



Maine Medicine

a quarterly publication of the Maine Medical Association

OCTOBER/NOVEMBER/DECEMBER 2016

Maine Medical Association Mission: **SUPPORT** Maine physicians, **ADVANCE** the quality of medicine in Maine, **PROMOTE** the health of all Maine citizens.

MMA URGES MEMBERS TO BE PREPARED FOR MAINE'S NEW OPIOID PRESCRIBING LAW, "CHAPTER 488"

Maine's ground-breaking law limiting opioid prescribing for pain (L.D. 1646, *An Act To Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program*/P.L. 2015, Chapter 488) was enacted during the Second Regular Session of the 127th Maine Legislature and signed into law by Governor LePage on April 19, 2016. The MMA was intimately involved in the final drafting of the law during the hectic waning days of the session and we were able to substantially moderate the negative impact on physicians and patients from the initial draft of the bill.

The first element of the law to take effect was the limit on the daily dosage (set at 100 milligrams morphine equivalent) which took effect on July 29th, 90 days after the legislature's adjournment. Until January 1, 2017, this limit can be overridden by writing "medically necessary" on the prescription, but for the many patients currently exceeding the 100 MME limit (more than 16,000 patients), each prescriber should have a plan for compassionate and appropriate tapering unless an exception applies. Patients who were at 100 MME or higher on July 29th may be prescribed up to 300 MME until July 1, 2017. The Department of Health & Human Services (DHHS) will be proceeding with administrative rulemaking this Fall to designate other exceptions in addition to those established in the law for active or after cancer care, palliative care, end of life and hospice care, and medication assisted treatment for substance use disorder. This effort is led by Christopher Pezzullo, D.O., the State Health Officer. Many physicians also are participating in the rulemaking process including Stephen Hull, M.D., Steven Diaz, M.D., David Bachman, M.D., Susan Woods, M.D., Timothy Pieh, M.D., and Noah Nesin, M.D.

Two additional provisions in the law take effect on January 1, 2017 – daily limits on opioid prescribing (a 7-day limit on opioid prescriptions for acute pain and a 30-day limit for chronic pain) and the mandated check of the Prescription Monitoring Program (PMP) before writing an initial prescription for an opioid medication for pain or a benzodiazepine. These prescriptions can be renewed, but if the medication continues to be prescribed, the prescriber must check the PMP every 90 days. The remaining provisions in the law requiring electronic prescribing and three hours of CME relating to prescribing for pain take effect July 1, 2017 and January 1, 2018 respectively. In other words, all prescribers who continue to prescribe opioid medication for pain, acute or chronic, must have completed three hours of CME related to this subject by the end of 2017. Each respective licensing board will be enacting rules describing this requirement in greater



In September, Brent Mulgrew, J.D., Executive Director of the Ohio State Medical Association joined MMA EVP at CME presentations on the opioid crisis at Redington-Fairview Hospital in Skowhegan and Calais Regional Hospital.

detail. In addition, the seven licensing boards regulating health care practitioners with prescribing privileges plan to review and amend Joint Rule Chapter 21, *Use of Controlled Substances for Treatment of Pain* to ensure consistency with the new law and responsiveness to the opioid crisis.

Maine Medical Association attorneys Gordon Smith, Andrew MacLean, and Peter Michaud continue to be available to provide CME on Chapter 488 and its ramifications. Included in this one-hour presentation is data on the extent of opioid prescribing in the state and the current status of the opioid/heroin problem. To schedule a presentation at your hospital, health center or medical practice, contact MMA EVP Gordon Smith, Esq. at 207-622-3374, ext. 212 (or 207-215-7461 cell) or e-mail him at gsmith@mainemed.com.

The MMA also is fortunate to have grant support from the Maine Health Access Foundation, the Office of MaineCare Services, and the Maine Community Foundation that allows MMA to commit considerable resources to organizing community forums on the continuing opioid problem in the state and to help staff the activities of the *Maine Opiate Collaborative*. The *Collaborative* is a joint effort organized in August 2015 by U.S. Attorney Thomas Delahanty, Maine Attorney General Janet Mills, and Commissioner of Public Safety John Morris. If you are interested in leading a forum in your community, please contact the MMA consultant/facilitator on the project, Carol Kelly at 828-0810 or carolkelly12@msn.com. Finally, MMA is partnering with Maine Quality Counts on *Caring for ME*, a project designed to assist clinicians and practice staff in compassionate implementation of the provisions of Chapter 488.

For additional resources on this important topic, please visit the "Opioid Crisis" page on the MMA web site, <https://www.mainemed.com/advocacy/opioid-crisis> and the Maine Quality Counts web site, <https://www.mainequalitycounts.org/page/2-1497/caring-for-me-ch-488-implementation>.



Opioid Forum facilitator, Carol Kelly, receives public comments at forum earlier this year in Ellsworth. This forum was one of 28 community forums hosted by MMA this year.

MMA's 163rd Annual Session Concludes Successfully

Sunny skies and the best attendance in recent years combined to provide MMA with a very successful Annual Meeting. Along with CME featuring talks on resilience, mindfulness, and preventing burnout, the members at the business meeting voted to oppose the upcoming ballot question which would legalize recreational use of marijuana for adults.

During Saturday's Annual Banquet, Brian Pierce, M.D. presented the President's medallion to incoming President Charles Pattavina, M.D. of Winterport. Dr. Pattavina is an emergency physician and serves as Director of Emergency Medicine at St. Joseph's Hospital in Bangor.



MMA members filled the room at the Bar Harbor Club for the Annual Members Business Meeting.

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Eight Physicians Compete for Seats in the 128th Maine Legislature

Eight Maine physicians are candidates for the 128th Maine Legislature:

- Senate District 9, Penobscot County: **Geoffrey Gratwick, M.D.** (Incumbent D) v. N. Laurence Willey, Jr. (R)
- House District 4, Ogunquit, parts of York, Wells, & Sanford: **Patricia Hymanson, M.D.** (Incumbent D) v. Bradley Moulton (former House R)
- House District 61, part of Lewiston: **Heidi Brooks, M.D.** (Incumbent D) v. Stephen Miller (R)
- House District 89, Boothbay, Boothbay Harbor, Edgecomb, Southport, Westport Island, & part of South Bristol: **Wendy Wolf, M.D., MPH (I)** v. Stephanie Hawke (Incumbent R)
- House District 91, Waldoboro, Friendship, Washington, & part of Union: **Emily Trask-Eaton, D.O.** (D) v. Abden S. Simmons (R)
- House District 111, part of Madison, Solon, & Norridgewock: **Ann Dorney, M.D.** (Former House D) v. Bradlee Farrin (Incumbent R);
- House District 120, Dover-Foxcroft, Atkinson, Brownville, Medford, Milo, Lakeview Plantation, & the unorganized territory of Orneville Township: **Richard Evans, M.D.** (D) v. Norman Higgins (Incumbent R)
- House District 132, Ellsworth & Trenton: **David Edsall, M.D.** (R) v. Louis Luchini (Incumbent D)

These are eight of 186 Maine House and Senate seats on the Maine ballot on Election Day, November 8, 2016. MMA thanks these physician candidates for stepping in to the public policy arena and encourages all physicians to get to know these physician candidates.

NGS Medicare: Getting Ready for 2017

By Katherine Dunphy, MPA, Director Congressional Affairs, NGS Medicare, katherine.dunphy@anthem.com

As your Medicare Administrator Contractor (MAC), National Government Services (NGS) works closely with the Center for Medicare & Medicaid Services (CMS) to administer the Medicare contract for Maine, all of New England and New York. NGS will shortly begin our 4th year as the Medicare contractor in Maine and are proud of our years of experience.

NGS and our predecessor companies have administered the Medicare program since its inception in 1966 for many states in the Northeast. We are committed to leveraging five decades of federal health care experience, innovation and technology to improve efficiencies as the program evolves, and to improving your experience in dealing the Medicare system through improved technology and continued improvement in the customer service we provide.

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Are you currently using the NGS Connex Provider Portal? Do you know that, with no added administrative or external vendor costs for small practices, you can file a claim, appeal or inquiry, check on claim status, verify beneficiary eligibility, add medical records and respond to claim development requests? These features continue to be enhanced in our effort to reduce the administrative time and cost for your practices. Want to learn more? Visit us at www.ngsconnex.com or attend one of our convenient webinars to learn about NGS Connex.

Medicare Education

The best approach to keeping up to date on Medicare issues is to subscribe to the NGS listserv and use the www.ngsmedicare.com site. We continually improve the site in order to provide all needed billing tips, coverage updates, medical policy changes, fee schedules, and educational materials. In addition to a wide range of provider education webinars for your staff, we have an educational program, **Medicare University** which contains a list of nearly 100 classes which includes programs on all of the basics of Medicare for all types of providers. It is the best way for practices to learn the basics on their own time and pace. Our goal is to make it easier to locate the information needed to insure that you receive a prompt, accurate and timely payment and information from NGS Medicare. To learn more or to sign up for a course, visit www.ngsmedicare.com and click on the **Education Tab**.

Provider Enrollment

Another important issue for practices is the need to update and maintain correct Medicare enrollment information. The law mandates a need to revalidate every five years and to keep us advised of changes in your practice and group affiliations. Our website has been enhanced with a self-service tool which includes links to readily determine if a practice needs to revalidate their enrollment.

Tools are available to check the status of your application with number tips and all needed references. Additionally, our provider education team schedules weekly webinars to help your office staff through this process. Coupled with CMS improvements on their site and the PECOS system, this process continues to improve and we are experiencing great responses from many offices.

Changes Ahead

We all know that the Medicare program is ever changing and NGS is committed to working with the medical community to keep physicians aware of the changes.

- 2017 will include another phase of provider revalidation
- On-going changes to medical policy through the local coverage determinations process, AMA CPT coding updates, and revisions to the ICD-10.
- Most important, the latest legislative changes in MACRA bring challenges for everyone involved in fee for service Medicare. NGS is dedicated to providing direction and easy access to the coming changes as we work with the group of Medicare contractors and CMS in implementing the legislation.
- Continued growth in self-service tools, improvements on our website and the Connex portal. NGS is committed to improving your experience with Medicare in providing care to over 310,000 beneficiaries Maine.

PRESIDENT'S CORNER

By Charles Pattavina, M.D., President, Maine Medical Association



It was my great pleasure - and apparently Dr. Pierce's as well - when I took over for him as President of the association on September 10. As I said that evening, we were very fortunate to have had Brian as President this past year as so much of our work was dominated

by addressing the opioid crisis. As a leader in primary care and in medication assisted treatment (as well as naloxone prescribing and use), Brian was able to speak with authority on the full spectrum of opioid crisis problems and solutions. Thank you Brian!

The 163rd Annual Session in Bar Harbor September 9-11 was a great success with CME concerning wellness and a theme of "Renewing the Joy & Passion in Medicine" which has applicability to all specialties. A well-attended annual membership meeting was marked by a spirited discussion of a resolution putting MMA on record opposing question one which would permit recreational use of marijuana by adults 21 years of age and older. Once again, the weather was fantastic - with the exception of the powerful lightning bolt which struck a tree right outside Cafe This Way, where Katie and I were seated, knocking out the power and putting the kitchen out of service. Thankfully there were no injuries.

As a further extension of the theme of Annual Session, this year I plan to emphasize the concept of professionalism. We heard about it in Bar Harbor and the board talked about it at our annual retreat last January. We are most fortunate to have Dr. Thomas Bodenheimer coming to speak at an event promoting professionalism we are sponsoring next year with the Lown Institute and including the Vermont and New Hampshire Medical Societies. Please save the date of Saturday, June 17 for this important program at the Sheraton in Portsmouth, NH (a save the date flyer is included with this publication).

I'm very much looking forward to this year's board retreat which, fortunately for me, will occur early in my term, so the board can sit down and talk about what each of us means by "professionalism" and then develop strategies for pursuing initiatives to enhance professionalism. Having listened to many fellow physicians over the years, it is clear to me that professional behavior is key to job satisfaction and wellness. For one thing, the more professionally we treat each other and our patients, the more we are appreciated by each other and most importantly by our patients. I look forward to giving you a substantive update on our progress in my next column.

I welcome your comments, feedback and criticisms. Please feel free to reach me at 207-907-3350 or by email to president@mainemed.com.



Gordon Smith and Peter Manning, M.D., Maine Section of ACOG Chair, at ACOG legislative advocacy meeting in New Orleans in September. Gordon and Peter led two sessions at the meeting on the new Maine law licensing certified professional midwives.

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NOTES FROM THE EVP

By Gordon H. Smith, Esq., Executive Vice President, Maine Medical Association



Thank you to those members who joined us at the 163rd Annual Session in Bar Harbor in September. Attendance was good and the reviews of the CME program featuring the theme of renewing the joy and passion in medicine were very positive. Make

advance plans now to join us next year at the same venue Sept. 8-10, 2017. Bar Harbor is a beautiful place all year long but early September is a terrific time to enjoy the town and Acadia National Park. Congratulations to Dr. Pattavina our new President, Dr. Fazeli, the President-elect and Robert Schlager, M.D. the chair of the board. I very much look forward to working with this leadership team during what will undoubtedly be a very important year for medicine in Maine. The Board will be meeting in Portland over the weekend of Nov. 4-6 and is expected during this facilitated weekend retreat to establish priorities for 2017.

Fall is always a busy time for your MMA staff and this year is no exception. Addressing the opioid/heroin crisis and educating members on the provisions of Chapter 488, the new law limiting opioid prescribing, is a high priority. We also are partnering with the AMA in

providing important and valuable resources to members preparing for the Medicare payment options available under MACRA beginning in 2017. We also continue to advocate against the proposed mergers of the nation's largest health plans. Surveys of our members have indicated that they do not believe the merger of the plans will do anything positive for patients or their physicians. The Anthem-Cigna merger goes to trial before the end of the year with the U.S. Justice Department challenging the merger on anti-trust grounds.

Through the Maine Physician Action Fund we are also active, of course, in support of state legislative candidates who have assisted the medical community in achieving our legislative objectives in the areas of public health, health insurance reform, liability protection etc. Please be sure to vote and be aware that in most communities you can vote early and no longer wait in line on election day. We are very pleased to see eight physicians running for the state legislature (see list in this issue of Maine Medicine). We wish them all well on Nov. 8.

As we head toward year-end, we expect to meet our budget goals for the year and appreciate your membership. If we can ever be of assistance, I hope you won't hesitate to get in touch with me by calling 622-3374 ext. 212 or via e-mail to gsmith@mainemed.com.

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Jabbar Fazeli, M.D. was elected by the membership as President-elect. Dr. Fazeli is a geriatrician practicing in Southern Maine.

The following physicians and medical student were elected to serve terms on the Board of Directors.

- Henk Goorhuis, M.D., Lewiston, Emergency Physician
- Raymond Hicks, M.D., Hallowell, Occupational Medicine
- Ryan Best, M.D., Resident (Internal Medicine)
- Nicholas Knowland, Medical Student (Tufts-MaineTrack)
- Lisa Ryan, D.O. (re-elected), Pediatrician

Maroulla Gleaton, M.D. of Palermo was re-elected to serve another two-year term as one of Maine's two

delegates to the AMA House of Delegates. Charles Pattavina, M.D. was re-elected as an alternate delegate. The members attending the business meeting also approved a series of bylaw amendments and approved a proposed budget for calendar year 2017.

In voting to oppose ballot **Question 1** regarding recreational marijuana, MMA joined the Maine Chapter of the American Academy of Pediatrics, the Maine Hospital Association, the Maine Public Health Association, the National Alliance on Mental Illness - Maine, the Maine Association of School Nurses, the Alliance for Addiction and Mental Health Services, and the Maine Association of Chiefs of Police. An organization called Mainers Protecting Our Youth and Communities has been organized to conduct a campaign in opposition to the ballot question.

The 2017 Annual Session will be held Sept. 8-10, 2017, again at the Harborside Hotel in Bar Harbor.



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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.

MPCA President's Award

MMA EVP Gordon Smith received the Maine Primary Care Association's President's Award presented at the MPCA Annual Meeting in late October. The award was presented by MPCA Board Chair Martin Sabol.



1. Keynote presenters Kevin Mannix and Linda Rota.
2. Frank Lavoie, M.D., with road race winners Ryan and Cora Best.
3. MMA's version of the "Rat Pack," Patrick Killoran, M.D., Nick Knowland, and Ryan Best, M.D.
4. Jo Shapiro, M.D.
5. Scott Hanson, M.D. and Patrick Killoran, M.D.
6. Medical Student Nick Knowland.
7. EVP Gordon Smith at Board meeting.
8. From left, Buell Miller, M.D., Ann Miller, Andrew MacLean, Katharine Ayer, Janet Smith.

UPCOMING AT MMA

NOVEMBER 14

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

NOVEMBER 17

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

6:00pm – 8:00pm

Maine Association of Psychiatric Physicians

DECEMBER 5

5:30pm – 8:00pm
MMA Legislative Committee

DECEMBER 6

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

DECEMBER 7

4:00pm – 6:00pm
MMA Board of Directors, followed by dinner with
Maine Chapter, ACP

DECEMBER 8

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

DECEMBER 14

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

2017

JANUARY 9

4:00pm – 6:00pm
Medical Professional Health Program

JANUARY 10

4:00pm – 6:00pm
MMA Committee on Physician Quality

JANUARY 17

5:30pm – 8:30pm
American Academy of Pediatrics

JANUARY 18

4:00pm – 6:00pm
MMA Board of Directors

JANUARY 19

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

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Time for a checkup?

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Employment Agreements

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MAINE QUALITY COUNTS

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



The Certainty of Death, Taxes... and Change

Benjamin Franklin once observed, "In this world nothing can be said to be certain, except death and taxes". While his statement unarguably remains true, and with apologies for taking editorial license, I would suggest that in these tumultuous times in health care, one could reasonably update his statement to add, "... except death, taxes, and change." It is an understatement to say that in this era of health care reform, physicians in Maine (and across the country) face a staggering array of changes – from performance expectations and changing payment models, to evolving employment arrangements and care delivery models, and more. The changes are often reflected in what can sometimes seem like a dizzying array of acronyms – PQRS, MACRA, MIPS, ACOs, EMRs, MU, etc. – each of which comes with its own set of expectations for change. Clearly, it's easy to feel overwhelmed and perhaps even discouraged.

As scientists, it can be reassuring to know that there is a evolving body of knowledge and science for understanding change, and even more importantly, for successfully managing change. Studies of change using functional MRI imaging have shown that when test subjects are presented with change, they show predictable patterns of brain activity including stimulation of the prefrontal cortex (insight and impulse control) and the amygdala (fear, fight/flight response), which understandably can trigger strong emotions of anxiety, fear, and depression.

At the same time, the science of change management can also offer important opportunities to learn how to more successfully navigate and manage change. The first is to recognize that we have a choice in both how we accept and respond to change. Rather than feeling trapped by the rapidly evolving environment, physicians can choose to serve as leaders for change, beginning with seeing and communicating the big picture and overarching goals of improving patient care and outcomes. We can set the tone for change for those around us, recognizing the power that our words, emotions, and actions can have on other members of our teams. We can also empower those around us to

act, knowing that people do best when they have a role in creating change. We can recognize and confront the hard realities that we face with honesty, while also giving hope and expressing confidence for reaching shared goals.

In that spirit, I wanted to note that the annual Quality Counts conference on Wednesday, April 5, 2017 will offer an important opportunity to learn more about successfully navigating change. This year's conference will highlight the importance of the "third" and "fourth" aims of the "Quadruple Aim" – i.e. ways that we can improve both patient's experience of care and the clinician's experience of providing care (i.e. improving the work life of health care clinicians and staff) – and most importantly, link between these two goals. More details will be shared over the next several months, but mark your calendars and plan to join us for this informative day!

And speaking of change, I also wanted to take this opportunity to inform MMA readers that I will be making a significant change of my own at the end of this year: after considerable thought about my professional and personal goals, I informed the QC Board earlier this year that I have decided to leave my role and transition the leadership of the organization to a new Executive Director. Having served in the role for the past 10 years, I am confident that QC has reached a point in its growth and development that makes this the right time to pass the leadership of QC on to a capable successor. The time also is right for me personally: my husband and I plan to take a year off in 2017 to fulfill our dreams of traveling and sharing adventures together – i.e. a "Gap Year for Grownups"! - before pursuing whatever career opportunities may arise next.

I am incredibly proud of all we have accomplished at QC over the past 10 years and feel the organization has clearly reached a place where it will continue to thrive. The incredible team at QC has achieved amazing growth, and I'm confident the organization will continue to flourish with new leadership. I greatly appreciate all the invaluable partners I've had the opportunity to work with over the past decade in our work to transform health and health care. As I embrace this change that is both exhilarating – and just a little terrifying! - I would like to thank you all for your support and encourage you to embrace the changes in your own life – whatever those may be.



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Mid Career Practitioners: *Breaking Through*

Physicians have a distinct disadvantage in meeting mid-life financial demands because of delayed entry into the workforce. Doctors are challenged to pay down hefty student loan debt while making up for the earning-time gap. They need expert financial advice to cover mid-life household expenses and avoid a major shortfall at retirement.

Late Career Practitioners: *Meaningful Wealth*

Doctors nearing retirement prefer to have a firm grasp of the financial and tax implications of winding down their careers, as well as estate planning and securing adequate resources to enjoy a comfortable retirement. Making realistic assumptions about the future is a key attribute of a quality long-term retirement plan.



Working with Baystate Financial, mid-career doctors can develop detailed cash-flow plans, formulate strategies to maximize after-tax returns on their investments and monitor their continual progress.

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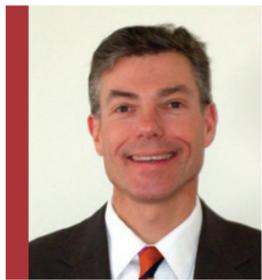
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By Andrew MacLean, Esq., Deputy Executive Vice President, Maine Medical Association



MMA Legislative Committee Prepares for the 128th Maine Legislature

The 186 members of the 128th Maine Legislature will be seated in early December

*2016 and will begin the work of their First Regular Session on the first Wednesday in January 2017. The MMA Legislative Committee, now co-chaired by Stephen Meister, M.D. and Katherine Pope, M.D., has scheduled an organizational meeting in anticipation of the new legislature on Monday, December 5, 2016 at the MMA headquarters in Manchester and any interested member is welcome to attend! **SAVE THE DATE!** Physicians' Day at the Legislature is Wednesday, May 31, 2017 – please plan to join us at the State House!*

With the election of Amy Madden, M.D. to the MMA Board of Directors and Executive Committee, the Legislative Committee members and staff thank her for four years of excellent service to the Committee. Amy has been featured prominently speaking on behalf of MMA members on important health policy issues, such as the effort to persuade the legislative and executive branches of Maine government to accept the federal funds available under the *Affordable Care Act (ACA)* to extend health insurance coverage to more than 70,000 Mainers as part of the *Cover Maine Now! Coalition*, www.covermainenow.org.

We welcome Stephen Meister, M.D. and Katherine Pope, M.D. as new Co-Chairs of the Committee. Dr. Meister is a pediatrician with MaineGeneral Health and also serves as the President-elect of the Maine Chapter of the American Academy of Pediatrics. Dr. Pope is an anesthesiologist with Spectrum Medical Group who is a founder of Hospice of Southern Maine and also is a former Chair of the MMA Legislative Committee.

As mentioned above, the organizational meeting of the MMA Legislative Committee will take place on Monday, December 5, 2016 from 6:00 p.m. to approximately 8:30 p.m. (dinner available at 5:30 p.m.) at the Frank O. Stred Building, 30 Association Drive in Manchester. Because the Committee will be discussing the MMA's legislative

agenda for the next two years, medical specialty societies are strongly encouraged to have one or more representatives at the meeting. Any interested member also is welcome. Please RSVP to Sarah Lepoff at slepoff@mainemed.com or 622-3374, ext. 213.

During the first session of each Maine legislature, newly elected legislators typically may submit any number of "legislative requests" (LRs) by a deadline for bill filing known as the "cloture deadline," usually a Friday afternoon between mid-December and mid-January. The new legislature likely will conduct partisan caucuses to elect members to leadership positions when they organize in early December and the presiding officers usually make committee assignments before the Christmas holiday. During its first session, a new legislature usually addresses between 1500 and 2000 bills, including a biennial budget for the two state fiscal years beginning July 1, 2017.

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*. Also, the MMA Legislative Committee holds a weekly conference call to review bills and brief members on legislative action. The conference call information is published each week in the *Maine Medicine Weekly Update*. Look for these calls to begin again in mid-January 2017. Finally, we are always recruiting volunteers for MMA's *Doctor of the Day Program* at the State House. This is an excellent opportunity to participate in MMA's state legislative advocacy. Find out more about the program on the MMA web site: <https://www.mainemed.com/advocacy-policy/doctor-day-program-maine-legislature>.

To find more information about the MMA's advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA web site, www.mainemed.com/legislation/index.php. You will find more information about the Maine Legislature, including schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at: <http://legislature.maine.gov/>.

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



With grant support from the Maine Health Access Foundation, MMA and the Maine Chiropractic Association have formed the Maine Alliance for Health Care Professionals. The Alliance consists of all the health care professionals licensed in Maine. Improving access to care is one of the goals of the Alliance.

SPECIALTY SOCIETY MEETINGS

DECEMBER 7, 2016

Portland Regency Hotel – Portland, ME
from 5:00 – 9:00pm

Annual Winter Business Meeting of the Maine Chapter of the American College of Emergency Physicians

Contact: Maureen Elwell at 207-512-6108 or melwell@mainemed.com

FEBRUARY 4-5, 2017

Sugarloaf Mountain Hotel & Conference Center – Carrabassett Valley, ME

Maine Urological Association Program Annual Winter Meeting and Program

Contact: Dianna Poulin at 207-480-4194 or dpoulin@mainemed.com

FEBRUARY 25-26, 2017

Sugarloaf Mountain Hotel & Conference Center – Carrabassett Valley, ME

Maine Society of Anesthesiologists Annual Winter Business Meeting

Contact: Anna Bragdon at 207-441-5989 or mesahq@gmail.com

MARCH 8, 2017

Grand Summit Hotel – Sugarloaf, ME – 6:00pm

Maine Chapter of the American College of Emergency Physicians Chapter Meeting

(Held in conjunction with the Emergency Medicine Winter Symposium)

Contact: Maureen Elwell at 207-512-6108 or melwell@mainemed.com

Enrollment is OPEN for the Hanley Center's Physician Executive Leadership Institute Advanced Course

Enrollment is now under way for the Hanley Center's fifth annual Physician Executive Leadership Institute--Advanced Program.

Physicians enrolling in the program are designated as McAfee Fellows, in honor of former AMA and MMA President Robert McAfee, M.D. Participants gain knowledge, skills and tools in the core competency areas of: systems awareness; strategic focus; key management/business skills; self-awareness; healthcare trends; and teamwork and collaboration, best enabling them to lead and transform our healthcare delivery system.

Over the past four years, nearly 120 physicians have participated in the Advanced Program. The fifth class will begin March 16, 2017 at the Brunswick Hotel & Tavern in Brunswick and continue through January, 2018. There are six two-day sessions, each running from Thursday evening through late Saturday morning. The Hanley Center is planning for the class to include 30 physician leaders from Maine, New Hampshire, and beyond.

A distinguished five-member faculty team from the Heller School at Brandeis University delivers much of the program content for the Advanced Course, joining with Maine-based subject matter experts and physician leaders. *McAfee Fellows receive 80 hours of Category One CME for their participation in the full program.* Deadline for enrollments at a discounted price: November 15, 2016

To enroll, please visit: <http://www.hanleyleadership.org/uploads/2017%20Advanced%20Enrollment%20Form.pdf>

To learn more, please contact the Hanley Center's Judiann Smith at judiannsmith@hanleyleadership.org (207-553-9852) or Kathy Vezina at kathrynvezina@hanleyleadership.org (207-553-9854).

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The President's Award and Mary Cushman Award Presented at the MMA's 163rd Annual Session

Three awards were presented at the Maine Medical Association's annual banquet in Bar Harbor on September 10, 2016.

Brian Pierce, M.D. presented the 2016 Mary Cushman, M.D. Award for Humanitarian Service to Patsy Thompson Leavitt, DNP, FNP, Volunteer Director and Nurse Practitioner at the Leavitt's Mill Free Health Center. Dr. Leavitt was nominated for the award by Andrew Packard, M.D. Dr. Leavitt has led the efforts of a team of over 30 volunteers in the care of over 1600 uninsured patients. Founded in 2003 and supported by community donations, the Center has grown from a small rural clinic to a multi-disciplinary center providing primary care, dental care, physical therapy, dermatology, laboratory services, prescription assistance, advocacy and referrals to specialty care. The Center is also a training site for interns in dentistry, nursing and social work and, as a USM nursing professor, Patsy provides the academic rigor for a rich and intense experience caring for the underserved in a multi-disciplinary environment. *See photo 1 below.*

Buell Miller, M.D. received the 2016 Maine Medical Association President's Award for Distinguished Service. Dr. Miller established what would eventually become the largest Ob-Gyn group in the state, and held a number of positions in the American Congress of Obstetrics and Gynecology District I, and in the Maine Section. Always active in MMA, Dr. Miller became even more active in Association activities following his retirement from active practice. He worked part-time at MMA doing outreach and development work for several years, and founded the MMA's Senior Section which he continues to chair. The MMA is proud to recognize Buell Miller for the important roles and tasks he has performed for the MMA over the past five decades. *See photo 2 below.*

State Representative Linda Sanborn, M.D. could not attend last year's Annual Banquet to receive the 2015 Association's President's Award for Distinguished Service and was presented with the award this year by Lisa Ryan, D.O. Dr. Sanborn was recognized for her advocacy and exemplary service, for her dedication to her patients during a successful career as a family physician, to the Association as a long time member and volunteer and, most recently, to her constituents and the citizens of Maine as state legislator representing House District 26, part of Gorham. *See photo 3 below.*



CHAPTER 488 MANDATE TO PRESCRIBE ELECTRONICALLY

By Thomas E. Sullivan, M.D., Chief Strategic Officer, DrFirst

E-prescribing of Controlled Substances (EPCS) and the State of Maine

Since Maine is only the second state to mandate EPCS (technically for opioids only), there will be considerable focus from the rest of the country on how healthcare stakeholders -- particularly prescribers, pharmacies and patients -- experience the beginning of a new trend. Although New York passed the mandate in 2012 and implemented it in March 2016, the two states are vastly different.

Several other states are considering similar mandates, such as amending legislation that deals with the universal crisis of opioid use disorder (OUD), which includes a number of accidental deaths from overdoses, as well as the painful and destructive consequences of this particular form of addiction. Many families have been destroyed in its path, not unlike the pain and suffering from other forms of addiction, especially alcohol.

Although the DEA made EPCS legal in early 2010 with its Interim Final Rule (IFR), it took five years to have all 50 states sanction the IFR. Uptake by the healthcare community around the country (obviously except New York) has been slow for several reasons. The principal contributing factor has been the additional DEA requirements for physicians to undergo, such as identity proofing and authentication, then having this digital identity bound to a DEA-compliant software program where prescribers can compose and electronically send prescriptions to an EPCS-authorized pharmacy. To satisfy this requirement adds a small additional cost as well as the one-time process for each individual to officially qualify.

Almost every state in the country is more focused on Prescription Drug Monitoring Programs (PDMPs) that help law enforcement identify individuals who

are "doctor shoppers" and prescribers who are overprescribing opioids. PDMPs have existed for more than 50 years in some states but were not very effective given their paper-based nature, the long time frame to analyze and act upon conclusions, and the lack of funding over many years. This has all changed as a result of the opioid epidemic and the huge movement worldwide from paper to online databases.

Unfortunately, the benefits of EPCS to physicians, pharmacists, and patients (increased safety, productivity and patient convenience) have been minimized as a result of all the PDMP attention.

Nevertheless, once EPCS is implemented and physicians begin to feel comfortable with the program, the overwhelming majority tend to see the benefits as similar to those experienced when e-prescribing legend drugs started to become popular between 2003 and 2010. Although many physicians are quite angry about the loss of productivity endured with the adoption of comprehensive electronic health records, the same physicians almost universally would not want to return to writing prescriptions on paper.

Over the next few months, DrFirst will be conducting webinars for physicians who wish to learn more about the next steps to comply with the law. For more information about the EPCS webinar for Maine providers on November 1, visit www.drfirst.com/events.

One additional piece of information is the unconfirmed rumor that the DEA is considering an update to the IFR, making online identity requirements easier to adopt and more consistent with the privacy, security, and usability recommendations from the National Institutes of Standards and Technology (NIST).

To speak with someone at DrFirst about MMA's preferred EPCS platform, EPCS Gold, call 888-481-4303.



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

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Photo Credit: Phil Dummond

Billing and Collection Practices Impact the Physician/Patient Relationship

Supporting the physician-patient relationship involves addressing the financial portion of patient care. Educating and informing patients of your expectations and their responsibilities sustains a harmonious relationship and sets the tone for prompt payment.

Office practice systems facilitate the exchange of relevant financial information. Be sure to:

- Ask patients to verify self-pay or their insurance coverage related to co-payments, deductibles, exclusions, and rules regarding physician services or self-referrals.
- Confirm or update the patient's current address, email address and telephone numbers at each visit.
- Provide billing policy information in a practice brochure and in a conspicuous venue in the office.
- Clarify whether you accept credit card payment, insurance assignment or expect payment at the time of service.
- Inform patients whether you offer assistance in completing insurance forms.
- Notify the appropriate billing staff when a special billing arrangement is made by a physician.

Utilize strategies to enhance accounts receivable:

- Set specific due dates in billing statements.
- Mail statements to arrive several days before the end of the month as many patients pay their bills on the first of the month.
- Include a brief note with the billing statement in which an outstanding balance is highlighted making

patients aware their account is receiving personal attention.

- Print "return service requested" on the front of envelopes. The postal service will return the envelope with a forwarding address or with the reason the mail was undeliverable.
- Enclose a courteous letter with a past due billing statement asking the patient to cooperate in resolving an outstanding balance.

In-house collections: Assign a pleasant, tactful staff member who can confidently communicate a payment demand. Telephone calls are an effective way to increase accounts receivable.

- Avoid leaving a message that violates confidentiality by disclosing that the call is regarding a debt.
- Ask a patient for payment in full before you offer a payment schedule.
- Have the patient confirm his/her commitment to resolving an outstanding balance.
- Follow-up with a considerate letter reiterating the promise to pay and the agreed upon terms.
- Remind debtors of broken promises within two days of the time a payment should have been received.

Collection options that warrant special consideration and discussion with the physician:

- Initiation of a small claims court action.
- Reporting the account to a credit bureau.
- Retaining an attorney for collection purposes.

- Acquiring the services of a professional collections agency.

Collections Agency: Interview a collections agency prior to entering into a business agreement.

- Consult with your attorney to review the service contract.
- Investigate references.
- Check with your state Better Business Bureau regarding any complaints.
- Review and approve forms and letters used by the agency. The tone and format of these communications are interpreted by a patient as coming directly from the physician.

Liability claims are sometimes in response to collections activity. The physician must be kept informed of ongoing collections efforts. The physician's written approval must be sought before the agency files a lawsuit against a patient or former patient.

Medical Mutual'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.



An initiative of the ABIM Foundation

Just Launched! "Advancing Choosing Wisely", AMA's STEPS Forward™ online Practice Improvement Strategies module –

The American Medical Association STEPS Forward™, recently launched the new "Advancing Choosing Wisely" module providing 5 Steps to help physicians/practice teams reduce low-value and unnecessary care in your practice.

"Advancing Choosing Wisely online Module Introduction

Do you ever find that you or your colleagues are providing tests or treatments that are unnecessary or of limited benefit? Choosing Wisely®, a campaign from the American Board of Internal Medicine (ABIM) Foundation and Consumer Reports, aims to promote conversations between clinicians and patients to choose care that:

- Is supported by evidence
- Is not duplicative of other tests or procedures already received
- Has the lowest possible risk for harm
- Is truly necessary

The Choosing Wisely lists of "Things Providers and Patients Should Question" were created by more than 70 professional societies. These "by clinicians for clinicians" recommendations cover tests, treatments and procedures commonly encountered in a variety of specialties. Each list provides evidence providers and patients can use in their conversations to decide whether tests and procedures are appropriate for the situation. Using Choosing Wisely lists can help you reduce low-value and unnecessary care in your practice while becoming a better steward of health care resources. Choosing Wisely is not a set of rigid guidelines, but rather a strategy for engaging with patients and colleagues.

How will this module help reduce unnecessary care in your practice?

- Illustrates Five STEPS to advancing Choosing Wisely in your practice
- Answers to frequently asked questions about Choosing Wisely
- Provides Tools and resources to help you and your team implement Choosing Wisely

As a provider why do you care? Recognize that this conversation centers around the benefit for your patients. The national Choosing Wisely campaign has found that the issues of safety and patient-centered care resonate with you and also accomplish waste and cost reductions. Agree to pilot Choosing Wisely in one disease area or with one diagnosis and see how it works.

Learn great tips similar to this tip:

Consider discussing the following with your colleagues as you look for areas that could be improved by following Choosing Wisely recommendations:

- What guidelines do we currently follow?
- Why are we concerned about inappropriate use or overuse?
- What are we measuring and how are we measuring it?
- What difference will it make to our practice and our patients if we reduce overuse of these specific tests or procedures?
- Can we eliminate sources of possible harm, such as radiation exposure, by changing our procedures?

To learn more on all 5 Steps and tips, go to: [Advancing Choosing Wisely®!](#)

How STEPS Forward™ works

STEPS Forward™ is a practice-based initiative brought to you by the American Medical Association. The goal is to provide practices with proven strategies that can improve practice efficiency and help practices reach the Quadruple Aim – better patient experience, better population health and lower overall costs with improved professional satisfaction.

Explore all of the new practice improvement strategies on [STEPSForward.org!](#)

- Adopting the ECHO model™ (Extension for community healthcare outcomes)
- Appreciative inquiry: Fostering positive culture
- Clinical decision support and diagnostic imaging
- Forming a patient and family advisory council
- Listening with empathy
- Preventing physician distress and suicide
- Quality Reporting and the importance of Qualified Clinical Data Registries (QCDRs) in maximizing your success

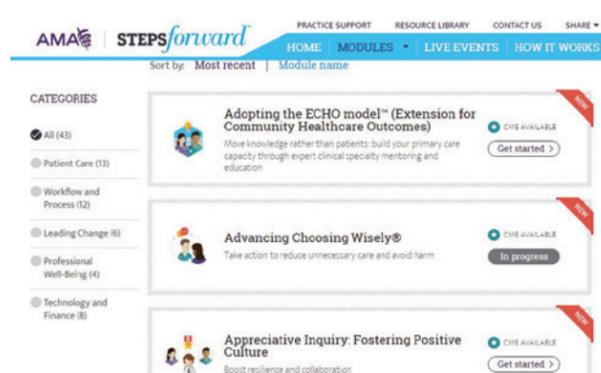
STEPS Forward™ offers innovative strategies that will allow physicians and their staff to thrive in the new health care environment. Visit [STEPSForward.org](#) for all the modules and practice improvement strategies that can help guide your practice transformation.

Choosing Wisely® in Maine

To learn more about Choosing Wisely in Maine, go to the Maine Quality Counts Choosing Wisely webpage and access the Choosing Wisely Toolkit, webinars on reducing use of antibiotics, benzodiazepines and advanced imaging for low back pain and other information here. (This Toolkit is also highlighted and available for download on AMA's StepForward "Advancing Choosing Wisely" module under Resources) For more information, contact Kellie Slate Vitcavage, Maine Quality Counts at kslatevitcavage@mainequalitycounts.org or 207-620-8526, ext. 1011.

Helpful Links

- www.mainequalitycounts.org/choosingwisely
- <https://www.stepsforward.org/modules/choosing-wisely>
- www.choosingwisely.org
- <http://consumerhealthchoices.org/campaigns/choosing-wisely/>





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