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 here. Peter Bates, MD, Academic Dean of the Maine Medical Center, presented the award to Dr. Sheehan, MMA President Terrance J. Sheehan, MD noted that Dr. Sheehan has excelled in three distinct medical careers: first as a practicing pediatrician, CMO at Southern Maine Medical Center and President and CEO of Medical Mutual Insurance Company; secondly, as a Chief Medical Officer for Southern Maine Medical Center and lastly in his position with Medical Mutual.

MMA’s 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 Peter Bates, MD, Academic Dean of the Maine Medical Center-Tufts University School of Medicine Medical Center-Tufts University School of Medicine. Bates 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.

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**INVITE A PHYSICIAN TO JOIN MMA**

Encourage your colleagues to become an MMA member and take advantage of the many benefits of membership.

Contact Lisa in the MMA Membership Department at 622-3374 ext 221 or email lmartin@mainemed.com
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 sits 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 of our citizens. We don’t carry that charge and we do not have the resources to achieve that charge. 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 207-834-3555) as we “move” ourselves to better serve you to advance the care of members look to as a resource for leadership, education, and collective wisdom.

Gordon H. Smith, Esq.
rgsmith@cmhc.org
June 1, 2014

Editor’s Note: Gordon, Andy, and Jessa, the other MMA staff, the MMA Board, the Peer Review Committee, all interested MMA members look to as a resource for leadership, education, and collective wisdom.
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 co-branded media campaign with MeCDC
- Bipolar/ADHD: Testified at administrative and legislative hearings regarding removing RPA from children’s products, submitted op-ed 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 focal 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 4:00-6:00 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 jbarnard@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 Letouneau, 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
- Forwardsing 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
- MOSQUITO-BORNE ILLNESSES: Discussed legislative proposal regarding pesticide use, and other approaches, with MeCDC
- OBESEITY/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
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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 having 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 physicians’ opinions about the current legislation and the public health policy on rumor, anecdote or non-scientific information.

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Legislative Update

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

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 Greater Maine No! (GMN!) Coalition, (www.governmainecom), 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 6th, the opening day of the second session. The GMN! was the lead 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 (aibemard@mainemed.com, 622-3374, ext. 213) if you plan to attend.

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

Upcoming at MMA

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

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/126th%20Legislative%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/lo/publications/126th2agencyabstractsdeptagenciespublicationpdf.pdf. You can also view the list of individual legislators’ requests on the web at: http://www.maine.gov/legis/lo/publications/126th2requestsbysponsorpdf.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.

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Maine Rx Card

We appreciate your support!
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.

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 90,000 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, through male-to-male sexual contact, and 11% are contracted through 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

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 1991 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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Bucky Johnson, Senior Vice President - Financial Advisor
Charlie McKeen, Senior Vice President - Financial Advisor
Jim Jackson, CFP®, CIMA®, First Vice President - Financial Advisor

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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 innovative 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. QC 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. QC 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

Initiating care for patients with serious mental illness

Lisa M. Letourneau, M.D.
From the State Epidemiologist
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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 (H5N1) 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 China; no cases have been identified in the United States.

H7N9 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. H7N9 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.

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:

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  - 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

**1-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.

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:
  1. The needs of residents entering practice.
  2. The mid-career physicians’ attempts to balance multiple financial priorities.
  3. The concerns of physicians looking toward retirement.
  4. 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…
We are proud to announce that our Portland office is growing and has expanded to a new location. Our P.O. Box, phone and fax numbers will remain the same, as will our Lewiston office location at 100 Lisbon Street. We look forward to another 38 years of providing legal services across the state of Maine.

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This is how Dr. Eubanks got paid for Meaningful Use.

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–Dr. Reavis Eubanks

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