The Maine Medical Association invites you and your colleagues to attend this year’s annual program focused on THE CHANGING FACE OF MEDICAL EDUCATION: Undergraduate, Graduate and Post Graduate CME. We are excited to open the CME program Friday afternoon, October 4th at the Holiday Inn By The Bay with keynote presentations by Edison Liu, MD, PhD, President and CEO of The Jackson Laboratory on Genomic Literacy in Medicine and Peter Bates, MD, Senior Vice President, Medical and Academic Affairs, Chief Medical Officer and Academic Dean for the Maine Medical Center - Tufts University School of Medicine. Dr. Bates will present on THE CHANGING FACE OF MEDICAL EDUCATION: Torn of the Hannaford Center for Safety, Innovation and Simulation at MMC Brighton Medical Center are also scheduled.

On Saturday morning, the MMA General Membership Session will be held in the State of Maine Grand Ball Room. MMA members who graduated from medical school in 1963 will be recognized with 50-year pins. The afternoon CME program will feature competing presentations by residents.

The Saturday evening events will start with the President’s Reception at the Portland Museum of Art, followed by the MMA 160th Anniversary Gala, including award presentations and the traditional passing of the gavel from MMA President Dieter Kreckel, MD to President-elect Guy Raymond, MD.

Following the program, we will be dancing to the music of the popular Bob Charest Band.

Bright and early Sunday morning begins with the 33rd Annual Edmund G. Hardy, MD Road Race. The closing CME session will be the HISTORY OF MEDICINE in Maine by Richard Kahn, MD.

We look forward to you joining us for this event and the celebration of the 160th MMA Anniversary. You may register online at http://www.mainemed.com/cme-education-info/annual-session.
**President’s Corner**

*Greetings!*

I hope everyone is enjoying their summer, even if we have had a little bit of rain this year. Your staff at the MMA has just finished an extremely busy legislative session. They have spent virtually every day up at the Capitol discussing the numerous bills that were put forward dealing with the business, operation, regulations and the practice of medicine. They are issues that affect each and everyone of us in our daily lives as practicing physicians. As always your input is greatly appreciated and helps us determine whether or not we should support or not support any particular piece of legislation.

Last month your delegates and I attended the National AMA meeting in Chicago. Many different issues were discussed and voted on. I had the honor of representing all of you at the inauguration of the 168th President of the AMA, Ardis Dee Hoven, MD.

It was great to see that there is still a fire/passion in physicians wanting to provide and advocate for the best care possible for our patients. The recognition that the patient/physician relationship remains the cornerstone of every medical practice was reassuring.

Soon it will be fall again and the glow of summer will fade until next year. All is not lost however because in October we will celebrate the 160th year of the MMA in Portland. The weekend of Oct 4-6 is the date to remember. Our emphasis this year is on medical education through the years. I invite all of you to join us in the festivities. Steven Slack, MD the chair of the AMA Board of Trustees will be our AMA representative. Please log on the MMA site (www.mainemed.com) and check out the planned events. You may register by mail or online. I hope to see you all there.

Once again, thank you for allowing me to represent you this past year. Please contact me at any time at 369-0146 or president@mainemed.com.

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**22nd Annual Practice Education Seminar Addresses Current Issues for Practitioners**

The MMA held its 22nd Annual Practice Education Seminar at the Augusta Civic Center on July 24, 2013. The Seminar attracted the participation of approximately one hundred physicians and practice managers from across the state. Keynote presenters included Jack Lewin, M.D., Chairman of the Board of the National Coalition on Health Care and a former CEO of both the American College of Cardiology and the California Medical Association, DHRIS Commissioner Mary Mayhew and social media guru Rich Brooks.

Dr. Lewin presented an overview of the current issues nationally regarding health care reform and discussed the opportunities to both improve the quality of care and to moderate costs through the initiatives of the Affordable Care Act and other national, state and local programs. On a similar theme, Commissioner Mayhew, accompanied by MaineCare Medical Director Kevin Flanigan, M.D., spoke of the opportunities within the State Innovation Model grant provided to DHS through CMS. This three-year $33 million federal grant will be overseen by a steering committee chaired by Dr. Flanigan, who also spoke of the objectives of the grant.

Rich Brooks of flye new media (www.flyenews.com) presented attendees with some practical tips on using social media to advance the interests of a medical practice, including search engine optimization, e-mail marketing, blogs and the use of art websites.

In addition to the three plenary session speakers, there were a dozen breakout sessions on topics ranging from preparing for the conversion to ICD 10 to preventing prescription drug abuse. Copies of some of the presentations will be placed on the MMA website at www.mainemed.com.

MMA wishes to thank and acknowledge the exhibitors at the seminar:

- Maine Independent Clinical Information Service (MCIS)
- Academic Detailing
- Maine Community Health Options
- Baystate Financial Services
- Maine Quality Counts
- Medical Professionals Health Program
- IWP (Injured Workers Compensation Pharmacy)
- Sebago Technics

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**MMA’s 160th Annual Session**

**October 4-6, 2013**

**Holiday Inn by the Bay**
Portland, ME

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Portland, ME

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**SEPTMBER 13, 2013**

**Fourth Annual Patient Safety Academy**

**University of Southern Maine, Portland Campus**

Keynote Speaker: Jonathan Welch, MD, MSc

Registration: $50 ($25 for students)

Includes lunch and parking

For more information contact: Judy Tupper
jtupper@usm.maine.edu
Notes from the EVP

Greetings from balmy Manchester! I am writing my notes on a very warm summer night during one of the heat waves. It has certainly been an interesting summer, weather-wise, and it’s not over yet.

The recently completed legislative session was also a hot one! Not adjourning until early on the morning of July 10, the session was the most intense and most partisan I have seen in my thirty-seven years lobbying at the State House. In terms of ours impacting on medical practice, MMA presented an aggressive package of bills, several of which passed but three of which were vetoed (not including a veto of the bill which would have authorized an expansion of MaineCare to over 50,000 Mainers). By the time you receive this issue of Maine Medicine, a full summary of all the action on MMA’s bills and the dozens of bills MMA was following will be on the newly designed MMA website at www.mainemed.com.

Many times, success at the State House means defeating a bad bill. MMA worked hard to defeat several proposals that were detrimental to patients and physicians. In one case, we worked closely with anesthesiologists to keep a bill from passing. Of particular pleasure was this session working closely with the four physician legislators, Senator Gratwick and Representatives Sanborn, Dornely and Pringle. These four hard-working physicians and dedicated public servants significantly elevated the discussion of healthcare issues at the State House. Their constituents and physicians across the state owe them a huge thank you for their public service.

MMA’s advocacy for you and your patients will continue. The Second Regular Session of the 126th Legislature begins January 8, 2014. I hope to see many of you at the 160th Annual Session October 4-6 in Portland. The Annual Meeting provides a unique opportunity for the medical community to come together and discuss current issues of importance to physicians and to patients. If you haven’t attended an Annual Meeting in a few years, give it a try.

To some companies, you’re a risk, subject to underwriting rules. To us, you’re a partner in need of coverage.

Underwriting peer review with no advisory rules. Physicians in service of physicians. That’s the Medical Mutual way. What’s your career’s? For more information, or to apply for coverage, visit our website or call John Doyle at (207) 523-1534.

MMA wants to hear from you!

Issues or concerns you would like to see addressed by the MMA:

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Please provide your name and telephone number or e-mail address so that we may contact you if clarification or further information is needed.

Telephone: ________________________  E mail: ________________________

Return to MMA via fax at 207-622-3332

Upcoming Specialty Society Meetings

SEPTEMBER 7, 2013  MMA Headquarters – Manchester, ME
Maine Society of Anesthesiologists Fall Business Meeting
10:00am – 12:00pm, including lunch
Contact: Anna Bragdon 207-441-5989 or msaahq@gmail.com

SEPTEMBER 11, 2013  Waterville, ME – Location TBA
Maine Chapter, American College of Emergency Physicians Fall Business Meeting
Contact: Maureen Elwell 622-3374 x219 or mewell1@mainemed.com

SEPTEMBER 20, 2013  Harborhose Hotel & Marina – Bar Harbor, ME
Maine Society of Eye Physicians and Surgeons
Fall Business Meeting (To be held in conjunction with the 12th Annual Downeau Ophthalmology Symposium)
Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

SEPTEMBER 20 - 22, 2013  Harborhose Hotel & Marina – Bar Harbor, ME
12th Annual Downeau Ophthalmology Symposium
(Presented by the Maine Society of Eye Physicians and Surgeons)
Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

SEPTEMBER 27 - 29, 2013  Atlantic Oceanside – Bar Harbor, ME
American College of Physicians - Maine Chapter Annual Chapter Meeting
Contact: Warne Eldridge, Executive Director 207-215-7118 or warne54@yahoo.com

OCTOBER 4 – 6, 2013  Holiday Inn by the Bay – Portland, ME
The following Specialty Societies will be holding meetings in conjunction with MMA’s Annual Session taking place at the Holiday Inn by the Bay in Portland, Maine.
Maine Society of Orthopedic Surgeons Annual Education Sessions (Oct. 5)
Contact: Warne Eldridge, Executive Director 207-215-7118 or warne54@yahoo.com
Maine Urological Association
Contact: Dr. Paulin 207-622-3374 ext. 225 or dtpaulin@mainemed.com
Maine Association of Psychiatric Physicians
Contact: Dr. Paulin 207-622-3374 ext. 225 or dtpaulin@mainemed.com

NOVEMBER 2, 2013  MaineHealth, Portland, ME
American Academy of Pediatrics - Maine Chapter Annual Fall Educational Conference “Quick Hits: Pediatric Updates on Hot Topics”
Contact: Leslie Goode, Executive Director 207-782-0856 or lgodoose@aap.net

FEBRUARY 5-8, 2014  Grand Summit Hotel – Carrabassett Valley, ME
Downeast Association of Physician Assistants
Annual Winter Conference
Contact: Diane McMahon 207-622-3374 ext. 216 or dnmcmahon@mainemed.com

FEBRUARY 8-9, 2014  Sugarloaf/Mountain Hotel – Carrabassett Valley, ME
Maine Society of Anesthesiologists Annual Winter Meeting
Contact: Anna Bragdon 207-441-5989 or msaahq@gmail.com

When each moment counts
It means you’re taking charge.
Calling Hospice of Southern Maine doesn’t mean you’re giving up... It means you’re taking charge.
Many patients tell us they wish they’d come into hospice sooner. Contact us today to learn more about the care we provide through our home program and Gosnell Memorial Hospice House.
866-621-7600 • hospicesouthernmaine.org
Public Health Spotlight
By Jessa Barnard, J.D.,
Associate General Counsel, MMA

MMA Supports Effort to Reinstate Federal Funding for Syringe Exchange Programs

HIV/AIDS remains one of the country’s most serious health challenges. According to an over-
whelming body of evidence, needle and syringe exchange programs not only reduce the spread of HIV, but also save lives. Many programs encourage the sale of syringes, minimize the risk of needlestick injuries to law enforce-
ment officials, and help link chemically dependent individuals to vital drug treatment services. In difficult budgetary times, investments in syringe exchange are a wise use of tax dollars. For every $1 invested in these programs, com-
munities save $5 - $7 in HIV treatment costs alone. Even more money is saved when users take into account reductions in costly hepatitis treatment and liver transplants, and emergency room expenses associated with overdose and soft tissue infections.

Unfortunately, a ban on federal funding for syringe exchange programs was first imposed by Congress in the 1980s, although it was briefly lifted in 2009, the ban was re-
instated in a federal spending bill in December 2011, when it became a casualty of contentious budget negotiations. While the ban was lifted, several state and local health authorities sought and used federal funds for syringe exchange programs as part of a broader approach to preventing HIV infections.

Study after study has shown that syringe exchange programs do not increase drug use, and the American Medical Association, the Centers for Disease Control and Prevention, the National Institutes of Health, the General Accounting Office and the National Academy of Sciences have all said the programs work to help reduce the spread of HIV.

MMA Policy H-95.958 states that the MMA encourages needle exchange programs and will initiate and support legislation revoking the 1986 federal ban on funds.

Maine currently has only five syringe exchange programs serving the entire state. These programs operate on shoestring budgets. Making federal funding for syringe exchange available could help these programs to reach even more Mainerers with lifesav-
ingservices. Lifting the ban would require allocating no new federal dollars — it would simply free local communities to use existing federal HIV prevention funding as needed to address their local epidemic.

A significant portion of HIV in Maine stems from injection drug use. As of 2009, 16% of males and 31% of females living with HIV in Maine reported injecting drugs. The need for syringe exchange programs in the state continues to grow, as measured by new enrollments: in 2012, 895 new people enrolled in syringe exchange programs, a jump of 21% from 2011. An unregulated drug abuse crisis is continuing to be a pressing problem in Maine, the need for these services remains great. Not only do syringe exchange programs help to pre-
vent the spread of blood-borne diseases like HIV and hepatitis C, but they also provide education on preventing overdose and connect people to substance abuse treatment programs. Maine now tops the nation in the percent of residents seeking treat-
ment for prescription drug abuse. In 2012 alone, the state’s five syringe exchanges provided more than 400 people with referrals to substance abuse treatment programs. Since 2009, syringe exchanges helped link people to other vital health and social services more than 5,000 times.

Syringe exchange programs also improve public health by disposing of used syringes that may otherwise be left in parks and public spaces. Since 2009, Maine’s syringe exchanges have safely disposed of nearly 400,000 used syringes.

Given all of these compelling reasons, the MMA will be con-
tacting our Senators this summer to support lifting the ban on using federal funds for syringe exchange programs. We hope interested MMA members will do the same.

AMA Annual Insurer Report Card Adds Measure of Administrative Burden in the Medical Claims Process

Your medical practice and others across Maine and the nation must work through a “maze of complex insurer rules” and administrative tasks that could save the indus-
try up to $12 billion if reduced or removed, says the AMA.

In recent years, the organization has released its annual National Health Insurer Report Card as a way to lead the charge against administrative waste and advocate for improvements in health care billing and payment systems.

This year, for the first time, the AMA also examined the portion of health care expenses patients are responsible for through co-pays, deductibles, and co-insurance. During February and March of this year, patients paid an average 23.6 percent of the expenses patients are responsible for through co-pays, deductibles, and co-insurance.

“Physicians want to provide patients with their individual out-of-pocket costs, but must work through a maze of complex insurer rules to find useful information,” said AMA Board Member Barbara L. McAleney, M.D. “The AMA is calling on insurers to provide physicians with better tools that can automatically determine a patient’s pay-
ment responsibility prior to treatment.”

About the Administrative Burden

The AMA’s new Administrative Burden Index (ABI) ranks commercial health in-
surers according to the level of unnecessary cost they contribute to the billing and payment of medical claims. The AMA found that administrative tasks associated with avoidable errors, inefficiency and waste in the medical claims process resulted in an average ABI cost per claim of $2.36 for physicians and insurers.

Estimates indicate $12 billion a year could be saved if insurers eliminated unnec-
essary administrative tasks with automated systems for processing and paying medical claims. This savings represents 21 percent of total administrative costs physicians spend to ensure accurate payments from insurers.

The high administrative costs associated with the burdens of processing medical claims annually should not be accepted as the price of doing business with health in-

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Syringe exchange programs also improve public health by disposing of used syringes that may otherwise be left in parks and public spaces. Since 2009, Maine’s syringe exchanges have safely disposed of nearly 400,000 used syringes.

Given all of these compelling reasons, the MMA will be contacting our Senators this summer to support lifting the ban on using federal funds for syringe exchange programs. We hope interested MMA members will do the same.

Open Enrollment in Maine’s Health Insurance Marketplace for Individuals and Small Businesses Begins October 1st!

As we approach the October 1st beginning of open enrollment in the Health Insur-
ance Marketplace, it is important that Maine physicians know how the changes coming will impact you and your patients. To learn more, consider attending one or more of the following trainings. Please contact Jessa Barnard at jhband@mainedc.com for patient-specific educational materials or with questions regarding how the Affordable Care Act impacts your practice.

Marsee School Colloquium, “The Affordable Care Act: What’s Next for Maine?”
4-5 p.m. at Lee Hall, Wellesley Center, University of Southern Maine. To register contact Donna Reard at 761-8579 x527 or dbrassard@mainebiz.biz.

“Effective Markets, Ineffective Government”
6:30-8 p.m. at the Forum at the Old Town, Inn by the Sea. To register contact Donna Reard at 761-8579 x527 or dbrassard@mainebiz.biz.

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Energy and Commerce Health Subcommittee Advances Legislation to Repeal Medicare SGR

On July 23, the House Energy and Commerce Committee on Health approved by voice vote bipartisan draft legislation to repeal the sustainable growth rate (SGR) and implement a new Medicare physician payment update based on performance under an expanded PQRS program. The bill provides for an initial five years of positive updates at 0.5 percent per year. Beginning in 2019, physicians would have the opportunity to earn an additional 1 percent for successful participation in an expanded PQRS program. Physicians who score poorly would be subject to a cut of 1 percent (a net cut of -0.5 percent). In addition, the draft provides for the development of alternative payment models that would allow physicians to opt out of new reporting requirements.

The current draft reflects significant progress from previous versions of the legislation. The committee is committed to continuing its dialogue with the physician community to develop a new Medicare system that is better for physicians and patients. The AMA remains actively engaged in these discussions to ensure that committee members and staff are aware of its outstanding concerns and that the legislation will align with the principles put forth by the physician community.

The draft will be introduced as legislation by Rep. Mike Burgess, M.D., (R-TX) and co-sponsored by the Chairs and Ranking Members of both the full Energy and Commerce Committee and the Health Subcommittee – Rep. Upton (R-MI), Waxman (D-CA) and Palo Alto, Jerry N. Delaney (D-MD). Pursuant to this collaborative agreement, the full committee was scheduled to mark up the legislation during the week of July 29, just prior to the Congressional adjournment for the August congressional recess.

The New Plan

The AMA and national specialties are working with legislators on a three-phase SGR replacement plan developed jointly by Republican leaders of the House Energy and Commerce Committee and the House Ways and Means Committee. Unlike previous proposals that would force physicians into accountable care organizations and bundled-payment systems, this strategy would preserve the Medicare fee-for-service option, which is important to many specialties. In addition, the proposal allows physicians to develop quality metrics and initiatives that improve on current Medicare value-based purchasing programs. It also credits physicians for participation in national specialty registry efforts.

Medicare SGR Update

On February 5, the Congressional Budget Office estimated that it would cost $3.58 billion over 10 years to repeal the unsustainable growth rate (SGR) formula used to calculate Medicare physician pay. This is substantially lower than last year’s estimate of more than $300 billion. The reduced estimate has accelerated a topic priority of Medicare: repealing the SGR formula and developing a payment system that rewards physicians for high-quality care and patient outcomes.

First phase: reform the SGR

The first phase of the reform is a two- to three-year period of stable payments with the fee schedule update established by statute. During the second phase, provider payment rates are partly based on the quality of care provided to beneficiaries. Payment levels would be calculated on a base rate plus a variable rate tied to:

1. the physician’s risk-adjusted performance ranking on several quality measures relative to his or her peers;
2. improvement over the prior year’s score; and
3. participation in other quality improvement or patient safety initiatives.

The committees are considering allowing the quality measures to be assessed at either the individual physician or group practice level. In the third phase, providers could earn additional incentive payments based on effective use of care and health resources. Physicians who choose to participate in alternative payment models can opt out of this modified fee-for-service system.

Many policymakers believe that reforming physician payment, especially by moving away from the current fee-for-service approach, is essential to maintaining a high-performance health system and limiting cost increases. The Maine Medical Association continues to advocate for repeal of the flawed SGR forumula and is in continuing consultation with our Congressional delegation.
Choosing Wisely®

5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure

Do I really need this test or procedure? Your doctor can help you decide if you need a test or procedure. Sometimes, a test or procedure is necessary. Sometimes, it might be possible to avoid a test or procedure. And sometimes, you might need to think about whether you really need a test or procedure.

What are the risks? There are risks associated with all medical tests and procedures. Some risks are more common than others. Some risks are more serious than others. Some risks are more likely to happen than others. And some risks are more likely to happen to some people than others.

What happens if I don't do anything? Sometimes, a test or procedure is necessary to help you feel better. Sometimes, a test or procedure is necessary to prevent you from getting sick. Sometimes, a test or procedure is necessary to help you live longer.

Are there simpler, safer options? Sometimes, there are simpler, safer options for getting the same result. Sometimes, there are simpler, safer options for helping you feel better. Sometimes, there are simpler, safer options for preventing you from getting sick.

How much does it cost? Some medical tests can be expensive. Some medical procedures can be expensive. Some medical treatments can be expensive. And some medical medicines can be expensive.

Use the 5 questions to talk to your doctor about which tests, treatments, and procedures you need — and which you don’t need.

Some medical tests and procedures that you might need include:

- Blood tests
- Imaging tests (such as X-rays, CT scans, and MRIs)
- Procedures (such as surgeries, biopsies, and endoscopies)

Some medical tests and procedures that you might not need include:

- Preventive tests (such as mammograms, colonoscopies, and bone density scans)
- Diagnostic tests (such as brain scans, abdomen scans, and lung scans)
- Therapeutic tests (such as chemotherapy, radiation therapy, and surgical procedures)

Some medical tests and procedures that you might need to talk about with your doctor include:

- The risks and benefits of a test or procedure
- Whether a test or procedure is necessary
- The cost of a test or procedure

Some medical tests and procedures that you might not need to talk about with your doctor include:

- Preventive tests that are not necessary
- Diagnostic tests that are not necessary
- Therapeutic tests that are not necessary

How much does it cost?

The cost of a test or procedure can vary. Some tests and procedures are covered by your insurance. Some tests and procedures are not covered by your insurance. Some tests and procedures are covered by Medicare or Medicaid. Some tests and procedures are not covered by Medicare or Medicaid.

How much does it cost?

Some medical tests and procedures can be expensive. Some medical tests and procedures can be expensive. Some medical treatments can be expensive. And some medical medicines can be expensive.

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Medical Mutual Insurance Company of Maine Risk Management Practice Tip: e-Communication with Patients: e-mail, texting, portals and networks

Part II (Part 1 of this article can be found in the April/May/June 2013 issue of Maine Medicine)

Mobile Communication technologies have spread with remarkable speed. The advent of smartphones and pad computers makes it possible to access information and send and receive messages anywhere there is a cell signal or wireless network. Physicians are embracing the technology. A Manhattan Research survey indicated that 85% of surveyed physicians used at least one smartphone, 75% had downloaded at least one application and 50% were using an iPad to access electronic health records, view images and communicate with patients.

Privacy and Security
• Conduct electronic communication with patients over a secure network.
• Encrypt electronic protected health information from the point of creation, through transmission to the point of receipt. Instruct providers not to transmit protected health information over public networks such as airport, hotel or coffee shop Wi-Fi hotspots. Patient portals are one of the most secure methods of communicating.
• Establish clear mechanisms to authorize and authenticate patient users.
• Require passwords and current antivirus (malware) protection for all devices including providers' personal devices.
• Develop and enforce password requirements.
• Establish a mechanism to ensure user access termination in a timely manner when appropriate (patient or provider leaves organization, uses technology inappropriately, etc.).
• Inventory all portable devices used by providers to communicate protected health information. Ensure the ability to lock or remote wipe the devices if lost or stolen.
• Include a disclaimer on all outgoing messages. For example: This communication may contain health information that is private and intended solely for the use of the intended recipient.

Understanding Credit Card Processing

Medical practices agree that accepting credit cards results in higher cash flow for their business. But in order to extend this convenience to your patients, you will pay transaction fees, which fluctuate in amount based on a variety of factors.

Transaction rates vary by merchant category, types of cards used for purchases and how the credit card transaction is processed. Qualifying for the best possible rate can significantly reduce the cost of accepting cards at the point of sale. Examining how credit card sales are processed is the best way to ensure each credit card sale will qualify for the lowest transaction cost.

Your processor should be able to assist you in identifying transactions that can be processed more cost effectively. But it's equally important for merchants to understand where the costs are, too.

What is interchange?
The most misunderstood term in credit card processing is “discount rate.” This term is applied to the percentage of each sale a merchant pays to a process credit card sale. To call it a discount would suggest something is being reduced ... but it’s not. It’s a fee merchants pay to their processor to handle the transactions and deposit of credit card funds into their bank account.

The “discount” rate begins with interchange – the base fee assessed by credit card companies and distributed to card-issuing banks. Interchange, of which there are more than 100 different rates and categories, makes up the largest portion of the credit card fee. It is the “true cost” of processing a transaction. Interchange represents the difference between the credit card company’s cost of acceptance and the credit card company’s maximum allowable fee. The credit card company’s maximum allowable fee is calculated using a formula called “markup.”

How does interchange affect transaction costs?
Although interchange fees are applied to all credit card transactions equally by the card associations, namely Visas® and MasterCard®, they fluctuate in amount based on a variety of factors. Factors include:
• How you process – Merchants processing transactions in a mail, telephone or Internet environment pay higher interchange fees when a cardholder is not present for the sale, which creates a higher risk of charge-backs.
• How the Card Account Number is Captured – Merchants receive a lower processing rate for all transactions swiped through a magnetic-stripe reader (credit card terminal or card reader), because the encoded information on the back of the card can be verified through the issuer. When a card cannot be read through a magnetic reader, merchants need to get a manual imprint of the card, if possible, for protection against potential chargebacks.
• Amount of Data Submitted with Each Transaction – Visa and MasterCard have multiple levels of qualification. For example, transactions accepted by telephone that do not meet the requirement, such as when only a partial address is provided, are assessed higher rates, which are passed to the merchant.

What You Can Do To Reduce Your Costs

The Maine Medical Association has partnered with Elavon, a leading merchant processor that is determined to help you save money on credit card processing fees. The most important thing you can do is to enter all required data when prompted by your credit card terminal. Simply, you will save money. For example, we recently worked with a medical office that was considering a competitive offer. A review of the account by Elavon revealed a large portion of the practice's transactions were down-graded – failing to qualify for the best rate.

What Elavon discovered is that terminal prompts requesting information were being ignored and this resulted in higher transaction fees. We asked the Office Manager to instruct employees who handle credit card transactions not to ignore terminal prompts. Elavon watched the transactions for about a week and not a single transaction resulted in a downgrade. In other words, every transaction qualified at the best possible rate. At the end of the year and going forward, the office will save substantially on credit card fees.

Elavon invites you to take advantage of the special discounted rates available to you as a member of the MMA. Even if you are currently using another payment processor, call us for a free rate comparison.

To get started, please call the MMA dedicated Elavon Sales Executive Kimberly Layton at (866) 638-8614 or email her at Kimberly.layton@elavon.com.

Medical Mutual Insurance Company of Maine’s “Practice Tips” are offered as refere- ence information only and are not intended to establish practice standards or serve as legal advice. MMA recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.

BRIEFLY STATED
Andrew MacLean, Esq., Deputy EVP and General Counsel of MMA will be on a three-month sabbatical from July 1 to Sept. 30, 2013. Andrew has been with the Association for fifteen years.

Maureen Dwell, a valuable employee of MMA for the past several years, has left the full-time employment of MMA to work in a family-related business. She will continue to assist MMA from time to time and will continue to provide administrative services to the Maine Chapter of the American College of Emergency Physicians.

MMA has contracted with Jill Barkley to provide support to the ACA Outreach grant from the Maine Health Access Foundation (MeHAF), replacing Sandy Nesin, J.D., who has taken a full-time position in provider relations with Maine Community Health Options. Jill most recently had a contracted position with the Maine Civil Liberties Union. We congratulate Sandy for passing the Maine Bar Exam a few months ago! She is the daughter of long-time MMA member Noah Nesin, M.D.

Condolences
MMA was sorry to learn of the passing of several MMA members who had been sig- nificantly involved in various aspects of medicine in Maine the last several decades. We express our sincere condon- lences to their families.

Omar “Chip” Croters, M.D., Orthopedic Surgeon
Philip Whitney, M.D., Internist
Frank Mroz, M.D., Radiologist
Craig Young, M.D., Ophthalmologist and a former President of MMA
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October 4-6, 2013 at the Holiday Inn by the Bay, Portland, ME

Save the Date: MMA's 160th Annual Session