12:00 p.m.
Speakers Kevin Mannix and Linda Rota, LSW, will deliver the Saturday noon keynote. Kevin and Linda have co-authored the book, Weathering Shame, an autobiography on their personal experience growing up with the stigma and shame of alcoholism and mental illness. Kevin is a weatherman at WCSH 6, Portland and WLBZ 2, Bangor. His spouse, Linda Rota, LSW, has been a social worker for over thirty years. She is a 1982 magna cum laude graduate of USM with a B.A. in social welfare and criminal justice. Linda served in the Peace Corps in Sierra Leone, West Africa and trained volunteers on cross-cultural issues. Their book will be available for purchase and book signing following their talk.

Saturday, Sept. 10, 10:00 a.m.
Tuning Up Your Resilience Program features five physicians who have extensive experience in physician resilience and burn-out prevention. Dr. Jo Shapiro serves as Chief, Div. of Otolaryngology, Dept of Surgery, at Brigham and Women’s Hospital and is an associate professor at Harvard Medical School. She was one of the first-woman division chiefs and was recently named as a finalist for the Schwartz Center Compassionate Caregiver Award. Dr. George Dreher, knowing what a habit of mindfulness brought to his life and career at Maine Medical Center, started offering a Mindful Practice of Medicine course and helped create a medical staff subcommittee on provider health and resilience. Dr. Christine Hein, who is the medical director of the MMC Emergency Medicine Workgroup, knows first-hand the pressure doctor’s face in their daily work and how important self-resiliency strategies can be in maintaining ideal standards of care for patients. Ben Tipton, PAC, has been working to improve resilience at the Mid Coast Hospital and has built a Mindfulness-based Stress reduction program which is providing training for an increasing number of staff. Dr. David Strassler is the chair of the Martin’s Point Provider Resiliency Team and has recently undertaken a drive to reduce burdensome paperwork.

Simple Mindfulness Applications to Cultivate Joy & Passion in Work & Life. Countless demands and rushing about are the norm these days. We live in stressful chaotic times. The speed of life around us is going faster and faster. This way of living affects our health, our relationships, our families, and the quality of our lives. We do have the ability, the strength, and stability within us to meet these challenges in a way that brings more happiness into our everyday lives. Mindfulness is a way to access these inner resources.

Nancy Hathaway, M.Ed., LpastC, has been studying and teaching mindfulness for 40 years. She has interned and worked with Jon Kabat-Zinn, Ph.D. in the Mindfulness Stress Clinic at the University of Massachusetts Medical Center and the State of Massachusetts, Department of Corrections. She teaches Mindfulness nationally including Harvard University’s Work and Family Center, MIT, hospitals, universities, high schools, colleges, parent groups and couples courses. She is an adjunct professor in numerous colleges in Maine teaching Mindfulness courses. She has studied internationally with teachers in the Zen, Vipassana, and Tibetan traditions and holds a Masters in Education degree; with a Counseling Psychology track.

Saturday, Sept. 10, 12:00 p.m.
Speakers Kevin Mannix and Linda Rota, LSW, will deliver the Saturday noon keynote. Kevin and Linda have co-authored the book, Weathering Shame, an autobiography on their personal experience growing up with the stigma and shame of alcoholism and mental illness. Kevin is a weatherman at WCSH 6, Portland and WLBZ 2, Bangor. His spouse, Linda Rota, LSW, has been a social worker for over thirty years. She is a 1982 magna cum laude graduate of USM with a B.A. in social welfare and criminal justice. Linda served in the Peace Corps in Sierra Leone, West Africa and trained volunteers on cross-cultural issues. Their book will be available for purchase and book signing following their talk.

Saturday, Sept. 10, 10:00 a.m.
Tuning Up Your Resilience Program features five physicians who have extensive experience in physician resilience and burn-out prevention. Dr. Jo Shapiro serves as Chief, Div. of Otolaryngology, Dept of Surgery, at Brigham and Women’s Hospital and is an associate professor at Harvard Medical School. She was one of the first-woman division chiefs and was recently named as a finalist for the Schwartz Center Compassionate Caregiver Award. Dr. George Dreher, knowing what a habit of mindfulness brought to his life and career at Maine Medical Center, started offering a Mindful Practice of Medicine course and helped create a medical staff subcommittee on provider health and resilience. Dr. Christine Hein, who is the medical director of the MMC Emergency Medicine Workgroup, knows first-hand the pressure doctor’s face in their daily work and how important self-resiliency strategies can be in maintaining ideal standards of care for patients. Ben Tipton, PAC, has been working to improve resilience at the Mid Coast Hospital and has built a Mindfulness-based Stress reduction program which is providing training for an increasing number of staff. Dr. David Strassler is the chair of the Martin’s Point Provider Resiliency Team and has recently undertaken a drive to reduce burdensome paperwork.

Simple Mindfulness Applications to Cultivate Joy & Passion in Work & Life. Countless demands and rushing about are the norm these days. We live in stressful chaotic times. The speed of life around us is going faster and faster. This way of living affects our health, our relationships, our families, and the quality of our lives. We do have the ability, the strength, and stability within us to meet these challenges in a way that brings more happiness into our everyday lives. Mindfulness is a way to access these inner resources.

Nancy Hathaway, M.Ed., LpastC, has been studying and teaching mindfulness for 40 years. She has interned and worked with Jon Kabat-Zinn, Ph.D. in the Mindfulness Stress Clinic at the University of Massachusetts Medical Center and the State of Massachusetts, Department of Corrections. She teaches Mindfulness nationally including Harvard University’s Work and Family Center, MIT, hospitals, universities, high schools, colleges, parent groups and couples courses. She is an adjunct professor in numerous colleges in Maine teaching Mindfulness courses. She has studied internationally with teachers in the Zen, Vipassana, and Tibetan traditions and holds a Masters in Education degree; with a Counseling Psychology track.

Locally, MMA staff has been assisting directly some communities looking at the need to add detox beds and other treatment options. Treatment options are in short supply across the state.
Start with immediate-release not extended-release. Discuss the risks and benefits as well as provider and presumed benefits of this practice. A summary of the literature that reflects what is known about pain, excluding cancer, palliative, and end-of-life care. The CDC Guidelines released March 2016 were designed for primary-care providers treating patients with chronic pain. The CDC guidelines for treating Chronic pain are expected to last (usually three days or fewer). For acute pain, prescribe the lowest effective dose of opioid and for no longer than the acute pain is expected to last (usually three days or fewer). The upcoming election will bring several ballot questions that could impact many physicians or public health including questions on marijuana legalization, background checks for firearm sales and a significant new income surtax. Most respondents to our MMA survey favor MMA taking a position on the marijuana question and most of those oppose legalization. Our Board of Directors will consider the matter further at its August meeting.

MMA has been busy helping Maine physicians learn the changes imposed by the recent opiate prescribing law. Our staff has been presenting the details of this around the state. We’ve teamed with Maine Quality Counts to present Caring for ME, to help with opiate education. Our academic developers, Maine Independent Clinical Information Service, have added a naloxone (Narcan) module to educate prescribers about this important overdose antidote for high risk patients.

While the opiate law may help reduce problems with high dosage prescribed opiates, it does little to help those patients who already suffer from substance use disorders. More primary care physicians are still needed to help meet the demand for buprenorphine assisted treatment of addiction. More hospitals and physician employers need to make this a routine part of primary care. Patients and payers should expect this of Maine’s primary care facilities. On the positive side, we’re very grateful to Susan Sharon of Maine Public Broadcasting for helping publicize the benefits to physicians and patients of primary care addiction treatment with her “Recovery in a Small Town” series. Maine also has two new addiction clinics in Portland and Rockland as well (Disclosure – I’m on this once or twice a month for the Rockland clinic).

Finally, our MMA Annual Session will again be in Bar Harbor, Maine September 9-11. Dr. Charles Pattavina will be installed as our next MMA President. While I’m grateful for the opportunity to lead our association, I also look forward to continuing to develop my new Direct Primary Care practice and helping other primary care physicians do the same. MMA will be in good hands with Dr. Pattavina, an emergency physician at St. Joe’s in Bangor.

I welcome your comments, feedback and criticisms. Please feel free to reach me at 207-390-8570 or by email to president@mainedm.org.

7. Regularly assess benefits and harms. If benefits don’t outweigh harms, work with the patient to reduce or discontinue the opioid dose.
8. Assess risk factors (eg. history of overdose or substance use disorder, higher dosages, use of benzodiazepines, age > 65, other medical conditions) before starting and regularly during opioid treatment and put risk mitigation strategies in place, such as overdose education and take-home naloxone.
9. Check the prescription drug-monitoring program. Before starting opioid therapy and regularly during its continuation, check the PMP for indications the patient is being prescribed other opioid medications and/or other medications potentially dangerous in combination with an opioid.
10. Conduct urine drug testing before starting and at least annually to check for diversion (ie, is what is prescribed evident in the test results?) and for use of illicit substances.
11. Avoid prescribing opioids for patients receiving benzodiazepines.
12. Arrange the medication-assisted treatment such as methadone or buprenorphine (suboxone) for patients who develop opioid use disorder.

Summary and Recommendations
It is clear that our country and state are experiencing an opioid crisis of severe proportions. Given the expertise in their training, their key role in health care, and the trust our citizens place in their leadership, physicians are positioned as the most important participants in resolving the opioid crisis. As the first step, we need physicians to do what they can to facilitate the saving of lives from overdose and to promote the safe prescribing of opioid medication.

Are These Investments in Your IRA? IF NOT... THEY COULD BE!
Invest in what you know with a Self Directed IRA
Real Estate Promissory Notes Livestock Medical Equipment Businesses And More!
Contact us for a complimentary consultation
Freedom Wealth Advisors
MORE OPTIONS. MORE CONTROL. MORE DIVERSITY.
www.freedom-wealth-advisors.com 207-879-1127 l Laurie@freedom-wealth-advisors.com

New Asthma Action Plan Available for EMR
The Maine CDC Chronic Disease Prevention and Control Program has two new Asthma Action Plans available on its website – a pediatric and an adult plan. These Plans were developed as a collaborative effort by clinical staff (primary care and specialty care) at MaineHealth, and incorporates feedback from the Maine Asthma Coalition, the Maine Chapter of the American Academy of Pediatrics, and several Maine Medical School Nurses. The versions available on the Maine CDC Chronic Disease Prevention and Control Program’s website are unbranded.


The Plans comply with Meaningful Use reporting requirements and Maine’s statute “An Act To Authorize Certain School Children To Carry Emergency Medication On Their Persons.” School nurses in Maine utilize Asthma Action Plans as an important tool to help their students with asthma and workforce resilience. A uniform Asthma Action Plan will improve access to asthma medication and incorporate feedback from the Maine Asthma Coalition and the Maine Medical School nurses.

The Plan is available as a .pdf document on the Maine CDC Chronic Disease Prevention and Control Program website, and can be downloaded and scanned or imported into the EMR, or printed for use by practices not using an EMR.

The National Heart Lung and Blood Institute recommends a written Asthma Action Plan as one of the most effective methods to help patients manage their disease. Utilizing a form across practices and hospitals in Maine to treat people with asthma will improve coordination and quality of care.

The Maine CDC Chronic Disease Prevention and Control Program continues to provide NCR (carbonless copy) paper copies of the Maine Asthma Coalition’s pediatric Asthma Action Plan. Contact Desi-Rae Severson at 287-3041, or via e-mail at Desi Rae.Severson@maine.gov to order copies.

Maine Patient Safety Academy
Thursday, September 8, 2016
9:00am – 4:00pm
Abramson Community Education Center, University of Southern Maine Portland campus

This year we welcome back Dr. Bryan Sexton, Director of the Duke Patient Safety Center. Dr. Sexton’s research on safety culture, teamwork, and resilience has resulted in assessment tools that are used in hospitals and practices worldwide. He will present a new 2-part seminar on the intersection of safety culture, psychological safety, and workforce resilience. He will also discuss practical strategies and resilience-enhancing tools to manage stress in the healthcare workplace.

Participants may choose from workshops on topics such as infection prevention, adverse drug events, telehealth, high-reliability organizations, patient engagement, and medication reconciliation led by Maine and regional experts.

General Registration: $50/Student Registration: $25
Includes lunch - CEUs available for CPHQ

To register visit: https://conferences.usm.maine.edu/
AttendeeOnline/Registration/New.aspx

For access inquiries contact USM Conferences at (207) 780-5990, conferences@usm.maine.edu

Sponsored by the Maine Department of Health and Human Services Rural Health and Primary Care Program with additional support from University of Southern Maine Muskie School for Public Service.
Fiscal Fitness for Life – Planning for Your Estate

Disclaimer Planning – Balancing the Desire to Control with the Benefit of Flexibility

By Anthony Bartlett, CFC, CASL, AE2, Baystate Financial Services

Changes were recently enacted to Maine’s estate tax laws. In 2015, Maine estate tax is imposed on estates of decedents in excess of $2,000,000. Effective January 1, 2016, the Maine estate tax exemption will increase to match the Federal estate tax exemption, which is currently $5,430,000.

Many planners recommend the use of credit shelter trusts within estate plans for married couples that may face estate tax exposure. Credit shelter trusts are designed to “shelter” the exemption amount from inclusion in the estate of the deceased spouse, as well as the estate of the surviving spouse.

However, this estate tax planning technique may prove too inflexible for couples whose net worth hovers close to the exemption amount or have the majority of their liquid net worth comprised of retirement accounts. Depending on the size and type of assets constituting an estate, net worth comprised of retirement accounts. Depending on the size and type of assets constituting an estate, the property is then distributed to the next recipient as designated in the Last Will and Testament and/or Trust of the first spouse to pass.

Each spouse would have a “Plan A” scenario. Upon the passing of the first spouse, all probate property would be distributed to the surviving spouse.

Each spouse would also have a “Plan B” scenario. This would include the use of a disclaimer trust. A disclaimer trust is a technique for taking a wait and see approach to credit shelter planning for married couples. It differs from standard credit shelter trusts in that it will only be used if needed. The goal is to give the surviving spouse a second look, based on circumstances that exist when the first spouse passes away. The disclaimer trust has all the provisions of a credit shelter trust. It is designed to make assets available to the surviving spouse, while taking advantage of the first spouse’s estate tax exemption amount.

After the passing of the first spouse, the surviving spouse can choose between Plan A or Plan B.

The flexibility of disclaimer trusts is not without a degree of risk. The estate tax planning will not happen by default. If estate tax planning is beneficial, the surviving spouse to consult with an estate planning attorney immediately following the passing of the first spouse to determine what actions should be taken.

For more information regarding disclaimer planning, or other estate planning techniques and strategies, please contact Larry Perry at 207-775-6181 or ljerry@baystatefinancial.com.
Maine Association of Psychiatric Physicians
6:00pm – 8:00pm
Maine Health Management Coalition
SEPTEMBER 13
4:00pm – 5:00pm
MMA Committee on Physician Quality

Maine Council on Aging (MCOA)
12:30pm – 3:30pm
noveMber 14

CAH CNO & Nurse Managers Conference
noveMber 2
4:00pm – 6:00pm
Maine Health Management Coalition

Maine Association of Psychiatric Physicians
6:00pm – 8:00pm
Maine Health Management Coalition

Maine Health Management Coalition
5:30pm – 8:30pm
oCtober 18

Maine Chapter ACP
oCtober 12
4:00pm – 6:00pm

SepteMber 29
8:30am – 3:30pm
Maine Health Management Coalition

Maine Health Management Coalition
8:30am – 3:30pm
Maine Association of Psychiatric Physicians

UPCOMING at MMA >>

Maine Council on Aging (MCOA)
1:00pm – 4:00pm
SepteMber 15

(At Harborside Hotel, Bar Harbor, ME)

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

Moving Medicare Payment from Volume to Value: What’s a Physician to Do?

In a recent QC webinar and Network for Regional Healthcare Improvement (NRHI) blog post, I had the opportunity to outline several steps that physicians and their practice teams can begin to take to prepare for implementation of the Medicare Quality Payment Program (QPP). This program and the resulting Merit- Based Incentive Payment System (MIPS) will be in place soon as a result of the Medicare Access & CHIP Reauthorization Act (MACRA) of 2015. While most physicians understandably may not recognize the jargon and multitude of new acronyms, many will remember MACRA as the federal bill that ended the much-hated “Sustainable Growth Rate”, the law that previously threatened each year to decrease Medicare physician payments.

MACRA means big changes for physician practices: designed to move Medicare payments for physician services from a focus on the volume, to the value, of services provided; the changes are arguably the most significant changes to physician payments in the 50 year history of the Medicare program. Granted, the proposed rules aren’t final yet - but they will be in a matter of months. The new rules will affect Medicare payments based on performance in 2017; meaning that physicians have little time to learn about and prepare for this new world of value-based payment. And since previous studies suggest that change in medical practice take as long as 18 years (you read that right!), it’s important to get started now. Here are a few thoughts on how:

1) Educate yourself. Learn as much about MACRA as you can. Go directly to CMS.gov for information, or access trusted information and resources through others; Maine Quality Counts, the AMA website, MMA, or NRHI. Read articles and blog posts. Listen to webinars. Look for summaries from your professional associations. And fear the warning: the information is admittedly dense and complicated, but stick with it – it’s about to affect your income!

2) Engage fellow physicians and other clinicians, practice leaders, and practice staff. Change is complicated, but stick with it – it’s about to affect your income!

3) Connect with local, regional and national leaders who are participating in ACOs. Most ACOs have been doing the work needed to prepare for this type of change to value-based payment for the past several years. We encourage clinicians to connect and learn from their work and recommendations about areas for focus.

4) Understand your current performance using Medicare PQRS measures, Quality and Resource Use Reports (QRURs), and other reporting systems. While all of us recognize that no data reporting system is perfect, resist the urge to let perfect be the enemy of “good enough” data. Use the data you have to understand your current state as best you can.

5) Focus specifically on MIPS, the value-based payment system that will apply to most providers for at least the first several years of the QPP. MIPS includes four key components: cost, quality, Advancing Care Information (ACI), and Clinical Practice Improvement Activities (CPIAs). Providers should aim to learn about their current cost and quality performance within these categories.

6) Don’t wait to get started - look for ways to improve performance now. What could you do to improve performance in a measurement area that may also qualify as a quality improvement activity? For example, providers may want to determine where their practice really is in terms of access, particularly as providing timely access to care can impact quality, patient experience, and use of avoidable, expensive services such as hospital admissions or ED use. What could be done to improve access in your practice over the next six months? Alternatively, another key focus is improving care transitions: is your practice tracking admissions for your patients, and/or using HealthInfoNet to receive timely notifications of ED visits, admissions and discharges? Are high risk patients getting timely care?

7) Use existing (but often under-utilized) CMS payment codes to support better care. Over the past several years, CMS has introduced several new codes within the current fee-for-service system that can provide revenue for providing extra care – e.g. Medicare Annual Wellness Visits; Transitional Care Management codes designed to provide additional care for patients after hospital discharge; Chronic Care Management codes for patients needing non-visit based care management services; and the recently introduced Advanced Care Planning codes. While all these admittedly require appropriate documentation, they can provide important revenue sources for providing care that will ultimately improve quality and patient experience of care, while ideally reducing avoidable costs and improving value.

In summary, change is coming, and it’s time to get started! Investing now in the early learning needed to succeed in this brave new world of value-based payment can help you stay ahead of the change, and ensure that you get the resources you and your team need to improve care for your patients. To read the related blog post, please visit http://www.nrhi.org/news/practice-transformation-networks-moving-macra-forward/.

Visit the mma website: www.mainemed.com

MAINE QUALITY COUNTS »
By Lisa Letourneau, M.D., M.P.H., Executive Director, Maine Quality Counts

How do you move from a focus on the volume of services to one of value?

Live. Work. Play... in Beautiful Eastern Maine!

Eastern Maine Medical Center is a 411 bed, regional, tertiary care and level II trauma center for the more than 500,000 residents living in the nine counties of central, coastal, and northern Maine. Our primary care network, largest in the area, has adopted a new practice model to include teams of one physician, one nurse practitioner; two registered nurses and two medical assistants.

Exciting Opportunities in Family Medicine & Outpatient Internal Medicine in the greater Bangor Area!

Bangor is an award-winning small city offering easy access to ocean, spectacular coast, lakes, and mountains. Schools rank among New England’s best; the University of Maine Bangor campus is located in neighboring Orono. Bangor is the regional hub for medical, arts and commerce. Bangor International Airport offers direct and one-stop service to most major destinations.

For more information, please contact: Amanda Klassing, Recruiter at cmnrecruiting@emhs.org or 207-975-5558

Eastern Maine Medical Center
Bangor, ME

ProAssurance Group is rated A+ (Superior) by A.M. Best.

Healthcare Liability Insurance & Risk Resource Services

ProAssurance Group is rated A+ (Superior) by A.M. Best.

ProAssurance.com
The 2016 Political campaigns - the U.S. Presidential race; the second contest between first term Representative Bruce Poliquin and former state legislator Emily Cain for Maine’s Second Congressional District; all 186 seats in the state legislature; and 5 referendum questions - will be in high gear after Labor Day. Election Day is November 8. The MMA staff welcomes your ideas for our legislative agenda for the 128th Maine Legislature, so please share them with me, Gordon, or Peter. MMA’s Legislative Committee will hold its organizational meeting in late November after Election Day or early December. Watch MMA’s weekly e-newsletter, Maine Medicine Weekly Update, for meeting details. The MMA staff is assisting members with compliance with the new laws enacted during the 127th Maine Legislature by providing legislative updates for hospital medical staff, medical specialty societies, physician practices, and federally-qualified health centers. We are available to assist your physician group, too!

Maine physicians are demonstrating strong interest in Maine legislative affairs by stepping up as candidates. Four physicians brought important practical and policy knowledge about U.S. health care to fellow legislators in Maine legislative affairs by stepping up as candidates. Former House member Ann Dorney, M.D. (D), a family physician in Skowhegan, is running for House District 111, Norridgewock, Solon, and part of Madison, a seat she occupied in the 126th Legislature. MMA Past President and current AMA Delegate Richard Evans, M.D. (D), a general surgeon, seeks the House District 120 seat, including Dover-Foxcroft, Atkinson, Brownsville, Medford, Milo, Lakeview Plantation, and the unorganized territory of Orneville Township. Wendy Wolf, M.D. (F), stepping down as President & CEO of the Maine Health Access Foundation (MeHAF) at the end of the year, is pursuing the House District 89 seat, Boothbay, Boothbay Harbor, Edgecomb, Southport, Westport Island, and part of South Bristol. Emily Trask-Eaton, D.O. (F), a family physician in Waldoboro, is running to represent House District 91, Waldoboro, Friendship, Washington, and part of Union. David Edsall, M.D. (R), an anesthesiologist, is pursuing the House District 132 seat, Ellsworth and Trenton. If you have not yet met the candidates for your House and Senate seats, this is a great time to do so. You can find the candidate lists on the Secretary of State’s web site: http://www.maine.gov/sos/cec/elec/upcoming/index.html.

Physicians also will be interested in several of the referendum questions on the ballot this Fall, especially the questions on legalization of recreational marijuana and background checks for gun sales. You can find more information on the referendum questions on the Secretary of State’s web site: http://www.maine.gov/sos/cec/elec/citizens/index.html.

The opioid drug abuse crisis continues to be at the top of the agenda for Maine policymakers and L.D. 1646, An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program (P.L. 2015, Chapter 488), effective on July 29, 2016, is the focus of MMA’s current compliance educational efforts with Maine Quality Counts through the Caring for ME initiative. You will find resources on the new law and the opioid abuse issue on the MMA web site: https://www.mainemed.com/advocacy/opoid-crisis.

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.
Climate Change

The media have been filled in recent years with stories of climate change, support for the idea in the scientific community, and varied acceptance in the political world. While images of flooded coastlines abound, there is relatively little written in the popular press about the public health effects of climate change. In 2009, The Lancet stated, “Climate change is the biggest global health threat of the 21st century.”

On April 4, 2016 the White House issued a 332-page report, “The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment,” based on over 1800 published scientific studies and the work of eight federal agencies. According to Howard Frumkin, dean of the University of Washington’s public health school, the report demonstrates that climate change is a serious threat to public health in this country. The report warns that food and water will become more contaminated and vector-borne diseases like Lyme, West Nile, chikungunya and Zika (now in 30 states) will spread as tropical climate regions become larger. Also expected are increased rates of asthma, allergies and deaths from extreme heat and air pollution. The highest ozone concentrations occur on the hottest days, and there is a clear correlation between the hottest days and high levels of emergency department visits. Heat related illnesses will take their greatest toll on the most vulnerable: infants, the elderly, chronically ill patients and the poor.

In the 2015 update of its 2000 paper “Death by Degrees,” the Maine chapter of Physicians for Social Responsibility stated that the health of Mainers is threatened by three manifestations of climate change: rising temperatures, weather extremes and rising sea levels. Some of the health effects go beyond what one might normally think about: anxiety, post-traumatic stress and other psychological stresses; health aspects of air pollution; and water-borne illnesses resulting from rising sea levels; injuries from severe weather; and cardiovascular effects of heat and air pollution; just to name a few.

Dr. Alfred Sommer, professor of Epidemiology, Ophthalmology and International Health and Dean Emeritus of the Johns Hopkins Bloomberg School of Public Health, points out that public health resources will be stressed by climate change, perhaps beyond the breaking point. “We have absolutely no surge capacity left in our system. We are going to get this perfect storm of reduced capacity to deal with sudden large bad events, and we are going to get sudden, bad events at a much greater likelihood and frequency than we do now.”

It is incumbent on physicians and other health care professionals to prepare now for what appears to be an inevitable challenge. As Maine PSR states, we need to assess our current resources and preparedness; monitor and diagnose public health changes that may be climate related; develop both public policies and research capacity to address increasing health needs; educate and mobilize our population to identify and solve public health problems; and develop a public workforce that is ready to tackle new and severe health problems as they arise. It’s quite a challenge. Still, the health care professions have addressed difficult issues before, and there is no reason to think we won’t rise to the occasion again.

New Report Claims “Medical Error” Now 3rd Leading Cause of Death

Medical errors may now be the third-leading cause of death in the United States, claiming more than 250,000 lives each year – or 700 deaths a day, according to a report published in late May by the BMJ.

Medical errors now rank only behind heart disease and cancer and ahead of respiratory disease, accidents and stroke, according to the report.

The analysis was done by Johns Hopkins School of Medicine researchers who drew their conclusions after reviewing four large studies, including ones by the Health and Human Service Department’s Office of the Inspector General and the Agency for Healthcare Research and Quality that took place between 2000 to 2008.

The Centers for Disease Control and Prevention (CDC) does not require errors be reported in data it collects making this type of analysis difficult to pinpoint, according to the BMJ report. The CDC requires data on causes of death to be attributable to an International Classification of Disease, or ICD, code. There is no ICD code to capture human error, according to the report.

Medical error has been defined as an unintended act or one that does not achieve its intended outcome, the report stated. Medical error now ranks only behind heart disease and cancer and ahead of respiratory disease, accidents and stroke, according to the report.

Patient harm from medical error can occur at the individual or system level, according to the report.

A 1999 Institute of Medicine (IOM) report called preventable medical errors an “epidemic,” shocking the medical world and leading to widespread debate about what could be done, the Washington Post reported. The IOM report estimated medical error contributed to at least 98,000 each year.

Reprinted with permission of Ohio State Medical Association.
Physician practices that provide care to children need to anticipate that a patient may present with a potentially life-threatening condition. Family practice and pediatric physicians experience emergencies among their patient populations more often than some physicians recognize. Physicians need to ensure appropriate management and stabilization of emergency events encountered in their office.

Many providers are misinformed that the availability of emergency equipment and medication in the practice increases liability exposure. In actuality, failure to plan and lack of adequate preparation to provide emergency care may lead to increased liability.

Evaluation

 Adequate preparation begins with a thorough office system evaluation to determine the unique characteristics of the office setting and the patients served. Based on this evaluation, develop a plan that uses strategies designed to meet the specific needs of your patient population based on your resources. The organizational plan for emergency response in the office should address:

» How to recognize an emergency and activate response plan.
» Staff roles and responsibilities during an emergency.
» Education for all staff on the office emergency response plan.
» Training for appropriate staff on use of emergency equipment and medications.
» Conducting mock drills to ensure staff have the opportunity to practice their respective responsibilities.

Emergency equipment and protocols for maintenance and use.

Emergency medications and established protocols for administration.

Emergency Equipment and Medications

The office evaluation will determine the amount of supplies you will need to have on hand. Supplies should be readily available to the physician or nurse to secure an airway, maintain respiration and support circulation until the arrival of EMS.

To ensure that the equipment is in a safe, working condition, the emergency equipment should be inventoried and tested on a monthly basis and medications evaluated for expiration dates. Maintain a log indicating the date of review.

Recommendations

(American Academy of Pediatrics)

» Perform a self-assessment of office readiness for emergencies.
» Develop an organizational plan for emergency response in the office.
» Maintain recommended emergency equipment.
» Maintain recommended emergency medications and use a reuscitation aid or tool that provides suggested protocols with precalculated medication doses.

Choosing Wisely® - When to Scan

Launched in 2012 by the ABIM Foundation and Consumer Reports, Choosing Wisely is a leading effort to encourage conversations aimed at reducing unnecessary tests and treatments in health care. More than 70 societies comprising over one million clinicians are now participating in the Choosing Wisely campaign. For more information on ways the campaign is helping influence patient outcomes, visit http://www.choosingwisely.org/resources/modules/.

Always better care. These modules provide a scenario on how to recognize an emergency and activate your response plan. Staff roles and responsibilities during an emergency. How to recognize an emergency and activate your response plan. Staff roles and responsibilities during an emergency. Choosing Wisely now crosses over into academic medical schools such as Albert Einstein College of Medicine and Warren Alpert Medical School.

Choosing Wisely in Maine “Spreading Choosing Wisely in Maine”, seeks to reduce unnecessary use of tests and treatments in the future-physicians-to-choose-wisely/.

For small quantity of low back pain rack cards for patient information distribution, go to: https://www.mainequalitycounts.org/image_upload/CR_MaineBkPainRackCard_MaineQC_Woman_Offset.pdf or visit: www.mainequalitycounts.org/choosingwisely or contact Kelley Slate at Kelley.Slate@maine.gov or 207.620.8526 x1011 or kslate@maine.gov

Involved partners are: Mid Coast Hospital, Spectrum Generations, St. Joseph Hospital and Penobscot Community Health Care. Maine Medical Association, Maine Osteopathic Association and Consumers for Affordable Health Care are serving as statewide partners in this effort.

Medical Student Information

To view the ABIM Foundation instructional module for medical students: Patient with Back Pain who requests an MRI, go to: http://modules.choosingwisely.org/m_03/videos/m00_4_backPain.html.

American College of Physicians Recommendations/Resources

To stay current with your peers entering the profession, review the Choosing Wisely lists of things physicians and patients should question by the American College of Physicians (ACP) indicates – “In patients with back pain that cannot be attributed to a specific disease or spinal abnormality following a history and physical examination (e.g., non-specific low back pain), imaging with plain radiography, computed tomography (CT) scan, or magnetic resonance imaging (MRI) does not improve patient outcomes.” To download the ACP’s Five Things Physicians and Patients Should Question, go to: http://www.choosingwisely.org/societies/american-college-of-physicians/

Physicians Need Protection Too

Philip M. Coffin III

Lambert Coffin

www.lambertcoffin.com

Portland: 207.874.4000 | Blue Hill: 207.374.5833

Employment Agreements

Jonathan T. Harris

Estate Planning
When it comes to providing great care with legal issues regarding your practice—or personal life—we're here for you. You can put your trust in our expertise, experience, and results-oriented focus.

We're here for you when you need help with:

- Medical Professional Liability
- Medical Professional Licensing
- Medical Credentialing
- Estate Planning, Wills & Trusts
- Family Law
- Real Estate Law
- State & Federal Tax Planning

nhdlaw.com
• Portland (207) 774-7000 • Lewiston (207) 777-5200

Sponsors & Volunteers to more than 25 area nonprofits

MAIne MedICAl ASSoCIAtIon 163rd AnnuAl SeSSIon
September 9-11, 2016
Harborside Hotel
Bar Harbor, ME
join us!

We're here for you when you need help with:
• Health Law
• Medical Law
• Medical Ethics
• Medical Compliance
• Medical Malpractice

Our team is here to keep you and your practice healthy.

Registration materials included in this issue

4.5 AMA PRA Category 1
CME Credits

PASSION IN MEDICINE

RENEWING THE JOY OF

Maine Medical Association

Maine Medical Association

Maine Medical Association

Maine Medical Association

Maine Medical Association

Maine Medical Association

Maine Medical Association