



Maine Medicine

a quarterly publication of the Maine Medical Association

Maine Medical Association Mission >>

- >> **SUPPORT** Maine physicians,
- >> **ADVANCE** the quality of medicine in Maine,
- >> **PROMOTE** the health of all Maine citizens.

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MMA ELECTS FIRST OSTEOPATHIC PHYSICIAN PRESIDENT AT 161ST ANNUAL SESSION

MMA held its 161st Annual Session in September in Bar Harbor and elected Lisa Ryan, D.O., a pediatrician practicing in Bridgton, to succeed out-going President Guy Raymond, M.D. of Wallagrass. The sole Resolution presented and passed by the membership asked for MMA support for Responsible Pain Management Programs.

Good weather and a positive outlook for the Association and its activities characterized the 161st annual meeting. Dr. Ryan in her inaugural remarks noted the positive feelings she receives from seeing pediatric patients despite the enormous pressures and obligations associated with primary care practice today. Dr. Raymond stressed the progress made by the MMA Board of Directors this past year in prioritizing the many services and programs offered by the Association.

Out of state guests attending included AMA Immediate Past Board Chair David Barbe, M.D. and state society officers or executives from the states of New Hampshire, Massachusetts, Connecticut, Ohio and AMA and AMPAC representatives from Chicago, Rhode Island, and Washington, D.C.

In other elections, Brian Pierce, M.D., a family physician practicing in Rockport was elected President-elect of the Association and Charles Pattavina, M.D., an emergency medicine physician at St. Joseph Hospital in Bangor, was elected by the Board of Directors to serve as its chair for the coming year. Six new Board members were also elected; Robert Schlager, M.D. of Pittsfield, Kathryn Kensenbrink, M.D. of Ellsworth, Jeffrey Barkin, M.D. of Portland, Natania Piper, D.O. of Caribou, and two residents, Hani Jarawan, M.D. and Joel Bradley, M.D., both of Portland. Dr. Jarawan is a third-year resident in Internal Medicine and Dr. Bradley is a third-year resident in Medicine-Pediatrics, both at the Maine Medical Center.

On Saturday evening, Lani Graham, M.D., M.P.H. was presented the President's Award for Distinguished Service by Dr. Raymond. This award is the highest recognition paid by MMA for service to the Association and its mission to support Maine physicians, improve the quality of medicine in the state, and protect the health of the public. Jane Garfield, M.D., of Blue Hill, received the Mary Cushman, M.D. Award for Humanitarian Service recognizing her

remarkable career and her recent founding of Peninsula Free Care, a free clinic in Blue Hill, at the age of 84. Dr. Garfield truly serves as an inspiration to all physicians as does Dr. Graham. The Cushman award was presented by MMA Past President Lawrence Mutty, M.D., M.P.H. and is accompanied by a \$1000 contribution to the clinic.

The Resolution on pain management was submitted by Kevin Flanigan, M.D., MBA, Past President of MMA and current Medical Director of MaineCare Services. Citing the significant reduction in opioid prescribing to MaineCare patients resulting in a nearly 50% reduction in a 12 month period, the Resolution calls on MMA to support physicians and other prescribers in utilizing treatment options for the management of chronic pain other than opioid medication. An amendment was added from the floor on Saturday morning calling upon all physicians to utilize the valuable information in the state's Prescription Monitoring Program. The Resolution passed unanimously and can be viewed in its entirety to the right of this article.

Over 40 runners and walkers participated in the 34th Annual Edmund Hardy, M.D. Physician Fun Run. The course, consisting of a very scenic 2.8 miles, is a favorite for MMA staff and officers. Winning the race this year was Lauren Jakob, 14 year old daughter of President Lisa Ryan. Lauren is the first female to win the race in its 34 year history. Finishing second was MMA Board member Paul Cain, M.D., closely followed by perennial favorite Lloyd Harmon, M.D. of Ellsworth. All participants received commemorative tee shirts and the winners in each age category received L.L. Bean gift certificates.

This year's silent auction raised \$2,330 to benefit the Medical student scholarship fund in the Maine Medical Education Trust.

Next year, the 162nd Annual Meeting will be held on September 11-13, 2015, again in Bar Harbor at the Harborside Hotel and Marina.



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RESOLUTION APPROVED SUPPORTING RESPONSIBLE PAIN MANAGEMENT

The following Resolution was approved at MMA's Annual Session on September 6, 2014 and accepted as policy by the MMA Board on October 15, 2014:

Maine Medical Association
Support for Responsible Pain Management Programs
Submitted by: Kevin Flanigan, MD, MBA, Past President Maine Medical Association,
Medical Director Office of MaineCare Services

NOW, THEREFORE BE IT RESOLVED that the Maine Medical Association **support physicians** and other prescribers in utilizing treatment options for the management of chronic pain other than opioid medication, and

BE IT FURTHER RESOLVED that the Maine Medical Association work towards **improving the quality** of care for the people of Maine who suffer from pain through advocacy for the use of a Pain Management Program and discourage the use of opioids when other evidenced based options exist, and

BE IT FURTHER RESOLVED that the Maine Medical Association will **promote the health of all Maine citizens** by advocating for the availability of Pain Management Program coverage by all insurers so that there are fewer opioids available to potential misuse, abuse or diversion, and

BE IT FURTHER RESOLVED that the Maine Medical Association educate Maine physicians and other clinicians about the Maine Prescription Monitoring Program, and support and encourage its active use to improve safe prescribing practices.

BE IT FURTHER RESOLVED that the Maine Medical Association adopt a one year goal of a reduction in the dispensing of opioid medications for chronic pain in the State of Maine by 25% through its efforts of advocating for the use of other evidenced based treatment options along with advocating for a shift in the goal of pain treatment from one of pain free to one of maximum function.

HELP YOUR PATIENTS GET COVERAGE

Open Enrollment in the Health Insurance Exchange begins November 15, 2014.

To receive materials to distribute to your uninsured patients, contact Susan Kring, ACA Outreach Coordinator, at 207-662-2364 or skring@mainemed.com.

MMA is looking for practices to partner with us in outreach and enrollment.

Photo Captions:

1. Past Presidents with EVP Gordon Smith.
2. From left, Guy Raymond, M.D., Lawrence Mutty, M.D., and Cushman Award winner Jane Garfield, M.D.
3. Runners prepare for 34th Annual Edmund Hardy Road Race.
4. Dr. Ryan receives Presidents' gavel from Dr. Raymond.
5. AMA Past Board Chair David Barbe, M.D.
6. Guy Raymond, M.D. and President's Award winner Lani Graham, M.D.

PRESIDENT'S CORNER »

Lisa Ryan, D.O., President, Maine Medical Association



I am thrilled to be writing my first article for the President's Corner. I am looking forward to this next year when I will be representing the incredible physicians in Maine as President for the Maine Medical Association. We are certainly living in an exciting and often challenging time in

the health care profession and I would love to hear from my colleagues across the state about what we can do as your Medical Association to help navigate these challenges.

Personally, as a primary care provider, I have struggled with all of the changes and demands that we all face every day, both in the office and outside the office. We are confronted with changes in technology, changes in the access to information and sometimes misinformation that our patients and families have, changes in market forces, struggles in health care delivery systems, bioterrorism, quality demands and globalization. It can certainly be overwhelming at times and difficult to remember why we do what we do every day. I recently came across a document that lead me to reflect on the state of medicine and personally on my journey as a physician. The document is entitled "Medical Professionalism in the New Millennium: A Physician Charter."¹ The Charter is a product of the Medical Professionalism Project which was comprised of medical leaders in the ABIM Foundation, the ACP-ASIM Foundation and the European Federation of Internal Medicine. This document was published over 10 years ago in *Annals of Internal Medicine* and the *Lancet* and its message holds true now more than ever in healthcare.

As I begin my tenure as President of the Maine Medical Association, my hope is to incorporate the principles of this document into my own practice and into my Presidency as I reach out to all healthcare providers in Maine. We all certainly face challenges and change as we embark on health care in the 21st century and historically, physicians don't do well with change. When the Medical Professionalism Project began its work, there was concern raised that physicians around the industrialized world potentially could

be distracted away from the values of professionalism. The Charter was developed to help healthcare providers re-connect with their individual and global sense of professionalism.

The Charter consists of three principles and ten commitments for physicians to reflect upon in the ever changing and ever demanding lives we lead as healthcare providers. The first principle in the Charter is and has been fundamental to the practice of medicine from the days of Hippocrates, the principle of primacy of patient welfare. I believe that it is imperative that health care providers continue to serve the interest of their patients despite the cumbersome burden of social, legislative and administrative demands. The second principle of patient autonomy is a relatively recent phenomenon in medicine. Healthcare providers must respect the autonomy of our patients and empower them to be active participants in their health care choices. We have certainly seen initiatives like the Patient Centered Medical Home, Behavioral Health Home and similar projects going on in Maine. The last principle stresses the importance of social justice and we as healthcare providers must strive to promote a fair distribution of healthcare resources in our practices, communities, state and country.

I have found this Charter revitalizes my personal motivation regarding my professional life and has helped me re-connect with what inspired me to pursue a career in medicine. As I have traveled around the state I have felt professional dissatisfaction among my fellow physicians. As President, it is one of my objectives this coming year to reach out to physicians and healthcare providers across the state personally and through the Maine Medical Association to re-energize and renew not only our sense of professionalism, but our passion about medicine. We are in a noble profession but faced with challenges that potentially threaten our ideals and we must stand together to assure that the profession flourishes and that we are the leaders representing our patients and our profession.

Please feel free to present your ideas or concerns to me at president@mainemed.com or 207-647-4232.

¹ "Medical Professionalism in the New Millennium: A Physician Charter," 5 February 2002, *Annals of Internal Medicine*, Volume 136, Number 3.

MAINE QUALITY COUNTS »

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



Maine Quality Counts Conference to Feature Dr. Atul Gawande
QC 2015: Delivering Health Care or Health -April 1, 2015, Augusta Civic Center

Maine Quality Counts will host its annual conference, QC 2015, on Wednesday, April 1, 2015 and will feature Atul Gawande M.D., prominent surgeon, professor, and best-selling author, as keynote speaker. Each year, the QC

annual conference is the largest health care conference in Maine and QC 2015 is shaping up to be our biggest and best yet.

The QC 2015 conference will be focused on the theme "Delivering Health Care or Health?" and will highlight the differences between delivering health care and promoting the wider goal of promoting health for individuals and our communities. Speakers and attendees will examine what is needed to drive improvements not only in care, but more importantly, in the overall health of Maine people. We aim to illuminate the often invisible trade-offs made in a country that spends \$2.8 trillion on health care, while spending markedly less on prevention and the social services known to be critical to supporting better health outcomes.

Through the QC 2015 plenary sessions, breakout sessions, and interactive discussions, we will explore data on the costs, quality, and experience of health care in our communities, and differences in health and health care associated with social and cultural factors such as geography, gender, and socioeconomic status. We will highlight local and national efforts that operate at the intersection of public health and health care delivery, and identify specific steps that each of us can take to use data, information, and personal stories that shine the light on what is needed to drive transformative and sustainable

changes in health care delivery and payment. Attendees at QC 2015 will have access to concrete, actionable ideas to help move Maine from a culture of delivering health care toward a culture of health.

With its success in attracting over 600-700 individuals each year, the annual QC Conference offers a unique opportunity for exposure to cutting-edge concepts, networking and catching up with friends and colleagues, and collaborative learning. Based on feedback from previous years, this year's conference will include more dedicated networking and reflection time to support valuable relationship- and idea-building activities.

Conference registration will be available on the QC website at www.mainequalitycounts.org and will open in mid-February. To receive updates from QC, visit our website and join our email list.

QC 2015 also offers a wide range of sponsorship and exhibiting opportunities, each with a set of valuable benefits. If you are interested in becoming a QC 2015 sponsor or exhibitor, please contact Emily Mullen at emullen@mainequalitycounts.org.

Be part of the change! Join us at the Augusta Civic Center on Wednesday, April 1, 2015 for a one-of-a-kind day of learning, collaborating, and inspiring change in Maine!



Atul Gawande M.D.

AMA AND MMA ADVOCACY

Transparency and Quantitative Standards Should Drive Network Adequacy Standards

Amidst the backdrop of media reports increasingly common about patients who have suffered due to excessively narrow and inadequate provider networks, the National Association of Insurance Commissioners (NAIC) is revising its decades-old network adequacy model bill. In partnership with the American Medical Association's advocacy to the NAIC, the Maine Medical Association is advocating to provide physicians and consumers with increased transparency and quantitative, enforceable standards for network adequacy.

Specific areas that the AMA and the Maine Medical Association are pushing for in the NAIC model act:

- » Stronger transparency requirements including accurate provider directories; clear information about patient cost-sharing; public disclosure of provider selection standards; and public disclosure of insurers' network adequacy plans, without allowing information to be considered "proprietary" and off limits for the public;
- » Establishment of quantitative standards for measuring network adequacy, moving away from provisions in the current model act that allow insurers to refer to "any reasonable criteria" to prove network sufficiency;
- » Regulator evaluation and approval, rather than insurer self-attestation of network adequacy and deference to accreditation;
- » Incorporation of quality and other data safeguards that will ensure the integrity of data being used to evaluate physicians and other providers; and
- » Clear definitions and designations for "narrow," "high quality," "high value," and "high performing" networks, in order to prevent patient confusion.

The NAIC process is not expected to be completed until November at the earliest, but if you or your practice encounters a situation(s) where you have been inaccurately represented in a provider directory; were subject to tiering based on unknown factors; or were included/excluded from a network without any notice from a health insurer, we would like to know. Please contact the AMA's emily.carroll@ama-assn.org or daniel.blaney-koen@ama-assn.org with any information.

Learn more about the AMA's principles for network adequacy at <http://www.ama-assn.org/resources/doc/arc/x-pub/principles-network-adequacy.pdf>.

It is only through the support of members and the Maine Medical Association that makes the work of the AMA Advocacy Resource Center possible. Learn more about the benefits of membership at www.ama-assn.org and www.mainemed.com.

MMA COMMITTEE MEETING DATES FOR 2015

MMA Committee on Physician Quality

4:00pm – 6:00pm – MMA Headquarters,

February 10

April 14

June 9

August 11

October 13

December 8

MMA Ad Hoc Digital Marketing Committee

6:00pm – 8:00pm – Portland, ME (exact location TBA)

January 6

MMA Board of Directors

4:00pm – 6:00pm

January 23-25 – Samoset Resort, Rockport, ME

March 11 – MMA Headquarters

April 29 – MMA Headquarters

June 3 – MMA Headquarters

August 7 – Dr. Lisa Ryan's Home – Naples, ME

September 11 – Harborside Hotel, Bar Harbor, ME

Tobacco Addiction and E-cigarettes, One View From the Front Lines

As a primary care doctor in rural Maine, I face ever-increasing pressure to discourage smoking among my patients who often have little reason, because of a lack of socioeconomic opportunity, real or imagined, to deal with this addiction. As with every task we clinicians do in health care today, I also have to document that patients have been counseled about quitting. Primary care clinicians have done this for years, but our options for supporting our patients have been limited by both cost and side effects. While not without a downside, my thesis in this brief article in the newsletter is that the e-cigarette is an appropriate addition to our arsenal of both nicotine containing and other cessation medication choices. We don't know if there are respiratory side effects to inhaling medication containing vapor, but we do have years of experience and it seems all the side effects come from the medication in the vapor not the vapor itself. Having the option of delivering nicotine or other flavors in vapor is a valuable option to add to counseling and behavior modification, particularly for the very "hard to reach" patient. Limiting access to these products would hinder efforts to assist patients in quitting smoking. Recently,

several states have passed legislation to limit sales of e-cigarette products to minors, though there is no data to suggest that these products lead to smoking or are harmful to minors. My brief review of various medical society policy statements on the topic of e-cigarettes acknowledge the lack of evidence and encourage further examination by the federal Food & Drug Administration (FDA). Until further study of e-cigarettes as a potential smoking cessation aide is accomplished, I want to make the point that it can be a valuable tool to benefit our patients who are having the hardest time quitting smoking. The MMA Public Health Committee has had quite a robust discussion about this topic and I was asked to write a brief article for the newsletter representing one point of view. If you, my fellow colleagues on the front lines of medicine in Maine, have another view, I urge you to communicate your views with Andrew MacLean, Deputy EVP, at amaclean@mainemed.com and he will distill responses to my editorial and report those responses in the next issue of *Maine Medicine*.

John Garofalo, M.D. is a primary care physician practicing with Inland Family Care in North Anson, Maine. He is a past President of the Maine Medical Association and is a founding member of the MMA Public Health Committee.



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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.

Medical Mutual Insurance Company of Maine Risk Management Practice Tip: Medical Records: Privacy and Confidentiality of Protected Health Information

Since the inception of the original privacy regulations, there have been significant advances in technology, particularly in the area of information management. The advent of electronic health records, health information exchanges, e-prescribing, patient portals, and social networking (among many others) forces us to relook at not only patient privacy, but what constitutes "health information."

Basic Confidentiality Risk Management:

- » Develop health information management policies that include confidentiality, release of information, and security (paper and electronic).
- » Review your policies and revise them as necessary based on what is happening in your organization (new electronic health record) and state or federal regulatory changes.
- » Distribute notice of privacy practices to your patients.
- » Use an Authorization for Release of Protected Health Information (PHI). PHI is defined as "individually identifiable health information."
- » Information regarding mental health, substance abuse, and HIV is subject to more stringent privacy protections. The patient has the option to restrict the release of the information. The Authorization to Release Protected Health Information must specify whether or not release of such information is permitted.
- » Define what is included in the patient record, also known as the legal health record:
 - » Patient information on paper and patient information stored electronically.
 - » Authorizations and consents.
 - » Patient e-mails regarding clinical care.
 - » Copies of letters to and from the patient or on behalf of the patient regarding patient care and treatment.
 - » Telephone messages/triage – paper and/or electronic.
 - » Diagnostic test results (final report signed off by provider).
 - » Consult reports.
 - » Old records from other providers.

- » Define what will not be included in the patient record (for example):
 - » Administrative data such as incident reports and communications that do not relate directly to patient care such as a legal request for information.
- » Include patients in the process:
 - » Include your HIPAA compliant process for appointment reminders and communication of clinical information such as test results in your notice of privacy practices or welcome brochure.
 - » Update patient contact information at every visit.
 - » If e-mail is used to exchange information with patients, establish a policy including patient consent.
 - » If care is provided to adolescents, plan ahead for when they reach 18 years of age and are able to control access to their health information.
 - » Remember patients have a right to restrict the release of their protected health information. Develop a process to identify information that is restricted to prevent inadvertent release.
- » Educate staff at least annually. Include:
 - » Office policies and procedures.
 - » Patients' rights under HIPAA (review your notice of privacy practices).
 - » How to respond to requests for records.
 - » Password and computer security.
 - » What is meant by "need to know" and "protected health information" in terms of each job position.
 - » Who to ask if they have questions.
 - » How to report a breach or potential breach of confidentiality.

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.

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.

UPCOMING AT MMA »

NOVEMBER 10
4:00pm - 8:00pm
Maine Professional Health Program (MPHP)

NOVEMBER 18
6:00pm - 8:30pm
MMA Legislative Committee
Organizational Mtg (127th Maine Legislature)

NOVEMBER 20
8:00am - 3:30pm
Pathways to Excellence

DECEMBER 3
4:00pm - 6:00pm
MMA Board of Directors

DECEMBER 5
9:00am - 12:00pm
First Fridays Educational Program
Annual Compliance Seminar

DECEMBER 9
4:00pm - 6:00pm
MMA Committee of Physician Quality

DECEMBER 10
4:00pm - 6:00pm
MMA Public Health Committee

Guy G. Raymond, M.D.

Financial Planning...What Can It Do For You?

By Baystate Financial Services

Have you ever asked yourself what successful physicians and financial planners have in common? Three things come to mind. Both occupations attract individuals that are process oriented. They both rely on a philosophy for intentional living, a framework for creating happiness in the face of life's natural tendencies toward chaos and entropy. The work that they both do frees people to focus all of their mental, physical, and spiritual energy toward their highest goals and survive life's toughest challenges.

Your life's goals and dreams are your own, but the path to achieving them may need clarity, individual attention, and personalized guidance that you may not feel comfortable with alone. Just as your patients rely on your knowledge, credentials, and experience to help them recover and move forward, you need professionals to help you develop and implement a financial plan that will serve as a well-organized road map. As your life changes, so will your plan.

Our core belief is that each individual's tailored plan should begin with the following basic elements:

1. An understanding of where you are when it comes to cash reserves, debt management, income, expenses and savings.
2. A balance between your current lifestyle and future expectations.
3. An understanding of the tax implications of your investment portfolio.
4. A thorough documented investment strategy based on your goals, expectations, and tolerance for risk.
5. Appropriate solutions that help protect you and your family from the unexpected events that are probable during your life.
6. The legal documents to facilitate objectives in the event of a serious disability or unexpected death.

Transforming a life of work into a lifetime of financial well-being is no easy task, and while having a plan to assist you in doing the RIGHT THINGS the RIGHT WAY at the RIGHT TIME with the RIGHT PEOPLE and for the RIGHT REASONS does not guarantee success, it certainly does increase the probability that the future you hope for is the one you will get to enjoy!

A fully implemented, complete financial plan helps people to:

1. Make promises to the ones they love.
2. Prepare for Life's tragedies that befall all of us.
3. Honor and fulfill the important promises we make to ourselves and others in a chaotic world.

WHAT'S YOUR PLAN???

<http://financialpicture2.com/view/1742/240>

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MMA WELCOMES OUR NEWEST CORPORATE AFFILIATES:

Cross Insurance

Maine Health Management Coalition

McCrea Coaching

ProAssurance

Rocky Coast Consulting

WE APPRECIATE THEIR SUPPORT!



Dr. Raymond with past President plaque presented by Dr. Ryan.

Thank you for allowing me to serve you this past year, actually you got short-changed. It was 11 months. That's why this year went by so fast. But seriously, it truly has been a joy and a privilege to serve as your president. My hope for this last year was to move our association to the core of its mission: supporting Maine physicians in advancing the quality of medicine in Maine and promoting the health of all Maine citizens. As I took on the role of president, you may recall that at the last annual meeting I referred to the slippery slope that the MMA, like most volunteer associations found itself on. Though our membership numbers are strong, member involvement was declining. My hope that we could strategize to recruit and engage our members has been realized. Drawing from the prioritization process done during Dr. Cummings and Dr. Kreckle's presidential years, our board tackled the task of optimizing our resources and refining the services offered by the MMA. The board issued a very clear directive to de-emphasize or eliminate those services that detracted from our mission: out went the corporate affiliate breakfast, and the board decreased our dependence on corporate affiliates for financial support. Conversely the board also chose to strengthen what we do best. Recognizing the value of the legal and contract work that we provide to members and policy/bylaws work that we provide to our healthcare institutions, the board directed our staff to adjust our fee structure upwards to cover our costs and provide a small margin (still far below market value) for providing these services. The prioritization and tailoring of the MMA offerings remains a work in progress as we move toward aligning our programs to the core mission of the MMA, making it more relevant to our members.

The future of the MMA depends on our ability to recruit our younger physicians and engage the rank and file, so we have initiated outreach activities to touch base with our constituents. This year we held two "listening sessions", one in Portland and one in Bangor. Both of these were quite

successful, not only by networking with our members in both locales, but also generating some interest in member participation at the MMA committee level and at the board level. We also had conversations about member concerns and their vision for the association. I believe that this outreach process should continue and expand to other parts of the state on a yearly basis.

Another communication tool being developed is the use of social media. We have initiated a marketing process that has included updating our website and a commitment to penetrate the younger physicians sector by adding the use of social media and online discussions or blogs. Meanwhile, as we continue to advocate for and support those physicians in private practice, we also recognize the changing demographics of our practicing physicians. We hope that a more diversified membership model will help us reach the higher percentage of our female colleagues, the employed physicians, and our DO colleagues who wish to engage in the work of the MMA. In regard to this latter point, it is noteworthy that my successor as President, Lisa Ryan, is our first President from our D.O. membership.

Over the last few years, a lot has been said about physician health and physician stress. Though I have been mostly silent on this issue, I wish to champion the Maine Professional Health Program as one of the most relevant services initiated and supported by the MMA. Please join me in thanking our members and others who serve on the advisory committee and subcommittees of the MPHP. I also wish to applaud Dr. Chagrasulus, the committee chair, and Dr. Lani Graham, the program clinical director for their dedication and leadership.

Finally, I would like to express my deep gratitude toward our outstanding MMA staff: Diane, Lisa, Dianna, Dee, Gail, Ashley, Shirley, Heidi, Jessa, who has left us to return to Vermont, Andy and Gordon. It has been a great pleasure working with you. You kept me straight and pointed me in the right direction. Keep up the good work.

Although this message sounds like a farewell, I do plan to stick around and keep you connected to the Crown of Maine. I am so pleased that I was able to share it with those of you who attended the last board meeting at my home.

WHO HELPS YOU MONITOR YOUR FINANCIAL HEALTH? LET US HELP.

<p>BUCKY JOHNSON Senior Vice President – Financial Advisor</p>	<p>CHARLIE MCKEE Senior Vice President – Financial Advisor</p>	<p>JIM JACKSON, CFP®, CIMA® Senior Vice President – Financial Advisor</p>
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Maine physicians now can choose medical professional liability insurance that over 60,000 physicians and healthcare entities rely on for fair treatment. Rated **A+ (Superior)** by A.M. Best, ProAssurance's stability helps ensure the unparalleled defense and service that have been our hallmark for over 30 years.

With the uncertainty of today's volatile healthcare environment, be sure you choose a strong partner whose resources can help you increase your control.

Go to ProAssurance.com to learn what our Treated FairlySM pledge can mean for you—and obtain agent information. It's about you and your profession. Take the first step toward being treated fairly today.

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SINCE 2007 AWARDS 50



During the Affordable Care Act's first open enrollment period, in spite of significant technical problems, here in Maine over 44,000 people enrolled in individual health plans. The next open-enrollment period begins on November 15 and while all signs point to a smoother experience it will have its own set of challenges. Some analysts have gone so far as to say that this open-enrollment will be more difficult than the last one.

To begin with, this year's open-enrollment period is just three months long compared to the six months the first one lasted. Also, this year there are two distinct populations that will be participating - those who are new to the marketplace and those who enrolled last year and now need to renew their coverage for 2015.

Additionally, Medicare's open-enrollment period runs from October 15 to December 7, overlapping with the Marketplace period. Last year there was confusion among the Medicare population as to how they were impacted. In spite of the fact that their process was not changed last year and remains the same this year, it can be expected that there will still be confusion among the Medicare population. But remember, their process has not changed and they should not go to the Marketplace www.healthcare.gov.

Among the two populations who will be using the Marketplace this year, new enrollees and those reenrolling, each will have their own set of challenges.

New Enrollees

In the first open-enrollment period, there were many individuals who were primed to enroll in Marketplace plans. These included individuals who had gone without health insurance because they could not afford it as well as individuals who had been enrolled in a Dirigo plan who needed a new plan (since the Dirigo program was ending). There were other groups as well, including those who were motivated by their desire to not pay the penalty.

These motivated populations, or low hanging fruit, have already enrolled. While there are many people who are still uninsured and would benefit from enrolling in a marketplace plan, the biggest challenge for this population will be reaching them. This year's outreach strategies will require both the carrot of affordable health coverage as well as the stick of potential penalties. (The penalty for being uninsured in 2015 rises to \$325 per adult, or 2 percent of your yearly income, whichever is greater.)

Renewing Enrollees

Those who enrolled last year face a different situation this year. Like most coverage, health insurance has to be renewed every year. And while it's a good idea to

review all your insurance every year at renewal time, not everyone does so. In order to keep as many people covered as possible, the Marketplace has adopted an auto-renewal process that will keep most people renewed in their current plan if they take no action.

However, due to the way the health care subsidies work, there are unique issues that an individual will face if they just reenroll in their current plan. The dollar value of the subsidy depends on something called the "benchmark plan." To calculate the subsidy an individual can receive, the marketplace looks at income, calculates how much the individual is required to contribute, and subtracts that from the premium for the benchmark plan, coming up with a dollar amount of tax credit that can then be applied to any plan on the marketplace.

The benchmark plan is defined as the second lowest cost silver plan. If the benchmark plan changes, or the premium for the plan changes, it will impact the subsidy calculation. For the second year of the marketplace, here in Maine the benchmark plan has changed in two of the four geographic areas. Similarly if an individual's income changed during the year, that also impacts the amount of subsidy.

These circumstances can result in either the overpayment or underpayment of subsidies. Both of these cases can be a problem. If an individual receives too large a subsidy they will owe that money back at the end of the year when the subsidies are reconciled through the individual's tax return. If they receive a lower subsidy than they will need to pay more out-of-pocket each month, possibly more than they can afford. This could result in defaulting on premiums and losing coverage.

In the first year, almost 90% of people who bought plans on the marketplace qualified for a subsidy so it is in the interest of the vast majority of enrollees to review their options. So while the auto-renewal process is in place, the Marketplace is also running a plan encouraging current enrollees to take 5 steps to stay covered Review - Update - Compare - Choose - Enroll. It will be critical to the ongoing success of the ACA that individuals follow these steps as opposed to accepting the auto-reenrollment.

We've seen that the second open-enrollment period will have a new set of challenges. However, with everyone aware of them from the start, the second open-enrollment can be as successful as the first.

For additional information about the Marketplace and enrollment, resources for patients or providers, or to schedule a presentation or meeting, contact Susan Kring, ACA Outreach Coordinator at 662-2364 skring@mainemed.com. Additional information is also available on our Health System Reform webpage: <https://www.mainemed.com/education-info-cme/health-system-reform>.

Forty-four Medical Students Benefit from Maine Medical Education Foundation Loans

The Association's Loan & Trust Committee met earlier this year and approved medical student loans to 44 applicants totaling \$294,500. These low interest loans are available for students from Maine who are in approved medical schools. The majority of funds this year were loaned to students at the Maine Medical Center - Tufts University School of Medicine with the second largest segment going to students at the University of New England College of Osteopathic Medicine.

These funds are available through the Maine Medical Education Foundation, established in 1962 by the Maine Medical Association and funded by contributions from Maine's physicians. Information on the loans is available on the Association's website at www.mainemed.com/member-services/medical-student-aid.

The Loan and Trust Committee is chaired by Mark Bolduc, M.D., a general surgeon practicing in Augusta and Waterville.

MD Loan Recipients

Case Western Reserve University School of Medicine Ohio
Danielle O'Rourke-Suchoff

Geisel School of Medicine at Dartmouth
Joseph Canarie
Tyler Giberson
Calendonia Moore

Harvard Medical School
Eileen Brandes

New York University School of Medicine
Ryan Larochele

Tufts University School of Medicine - Maine

- Clayton Barnes
- Erica Brown
- Molly Gail Curtis
- Haley Desjardins
- Zachary Garcia
- Daniel Gerges
- Astrid Gleaton
- David Gregory
- Kathryn Hess
- Anne Hicks
- Erica Hidu
- Leigh Johnson
- Nathaniel Johnson
- Carin King
- William Laplante
- Ryan Lena
- Timothy Ouellette
- Stephen Ranney
- Andrew Rogers
- Forrest Sawyer
- Valerie Smith
- India Stewart
- Caleb Swanberg
- Megan Tilton
- Michael Tozier
- Heidi Walls
- Winsor Wesson

University of Chicago Pritzker School of Medicine
Ellen Daily

University of Connecticut
Andrew Goldsmith

University of Vermont
Molly Markowitz

DO Loan Recipients

University of New England College of Osteopathic Medicine

- Sophia Adams
- Joseph Anderson
- Ashley Beaulieu
- Brandon Giberson
- Sean Lena
- Adam O'Brien
- Gabriel Vachon

Kansas City University of Medicine and Biosciences
Zachary Schwamb

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It is my pleasure to present this report of MMA activities over the past thirteen months as I complete my 34th year with the Association. We have had a good year since I prepared my report last year. 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 Guy Raymond, M.D, President-elect Lisa Ryan, D.O., Board Chair Brian Pierce 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. Raymond has worked diligently and enthusiastically this year promoting the theme of physician engagement. 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 Lisa Ryan, D.O., our first osteopathic President, will continue the tradition of strong volunteer leadership of this 161 year organization that has done so much for medicine and public health in the state.

Membership

We continue to grow the membership and believe that we will meet our overall budget goals for the year. We also picked up two new groups this year and currently have the most members that MMA has ever had (over 4200 overall including 2602 active members). But we continue to be challenged in dues collection and the amount of dues paid per physician has declined significantly the past few years because of the discounts offered to groups. We will be reviewing the current membership model at the President's Retreat in January.

Communications

Although this year the website re-design continued to be a priority (please review the new website at www.mainemed.com), we 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. Specifically, we undertook the development of a Digital Marketing Plan and have formed an ad hoc committee to review the recommendations and report to the Board of Directors. The world of social media is a new one for MMA and we will use our limited resources wisely as we attempt to find new ways to engage with our members and prospective members. 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.

Governance

We have now completed three years of experience under a new governance structure voted 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. Kenneth Christian and we will welcome six new Board members at this Annual Meeting.

In addition to new members, the Board through the efforts of Board Chair Brian Pierce has worked hard to transform itself into a knowledge-based, efficient, governance body, continuing the standard set by former Board Chairs. It is a work in process 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.

At the President's Retreat in January of this year, held at the Samoset Resort in Rockport, the Board participated in two days of facilitated discussion surrounding two primary themes:

1. What services and products should MMA be offering to members in order to offer the value for the membership?
2. What are the primary responsibilities of Board members?

Both sessions were very successful and at the Retreat in 2015, again being held at the Samoset, Board members will continue these important discussions and receive staff reports on the work requested at the 2014 retreat.

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 and specifically the potential expansion of MaineCare paid for with federal funds. While we were all disappointed to fall short on the effort to expand MaineCare coverage to 45,000 people, this effort will continue in 2015 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. We appreciate that some of our advocacy efforts are supported financially through grants from the Maine Health Access Foundation (MeHAF).

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 from the Prescription Monitoring Program which showed 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.

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 legislative session, dozens of legislative proposals were reviewed by the Committee which met via conference call every Tuesday evening for over three months. Committee participation was very strong this year as was participation in the Doctor of the Day program. We appreciate the assistance of the Maine Osteopathic Association which partners with us in staffing the Doctor of the Day program.

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. And we need to be very lean and nimble, with the ability to change directions quickly. 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 twelve months, as detailed in the many reports being shared with you 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. This is your association and we are here to serve you. 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.

Please feel free to communicate with me at any time about anything. Best means to do that is through e-mail to gsmith@mainemed.com or by calling me at the office at 622-3374 ext. 212 or on my cell phone at 215-7461.

More Mainers Have Access to Prescription Savings Through Maine Rx Card

Statewide Prescription Assistance Program Offers a Prescription to High Healthcare Costs

The Centers for Disease Control reports that Americans spend more on prescription drugs than people in any other country: some \$45 billion in out-of-pocket dollars in the last year alone. With that in mind, the Maine Rx Card is reminding physicians that their patients who are not insured or who take prescription drugs that are not covered by their health insurance plans, can use the Maine Rx Card to obtain discounts of up to 80 percent off the retail price for brand and generic FDA-approved medications.

The Maine Medical Association has been working closely with Maine Rx Card to distribute free discount prescription cards to all Mainers. The goal of the partnership is to provide additional card distribution channels and create awareness so that all residents will have access to this free statewide prescription assistance program. Maine Rx Card was launched to help the uninsured and underinsured

residents afford their prescription medications. The program can also be used by people who have health insurance coverage with no prescription benefits, which is common in many health savings accounts (HSA) and high deductible health plans.

"The service provided to the patients of Maine through programs like the Maine Rx Card are invaluable, and the Maine Medical Association is proud to partner with them," said Gordon Smith, Executive Vice President. "Providing a means for those who are uninsured or underinsured to obtain prescriptions that may otherwise be unobtainable is just one small step to making Maine a healthier state."

Another unique component of the program is that the Maine Rx Card is the only drug card that does not sell patient information or steer users to mail-order programs. For this reason, www.RxResource.org has dubbed the Maine Rx Card as "The Pharmacy-Friendly Program." The Maine Rx Card is accepted at over 56,000 pharmacies nationwide, including CVS, Hannaford, Walgreens, Wal-Mart, Costco, Sam's, Rite Aid, and Shaw's Osco.

"We strongly believe that this is an easy and innovative way to help the residents of Maine find affordable prescription options," states Program Director, Alix Cousins.

Maine Rx Card has helped residents save over \$4 million since it's inception in 2009. You can help by encouraging your patients to print a free Maine Rx Card at www.MaineRxCard.com.

Maine Rx Card is also available as an app for iPhone and Android. You can search "Free Rx iCard" in the app store. Additionally, you can request cards for your practice or hospital by contacting Alix Cousins, Program Director at ac@mainerxcard.com.





Election Day Has Passed & The Voters Have Spoken; MMA's Legislative Committee Meets November 18th to Plan Agenda for 2015

Although this issue of Maine Medicine went to press before Election Day, the three-way

gubernatorial race, campaigns for both seats in the U.S. House and the seat of Maine's senior U.S. Senator, and contests for all 186 legislative seats now are settled, except for any recounts. The 127th Maine Legislature will be seated in December and will begin work on the Wednesday after New Year's Day in 2015. The MMA staff welcomes input from individual members, practices, or specialty societies on the MMA's legislative agenda for the next legislature. Please see meeting details below.

MMA Legislative Committee Chair Amy Madden, M.D. will convene an organizational meeting of the committee to review election results, finalize MMA's legislative agenda, and prepare for the next legislative session on Tuesday, November 18th at the MMA office in the Frank O. Stred Building, 30 Association Drive, Manchester, Maine 04351. The meeting will take place from 6:00 p.m. to 8:30 p.m. with dinner 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 offers four tools to assist you and your staff with your efforts to comply with the new laws enacted by the previous (126th) Legislature and signed into law by the Governor. The first tool is a two-sided, color advocacy wrap-up you can find on the web at: <http://www.mainemed.com/sites/default/files/content/mma%202014%20advocacy%20wrapup%201V.pdf>. The second tool is a Powerpoint presentation of the highlights of the previous legislature's work with an emphasis on day-to-day practice management issues. You can find this presentation on the web at: <http://www.mainemed.com/sites/default/files/content/testimony/126th%20>

[Legislative%20Update_May%202014_for%20Website.pdf](#). The third tool is a legislative summary of every bill tracked by the MMA advocacy team during the previous legislature. This document is a report from StateTrack, a product of CQ Roll Call that is divided by broad subject matter category and allows you to see the full final text of any enacted bill as well as the legislative history of any bill tracked by MMA. You can find this report on the web at: <http://www.cqstatetrack.com/tehis/statetrack/inession/viewrpt?report=53aad6b21db5&sid=&Report.workflow=>. The final tool is a sample document to help you comply with the price transparency requirements enacted in L.D. 1642. You can find this sample document on the web at: <http://www.mainemed.com/sites/default/files/content/testimony/ld1642%20Sample%20Documents.pdf>. Most bills become effective 90 days after adjournment of the legislature and that date was August 1, 2014. Emergency legislation becomes effective immediately upon the Governor's signature and some bills include a specific effective date.

During the legislative session, the MMA staff provides links to bills for review and comment, updates on the legislature's work, and calls-to-action through our weekly electronic newsletter, *Maine Medicine Weekly Update*. The Legislative Committee conducts conference calls to review new bills and to provide updates on legislative activity every Tuesday evening at 8:00 p.m. during the session. Any interested member or staff person is welcome to participate. Please see each week's *Maine Medicine Weekly Update* for conference call information.

To find more information about the MMA's advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA web site, www.mainemed.com/legislation/index.php. You will find more information about the Maine Legislature, including schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at: <http://www.maine.gov/legis/>. We also encourage you to serve as Doctor of the Day at the State House during the legislative session. A sign-up form is enclosed with this issue of *Maine Medicine*.

The MMA welcomes your participation in our legislative advocacy activities. For more information, please contact Andrew MacLean, Deputy Executive Vice President & General Counsel, at amaclean@mainemed.com.

Thank You

A special thank you to the following health professionals who served as volunteers on prelitigation screening panels from January thru June 2014. Physicians willing to volunteer may contact the MMA EVP Gordon Smith at 622-3374 ext: 212 or via email at gsmith@mainemed.com.

- Dan Buck, DPM Lawrence Comerford, MD Tracy Jalbuena, MD**
Stephen Kelly, MD Charles Markowicz, MD Cameron McKee, MD
Michael Miller, MD Kevin Price, MD

NOVEMBER 14, 2014
Hilton Garden Inn – Freeport, ME
 Maine Association of Psychiatric Physicians General Membership Meeting & Panel Discussion on Advocacy
Contact: Dianna Poulin 207-622-3374 ext: 223 or dpoulin@mainemed.com

DECEMBER 10, 2014
Dry Dock Restaurant – Portland, ME
from 5:00 – 9:00pm
 Maine Chapter, American College of Emergency Physicians Annual Winter Business Meeting
Contact: Maureen Elwell at 207-512-6108 or melwell@mainemed.com

JANUARY 30 - FEBRUARY 1, 2015
Sugarloaf Mountain Resort – Carrabassett Valley, ME
 Maine Gastroenterology Society Winter Meeting
Contact: Gail Begin 207-588-6619 or gbegin@mainemed.com

FEBRUARY 7-8, 2015
Sugarloaf Mountain Resort – Carrabassett Valley, ME
 Maine Urological Association's 2015 Winter Meeting and CME Event
Contact: Dianna Poulin 207-622-3374 ext: 223 or dpoulin@mainemed.com

FEBRUARY 14-15, 2015
Sugarloaf Mountain Hotel – Carrabassett Valley, ME
 Maine Society of Anesthesiologists' Annual Winter Meeting
Contact: Anna Bragdon 207-441-5989 or mesahq@gmail.com

MARCH 11, 2015
Maine Medical Association – Manchester, ME
from 6:00 – 9:00pm
 Maine Chapter, American College of Emergency Physicians Annual Spring Business Meeting
Contact: Maureen Elwell at 207-512-6108 or melwell@mainemed.com

MARCH 20-22, 2015
Sugarloaf Mountain Resort – Carrabassett Valley, ME
 Maine Society of Otolaryngology – Winter Symposium
Contact: Leslie Rankin at 207-351-3525 or mainentsociety@yahoo.com

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