

New Panel Set to Assess Healthcare in Maine

A new group charged with setting standards by which elected officials and others will regularly assess the healthcare system in Maine met recently for the first time in Augusta.

Governor **Angus King** said the Maine Health Care Performance Council will be responsible for identifying trends that are leading to increased health insurance premiums in Maine.

The Council, comprised of up to 14 employers and consumers appointed by the Governor, will consult with healthcare professionals and providers, citizens, managed care companies and government officials as they develop healthcare goals and objectives to improve the state's healthcare delivery system.

The group is co-chaired by **Kevin Gildart**, Vice President of Human Resources and Public Affairs at Bath Iron Works; and **Donald Gerrish**, Town Manager of Brunswick. Other Council members include: **John Benoit**, Vice President of Holden Agency; **Sandra Bernstein**, Superintendent of Maine School Administrative Districts 27 and 10, Fort Kent; **Joseph Carleton**, Attorney; **Kevin Concannon**, Commissioner, DHS; **Mark Cook**, Manager of Employee Benefits, L.L. Bean; **Laura Fortman**, Executive Director, Maine Women's Lobby;

Kathie Leonard, President, Auburn Manufacturing, Inc.; **S.**

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Maine Hospitals Mobilized to Aid New York, Washington

In response to the September 11 disasters in New York and Washington, D.C., Maine hospitals quickly mobilized to aid in disaster relief.

MHA staff met this month with senior officials representing several state agencies to coordinate bioterrorism and emergency preparedness activities with Maine hospitals.

The Association also met with the Bureau of Health, the Maine Emergency Management Agency, the National Guard and other agencies to determine how Maine hospitals can work more closely on ensuring that hospital staff is adequately trained to detect and respond to bioterrorism threats. The group also took steps to assess whether hospitals have the equipment and supplies they need.

Maine hospitals were standing by in the event that beds, staff and other supplies are needed as a result of the September 11 terrorist attacks. At the request of state emergency management officials, the Maine Hospital Association (MHA) prepared a list of available beds in southern Maine should disaster victims or other patients at hospitals in and around New York and Washington need to be transferred.

Hospitals across Maine increased security to ensure the safety of patients and staff. Hospitals also coordinated efforts with governmental agencies, emergency management officials and the American Red Cross determine the need for blood collection, volunteers, nurses, medical supplies and food. Many Maine hospital caregivers who serve in the National Guard and Reserve mobilized, with many others standing by, ready to respond.

Maine hospitals received dozens of phone calls and visits from people wanting to aid the disaster relief effort. Many people were able to donate blood. However, there is still great concern for the blood supply in the weeks and months to come. Hospitals are being urged to contact their local Red Cross chapter to offer help in expanding already-scheduled blood drives to help increase the amount of blood collected. Many hospitals have already expressed interest in providing volunteers and supplies. For a list of regional ARC chapters go to: <http://www.newenglandblood.org/ner/chapter2.htm>.

Several hospitals have reported an increase in the number of Emergency Department patients being treated for anxiety.

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Hospital Employees Offer Vacation Time For Disaster Relief

Hospitals are encouraged to participate in a program that will allow employees to donate vacation-time pay to aid in New York and Washington disaster relief efforts.

Following the September 11 terrorist attacks, people nationwide have flooded the offices and phone lines of the American Red Cross (ARC)—eager to aid in any way possible. Many Mainers have already given blood and many Reservists have been called to active duty and are standing by, ready to help. But a new program to benefit the ARC can also help—by allowing hospital employees to exchange, or “cash in” vacation-time pay to benefit disaster relief efforts resulting from the September 11 terrorist attacks.

Maine Medical Center (MMC) in Portland has implemented such a program and more than 2,000 employee vacation-time hours have already been donated to the ARC. **Sharon Bagalio**, Assistant Head Nurse of the Ambulatory Surgery Unit at MMC, and Disaster Health Services Coordinator for the Portland ARC Chapter and Maine Nurse Liaison, initiated the program at MMC. She said that all Maine hospitals can easily develop such a program. **Jason Elliott**, Director of Human Resources at MMC is available to answer questions or give guidance to any hospital interested in beginning a similar program. To contact him, call 871-4572.

MHA Contact: Abby Greenfield

Disaster Relief, continued

Hospital behavioral health and emergency officials have also been providing care in the community.

Hospitals worked together to gather physicians, nurses, mental health workers, supplies and more should emergency management officials, the American Red Cross or any other source request aid as a result of the events.

The Greater New York Hospital Association and the United Way of New York City have established emergency disaster relief funds through All donated funds will be used specifically to offer counseling and other mental health-related assistance for the individuals, families, and the community at large affected by the disaster. To find out how to donate to either of these relief funds, go to: www.themha.org/pages/new_pages/new2n.htm. **MHA Contact: Jim Harnar**

Hospitals Gear Up for Medical Errors Debate

At the direction of the Health and Human Services Committee, a group of lawmakers, healthcare professionals and others convened in Augusta early this fall to informally discuss legislation that would require hospitals and other providers to report medical errors to the state.

This was the first of two scheduled meetings this fall to review and understand concerns raised by lawmakers and others during legislative hearings earlier this year.

LD 1363 was carried over from this year’s session after members of the Health and Human Services Committee expressed concern over the bill’s punitive approach and lack of confidentiality and discovery protection provisions for healthcare providers.

Debate continues on whether any reporting system should incorporate disciplinary action—or focus on quality improvement by developing useful information for hospitals and other healthcare providers to collectively benefit from.

MHA continues to emphasize that for a reporting system to be successful, it must be non-punitive, confidential and one that provides feedback to providers, promotes the understanding of the causes of errors and identifies opportunities to reduce the incidence of errors. A second meeting will be held later this month to address the specifics of the bill. **MHA Contact: Mary Mayhew**

Telehealth Group to Extend Video-Conferencing Services

MHA Telehealth Work Group participants received a federal grant that will enable Maine to implement new video-conference interpretive services for the deaf and hearing impaired.

The three-year, \$550,000 grant was awarded to the group earlier this month from the Department of Commerce’s Technology Opportunities Program. Currently, 11 Maine hospitals are participating as pilot sites for the first year of the program. All hospitals are welcome to join the grant project after the first year.

The MHA Telehealth group, which is co-chaired by **Janet Alexander**, Director of Affiliate Hospital Relations for MaineHealth in Portland; **Dev Culver**, Chief Information Officer for Eastern Maine Healthcare in Bangor; and **Doug Kingsbury**, Project Director for Downeast Telemedicine Network, facilitates the expansion of telehealth applications in Maine. For more information or to find out how to participate in the Telehealth group or grant program, contact Alexander at alexaj@mmc.org. **MHA Contact: Sandra Parker**

Hospitals Gear Up for On-Line Information and Recruitment

MHA is establishing two web-based initiatives to assist members in recruitment of healthcare employees.

The strategy follows MHA's recent announcement of a new study that shows how Maine hospitals and other healthcare organizations are dealing with a growing healthcare labor shortage. MHA's survey found that the number of unfilled RN positions in Maine has risen by more than 40 percent in the last year alone—meaning that one of nearly ten RN positions is now vacant. Other allied health professionals, including CNAs, radiology and laboratory technologists and pharmacists, are also reported to be in short supply. (The survey is available on MHA's website at www.themha.org under "What's New.")

Responding to the increase in website inquiries for nursing and other allied health positions, MHA is inviting hospitals and their affiliates to participate in a centralized on-line employment information service by submitting links to their career opportunities pages. Those links will then be posted on MHA's Maine Recruitment Center (MRC) website under a new section aimed at supporting member recruitment of nursing and other allied health positions.

In conjunction with this effort, the MRC is offering—on a trial basis—a new service at no charge to MHA member organizations. MRC currently subscribes to an on-line physician job search service, which has proven to be a valuable resource for candidates. The company is planning to launch an on-line nursing job search product in January to meet growing demand from nurses seeking jobs and healthcare organizations seeking nurses.

As a current customer of the company, the MRC can post nursing employment opportunities at MHA organizations. **MRC Contact: Jane Ham; MHA Contact: Kathleen Stuchiner**

Medical Liability Insurer PHICO Under State Control

PHICO Insurance Co. has been placed under Pennsylvania state control after the company reported further significant financial losses over the past quarter. The Hospital & Healthsystem Association of Pennsylvania, which owned PHICO, attributes the erosion of the company's financial situation primarily to an increase in claims that are rising in severity.

PHICO provides medical malpractice insurance for hospitals, physician groups and individual physicians. At its height PHICO insured about 7 hospitals in Maine; the company now serves two. The Pennsylvania Insurance Department assumed statutory control of the failing company earlier this month in an attempt to conserve PHICO's assets and to develop a payment plan for policyholders.

For the past five years MHA's Associated Health Resources, Inc. subsidiary and Medical Mutual of Maine have worked closely together to provide Maine hospitals with medical liability coverage and risk management services. Currently, 22 hospitals are part of the MHA-Medical Mutual program, bringing the total number up from only three when the partnership began in 1996. **MHA Contact: Jim Harnar**

Hospitals Respond to Medical Waste Price Hikes

About one-third of Maine's hospitals are currently facing significant price increases from Stericycle, the company which handles nearly 100 percent of Maine's medical waste.

Stericycle defended its recently announced price hikes, stating that the company is simply bringing prices up to levels that are comparable to those that have been paid by other Maine hospitals for a number of years.

Stericycle told MHA it had been honoring the terms of a contract that it assumed when another waste management company went out of business several years ago. That contract, with about one dozen hospitals, is set to expire this summer. The company also assured hospitals that it is committed to the Maine market and is prepared to regularly service even those small hospitals located in more remote regions of the state.

In a meeting with MHA, officials of Stericycle, Inc. (formerly B.F.I.) reported that the majority of Maine's medical waste is now transported to a Stericycle facility in Woonsocket, Rhode Island, where it is shredded, disinfected through electro-thermal deactivation, incinerated, and later landfilled in Massachusetts. MHA's Environmental Services Advisory Committee, chaired by Sebasticook Valley Hospital CEO **Jack May**, is exploring the feasibility of introducing either steam autoclave or micro-wave treatment technology to Maine as a way to provide hospitals with more than one option for dealing with medical waste.

The Maine DEP completed a study earlier this year that found that cost savings could be achieved by citing one or more alternative medical waste treatment units here in Maine. **MHA Contact: Jim Harnar**

Health Council, continued

Catherine Longley, Commissioner, Department of Professional and Financial Regulation; **Christopher O'Neil**, State Representative, House District 115, Saco; **Connie Sandstrom**, Executive Director of the Aroostook Community Action Program; **Karl Turner**, State Senator, Cumberland Foreside; and **Jane Saxl**, Former State Representative, Bangor.

Here's a brief timeline on the Council's anticipated actions:

Fall 2001: Council members will be meeting with speakers and attending educational briefings as they begin to develop a vision and set of goals.

Winter 2001-2002: Subcommittees will be established to address issues relating to healthcare access, cost and quality. MHA and/or its member hospitals are expected to serve on these subcommittees.

January 2002: A summit for key stakeholders will be held around the formation of the Council subcommittees.

June 2002: Subcommittees will release a set of measures, or recommendations, that will be made available for public comment.

September 2002: An interim report will be developed.

January 2003: A final report will be released.

The group was formed as a result of the Governor's Year 2000 Blue Ribbon Commission on Healthcare—which concluded that the state lacked the necessary data to make credible recommendations on healthcare issues and that better planning was needed to ensure that healthcare dollars are being spent properly. The Council will be managed by the Maine Development Foundation and modeled after the state's Economic Growth Council. After its sunset in six years, the performance and purpose of the Maine Health Care Performance Council will be reevaluated and modified accordingly. The Maine Development Foundation will manage and deliver the work of the Council.

MHA is monitoring the Council's meetings and will work with Council staff to provide background information on Maine hospitals and the benefits they provide. **MHA Contact: Mary Mayhew**