

Maine medicine



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MMA Hosts Successful 160th Annual Meeting; Guy Raymond, MD, New MMA President

The Maine Medical Association hosted a successful annual meeting October 5-7th, at the Holiday Inn by the Bay in Portland. Over 250 members and guests attended the gala celebration on Saturday evening following a day of CME and association business. Guy Raymond, MD, was installed as the MMA President, Lisa Ryan, DO, began her term as President-Elect, and Brian Pierce, MD, was elected chair of the MMA Board of Directors.

The Association marked its 160th Anniversary with a reception at the Portland Museum of Art and gala celebration at the Holiday Inn by the Bay, in addition to offering a full complement of CME programming and completing Association business over the weekend.

The meeting opened on Friday with an inspirational keynote address by Edison Liu, MD, President and CEO of the Jackson Laboratory, who left participants with the impression that the future of medicine is already



Photo Captions

1. Distinguished group of past Presidents
2. From left, Terrance Sheehan, MD and his wife Jane, Brian Atchinson, Esq., and Dieter Kreckel, MD after Dr. Sheehan was awarded the President's Award for Distinguished Service
3. Dieter Kreckel, MD, outgoing MMA President
4. From left, John Garofalo, MD, Jessa Barnard, Esq., Andrew MacLean, Esq., Gordon Smith, Esq., and Richard A. Evans, MD
5. Dieter Kreckel, MD outgoing President and Guy Raymond, MD, incoming President
6. Nancy Cummings, MD, Jo Linder, MD, Lisa Ryan, DO, incoming President-elect and Rich Hines

here. Peter Bates, MD, Academic Dean of the Maine Medical Center-Tufts University School of Medicine Maine Track program was joined by medical students Michael Neilson and Rebecca Wood to discuss the innovative techniques being used to train physicians in Maine. The session on Friday was capped by tours of the Hannaford Center for Safety Innovation and Simulation at Maine Medical Center.

The Association General Membership meeting was held on Saturday morning. Members considered six policy resolutions and approved five resolutions that now go to the MMA Board for adoption: Endorsement of the ABIM Foundation Choosing Wisely Initiative, Supporting an Evidence-Basis for Public Health Policy, Prohibiting Tobacco Sales in Health Care Settings, Updating the MMA Poll on Physicians' Opinions about Healthcare Reform and Bicycle Safety and Funding. In addition, attendees recognized those members who graduated from medical school 50 years ago, elected new officers and one additional MMA Board member, Jabbar Fazeli, MD.

At the business meeting, members also received an update from Dr. Steve Stack, American Medical Association Immediate Past Board Chair, regarding AMA initiatives and examples of how the AMA provides real value to physicians and the public. Dr. Terrance Sheehan provided his final report prior to retirement from the Medical Mutual Insurance Company and Neal Lane of the AARP National Policy Council addressed the commonalities of interests between Maine physicians and seniors.

The Saturday evening gala provided an opportunity for mixing and mingling, as well as honoring the past and future of medicine in Maine. Dieter Kreckel, MD, was recognized for his year of service as MMA President and Alice Haines, MD, was awarded the Mary Cushman, MD, award for humanitarian service for founding the Lewiston-Auburn Free Clinic which serves low income and uninsured patients, including a large number from the immigrant population. Dr. Terry Sheehan was awarded the MMA President's Award for Distinguished Service for his career as a practicing pediatrician, CMO at Southern Maine Medical Center and President and CEO of Medical Mutual Insurance Company. Dr. Kreckel and his family, along with a few other hardy individuals, closed down the dance floor at midnight.

Medical Center-Tufts University School of Medicine

Continued on Page 5

MMA's President's Award for Distinguished Service Presented to Terrance J. Sheehan, MD



Terrance J. Sheehan, MD, President and CEO of MMIC

Terrance J. Sheehan, MD, President and CEO of Medical Mutual Insurance Company of Maine was presented with MMA's President's Award for Distinguished Service at the Association's Annual Meeting and Anniversary Gala on Oct. 5. In presenting the award to Dr. Sheehan, MMA President Dieter Kreckel, MD noted that Dr. Sheehan has excelled in three distinct medical careers: first as a practicing pediatrician in Augusta, secondly as a Chief Medical Officer for Southern Maine Medical Center and lastly in his position with Medical Mutual.

In all three careers, Dr. Sheehan has set a high standard of performance emphasizing the values of competence, support for staff and colleagues and kindness. He has been a loyal member of MMA for 46 years and has served on the Legislative Committee and the Committee on CME and Accreditation. But more importantly, he has been a rock of support for not only MMA but also for the entire profession of medicine in Maine and has made important contributions to many organizations including the Hanley Center for Health Leadership, the

University of New England and in its time, the Maine Medical Assessment Foundation.

Dr. Sheehan is a native of Gardiner, Maine and a graduate of Gardiner High School, Bowdoin College and Tufts University School of Medicine. He completed a rotating internship and pediatric residency at the Maine Medical Center before beginning his pediatric practice in Augusta.

The President's Award for Distinguished Service is presented each year to recognize extraordinary contributions to MMA and to the Profession.

Receiving the award with Dr. Sheehan was his wife Jane, herself a strong supporter of medicine as a former Commissioner of Human Services and as President of the Foundation for Blood Research. The Sheehans are the proud parents of four children and ten grandchildren, many of whom were present at the Gala to see the presentation.

Sharing in the presentation was Brian Atchinson, Esq., President of the Physicians Insurance Association of America. Mr. Atchinson is a former Insurance Superintendent who served in both the McKernan and King administrations.

has been a rock of support for not only MMA but also for the entire profession of medicine in Maine and has made important contributions to many organizations including the Hanley Center for Health Leadership, the

Keep the Change

One of the easiest ways to keep more change in your pocket is by avoiding downgrades.

What is a downgrade? When a transaction does not meet VISA's or MasterCard's qualification requirements, a downgrade is applied. You may be charged higher interchange rates as a result.

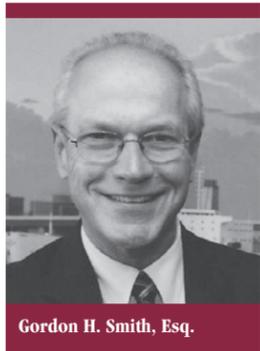
There are measures of control for merchants looking to keep their change rather than spend it on high interchange rates incurred from downgrades:

1. Always **swipe** credit cards instead of key-entering the data. If a customer presents a card that will not swipe or a non-embossed card that you cannot imprint, ask for another form of payment.
2. Enter **additional information** such as Address Verification information (AVS) when prompted for card-not-present transactions.
3. **Settle daily** – within 24 hours of each transaction processed.

For more information on how to avoid downgrades, visit www.MerchantConnect.com.

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

To get started, please call **Jonathan Thayer**, your dedicated Sales Associate at **800-546-1831 x 5711** or email at jonathan.thayer@elavon.com.



Gordon H. Smith, Esq.

Notes from the EVP

Annual Report to Membership of the Executive Vice President - October 5, 2013

It is my pleasure to present this report of MMA activities over the past thirteen months as I complete my 33rd year with the Association. We have had a good year since I prepared my report in early Sept., 2012. While we have our challenges, similar to those that virtually all membership organizations face in the current environment, we have been

able to grow and meet these challenges with an experienced and very capable staff and an enthusiastic Board and leadership team. I want to thank President Dieter Kreckel, M.D., Board Chair Lisa Ryan, D.O. and all of the Board members for their leadership the past year and all of the MMA staff for their hard work and dedication to the Association and its members. Dr. Kreckel has worked diligently and enthusiastically this year promoting the theme of physician engagement and professionalism. I am sure that he will continue that work as he remains on the Board in the role of immediate Past-President. And I have every confidence that in-coming President Guy Raymond, M.D. will effectively promote his theme and continue the tradition of strong volunteer leadership of this 160 year organization that has done so much for medicine and public health in the state.

INTERNAL

We continue to grow the membership and meet our budget goals, as we also did in 2012. While we do have a fair amount of individual dues to collect in the last three months of the year, we have retained all the group memberships which now make up nearly sixty percent of the total dues-paying membership. We have also developed a new associate membership category, on a pilot basis, for small rural health centers with five or fewer physicians. This pilot now has eight health centers participating fully in MMA membership and receiving all of the services that MMA provides. Lisa Martin, our very capable membership coordinator, works closely with me on membership recruitment and retention and I appreciate her diligence and enthusiasm. Lisa also staffs the Downeast Association of Physician Assistants. We currently have the most members that MMA has ever had (4070 overall including nearly 2500 active members). We will be reviewing the current membership model at the President's Retreat in January. We are also challenged, in my opinion at least, by the general lack of engagement in the Association activities by the vast majority of members.

In noting that our budget is in reasonable shape, I want to acknowledge the important efforts of Finance Committee Chair Kevin Flanigan, M.D., Treasurer Michael Parker, M.D. and President-Elect Guy Raymond, M.D. in working with Heidi, Andy and I to keep our budget in line and to keep our expectations realistic.

Our excellent staff remains stable. As Deputy EVP and Chief Operating Officer, Andrew MacLean, Esq. has the primary responsibility for our staffing and facility needs which provides me with the opportunity to focus on a variety of other areas, including membership recruitment and retention, legal services and advocacy. Associate General Counsel Jessa Barnard, Esq., is completing her third year with MMA and has been a critically important addition to the MMA. Jessa handles our public health activities, manages most of our grants and provides advocacy and legal services. Our Finance Director Heidi Lukas, CPA, provides strong support for the human resources function in addition to managing the budget. This past year, Diane McMahon has taken on more responsibility for both staff schedules and facility management, in addition to her primary responsibility of governance support. We have re-established her as the Office Manager. Diane is also the coordinator of the annual Downeast Association of Physician Assistants Winter CME Conference. Shirley Goggin took on responsibility the past two years for the website re-design which complemented her existing work on publications. She also continues her exceptional staffing of the Maine Society of Eye Physicians and Surgeons and the annual Downeast Ophthalmology Symposium which recently completed its 12th year. Rounding out the staff is Gail Begin, who is focused on CME accreditation and educational activities but also supports the Maine Society of Gastroenterologists and the Maine Rheumatology Society. Dianna Poulin, our most recent full-time hire, has grown our peer review and QI programs and also is staffing the Maine Association of Psychiatric Physicians, the Maine Urological Association and the Maine Radiological Society. Ashley Bernier, our part-time receptionist continues to impress us every day with her quiet competence. I don't anticipate any growth in our staff in the near-term.

As the very important Medical Professionals Health Program has prepared its own report, I will not go into detail on its work but will simply note my thanks to Lani Graham M.D., the Medical Director of the Program and her talented staff for the work they do every day. The program is a valuable resource to Maine's medical community. A special thanks also to Robert Chagrasulis M.D. who chairs the Program's Advisory Committee and to Catherine Stratton, Administrative Director.

COMMUNICATIONS

Although this year the website re-design continued to be a priority (please review the new website at www.mainemed.com), we will continue to review all of our internal and external communications and with input from membership and the Board, move toward those communication vehicles that provide our members with the information they need on an efficient, cost-effective basis. This will inevitably take us into the world of social media eventually and we have taken baby steps into the Twitter world recently. We will also continue to increase our surveys of member opinion on a variety of issues. *Maine Medicine Weekly Update* will continue to be our primary means of sharing information to the members, their staff, corporate affiliates and other interested parties. We do intend to freshen the look of the *Update*, adding photos and will likely add some advertising or sponsorship. Social media experts tell us that, given the amount of e-mail we all receive in this modern world, our current readership of the *Update* is excellent. We will continue to publish *Maine Medicine* on a quarterly basis although we will thoroughly review all the communications with members in the effort to establish an overall strategy.

DEVELOPMENT

We owe a debt of gratitude to Dr. Jumper and the members of the Committee for Tomorrow who continue to meet and oversee various fund-raising and development activities for MMA, the Maine Medical Education Trust and the Maine Medical Education Foundation. The committee continues to be staffed, on a very part-time basis by

Dee deHaas. We appreciate all the efforts of Dee and the committee members as we look toward the year-end appeal to benefit MMA reserves, the Maine Medical Education Trust and the Maine Medical Education Foundation. I want to thank all those members who have contributed in one way or another to these development activities. The long term reserve has grown the last two years.

GOVERNANCE

We have now completed two years of experience under a new governance structure voted last year by the membership at the Annual Session. I think the transition has been an unqualified success. The new and robust nominations process continues to work well under the leadership of Dr. Stephanie Lash and the eight new Board members elected last year all are active participants on the Board. At this meeting, there is one proposed new Board member and two members, Drs. Nancy Cummings and Buell Miller who will rotate off the Board. We will miss both Nancy and Buell as they have made very substantial contributions to MMA's work over the years. Dr. Miller will continue to chair the very active Senior Section. I want to also thank Dr. Lash who will be giving up the chairmanship of the Committee after two years, this term also following her very successful year as President. She has been a joy to work with and I am sure will continue to be an important source of support for MMA.

In addition to new members, the Board through the efforts of Board Chair Lisa Ryan, D.O. has worked hard to transform itself into a knowledge-based, efficient, governance body, continuing the standard set by former Board Chair Ken Christian, M.D. It is, by all accounts, a work in progress but I believe that the decision-making has improved and that the new structure also is more amenable to attracting active participants. It is respectful of the many demands of our leaders by not wasting their time with endless reports but instead making the best use of their time by focusing on strategy with full participation by the Board members. I expect these efforts to continue under a new Board Chair to be selected by the newly elected Board.

Most importantly, the Board held its annual President's Retreat in Quebec City in January and worked on prioritizing MMA's many service and program areas in the hopes of bringing more focus to the effort. This work will continue at the retreat in January, 2014 to be held at the Samoset. It is always difficult to stop doing something that may be worthwhile to members or the public, but we are stretched pretty thin as a staff and an organization and the work we do could be enhanced by focusing on the top priorities and letting go of some service areas which, while important and worthwhile, are not as essential to the members and the organization as other items.

EXTERNAL

It has been a busy year for our advocacy and legislative staff with much of the focus being on continuing implementation of the Affordable Care Act. During the first regular session of the legislature, a number of important legislative proposals were reviewed and ten bills drafted by MMA staff and presented to the Legislature by friendly legislators. Several of our proposals were enacted and are now law. The addition of three new physician legislators to complement the work of veteran legislator Dr. Linda Sanborn was very positive for medicine and public health. Drs. Geoff Gratwick, Ann Dorney, and Jane Pringle made an immediate impact and we enjoyed working with these four MMA members who worked so hard every day of the session to improve public health and health access for all Mainers. While we were all disappointed to fall short on the effort to expand MaineCare coverage to 45,000 people and to prevent an additional 25,000 from losing coverage at the end of this year, this effort will continue in 2014 as the federal funds continue to be available. We have been an active member of the Cover Maine Now Coalition which has led the effort in the state to expand coverage under the ACA.

We also have been very involved in the various efforts in the state to curb prescription drug abuse and to reduce the amount of opiate medication prescribed and dispensed while at the same time trying to adequately treat pain. A perfect balance is difficult to achieve. I was pleased to recently see the latest data demonstrating that for the first time in several years, fewer prescriptions are being written, particularly for MaineCare patients, a real tribute to the work that MaineCare Medical Director Kevin Flanigan, M.D. is doing. It is a good sign, but the problems are still very significant and we continue to serve on the AG's task force, work with Dr. Flanigan on the MaineCare opiate limits and present on nearly a weekly basis educational sessions.

Our advocacy in recent years has been greatly assisted by grants through the Maine Health Access Foundation. We currently have three grants which support educating consumers/patients about the ACA and payment reform. As noted above, it would not be possible to apply for and implement the grant funded activities without the addition of Jessa Barnard, Esq. to our team. Thanks, as well, is due to Heidi Lukas, CPA, who, as our Finance Director, oversees the finance reporting that comes with these grants. These three MeHAF grants alone represented nearly \$250,000 the past year.

I hope you will all take time to read the MMA Legislative Committee Report prepared by Amy Madden, M.D. the Committee chair and staff. During the long legislative session, over 300 legislative proposals were reviewed by the Committee which met via conference call every Tuesday evening for over six months. Committee participation was very strong this year as was participation in the Doctor of the Day program. I can't thank Dr. Madden enough and my legal colleagues Andrew MacLean and Jessa Barnard for all their efforts this past year.

CONCLUSION

Despite a very positive year, there are many challenges facing the Maine Medical Association. The continuing move from independent practice to an employment model presents significant barriers to our traditional recruitment and retention strategies. While the development of the group membership model has addressed some of these challenges, we need to work hard every day to show value to all our members, whether they are in private practice or employed. In this day of instant communications, expectations are very high and we must thrive to meet them. But achieving good membership numbers is not, in and of itself, a sufficient measure of success. We need to engage members in our activities, communicate with them successfully and in turn, they will become our most effective cheerleaders.

In short, despite considerable challenges, MMA has had a very solid thirteen months, as detailed in the many reports being shared during the Annual Session. Thanks for your support of MMA and please don't ever hesitate to get in touch with me if you have any questions, concerns or issues that I or other members of the staff can assist you with. As noted above, it is a very challenging time in healthcare but it is also a very exciting time and I look forward to the continuing challenges and opportunities. Thank you for your support.



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

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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.

SAVE THE DATE

MMA Legislative Committee In-Person Meeting

DECEMBER 9TH

6:00pm - 8:30pm

MMA HEADQUARTERS

All interested MMA and specialty society members welcome

Please note that there will be no Physicians' Day at the Legislature this year, but physicians are encouraged to sign up for the Doctor of the Day program (flyer enclosed) and attend a rally at the State House on the Legislature's opening day, January 8th, in support of accepting federal funds for increasing health insurance coverage through MaineCare.

Upcoming Specialty Society Meetings

JANUARY 16, 2014

Location TBD

**Maine Association of Psychiatric Physicians
Special Winter Business Meeting**

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

FEBRUARY 1-2, 2014

Sugarloaf Mountain Hotel, Carrabassett Valley, ME

Maine Urological Association Annual Winter Conference

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

FEBRUARY 5-8, 2014

Grand Summit Hotel – Sunday River, ME

Maine Association of Physician Assistants Annual Winter Conference

Contact: Diane McMahon 207-622-3374 ext: 216 or dcmahon@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 mesahq@gmail.com

APRIL 17-18, 2014

Hilton Garden Inn, Freeport, ME

Maine Association of Psychiatric Physicians Annual Meeting & Clinical Conference

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

MAY 2, 2014

Location TBD

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

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

MAY 3-4, 2014

Location TBD

Maine Chapter, American Academy of Pediatrics Spring Educational Conference

Contact: Leslie Goode, Executive Director 207-782-0856 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



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Guy G. Raymond, M.D.

President's Corner

Greetings. My name is Guy Raymond, M.D., and I work as an emergency physician at Northern Maine Medical Center in Fort Kent. I am deeply honored and grateful for the opportunity to serve as your president this year. In the same way that practicing medicine is a great privilege for me, I feel the same about working for you, the members of this Association. It is a rare opportunity provided to give back to my profession and my colleagues.

The educational program at the Annual Session showcased the "Changing Face of Medical Education." At the 160th Anniversary Gala we celebrated our history and achievements. The program culminated with the Sunday morning sessions, the first by Dr. Richard Khan presenting the historical milestones of the Maine Medical Association and the second by Annette Vance Dorey describing major obstacles that were encountered by Maine women in medicine. This entire program was a sobering reminder that, as Socrates so aptly put it: "To move the world we must first move ourselves." Today we are also confronted with the imperative to address the changing climate of medicine and the changing role of organized medicine. With the changing demographics of our new physicians, new technology, the rapid evolution of clinical care models, the increasing focus on value purchasing, the growing scrutiny that we must endure in our practices, we are at a crossroads in the life of the MMA where we are to "move" ourselves to new and pertinent processes that can continue to support our members. This may mean examining the MMA mission statement: "To support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens." I would suggest that as an association we "support Maine physicians in advancing the quality of medicine in Maine, and in improving the health of all Maine citizens." Our history stirs in us a sense of pride and gratitude to those who have led us to today. As the mission statement currently reads, our scope may be interpreted too broadly implying that it is the Association's mandate to insure the health our citizens. We don't carry that charge and we do not have the resources to achieve that change. The small change in the wording would narrow our mandate to supporting our medical professionals by:

- promoting our professionalism in the service of our patients,
- improving our practice environments,
- advocating for appropriate legislation and business practices,
- engaging member participation in programs that we have collectively deemed beneficial and which are aligned with the core business of the MMA,
- and last but not least, encouraging healthy lifestyles.

Simply put, our charge is to support our physicians in the service of their patients.

To this end, I wish to applaud the ongoing work of the MMA staff, our legal team, Gordon, Andy and Jessa, the other MMA staff, the MMA Board, the Peer Review Committee, The Legislative Committee, The Finance Committee, The Senior Section, The Public Health Committee, the Continuing Medical Education program, and dear to my heart, the Medical Professionals Health Program.

We must espouse the MMA as the home of excellence in medicine in Maine which members look to as a resource for leadership, education, and collective wisdom.

Please check out our new website on a regular basis, read our *Weekly Update* and *Maine Medicine*, and become more acquainted with what our Association is doing. Help us understand what has become important to you as we evolve to serve you, the physicians of Maine. Present your ideas or concerns to Gordon (gsmith@mainemed.com or 207-622-3374 ext: 212) or myself (president@mainemed.com or 207-834-3155) as we "move" ourselves to better serve you to advance the care of your patients.

Project Manager position in Portland, Maine. Responsible for client relationships and project management involving health care data products and services. Requires a master's degree in business (MBA) or health management and a bachelor's degree in engineering or equivalent degree, or foreign equivalent degree; at least three years experience in health data management or health information systems; and strong computer skills, with knowledge of SQL, data modeling, MS Excel, and other data management tools. Send cover letter and resume to Onpoint Health Data, Attn: Anna Dawkins, 254 Commercial St., Suite 257, Portland, Maine 04101.

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

Thank you.

Upcoming at MMA

NOVEMBER 21

8:00am – 3:00pm
Pathways to Excellence

6:00pm – 8:00pm

Maine Association of Psychiatric
Physicians

DECEMBER 3

1:00pm – 4:00pm
Maine Council on Aging

DECEMBER 4

8:00am – 12:00pm
Maine Health Management
Coalition

3:30pm – 5:30pm

MMA Board of Directors Meeting

5:30pm – 7:00pm

Joint MMA/MOA Board Meeting

DECEMBER 6

9:00am – 12:00pm
First Fridays Educational Program:
Accountability, Transparency
& Public Reporting; The
Importance of Your Data

DECEMBER 9

6:00pm – 8:30pm
MMA Legislative Committee

DECEMBER 10

8:00am – 4:00pm
Spectrum

4:00pm – 6:00pm

MMA Committee on
Physician Quality

DECEMBER 11

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

DECEMBER 19

9:00am – 11:00am
Maine Health Management
Coalition BOD

5:00pm – 7:00pm

QC Choosing Wisely
Leadership Group

6:00pm – 8:00pm

Maine Association of
Psychiatric Physicians

2014

JANUARY 4

8:00am – 12:00pm
MEAPA Board Meeting

JANUARY 16

6:00pm – 8:00pm
Maine Association of
Psychiatric Physicians

JANUARY 22

12:00pm – 2:00pm
MMA Senior Section

JANUARY 23

8:00am – 4:00pm
Pathways to Excellence



Jessa Barnard, J.D.

Public Health Spotlight

By Jessa Barnard, J.D.,
Associate General Counsel, MMA

Public Health from A to Z

While the MMA Public Health Committee focuses its efforts in several key policy areas, the breadth of the work of the Committee over the past year shows its relevance to physicians of all specialties – from primary care to cardiology, surgery and infectious disease. The Committee is seeking additional MMA members interested in joining, regardless of whether you consider yourself a public health “expert.”

- **Antibiotic Stewardship:** Participated in Get Smart About Antibiotic Week with cobranded media campaign with MeCDC
- **Bisphenol-A:** Testified at administrative and legislative hearings regarding removing BPA from children’s products, submitted op-eds and letters to the editor; met with congressional delegation and supported efforts to reform federal Toxic Substances Control Act
- **Clean Air Standards:** Sent letters and testified on federal and state air quality regulations
- **Climate Change and Adaptation:** Testified in favor of bill to require Maine DEP to start implementing climate change adaptation report
- **Domestic Violence:** Supported Nellie’s Web, a coalition looking to increase health professional knowledge about the link between domestic violence and animal abuse, in seeking fiscal sponsorship from the Maine Medical Education Trust; continued linkages to Physicians For Social Responsibility screening project and Maine Coalition to End Domestic Violence
- **Gun Control:** Advocated for final MMA Board adoption of policy on Possession of Dangerous Weapons, testified on relevant legislation at statehouse
- **Health Reform/Health Coverage:** Received updates on efforts to accept federal funds to expand Medicaid coverage to low-income Mainers, coordinated with MMA Legislative Committee
- **Lyme Disease:** Testified and contacted legislators in opposition to bill that would require MeCDC to provide non-evidence based treatment guidelines on website

- **Mosquito-borne illnesses:** Discussed legislative proposal regarding pesticide use, and other approaches, with MeCDC
- **Obesity/Physical Activity:** Testified on bill in support of increased physical activity and improved nutrition policies in schools
- **Pertussis:** Received updates from MeCDC regarding outbreaks and efficacy of Tdap vaccine
- **Physician Wellness:** Received updates and coordinated with the Medical Professionals Health Program
- **Public Health Infrastructure:** Continued support for Healthy Maine Partnerships, Fund for a Healthy Maine and local public health infrastructure through testimony at statehouse and other efforts
- **Sugar Sweetened Beverage Tax:** Spoke at, and gathered support from, other health care provider organizations such as Maine Dental Association and Downeast Association of Physician Assistants
- **Tanning:** Testified, contacted legislators, and helped lead statewide campaign to ban minors from using tanning beds (Legislation passed, but was vetoed)
- **Tar Sands:** Considered scientific evidence, heard expert speakers and drafted letter in opposition to tar sands transportation through Maine
- **Tobacco Control:** Testified, spoke at press events, and wrote op-eds regarding tobacco cessation coverage, taxing cigarettes and other tobacco products, exposure to second hand smoke
- **Work Force:** Received updates from educational institutions in Maine offering public health degrees
- **Vaccinations:** Testified and contacted legislators on several legislative proposals that would either strengthen or undermine childhood vaccination rates
- **Zoobiquity:** Discussed the linkages between human and animal health and what veterinarians and physicians can learn from each other

The remaining Committee meeting date for 2013 is December 4th from 4-6 pm at the MMA offices in Manchester and members can always join by phone. 2014 meeting dates will be: February 12th, April 9th, June 11th, August 13th, October 8th and December 10th all from 4-6 pm. For more information, contact Jessa Barnard at jbnard@mainemed.com or 622-3374 x 211.

MMA Resolutions Approved

The following Resolutions were approved on October 5, 2013 at the Maine Medical Association’s Annual Session.

RE: Bicycle Safety & Funding Submitted by MMA Public Health Committee

THEREFORE, BE IT RESOLVED THAT the Maine Medical Association will support public policy measures and enforcement of current laws that increase safety for bicyclists and pedestrians, and

BE IT FURTHER RESOLVED THAT the MMA will promote and defend funding for bicycle lanes and pedestrian paths, and

BE IT FURTHER RESOLVED THAT the MMA will support and promote bicycle and pedestrian safety training that educates bicyclists, pedestrians and motorists on the safe use of transportation infrastructure to improve safety and reduce injuries and deaths.

RE: Endorsement of the ABIM Foundation Choosing Wisely Initiative Submitted by Lisa Letourneau, MD, Maine Quality Counts & A. Jan Berlin, MD

THEREFORE BE IT RESOLVED THAT the Maine Medical Association endorse the ABIM Foundation Choosing Wisely initiative, together with multiple physician associations and medical societies, to help disseminate information and education to patients and health care providers to make wise decisions about the appropriate use of health care resources, by:

- Actively participating in the Choosing Wisely in Maine campaign led by Maine Quality Counts
- Disseminating information on the Choosing Wisely initiative to its members through regular communication, messaging, and education
- Forwarding information on Choosing Wisely to physician professional associations for consideration, endorsement, and action
- Encouraging the Maine chapters of specialty societies to join their national specialty societies in endorsing the Choosing Wisely campaign and its recommendations for tests and procedures whose necessity should be questioned and discussed by Maine physicians and their patients
- Urging other partners such as employers, commercial payers, hospitals, and health systems to endorse this effort and communicate its messaging to their members

RE: Prohibiting Tobacco Sales in Health Care Settings Submitted by the MMA Public Health Committee

THEREFORE, BE IT RESOLVED that the Maine Medical Association oppose the sale of tobacco products in any setting where health care services are provided, including pharmacies; and

BE IT FURTHER RESOLVED that the MMA call upon pharmacies and any other entities that provide health care services and also sell tobacco products to voluntarily stop the sale of such products; and

BE IT FURTHER RESOLVED that the MMA join with the American Pharmacists Association, the American Medical Association and other state professional associations to support the enactment of state legislation and local ordinances prohibiting tobacco sales in drugstores, pharmacies and any location where health care services are provided.

RE: Supporting an Evidence-Basis for Public Health Policy Submitted by the MMA Public Health Committee

NOW, THEREFORE, BE IT RESOLVED THAT the MMA assess the evidence-basis behind recommended public health policies as a top priority in determining support or opposition; and

BE IT FURTHER RESOLVED that the MMA educate policy-makers, patients and the general public about the value of evidence-based policies and the danger of basing public health policy on rumor, anecdote or non-scientific information.

RE: Updating MMA Poll on Physicians’ Opinions about Healthcare Reform Submitted by Jim Maier, MD, Julie Pease, MD & Janis Petzel, MD

THEREFORE BE IT RESOLVED, that MMA should repeat a survey of members on their current attitudes and opinions about the directions which reform of our current healthcare system should take, using the same or comparable wording of questions from 2008 and statistically valid methodology to increase the comparative value of results, and

BE IT FURTHER RESOLVED, that MMA disseminate results of the updated survey to the media, the public and other state medical societies with encouragement to conduct their own such polling and media campaigns.

Upcoming at MMA

Continued from Page 4

JANUARY 28
5:00pm – 9:00pm
Maine Chapter, American Academy of Pediatrics

FEBRUARY 5
8:00am – 12:30pm
Maine Health Management Coalition

FEBRUARY 7
9:00am – 12:00pm
First Fridays Educational Program: Preventing Prescription Drug Abuse While Treating Chronic Pain

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

FEBRUARY 13
8:00am – 4:00pm
Pathways to Excellence

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

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

***All MMA Committee Meetings are now being offered through WEBEX*

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Legislative Update

126th Maine Legislature Will Convene Second Regular Session on Wednesday, January 8, 2014



Andrew MacLean, Esq.

The Second Regular Session is scheduled to conclude in mid-April and by then the political focus will turn to the 2014 election campaigns for Governor, the U.S. House of Representatives (particularly the open 2nd Congressional District seat vacated by Mike

Michaud), and all 186 seats in the 127th Maine Legislature. In the 2014 session, the Maine Legislature, controlled by Democrats, again will seek sufficient votes to override a gubernatorial veto on a bill to accept federal funds available under the Affordable Care Act (ACA) to expand health insurance coverage through the Medicaid program. The Cover Maine Now! (CMN) Coalition, (www.covermainenow.com), a broad based group of health care and consumer advocacy organizations supporting the acceptance of these federal funds, plans a rally in support of that initiative on January 8th, the opening day of the second session. The MMA is a member of the Steering Committee of the Coalition. The MMA will publish more information about the CMN rally in the Maine Medicine Weekly Update as it becomes available. Also, please note the "save the date" for the MMA Legislative Committee's second session organizational meeting on Monday, December 9, 2013.

The MMA Legislative Committee, chaired by Amy Madden, M.D., will hold an organizational meeting in anticipation of the Second Regular Session of the 126th Maine Legislature on Monday, December 9th from 6:00 p.m. to 8:30 p.m. at the MMA office in Manchester. Dinner will be available at 6:00 p.m. Any MMA member or practice management staff person who is interested in our advocacy work is welcome to attend. Medical specialty societies are strongly encouraged to have a representative at the meeting to ensure their members are aware of policy initiatives that may affect their specialty. For our meal planning, please RSVP to Ashley Bernier (abernier@mainemed.com; 622-3374, ext. 213) if you plan to attend.

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/Id_tracker%20126th%20Legislature%20Final%20Sorted.pdf and a Powerpoint overview of highlights from the summary is available at: http://www.mainemed.com/sites/default/files/content/126th%20Legislative%20Update_PES.pdf.

During the second session, legislators will consider some bills carried over from the first session, bills resulting from interim studies, executive branch agency requests, and legislative requests (LRs) submitted by individual legislators and admitted by majority vote of the 10 members of the legislative leadership who comprise the Legislative Council. You can view the list of executive branch agency requests on the legislature's web site at: <http://www.maine.gov/legis/lto/126publications/126R2agencybillsbydepartment.pdf>. You can also view the list of individual legislators' requests on the web at: <http://www.maine.gov/legis/lto/126publications/126R2RequestsBySponsor.pdf>. By the publication of this *Maine Medicine*, the Legislative Council will have reviewed and voted upon these requests. Since legislators adjourned in July, the MMA has been involved in interim study or working groups on a Maine health insurance exchange, "transparency, costs and accountability of health care system financing," health care practitioner participation in the Prescription Monitoring Program, use of drugs for attention deficit hyperactivity disorder for children covered under the MaineCare program, and cancer incidence in our state.

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*.

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.

Continued from Page 1

Sunday kicked off with the 33rd Annual Edmond Hardy, MD road race before CME sessions on the history of medicine in Maine and Maine's early female physicians. Dr. Guy Raymond closed the event by sharing his goals for the year as Association President.

As you can tell from these highlights, it was an energizing and full weekend. The Association would like to thank all of the attendees, speakers and individuals and organizations who sponsored the meeting and gala, supported the publishing of the gala program and exhibited over the weekend.

Photo Captions

7. Patti Bergeron, Roger Condit, MD and Gordon Smith, Esq. following Dr. Condit receiving his 50 year pin
8. From left, Dee deHaas from Maine Quality Counts and Lani Grabam, MD, and Cathy Stratton from the Medical Professionals Health Program
9. Bruce Nelson, MD addressing the audience after receiving his 50 year pin
10. Steve Stack, MD, Immediate Past Board Chair, American Medical Association
11. Participants in the 33rd Annual Edmund Hardy, MD Road Race sponsored by Medical Mutual Insurance Company.
12. Lawrence Muthy, MD and Paul Cain, MD with Mary Cushman Award accepted for Alice Haines, MD



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Payment Reform Readiness for Physicians: Legal Resources, Webinars and More

The MMA has been working hard all year to create educational opportunities for physicians related to payment reform thanks to generous funding by the Maine Health Access Foundation. Most recently, the MMA has launched two new legal resources as part of this initiative.

Payment Reform Readiness: A Legal Toolkit for Physicians

This hands-on resource introduces providers to various payment reform models as well as a range of strategic responses taken by physicians. It also includes a thorough review of factors providers must consider to achieve readiness for payment reform with a special focus on legal considerations.

Payment Reform Attorney Directory

As a companion to the legal toolkit, the MMA has also compiled a directory of Maine attorneys who are knowledgeable in the area of payment reform and are willing to advise physicians.

These documents can be accessed on the MMA website under "CME & Education" (click the "Payment Reform" menu selection) or by emailing grant manager Jennifer Reck at jreck@mainemed.com. The Payment Reform webpage is constantly updated with useful resources for providers and is worth a look.

Last but not least, watch the *Weekly Update* for announcements related to our upcoming fall "Payment Reform Readiness" webinar series. The first webinar, featuring the legal toolkit described above, will take place at noon on Nov. 21. Providers wanting to become more involved with the MMA's work related to payment reform may also wish to consider joining the new ad hoc Payment Reform Committee to be launched mid-November. Contact Jennifer Reck at jreck@mainemed.com or 207-274-3793 to learn more about the committee or to sign up for the webinar.



Lisa M. Letourneau, M.D.

Maine Quality Counts

By Lisa M. Letourneau, M.D., MPH,
Executive Director, Quality Counts

Maine's State Innovation Model (SIM) Initiative: What Physicians Need to Know

Earlier this year, the state of Maine received the impressive news that it had been selected by the Center for Medicare and Medicaid Innovation (CMMI) as one of six states in the nation to receive a State Innovation Model (SIM) award. This federal award is designed to test a set of bold changes to align improvement efforts in the state and transform health care delivery and payment systems. The \$33M, 3-year award was made to the Governor's Office and is led by the Maine Department of Health and Human Services and MaineCare, in partnership with providers, consumers, and several organizations involved in leading changes in Maine's health care system including the Maine Health Management Coalition (MHMC), HealthInfoNet, and Maine Quality Counts (QC). Given the significance of this award, it's important for Maine physicians to be aware of this effort and the impact it will have on health care in Maine.

The overarching goal of the Maine SIM initiative is to achieve the "Triple Aim" of improvement – i.e. improve health care quality and population health; improve patient experience of care, and reduce health care costs. Through its SIM-funded efforts, the state is working to bring together private-public partnerships and align improvement efforts across payers and provider groups, with a strong focus on expanding new payment models such as the Patient Centered Medical Home (PCMH) and Accountable Care Organization (ACO) models.

The state and its partners are focusing on six key strategies to achieve its SIM goals:

- **Strengthening primary care:** Recognizing that efforts to improve quality and control costs must begin with stronger patient-centered, provider-led, relationship-based primary care, the Maine SIM initiative is funding several efforts to support primary care. Under SIM, QC will continue to support the multi-payer PCMH Pilot in the state, and is newly contracted to provide quality improvement support to an additional 82 primary care practices participating in the MaineCare Health Homes initiative. SIM will also support efforts to provide recognition and incentives to practices to participate in the growing PCMH effort,

and to provide leadership development and training to physicians and practice leaders.

- **Integrating primary care & behavioral health:** SIM will provide support for a learning collaborative for behavioral health organizations that participate in the MaineCare Behavioral Health Homes initiative. This effort is focused on providing more coordinated, integrated care for patients with serious mental illness, with particular attention to improving the coordination of physical health care for these patients, knowing that many of them die of chronic disease 15-20 years younger than their peers. SIM will also provide incentives & assistance to BH providers to participate in HealthInfoNet, and will develop quality measures for BH providers.
- **Linking health care and public health, and developing new workforce models:** SIM will support the development of new workforce models, including supporting Community Health Worker pilots in 5 communities and pilots to promote use of the evidence-based National Diabetes Prevention Program.
- **Supporting the development of new payment models:** SIM will promote continued development of Accountable Care Organization (ACOs) by supporting peer-to-peer learning networks, alignment and reporting of ACO measures. It will also fund work to develop new models for value-based insurance and benefit design intended to provide incentives for consumers to make better choices about the use of health care resources.
- **Using centralized data & analysis to drive change:** SIM will support the development and reporting of common quality and cost measures, as well as work to develop claims-based reporting to providers on costs of care. It will also fund additional tools to make it easier for providers to use HealthInfoNet to receive timely notification of patients when they are admitted or discharged from care facilities.
- **Engaging people and communities to improve health and health care:** SIM will support the development of a public education campaign designed to engage Maine people in becoming more active partners in their care. It will also support a set of pilots to promote Shared Decision Making tools, including the Choosing Wisely initiative, and will promote efforts to measure and publicly report patient experience of care.

For more information on the Maine SIM initiative, see the Maine DHHS website: <http://www.maine.gov/dhhs/oms/sim/>; for more information on QC's role in supporting the SIM effort, please visit the Maine Quality Counts website at www.mainequalitycounts.org

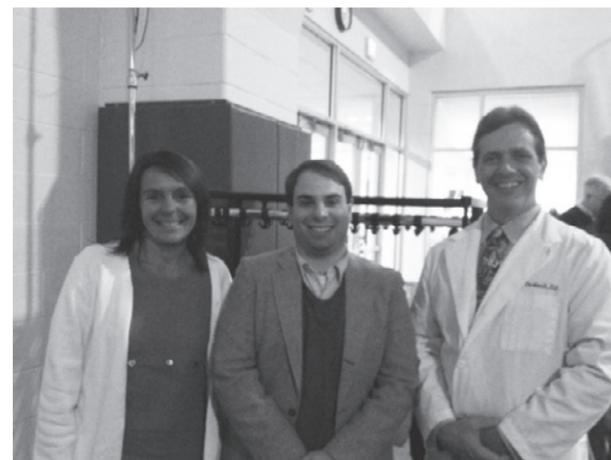
USPSTF Update on Screening for HIV

The U.S. Preventive Services Task Force has redefined risk categories and expanded its recommendations for screening.

Approximately 1.2 million people in the U.S. are HIV positive. Approximately 50,000 new cases of HIV are diagnosed each year, and 20% to 25% of people with HIV infections are unaware of their status. Among men, 68% of new infections are contracted through male-to-male sexual contact, and 11% are contracted through heterosexual contact. Among women, 74% of infections are attributable to heterosexual contact, and the rest are attributable to intravenous (IV) drug use. The U.S. Preventive Services Task Force (USPSTF) has updated their 2005 recommendations on HIV screening. Highlights of the new recommendations include:

1. Risk Categories:
 - Very high risk: men and women who have sex with men and current IV drug users.
 - High risk: people who engage in unprotected vaginal or anal intercourse; exchange sex for drugs or money; or have sexual partners who are HIV positive, bisexual, or IV drug users. Also, people who have acquired sexually transmitted infections or are requesting testing for sexually transmitted infections.
 - Low risk: people in monogamous relationships with HIV – negative partners or who are not sexually active.
2. Populations to Screen:
 - All adolescents and young adults (age range 15-65), regardless of risk – the 2005 recommendation suggested screening only adolescents and adults at high or very high risk.
 - Younger adolescents (age <15) and older adults (age >65) at high or very high risk.
 - All pregnant women whose HIV status is unknown.
3. Screening Interval:
 - The USPSTF found insufficient evidence to recommend an optimal screening interval. However, they suggest that a "reasonable approach" would be to rescreen people at very high risk annually and people at high risk every 3 to 5 years.

The University of New England College of Osteopathic Medicine 17th Annual White Coat Ceremony



From left, Dr. Lisa Ryan, president-elect MMA, Dr. Ryan Smith, president-elect UNECOM Alumni Association, Dr. Jack Forbush, president MOA

The University of New England College of Osteopathic Medicine held its 17th annual White Coat Ceremony on October 10, 2013 and welcomed the College's 36th entering class. The White Coat Ceremony was developed by the Arnold P. Gold Foundation to "create a psychological contract for professionalism and empathy" in medicine. The first White Coat Ceremony took place in 1993 at Columbia University's College of Physicians and Surgeons.

At UNECOM, they adopted the tradition of holding a White Coat Ceremony early in the fall of the students' first year to formally mark their transition in becoming student physicians. Physician leaders of the Maine Medical Association and the Maine Osteopathic Association participated in the White Coat Ceremony and welcomed the incoming osteopathic medical students.

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Stephen D. Sears, M.D., M.P.H.

From the State Epidemiologist

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

Feeling the *inflUence* of the World

Travel is making the world a smaller place, and because of this we can no longer be content with knowing about diseases that exist in our own country. Summer and early fall were always thought to be low respiratory illness times, but that is beginning to change. There are multiple novel respiratory agents moving around the world right now. Two that have not arrived in the United States, but are definitely a concern are MERS-CoV and influenza A H7N9. Another influenza A strain (H3N2v) is becoming a standard during the summer, and is rarely seen during the traditional flu season. All three of these illnesses have the potential to cause a pandemic, and definitely warrant staying current with the information.

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) is a novel coronavirus, which is in the same family as the SARS virus. It was first identified in 2012, and has sickened close to 100 individuals since then. There is very limited information on transmission, severity, and clinical impact of this disease. Currently, all cases are associated with either direct travel to the Arabian peninsula, or contact with a returned traveler from the Arabian peninsula. Mortality rate is around 50%, making this a very serious illness. Symptoms of MERS CoV include: severe acute respiratory illnesses with symptoms of fever, cough, and shortness of breath. Some mild respiratory illnesses may also

occur. Atypical signs and symptoms such as diarrhea may be present in patients who are immune-compromised, and may appear before respiratory symptoms do. Clusters have occurred in families and in healthcare workers, demonstrating at least limited human-to-human transmission. There have not been any MERS cases identified in the United States.

H7N9 is a novel strain of influenza A detected in China in 2013. H7N9 is a subgroup of influenza viruses that normally circulate among birds, and had never been seen in humans before 2013. Most patients have been severely ill, but there is little or no human-to-human transmission. The source of this infection is thought to be birds, and China shut down their live bird markets, and culled thousands of birds to help interrupt transmission of this disease. This strain of influenza has a high fatality rate (~30%) which is much higher than other strains of influenza. All cases are associated with China; no cases have been identified in the United States.

H3N2v is a novel strain of influenza A detected in the United States since 2011 and is being identified more frequently. Twelve cases (including two cases identified in Maine) were reported in 2011, with 309 cases reported in 2012. Cases have already appeared in 2013. This strain of influenza is usually associated with fair or pig contact. H3N2v is usually a mild illness, but occurs frequently during the summer and early fall months, outside of the recognized influenza season.

Testing for all three of these illnesses should be coordinated through Maine's Health and Environmental Testing Laboratory. Both the influenza strains can only be identified through PCR testing; rapid tests would not be able to distinguish the subtype. MERS testing should be done on multiple samples from different sites (lower respiratory tract, serum, stool, upper respiratory tract) to increase the likelihood of detecting infection.

As our world becomes smaller and our population becomes more global, the chance of localized outbreaks spreading is increasing. Providers should be aware of the novel viruses and make sure to consider them when appropriate exposures are identified.

MMA and Baystate Financial to Launch "Fiscal Fitness For Life" Initiative For Members

In response to the ever present challenges to our member's financial well-being, MMA has entered into a non-exclusive preferred provider agreement with Baystate Financial Services. Baystate has been a member of the Association's Corporate Affiliate program for a number of years and is one of New England's oldest and largest privately held financial services firms offering comprehensive, individualized financial strategies for clients. It has over 200 associates throughout New England and has a 10 year presence in Maine.

Baystate will be assisting MMA in the implementation of the "Fiscal Fitness for Life" initiative which will include:

- Educational seminars, workshops and webinars addressing:
 - The needs of residents entering practice.
 - The mid-career physicians' attempts to balance multiple financial priorities.
 - The concerns of physicians looking toward retirement.
 - The senior physicians focusing on their estate and charitable interests.
- Individual financial planning services to assist physicians in focusing their attention on specific situations and financial priorities
- Providing members access to high quality expertise, services and products necessary to implement their planning objectives.

In the weeks ahead MMA and Baystate will be creating communication strategies and schedules for on-site meetings, webinars, and the release of 5-minute Brain Shark presentations. Stay tuned...

Medical Mutual Insurance Company of Maine Risk Management Practice Tip: Hand-off Communication

Communication failures are consistently identified as one of the leading causes of significant patient events with eighty percent of medical errors involving miscommunication between providers during hand-offs. These failures increase the risk of patient and family dissatisfaction which is a leading contributor to malpractice claims and professional society complaints.

Good communication requires both the sender and receiver to:

- Seek information (ask pertinent questions: "is there anything else I should know")
- Give information (clear, concise and complete)
- Verify information (clarify, repeat back, double-check calculations/equipment settings)
- Validate each other (communicate with warmth and respect, thank the other)

Common reasons (root causes) for hand-off communication failures include:

- Hand-off not appropriately timed between sender and receiver (room is not ready, change of shift)
- Insufficient resources allotted for hand-off (inadequate time/staffing/equipment)
- Location is noisy, prone to interruption
- Patient and/or family not included in process
- Sender does not have adequate information about patient; therefore, provides inadequate hand-off
- Sender unable to contact receiver in a timely manner
- Sender has to repeat information that has already been shared
- Receiver is unaware of the transfer or has competing priorities (TJC 2010)

Improve the process by defining:

- A successful inter-facility hand-off for the sender, receiver and patient
- A successful shift change, transfer of on-call care or transition upon discharge
- The right amount of information to share

Educate key players on:

- The importance of quality patient hand-off information
- When a patient hand-off is required
- The most effective and efficient method to provide essential patient hand-off information

Plan the hand-off:

- Coordinate resources such as patient information, transport equipment and personnel
- Allow for adequate time
- Choose a quiet location and minimize interruptions

Use a standardized tool:

Tailor the hand-off protocol to its users, the situation in which the hand-off is occurring and the type of patient. Examples include checklists such as a pre-MRI, "ticket to ride," and transitions of care, and mnemonics such as:

ISBARR

- Introduction – introduce yourself including your department and role
- Situation – specify the situation. What has triggered this conversation and what is the patient's current condition
- Background – diagnosis, pertinent medical history, care to date
- Assessment – current needs, any outstanding studies or information
- Recommendation – explain what is being requested ("I would like you to see the patient now," or "I would like to schedule the ambulance, when will you be ready to receive the patient")
- Repeat – ask the receiver to summarize the important details and ask if there are any questions

I-PASS

- Illness Severity
- Patient Summary
- Action List
- Situation Awareness and Contingency Planning
- Synthesis by Receiver (Pediatrics 2012)

Communicate well:

- Use clear language. Avoid unclear or potentially confusing terms ("she's a little unstable," "he's doing fine," or "she's lethargic"). Avoid abbreviations or jargon that could be misinterpreted.

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.



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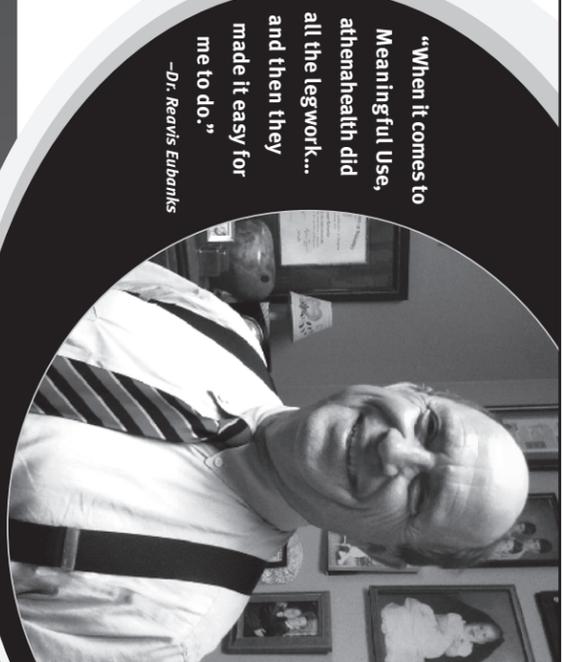
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SAVE THE DATE

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