



MAINE OSTEOPATHIC
ASSOCIATION

Maine D.O.

FTC Delays Red Flag Rule Until June 2010

The Federal Trade Commission's (FTC) Red Flag Rule is delayed until June 1, 2010. The delay comes at the request of Members of Congress. This is the fourth time the FTC has put off the enforcement of the controversial rule, which requires "creditors" and "financial institutions" to develop and implement written identity theft prevention programs.

The FTC held the position that physician practices fell under the definition of "creditor" if they did not require full payment upfront from their patients. The physician community, including the AOA, opposed the FTC's position and called on the agency to exempt physicians from compliance. In addition to the regulatory burdens, the AOA was concerned that the Red Flag Rule could have serious consequences to patient access to care.

The U.S. House of Representatives recently passed legislation that would exempt certain businesses, such as physician practices, from complying with the rule. It should be noted that the rule originates from the Fair and Accurate Credit Transactions Act, in which Congress directed the FTC and other agencies to develop regulations requiring "creditors" and "financial institutions" to address the risk of identity theft.

Medical identity theft is a small but potentially growing problem as more physicians adopt electronic health records. While the compliance deadline is now June 1, 2010, physician practices should be knowledgeable about medical identity theft and consider taking precautions.

How can my practice comply with the Red Flags Rule?

The Red Flags Rule requires that organizations have "reasonable policies and procedures in place" to identify, detect and respond to identity theft "red flags." The definition of reasonable will depend on your practice's specific circumstances or specific experience with medical identity theft as well as the degree of risk for identifying theft in your practice. These policies and procedures should complement your practice's existing HIPAA privacy and security policies and procedures that outline the administrative, technical and physical safeguards your practice employs to ensure the security of patients' personal health information.

For more information visit the American Osteopathic Association website for a list of Frequently Asked Questions at:
http://blogs.do-online.org/media/2/20090422-DR_4-22-09_FTCRedFlagFAQs.pdf

American Cancer Society Marks 34th Great American Smokeout® by Encouraging Smokers to Quit

Less Smoking Leads to More Birthdays

As the official sponsor of birthdays, the American Cancer Society marks the 34th Great American Smokeout on November 19 by encouraging smokers to use the date to make a plan to quit, or to plan in advance and quit smoking that day. By doing so, smokers will be taking an important step towards a healthier life – one that can lead to reducing cancer risk and creating more birthdays.

Researchers say that quitting smoking can increase life expectancy – smokers who quit at age 35 gain an average of eight years of life expectancy; those who quit at age 55 gain about five years; and even long term smokers who quit at 65 gain three years (Taylor DH et al., Benefits of smoking cessation for longevity. American Journal of Public Health 92:990-996 (2002).) Smokers who want to quit can call the Maine Tobacco Help Line at 1-800-207-1230.

Research shows that people who stop smoking before age 50 can cut their risk of dying in the next 15 years in half compared with those who continue to smoke. Smokers who quit also reduce their risk of lung cancer – ten years after quitting, the lung cancer death rate is about half that of a continuing smoker's. Some of the health effects of quitting are almost instant, too – heart rate and blood pressure drop 20 minutes after quitting.

The Great American Smokeout Web site (www.cancer.org/GreatAmericans) contains user-friendly tips and tools towards a smoke-free life. In addition to tip sheets and calculators, the site also offers downloadable desktop tools to assist with planning to quit and succeeding in staying tobacco-free. The Quit Clock allows users to pick a quit day within 30 days, then counts down the selected day with tips for each day; and the Craving Stopper helps smokers beat cravings by offering a fun distraction. The American Cancer Society created the trademarked concept for and held its first Great American Smokeout in 1976 as a way to inspire and encourage smokers to quit for a day. One million people quit smoking for a day at the 1976 event in California. The Great American Smokeout encourages smokers to commit to making a long-term plan to quit smoking for good.

Important facts about tobacco use:

- Tobacco use remains the single largest preventable cause of disease and premature death in the U.S.

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Joel Kase, D.O., M.P.H.

MOA President's Message

The Maine Osteopathic Association Board of Directors met at the end of September for its regularly scheduled meeting as well as a five-year strategic planning retreat. The board met on Friday and Saturday, September 25- 26th in order to develop a shared understanding of past successes and challenges as the foundation for building a strategic plan for the future. The Board discussed the current status of the MOA and the future direction we hope to pursue, in fulfilling our mission and achieving greatness. The retreat focused on board members developing an enhanced understanding of their respective roles and responsibilities in order to facilitate the organization realizing its full potential.

With the guidance of a facilitator, we conducted a thorough analysis of our strengths, weaknesses, opportunities and threats. Using this information to guide us, the Board also drafted a statement of our strategic priorities and those included:

Over the next five years, given health care reform and other opportunities, the Maine Osteopathic Association Board of Directors intends to help more Maine people improve their health and to be the best Osteopathic Medical Association in the nation, by:

1. increasing awareness of the nature of osteopathic medicine
2. increasing our membership (with a focus on new physicians),
3. expanding and improving our educational offerings and opportunities, and
4. improving our long term financial stability.

Highlights of the draft strategic plan's programmatic strategies include developing a media campaign to increase the public's education and awareness of Osteopathic medicine, in order to advocate more effectively for the health of the people of Maine. To achieve this goal, a new committee was created, the Technology and Communications Committee, to be chaired by Jack Forbush, D.O. The Committee's charge is two-fold. First, to develop a technology update plan for the MOA office, including software and hardware upgrades and securing data storage, and second, to explore the long term goal of creating a public relations/communications plan that will include social marketing venues such as Twitter and Facebook.

The Membership Committee has two new co-Chairs and they are Kathleen Thibault, D.O. and John Comis, D.O.. The committee will be focusing on outreach to students and residents as well as a phone membership drive with a goal of increasing our current membership to 75% of all practicing D.O.s in Maine. The Committee has set a robust target for its recruitment of new Maine D.O.

members, with the overall goal of reaching 1,000 members in the next 3 years.

The Professional and Public Education Committee, co-chaired by Alex Brazalovich, D.O. and Lisa Gouldsbrough, D.O. have pledged to explore novel strategic partnerships with CME providers in Maine and New England, and will also be developing "conferences within conferences" to expand our potential audience.

Finally, the MOA Board voted to create a Finance and Sustainability Committee to develop a short and long term plan that will result in financial stability for the organization. The plan is to be drafted by December and will include partnering with the Membership Committee on the membership drive to increase dues revenue, and to also look for ways to seed our endowment and to engage the membership in discussions about planned giving. This committee will be chaired by Douglas Jorgensen, D.O. with support from Thomas DeLuca, D.O. and other members of the Past President's Council.

The Board retreat was a turning point for the MOA in defining the goals of the organization, and articulating a sound plan to achieve success in all that we do. The retreat provided an opportunity for the Board members to reaffirm their commitment to working collaboratively to ensure the MOA is on the path to Greatness. It is the passion for improving the health of our patients, communities and our state that drives the work that we do. It is my hope that the Board's renewed sense of purpose will inspire all of our members to become engaged in living the mission of the Maine Osteopathic Association.

The MOA is a member-driven organization. MOA members are encouraged to contact Committee Chairs, and participate in those committees which are of interest. Contact information can be found on the insert included in this newsletter. Please consider giving your time, your talent or your treasure, to help us ensure the future of the profession and the improved health of our patients.

Sincerely,
Joel A. Kase, DO, MPH
President

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Jack Forbush, D.O.

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Office Manager/Event Coordinator:

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MOA's Executive Director Update

From the Executive Director's Post "Into the Wild" for Health Leaders Across Maine



Angela Westhoff wearing the ever popular Outward Bound Whistle necklace

Development (HLD) class in late September. Thirty-two experienced leaders make up the third HLD class that kicked off its 15 day program in Hallowell, ME. Nearly 100 leaders from across the state have participated in the HLD program since its creation in 2007. Our own Executive Director, **Angela Westhoff**, is pleased to be among the 32 health leaders from across Maine selected for this year's HLD class. She is joined by **Regen Gallagher, D.O.**; Medical Staff Vice President, Cary Medical Center, Caribou.

The HLD program also includes an intensive three-day Outward Bound experience at Bryant Pond in mid-October. Angela enjoyed the team



Regen Gallagher, DO

building activities, simulated search and rescue exercise and challenging herself on the ropes course (in spite of the freezing cold temperatures!). The program encourages physician participation and applications for next year's class will be available in



Spring 2010.

The Osteopathic Heritage Fund recently voted to provide some financial support for one osteopathic physician per year to participate in the program. As the details for that process develops, the Maine Osteopathic Association encourages members interested in leadership skill development to consider applying for next year's class.

A Little Background

The Hanley Center and ICL partnered in 2006 to design a national-caliber program aimed at providing emerging and evolving leaders with the skills, knowledge, confidence and relationships they need to be effective leaders in Maine's increasingly complex, competitive and demanding healthcare environment.

Participants develop a wide range of core leadership competencies and build their knowledge of key issues, trends and public policy through case studies, speakers and readings. The HLD participants include a diverse mix of clinicians, administrators, public health leaders, government officials and policymakers, educators, payers, employers, attorneys and others. The class included individuals of all ages and backgrounds who are involved in Maine's healthcare community.

Why Has This Program Been Developed?

Maine's healthcare environment is becoming more complex and competitive than ever before. As a result, it has become increasingly difficult for healthcare providers, consumers, payers, employers, policymakers and others to find solutions to the problems of access, quality and affordability. Maine needs more leaders with the vision, skills and relationships to effectively tackle complex issues and build a strong health delivery and coverage system for the future. Tomorrow's leaders must be collaborative, courageous, confident, connected and compassionate. They must have the ability to look beyond competitive and political issues and provide leadership that will be in the best interests of all Maine citizens and the healthcare community.

For more information contact:

James A. Harnar, Executive Director

Daniel Hanley Center for Health Leadership

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email: jharnar@maine.rr.com ~ website: www.hanleyleadership.org



Important facts about tobacco use continued from page 1

- Cigarette smoking accounts for about 443,000 premature deaths – including 49,400 in nonsmokers.
- Thirty percent of cancer deaths, including 87 percent of lung cancer deaths, can be attributed to tobacco.
- Smoking also accounts for \$193 billion in health care expenditures and productivity losses.
- Great progress is being made in reducing tobacco use in the U.S., with adult smoking rates in 2007 declining among all adults to 19.8 percent.

For more information visit: <http://www.cancer.org/docroot/subsite/greatamericans/Smokeout.asp>

H1N1 Influenza is Widespread in Maine

The Maine Centers for Disease Control and Prevention are reminding physicians of two VERY important action steps we need all health care providers to please help them with.

#1 REPORT VACCINE ADMINISTRATION NUMBERS:

Please make sure all vaccine providers and/or administrators (schools, health care providers, etc) are submitting the vaccine administration data into the Maine CDC's weekly vaccine reporting system. The weekly vaccine reporting form can be found at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml>. This form is then compiled by us and submitted, as required, to US CDC.

We have many thousands fewer doses of vaccine being reported as being administered than we believe has been administered. This will start impacting the flow of vaccine, since the flow of vaccine is expected to slow to those states that are not using their vaccine (i.e. not showing evidence of using it).

The Maine CDC's Immunization Program is compiling a database that matches the vaccine distribution database with the vaccine administration database by provider so we can tell which providers are not reporting on vaccine administration (or not using their vaccine). We will then use this to guide our vaccine distribution decision-making.

#2 PRESCRIBE ANTIVIRAL MEDICINES:

We ask that health care providers use antiviral prescription medicines for anyone at high risk. Anyone who is in a high risk category for flu complications – those younger than 2 years old, 65 years or older, pregnant, and/or those with an underlying medical condition – should be started on prescription antiviral medicines such as Tamiflu or Relenza as soon as possible if they have flu symptoms or if anyone in their household has symptoms. These medicines can significantly reduce severity (including hospitalization and death) as well as duration of illness.

Use Maine CDC's stockpile: Maine CDC encourages physicians to prescribe antiviral medications as appropriate. In an effort to minimize financial barriers, Maine CDC has mobilized a significant portion of the state-purchased stockpile of antiviral medications for use by patients who do not have adequate insurance coverage (no insurance, high deductibles, high co-pays). These medicines are easily available at Hannaford's pharmacies, other willing pharmacies (Miller Drug, etc), and health centers.

Read the full Health Alert issued on this topic here: <http://www.maine.gov/tools/whatsnew/index.php?topic=DHHS-HAN&id=84066&v=alert>

PEDIATRIC SUSPENSION

The FDA has issued guidance on compounding an oral suspension of Tamiflu® to provide multiple prescriptions: <http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm188629.htm> MaineCare is promulgating emergency rules increasing the reimbursement for compounding pediatric suspension from \$4.35 to \$10. The full stockpile

of pre-prepared pediatric suspension in the stockpile has been fully deployed to hospitals, health centers, and Hannaford's pharmacies and other willing pharmacies.

US CDC has also posted information about the safety of antivirals (http://www.cdc.gov/H1N1flu/antivirals/safety_info.htm).

MOA Member Receives AOA Mentor of the Year Recognition

Adam P. Lauer, DO of Bangor was selected as one of five finalists for the 2009 "AOA Mentor of the Year" recognition. The AOA received over 150 nominations of educators who made a difference in osteopathic medical students' education experience.

The AOA iLEARN Mentor Recognition Program, in association with Pfizer Inc., was developed to honor DOs who help shape the future of the osteopathic medical profession through their involvement with students and new physicians in practice. The AOA iLEARN Mentor Recognition Program enables members of the osteopathic professional family to nominate the mentor who has had a profound impact on their career. Additionally members can volunteer to become a mentor to an aspiring physician who is seeking career guidance from an experienced DO.

During the opening session of the AOA's Annual Convention, A. J. Stefani, OMS IV, President of the Student Osteopathic Medical Association, announced that Lynn Brumm, DO, of East Lansing, Michigan, was the 2009 AOA Mentor of the Year! In addition to Dr. Laurer, the other three finalists were Terry K. Badzinski, DO; Scott S. Cyrus, DO; Raul J. Garcia-Rodriguez, DO—will be inducted into the AOA Mentor Hall of Fame.



Medical Office Building For Sale

A medical office building located at 49 Main Street in Raymond, Maine is vacant and for sale. The two physician office is considered prime location situated just off the very busy route 302 corridor and surrounded by hospitals in various directions. The one story building has recently undergone many updates such as vinyl siding, roofing and replacement



windows. Former patients of the two family practitioners who practiced at the location refer to the offices and building as warm and inviting. The building is adaptable for professional office space or retainable as a medical practice. Recent research of the area concluded that the professional medical services of a podiatrist is needed in and around Raymond, Maine. For additional information, please contact David Heath, Krainin Real Estate at 207-665-3811 or view the building statistics at www.davidheathhomes.com.

Provider Changes to Synagis

Prior Authorizations

MaineCare is changing prior authorization criteria for Synagis to reflect recommendations by the American Academy of Pediatrics.

1. Recommendations for the initiation and termination of prophylaxis are modified to reflect current descriptions from the Centers for Disease Control (CDC) and Prevention of respiratory syncytial virus (RSV) seasonality in different geographic locations within the United States.

a. For MaineCare members, PAs will be accepted starting October 26th for dates of service starting November 23rd. Synagis will not be authorized for administration prior to this date.

b. This criteria is based on the fact that the Maine RSV season, based on historical epidemiologic data, has not started (as defined by two consecutive weeks of at least 10% of submitted specimens being positive for RSV AND > 5 specimens submitted) prior to 12/1 and generally not until late December or early January.

c. This will allow the five doses to provide protection that extends later in the season when RSV has been proven historically to remain active in Maine.

2. Repeat doses will be authorized no sooner than 30 days after the preceding dose.

3. Only 5 doses total will be authorized regardless of indication.

4. A maximum of three doses will be authorized for infants with a gestational age of 32 weeks, 0 days to 34 weeks, 6 days without hemodynamically significant congenital heart disease (CHD) or chronic lung disease of prematurity (CLD, previously called bronchopulmonary dysplasia) who qualify for prophylaxis.

5. The risk factors used to determine risk for severe disease and, therefore, the need for prophylaxis for infants born between 32 weeks, 0 days and 34 weeks, 6 days gestation have been modified to include only those infants born within 3 months of the start of the RSV season or during the RSV season AND having 1 of the 2 following risk factors:

a. Infant attends child care, or

b. One of more siblings or other children younger than 5 years live permanently in the child's household

6. Infants who qualify under criteria # 5 above, will only be authorized to receive prophylaxis until they receive 3 doses or reach 90 days of age (whichever comes first).

7. The definition of gestational age is being modified to match that proposed by the Red Book Committee. For example, "32 to 35 weeks gestational age" is defined as 32 weeks, 0 days through 34 weeks, 6 days.

The new Prior Authorization form and Red Book recommendations are available on-line. Stay up to date on MaineCare's latest news and changes. Just visit OMS's list serve subscription page to get updates by e-mail! For further questions please contact Gould Health Systems at 1-888-420-9711.

*Brenda McCormick, DHHS, MaineCare Services
Director, Division of Health Care Management*



Technology & Communications Corner

By Jack Forbush, D.O.

The Maine Osteopathic Association Board of Directors voted, during its September meeting, to create a Technology and Communications Committee. The committee will serve to address the organization's public relations, marketing and technology needs. As the chair of this committee, I look forward to hearing from all members about their thoughts and recommendations for current and future technology/communication endeavors.

The committee will be developing a fairly extensive strategic plan, one that addresses both the short and long-term needs of the organization. An update will be provided during the February conference during our general assembly meeting.

In the interim, I will be working closely with the MOA staff to conduct a thorough review of our current technology, updating both the hardware and software solutions as time and resources allow. This year's annual fund-raising campaign will be dedicated to the technology improvements and marketing initiatives the board of directors approves.

The Maine Osteopathic Association is now taking advantage of several free social marketing sites including Twitter. Twitter, a free social networking and micro-blogging service, enables its users to send and read messages known as tweets. Tweets are text-based posts of up to 140 characters (letters/symbols) displayed on the author's profile page and delivered to the author's subscribers who are known as followers. This simple communication tool has been employed in political campaigns, education, legal proceedings, public emergencies and other contexts where quick, concise information sharing is needed.

If you haven't done so already, we encourage you to sign up for a twitter account at www.twitter.com and then "follow" the MOA. The organization's twitter account is "MaineDO" and you can "follow" us either through your clear client or by visiting www.twitter.com/MaineDO. As time goes on, you will find this an efficient means of receiving up-to-date information and alerts from your Maine Osteopathic Association. If you are not quite familiar with all the new bells and whistles of texting, blogging and tweeting, don't worry! A new column, "Technology and Communications Corner" will highlight communication tools in each newsletter. Stay tuned and get ready to expand your technological tool belt!

Questions or concerns can be addressed to Jack Forbush, D.O., Chair of the Technology and Communications Committee, at jforbush@mainedo.org

Save the Date

MOA Midwinter Conference

Eastland Park Hotel, Portland, Maine

February 12-14, 2010

Register on line at www.mainedo.org

MaineHealth Learning Resources Center

The MaineHealth Learning Resources Center with funding from MaineHealth and the MaineHealth Osteopathic Heritage Fund is planning a Health Culture and Literacy skill building conference for physicians and other healthcare professions on April 20, 2010.

Their goal is to provide tangible resources, tools, and skills that address real, high priority needs among front line healthcare professionals.

Results of the project will clearly benefit members of the public who are patients of osteopathic healthcare providers in Maine, by bringing evidence-based tools and resources to providers' fingertips, and by increasing critical communication skills in areas such as assessing patient literacy and language needs, creating patient-centered environments, and supporting patient self-management of chronic conditions. For more information contact: Peggy Chausse, MA, CHES, Assistant Director, MaineHealth Learning Resource Center, 5 Bucknam Road, Suite 1A, Falmouth, ME 04105. Telephone: (207)781-1730 or by email at CHAUSP@mainehealth.org.

Dr. Doris Newman Resigns from MOA Board



Dr. Newman was recently appointed to the AOA's PTRC committee (regulates, approves, manages all the post-graduate osteopathic programs in the country) Dr. Newman also is on and chairs many other committees for the Academy, the AOA and UNE. In October, Dr. Newman announced her resignation from the MOA Board as well as from the Payor/Payee Committee of which she was chair. Dr. Newman was appointed to

the MOA Board in June 2005. She also served as co-chair of the Professional and Public Education Committee. In her resignation letter, Dr. Newman expressed her support of the MOA, its mission and vision and expressed her appreciation of the Osteopathic community of Maine and the Country. She also thanked, Angela Westhoff, MOA Executive Director and Joel Kase, D.O., M.P.H., MOA President and the entire MOA Board for all their support.

MOA Kicks Off Second Annual Holiday Fund Drive

The Maine Osteopathic Association is kicking off its **Second Annual Holiday Fund-raising Drive**. There is no more important time to invest in the future of osteopathic medicine in Maine.

The MOA's mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, professional advocacy and member services in order to ensure the availability of quality osteopathic health care to the people of Maine.

The association is very successful at accomplishing a lot with a small budget, but we are always looking for additional income in order to do that much more!

In the spirit of the upcoming holiday season, please consider giving a tax deductible contribution to the MOA... our fund-raising goal is \$10,000 for necessary technology and communication upgrades as well as many other strategic priorities for the MOA.

We urge you to be as generous as possible and all donations are tax-deductible.

Please Support the Maine Osteopathic Association's 2009 Second Annual Holiday Fundraising Drive

Name: _____

Mailing Address: _____, City: _____, State: _____ Zip: _____

I wish to contribute: ___ \$50 ___ \$100 ___ \$150 ___ \$200 \$___ Other

My Check is enclosed Please charge my credit card MasterCard Visa AMX

Credit Card #: _____ - _____ - _____ Expiration date: ____/____

Thank you and Happy Holidays!

Please Fax credit card donations only to: 207-623-4228 ~ Mail all other donations to: MOA, 693 Western Ave, #1, Manchester, Maine 04351

CLIA (Clinical Laboratory Improvement Amendments) - Federal Regulation

The Clinical Laboratory Improvement Amendments (CLIA) has established quality standards for all laboratory testing to ensure the accuracy, reliability and timeliness of patient test results. Under CLIA, a laboratory is defined as a facility that performs testing on human specimens for the purpose of providing information for diagnosis, prevention, treatment of disease or health assessment. Facilities, including physician office practices, that meet this definition must apply and obtain a certificate from the CLIA program to operate legally.

The CLIA regulations place tests in three categories based on the complexity of each test. The more complicated the test, the more stringent the applicable federal requirements. The categories are as follows:

- **Waived Tests.** These laboratory tests are so simple and accurate that the likelihood of erroneous results is negligible and they pose no reasonable risk of harm to the patient if performed incorrectly. Office practices or facilities performing waived tests must enroll in the CLIA program and obtain a **Certificate of Waiver (COW)**. A COW is required regardless of the number of tests that are performed and even if the patient is not charged or billed to Medicare or other insurances. Manufacturers' instructions for the waived tests must be followed. Laboratories with COWs will not be inspected routinely; however, they may be inspected as part of complaint investigations and on a random basis.
- **Moderate Complexity Tests.** Much of the testing performed in clinical laboratories falls into this category. There are requirements for quality control, quality assurance, proficiency testing and limited personnel requirements. A laboratory performing this level of testing is subject to biennial surveys by the Center for Medicare and Medicaid

Services (CMS) or a CMS agent. Examples of moderate complexity tests are microscopic analysis of urinary sediment, direct antigen strep A tests, and cervical Gram stains.

- **Provider-performed microscopy (PPM)** is a subcategory of moderately complex procedures and applies to certain tests commonly performed under a microscope in the provider's office. A physician, mid-level practitioner or dentist can perform this limited number of tests once a **Certificate for Provider Performed Microscopy** is obtained.

- **High Complexity Tests.** These are tests that are most difficult to perform or are most subject to error. They are usually performed by large clinical laboratories and require quality control, quality assurance, proficiency testing and stricter personnel requirements. Laboratories performing high complexity tests are subject to biennial surveys by CMS or a CMS agent.

Facilities performing moderate (excluding PPM) and/or high complexity testing must apply for a **Certificate of Compliance (COC)** or **Certificate of Accreditation (COA)**. Each facility must first apply for a **Certificate of Registration** to allow it to perform moderate and/or high complexity tests pending a certification inspection.

Further information about CLIA can be accessed at www.cms.hhs.gov/clia or by contacting your local state survey agency.

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.



The Portland Osteopathic Clinic for Children: Offering osteopathic manual medicine to all area children.

Gentle osteopathic manipulation can be helpful to address a range of infant and childhood conditions including birth trauma, difficulty with feeding, cranial asymmetry, asymmetry of neck movement, colic, constipation, recurrent ear infections, asthma, muscle or joint pain, back pain or neck pain, headaches, scoliosis, spasticity, and behavioral and/or neurologic conditions.

A child who functions better in his or her body will often function better in the family and in the community.

By appointment only. Clinic held on Fridays in the community building at 492 Ocean Avenue, Portland, ME.

Fee: \$20 donation per child suggested. No child turned away due to inability to pay.

Please call 207-939-3963 to schedule an appointment.



Financial planning Rx:

Debt and wealth management tips for doctors

SUMMARY: Medical school is specialized to train physicians to practice medicine but scarcely teaches financial education. With the average debt of medical students increasing annually, Racquel Tibbetts, financial planner, Maine District, recommends that young doctors work with a financial advisor to develop a plan for repaying debt and managing their wealth. She also discusses two common retirement options offered by hospitals. Key contact: Therese Myers, 518-257-8637.

About the author: Racquel H. Tibbetts, CFP®, CPA, KeyBank is the Financial Planner of KeyBank N.A.'s Maine District. She may be reached at 207-945-0685 or Racquel_H_Tibbetts@KeyBank.com.



Racquel H. Tibbetts

According to the Association of American Medical Colleges (AAMC), 79 percent of medical school graduates enter the workforce with debt of at least \$100,000—with an average of \$154,607. Even in a field for higher income earners, this debt load is staggering. Especially if you consider that often times financial education is scarce in the specialized schools that train physicians. In short, doctors are trained to save lives, not manage their own financial lives. And as the cost of practicing medicine continues to rise and the burden of debt climbs higher, the entire healthcare system is feeling its effects. Would-be primary care physicians are moving to higher-paying specializations, and would-be doctors are choosing other education and career paths.

Managing debt and risk

Whether you are just out of medical school, are part of a hospital system or have your own private practice, a medical professional's career has a rhythm all its own. The truth is, many early-stage career doctors are naïve to the hefty repayment of their debt. So a good place to start is with student loans. After you locate your loan documents and determine your grace period for repayment, if any, determine your capacity for repayment. Smaller payments can be easier on your budget, even if you think you can afford more. Remember, you can decide to pay more, pay a large chunk or the entire loan off at anytime without penalty.

The key is to establish a plan that is realistic. You want to make every payment on time. Not doing so can seriously undermine your efforts to get other credit. Also, a large student loan debt affects your debt-to-income ratio. A creditor may feel that you are stretched too thin to make room for the payments on any new credit, such as purchasing a home or starting your own practice. That is why young doctors should develop an early relationship with a financial advisor. A financial advisor can help you manage your debt by helping you identify a payment plan that still helps you maximize your increased earnings for future wealth and opportunity.

Here are some other tips that can help you improve your situation:

- Pay off your student loan debt as fast as you can.
- Ask your lender for a graduated repayment option.
- Explore extended or income-sensitive repayment options if you are having trouble making your payments.
- Consolidation may be a viable option if you can get a longer repayment term and lower rate.
- If the loans are in default, talk to your lender about options because they are not going away.

Doctors are also in danger of unexpected liabilities. If you have not done asset protection planning, your wealth is vulnerable. Lawsuits, taxes, accidents and other financial risks are facts of

everyday life. You need to identify your potential loss exposure, then implement strategies that are designed to help reduce that exposure without compromising your other estate and financial planning objectives. The simplest way to cope with risk is to shift the risk to an insurance company. You should be adequately insured against death and disability, medical risk, liability and property loss and other business losses if appropriate.

Asset placement, transferring legal ownership of assets to other persons or entities, may also offer protection. Plaintiffs and creditors can't reach property that you do not own or control. It may be advisable to shift some assets to your spouse. An asset protection trust, whether domestic or offshore, may also be a viable option. Legal limitations can prevent creditors from reaching trust assets, and the various obstacles associated with asset protection trusts may act to deter creditors from pursuing claims. You should always obtain the advice of qualified counsel regarding these matters.

Navigating transition and retirement plans

Physicians that are converting from private practice arrangements to Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), hospital-owned practices and hospital outpatient departments are facing choices in their retirement plan options. Many hospitals are tax-exempt organizations, which afford them the option of offering a 403(b) plan or a Section 457(b) plan.

The 403(b), sometimes referred to as a tax-deferred annuity or a tax-sheltered annuity plan (TSA), is not a qualified retirement plan. Neither is the 457 (b) plan, which is a type of nonqualified deferred compensation plan. However, both plans mimic a qualified plan in that they offer similar tax benefits to qualified plans and are subject to many of the same requirements.

Here are some benefits both plans offer:

- An employee can defer \$16,500 (in 2009).
- An employer may contribute.
- Employee contributions are pretax.
- Tax-deferred growth.
- Both the 457(b) and the 403(b) plan are generally subject to the same required minimum distribution rules that apply to IRAs.

A 457 (b) plan may be used in conjunction with a 403(b) plan.

Plan for a financially secure future

Physicians are great at their professional specialties. That's why people place great trust in them. They manage what we cannot. As a doctor, you should do the same when it comes to your financial health. From developing plans, offering advice and providing you with financial management tools, a financial advisor can keep you focused on what you do best—taking care of people.

continued on page 9

Some differences between 403 (b) and 457 (b) retirement plans

Hospitals that are tax-exempt organizations can offer 403 (b) and 457 (b) plans. The article highlights their shared benefits. However, the two plans also have many differences.

- A 403(b) plan can let employees designate all or part of their elective deferrals as after-tax Roth contributions.
- An Employer can make 403(b) contributions on behalf of former employees for up to five years after the employee no longer receives compensation from the employer.
- The 403(b) plan offers a “catch-up” provision for employees age 50 and over.
- Total annual additions (sum of employer and employee contributions) for any one participant in a 403(b) plan are limited to the lesser of \$49,000(in 2009) or 100 percent of compensation. The “catch-up” rule does not apply to this limit.
- A 457(b) plan can allow increased contributions during one or more of a participant’s last three taxable years preceding attainment of normal retirement age. A participant’s maximum deferral may not exceed twice the allowed contribution amount for the year (\$33,000 in 2009).
- A 457(b) plan can allow participants to defer accumulated sick, vacation and back pay if certain conditions are met.
- Section 457(b) plans of tax-exempt employers must be unfunded. Since most tax-exempt employers are subject to ERISA, which generally requires that plan assets be held in a trust, the organization must limit plan coverage to highly compensated employees.
- Funds held in a 403(b) plan are fully shielded from employee creditors under federal law.
- Assets of the nongovernmental 457(b) plan that are not held in an ERISA trust have less protection in the event of plan sponsor’s bankruptcy.
- Investment choices are limited with a 403(b) plan.

The Maine Osteopathic Board of Licensure Shares an Update from the U.S. Department of Justice, Drug Enforcement Administration on Emergency Prescriptions for Schedule II Drugs

The Drug Enforcement Administration (DEA), Office of Diversion Control, calls practitioners attention to the existing federal regulations that define a practitioner’s responsibilities when issuing oral prescriptions for schedule II controlled substances in emergency situations.

Federal regulations require prescriptions for schedule II controlled substances to be made in writing and to be signed by a DEA registered practitioner. If the prescribing practitioner determines that the situation is an emergency, however, a pharmacist may dispense a schedule II substance after receiving oral authorization from the DEA registered practitioner, as long as the prescription also meets additional requirements discussed in right t column.

Emergency Prescriptions for Schedule II Drugs continued

If a DEA registered practitioner authorizes an emergency oral prescription for a schedule II controlled substance, the practitioner must provide the pharmacist with a written prescription soon after issuing the oral prescription. The federal regulations state: **Within 7 days after authorizing an emergency oral prescription, the prescribing individual practitioner shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacist.** In addition, the prescription shall have written on its face “Authorization for Emergency Dispensing” and the date of the oral order. The written prescription may be delivered to the pharmacist in person or by mail, but if delivered by mail it must be postmarked with the 7 day period. Upon receipt, the dispensing pharmacist shall attach this prescription to the oral emergency prescription which had earlier been reduced to writing. **The pharmacist shall notify the nearest office of the Administration if the prescribing individual practitioner fails to deliver a written prescription to him;** failure of the pharmacist to do so shall void the authority conferred by this paragraph to dispense without a written prescription of a prescribing individual practitioner.

Pharmacists also have an obligation to obtain a written prescription from the practitioner that authorized the emergency oral prescription. If the pharmacist does not receive the written prescription with the specified timeframe, the pharmacist must inform the local DEA office of the prescribing practitioner’s failure to comply. If the pharmacy does not notify the DEA of the failure, the pharmacy will lose its authority to dispense schedule II controlled substances in emergencies based on oral prescriptions.

DEA also reminds practitioners that they have responsibility for the proper prescribing of controlled substances. This responsibility applies to the issuance of emergency oral prescriptions as well as to written prescriptions. In addition, DEA reminds you that a practitioner may authorize an oral prescription for schedule II controlled substance only if he/she determines (1) that immediate administration of the controlled substance is necessary for the proper treatment of the intended ultimate user (2) that no appropriate alternative treatment is available, including administration of a drug which is not a scheduled II controlled substance and (3) that it is not reasonably possible for the prescriber to provide a written prescription to the person dispensing the substance, prior to dispensing.

Additional information on the DEA Diversion Control Program can be found at: www.DEAdiversion.usdoj.gov. If you have additional questions, you can contact the Liaison and Policy Section at (202) 307-7297.

MOA Dues Reminder

If not yet paid.....Your MOA membership dues for 2009-2010 are **6 Months PAST DUE!!** In order to qualify for the member registration discount for the upcoming Midwinter Conference your dues must be current. If you have not paid your dues, please do so as soon as possible or you will be charged the non-member registration fee of \$545/\$595. Pay today on-line at www.mainedo.org or by fax at (207) 623-4228 using your credit card! Thank You!

UNE COLLEGE OF OSTEOPATHIC MEDICINE CELEBRATES WHITE COAT CEREMONY

BIDDEFORD, Maine—Over 1,200 family members and friends gathered to celebrate as 124 first-year students at the University of New England College of Osteopathic Medicine participated in the College's annual White Coat Ceremony that formally recognizes the transition students make from lay persons to those assuming the responsibility of physicians.



Joel Kase, D.O., M.P.H.
MOA President speaking at the
White Coat Ceremony

The evening ceremony was held at the Holiday Inn by the Bay in Portland, Maine on Thursday, October 8, 2009.

Event highlights included welcome remarks by Marc B. Hahn, D.O., the new Dean of the UNE College of Osteopathic Medicine, who stated, "...Becoming an osteopathic physician begins now. Society will increasingly grant you significant, and I hope humbling power and responsibility in your care for your fellow human beings...As you develop the qualities that will make you good—even outstanding—physicians, you will grow in knowledge and skills...For this to be true growth, you must recognize your own weaknesses and strengths, and work to develop confidence while maintaining awareness of your own limitations. Today I congratulate you on your achievements thus far, and encourage you as you begin your medical education."

In keeping with tradition, the medical students were presented their white coats by members of the physician community. UNECOM also initiated a new tradition at this year's event. Both the Maine Osteopathic Association President Joel Kase, DO, MPH, and the Maine Medical Association President David McDermott, MD, MPH, joined Dean Hahn on the dais and welcomed the first-year students into the house of medicine. Peter Bell, DO, assistant dean for Ohio University COM/CORE Pre- and Post-doctorate Education, delivered the keynote address. Second-year medical student Alan Schleier, president of the Student Osteopathic Medical Association, also shared remarks. Polly Leonard, DO '95 UNECOM, president of the UNECOM Alumni Board, led the reading of the Osteopathic Oath. A reception to honor the Class of 2013 followed. The White Coat Ceremony was an idea conceived by the Arnold P. Gold Foundation to create a psychological contract for professionalism and empathy in medicine. The first White Coat Ceremony took place in 1993 at Columbia's College of Physicians and Surgeons. Since then, more than 100 other medical schools in the U.S. and abroad have initiated a similar ceremony.

The University of New England is a top-ranked independent university with two distinctive campuses located in the coastal communities of Biddeford and Portland, Maine. UNE's College of Osteopathic Medicine is located on UNE's ocean front Biddeford Campus and emphasizes the education of primary care physicians and is a leader in biomedical research. It is the only Maine-based medical school and the only osteopathic medical school in New England.

The College has graduated more than 2,300 osteopathic physicians since its founding in 1978, and has been recognized by U.S. News & World Report for excellence in geriatric, rural and primary care medical education. For more information, visit www.une.edu or contact Kathleen Taggersell, Director of Marketing & Communications University of New England, 11 Hills Beach Road, Biddeford, ME 04005-9599 Tel: 207-602-2269 ~ Fax: 207-602-5986 ~ Email: KTaggersell@une.edu

MOEF Silent Auction To Benefit: "Doctors for Maine's Future"

Donations Needed

Once again, we are planning the Maine Osteopathic Educational Foundation (MOEF) Silent Auction for Saturday, February 13, 2010 in conjunction with the midwinter conference at the Eastland Park Hotel, Portland, Maine. We need your assistance.



Your donation will assist in helping to meet the "Doctor's for Maine's Future" Scholarship Challenge. The "Doctors for Maine's Future" scholarship challenge is to increase the number of physicians who practice in primary care, underserved specialties or underserved areas of the state, the "Doctors for Maine's Future Scholarship" will provide \$25,000 scholarships to support College of

Osteopathic Medicine students with Maine roots. Scholarships from the state will be provided for up to five students and matched by donations to double the impact to ten medical students.

Please join the challenge to ensure Maine students can enjoy scholarship support to attend the College of Osteopathic Medicine. Donations such as gift certificates to restaurants, hotels and resorts, gift baskets, travel, sporting event tickets, concert and theater tickets, wine and spirits, paintings, drawing and prints, fine jewelry, personal services, cash to purchase items or other merchandise would be greatly appreciated. Your name and donation will be listed in our silent auction program book and at our event with your donation. Your donations are 100% tax deductible.

The mission of the MOEF is to ensure osteopathic medical students access to low interest educational loans and to advance the educational goals and public educational activities that promote the osteopathic profession throughout the State of Maine. We hope that we can count on your support to make the 8th Annual MOEF Silent Auction a huge success! Please see the donation flyer inserted in this newsletter.

If the item cannot be mailed, we would be happy to come by your location to pick up the item(s). Just give us a call and we will come by at your convenience.

Please contact Dianne at the MOA office at (207) 623-1101 with any questions or arrangements for collection of your donations. Thank you for supporting this great cause!

UNECOM Student Scoop

Liz Coviello, OMS-II
SGA President



From left to right
Megan Locke, OMS-II, Lauren
Cataldo, OMS-II, Dean Kelley, Jen
Cook, OMS-II, Liz Coviello, OMS-II

Greetings from the student body!

Students are staying busy this fall as the short Thanksgiving break quickly approaches. First-years are in the throes of block exam week, as second-years vigorously prepare for the musculoskeletal exam.

The first-years have finally received their white coats, at UNE-COM's annual White Coat Ceremony, which featured Peter Bell, D.O., class of '88, as the keynote speaker. Dr. Bell reminded the students IATP: It's all about the patient. It was also the first time that both the MOA and Maine AMA President's attended.

We are extremely proud of all our clubs and organizations achievements thus far in the academic year, especially the mass amount of community service. The pediatrics club kicked off its mentoring program with local elementary students and has sent students every Thursday and Saturday to the Barbara Bush Children's Hospital at Maine Medical Center to visit and play with the kids. AMOPS had its theme week, which included landing a Black Hawk on the Alford lawn! The Sports Medicine Club sponsored its fall Chili Bowl, as the class of 2012 is the first class to leave campus undefeated! The service fraternity, Sigma Sigma Phi, has been visiting the Alzheimer patients at the Monarch Center. SSP's annual 5K Turkey Trot will be Nov. 14 to benefit the Biddeford Free Clinic, where many of our students volunteer. Many students also distributed shots at the University's H1N1 clinics in October.

About a dozen students recently returned from the AOA convention in New Orleans. Student leaders attended an alumni luncheon and evening reception, which included many MOA members! We also officially welcomed Dean Hahn to the UNE-COM family on behalf of the student body with cozy UNE-COM sweatshirts for the beautiful Maine winter that is quickly approaching. While in New Orleans, some of us volunteered at a free clinic taking blood pressures, measuring glucose levels, calculating BMIs and performing physicals; we also had a great time celebrating Halloween on Bourbon Street!

The student body has organized *The Fascial Release*, our new monthly, student-newsletter with updates from third-year site liaisons, class presidents and the student trustee. This is an exciting accomplishment as we work to improve communication among students, both on- and off-campus, faculty and administration.

Happy Thanksgiving!
Liz Coviello, OMS-II
SGA President

Welcome to the "Historian's Corner"

The New England Osteopathic Heritage Center sincerely thanks the Maine Osteopathic Association for the opportunity to share this historical vignette written in large part by Dr. Gretchen Sibley.

Headline Reads...

"Governor Signs Osteopathic Measure: Fight of Ten Years Ends In Victory Met No Opposition; Law Goes Into Effect In July And Will Give Osteopaths Equal Privileges With And Surgeons In The Practice Of Obstetrics And Surgery."



This 1929 front page *Portland Evening Express* article details the successful culmination of a 30-year battle the osteopathic community of Maine fought to achieve legal practice rights. The article mentions a ten-year struggle, which refers to the 1919 law that explicitly excluded osteopathic physicians from legally performing surgery or obstetrics. The 1919 law also gave us the Osteopathic Licensure Board, which was a vital step toward the recognition of the consistency of training and skills of osteopathic physicians in Maine. Governor William Tudor Gardiner signed the law in February of 1929, which gave osteopaths the right to practice surgery and obstetrics and prescribe "dangerous" medicines related to those fields. It is interesting to note that clear legislation of fully unrestricted licensure was not signed until the mid 1950s, one hundred years after osteopathic physicians began practicing in Maine. In the intervening years osteopathic physicians prescribed all medicines, reasoning that to care for obstetrical and surgical patients required the use of all appropriate medicine, potentially in violation of a strict reading of the 1929 legislation.

A folded, faded Western Union telegram, dated February 27, 1929 and sent from Camden, Maine to Westbrook, Maine, simply reads "Congratulations." The sender is Dr. G. C. Shibles, sharing the moment with Harry Pettapiece, D.O., two of the many dedicated osteopaths who spent most of their careers as both physicians and highly engaged political citizens. Their dedication is a call to action for osteopathic physicians of today to engage in the current issues of health care reform. We are obligated to the communities we care for to speak for them, and we must know that it might take 30 years to be heard and then another 70 to achieve true change.



These intriguing documents are found in one of six MOA scrapbooks housed at the University of New England's Osteopathic Heritage Center, located on the Biddeford campus of the University of New England. In the past six years, NEOHC has amassed a rich collection of artifacts, photographs, records, and scrapbooks representing the remarkable stories of the struggles and victories of the men and women on whose shoulders today's osteopathic physicians stand. Please visit!

Contact Gay Marks, the Archivist at the Center, if you have questions and/or would like to make an appointment to visit, gmarks@une.edu or 207 602 2131.



Mark Your Calendar

November 2009

- American Diabetes Month®*,
- National Alzheimer's Disease Awareness Month*
- 1-5 AOA/ACFP 114th Annual Convention
- 6-8 OMM at UNECOM
- 11 Veterans Day - MOA office closed for the Holiday
- 19 Great American Smoke Out
- 26 Thanksgiving Day
- 26-27 MOA office closed for Thanksgiving holiday

December 2009

- Safe Toy and Gift Month*
- National Handwashing Awareness Week 6-12*
- 2 MOA Board Meeting, MOA Headquarters
- 2-7 Biodynamics of Osteopathy: Phase III ~ UNECOM
- 11 Hanukkah Begins at Sundown
- 24-25 Christmas MOA office closed for Holiday
- 31 MOA office closing at noon - New Years Eve

January 2010

- National Blood Donor Month*
- 1 New Years Day MOA office closed
Sign Up to serve as Doctor of the Day at the State Legislature
- 18 Martin Luther King Jr. Day - MOA office closed



February 2010

- National Heart Month*
- 11 MOA Board Meeting, Eastland Park Hotel
- 12-14 MOA Mid-Winter Conference, Eastland Park Hotel
- 13 MOEF Silent Auction
- 14 Valentine's Day
- 15 President's Day MOA office closed



March 2010

- National Nutrition Month*
- 14 Daylight Savings Time Begins
- 17 Saint Patrick's Day
- 18-21 ACOFP 47th Annual Convention, Las Vegas, Nevada

MOA Midwinter Conference
Eastland Park Hotel, Portland, Maine
February 12-14, 2010

MOEF Silent Auction
Eastland Park Hotel, Portland Maine
Saturday, February 13, 2010

MOA 99th Annual Oceanside Convention
Samoset Resort, Rockport, Maine
June 11-13, 2010