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Professional Writing and Lectures: "Brief History of the Osteopathic Hospital of Maine," 1977, undated

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HONORS TO SOME OF THE MOA’S “OLD HANDS”

Phil Johnson & Clyde Berry

Four D.O.’s are now in their forty-sixth year of practice in Maine. Three of that group received the 45-year Physician Service Certificates from MOA executive director Phil Johnson at the Association’s Annual Convention in June. From left to right, in the sequence of presentations, are Clyde L. Berry, D.O., of Bristol, Frank E. Hanscom, D.O., now of Ellsworth, and William L. Daniels, D.O., now of Island Falls. Not shown in the photo array above is L. Denis Moody, D.O. of Farmington.

Another 45-year Service Certificate recipient, Lowell M. Hardy, D.O., now of Hampton Falls, New Hampshire was upon his retirement in June named an Honorary Life Member of the society.

PORTLAND D.O. JOINS EDUCATION COMMITTEE of REAL ESTATE COMMISSION

Maurice C. Hothem, D.O. reports that he has accepted an unusual public service obligation. Dr. Hothem was chosen by the Maine Real Estate Commission to serve as a member of its Continuing Education Committee. The Committee is responsible for the review and approval of the educational programs which will qualify brokers and salesmen of the real estate for licensing.

According to Dr. Hothem, the legislation creating the Committee (Public Laws 1979, Chapter 196) became effective in mid-September. The Committee is not solely advisory but is charged with the approval or rejection of educational programs in this publicly related area.

NEW MHSA DIRECTOR ON JOB

The Maine Health Systems Agency has a new executive director. Robert Triano has been appointed as the Agency’s third chief executive. Triano’s designation for the job by the HSA Board of Directors followed the resignation of Frank McGinty of Cumberland. McGinty moved out of the post to become Deputy Commissioner of the Department of Human Services in the Brennan administration.

Stanley E. Hanson of Gray was the agency’s first executive director. He resigned to take employment in the private sector.

Prior to accepting the post with Maine's statewide health planning agency, Triano was the Director of an HSA in Texas. That state, after considerable controversy, adopted a multi-HSA planning pattern.

HEW AWARDS AOA DATA SHARING CONTRACT

HEW’s Bureau of Health Manpower recently awarded a contract to establish data sharing systems within the osteopathic community to the American Osteopathic Association. The two-year contract will allow AOA, AOHA, and the American Association of Colleges of Osteopathic Medicine to design, test and implement a data sharing system.

The project will provide for the three organizations to determine what data is needed for long-range planning in the areas of manpower development, pre- and postdoctoral training facilities and related issues. Presumably joint programming will allow the three organizations to collect and share appropriate information.

INSURE IN YOUR OWN COMPANY

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In its report to the MOA Board of Directors in September, the Committee on Insurance outlined a recent development in the availability of professional liability insurance for D.0.'s in Maine. The Aetna, as noted by Committee Chairman George W. Draper, Jr., D.O. of Waterville, advised its independent agents in Maine at the end of July, 1979, that "Maine D.0.'s (except those in Northern Maine above Sebec Lake) are eligible for coverage under the company's professional liability program, providing the D.0. is a member of the Maine Osteopathic Association and is otherwise acceptable from an underwriting standpoint.'

Dr. Draper explained that the MOA executive office and the committee had been holding discussions with various insurer companies in anticipation of the termination of the legislatively created Joint Underwriting Agency. The need of coverage at reasonable cost for hospitals, and then for physicians, emerged in the crisis period of "the malpractice scare" when several underwriters suspended their acceptance of professional liability coverage or precipitously increased premium costs. During that time, the malpractice group coverage program handles by the AOA through the Nettleship Company was terminated and, prompted by the concerns and needs of both osteopathic and allopathic hospitals and their affiliated physicians, the Maine legislature was persuaded to establish by mandate a joint risk pool involving companies writing comprehensive lines of business in Maine. Thus the J.U.A. came into its legislatively limited existence.

Most D.O. general practitioners in Maine have secured coverage at limits sufficient to the typical risks of their practice from the Professional Mutual Company of Kansas City — a D.O. owned and operated insurer firm listed as a surplus lines carrier in 1978 by the Maine Bureau of Insurance. That company had been reviewed by the MOA's Board of Directors in 1974 and on the continued recommendation of the MOA's Committee on Insurance is recognized as a reliable source of coverage to limits of $600,000.00.

Aetna's program provides liability coverage at limits of $100/300 thousand for Class I and II, and $250/500 thousand for Class III and above. Agents for Aetna must write this coverage to include office premises liability at $300/500 thousand. Premiums are developed for Maine insureds based on Maine experience. The insurance is written on an occurrence basis.

The coverage for Maine physicians and surgeons, M.D. and D.O., has a built-in Loss Control and Education program. This endeavor, according to Robert Crane, Aetna's Group Manager in Maine, in a marketing letter to the company's agents, is to involve physicians in a co-operative effort to reduce the number of claims and their mounting costs. The principal feature of this program is a Review Panel comprised of Maine physicians who will review the claims with the defendant and his attorney. The recommendation of the MOA designated panel members is heavily weighed in the consideration as to whether a claim should be settled, compromised or defended. The participating plan provides that primary savings in loss and expense be returned to the Maine insureds as premium rebates if their loss experience realizes such benefit after an eighteen month period.

Optional coverages include extended benefits for those requiring higher limits of coverage due to their type of practice and a new facet — Defendant's Reimbursement — providing up to $200/day, $5000/suit reimbursement for expenses and loss of time attending trial as a defendant.

The MOA directors commended the committee and the MOA administrative office for their efforts and accomplishments in identifying and bringing the benefits of osteopathic physicians and hospitals in the state and acquiring the assurances of coverage for D.O.'s at reasonable and competitive premium rates.

ELECTION OF A.O.A. OFFICERS

American Osteopathic Association Officers (1 year term)

President Elect
Floyd Krenchel, D.O. (New Jersey)
First Vice President
Mitchell Kasovac, D.O. (Arizona)
Second Vice President
Walter Wilson, D.O. (Oklahoma)
Third Vice President
Stanley N. Wilson, D.O. (Indiana)

Board of Trustees (3 year term)

A.W. Conway, D.O. (Ohio)
A. Archie Feinstein, D.O. (Pennsylvania)
Max T. Gutensohn, D.O. (Missouri)
Robert Haman, D.O. (Texas)
Henry F. Olsen, D.O. (Michigan)

Officers of the House of Delegates (1 year term)

Speaker of the House
Sam Ganz, D.O. (Texas)
Vice Speaker of the House
Robert McCollough, D.O. (Oklahoma)

Osteopathic Progress Fund (1 year term)

Member from the House
Ethan Allan, D.O. (California)

Bureau of Insurance (3 year term)

Member from the House
John Burnett, d.o. (Texas)

Signed:
Lawrence W. Bailey, D.O. Chairman
Richard C. MacDonald, D.O.
Frederic N. Schwartz, D.O.

WORD TO THE WISE

The 1980 Directory and MOA Membership Roster is in its final production stage. Any recent changes of location, phone numbers or specialty certifications should be promptly noted to the MOA office. Requests for copies (in addition to member distribution) or pending arrangements for advertising space should also be promptly advised to 623-1101 - MOA's office in Augusta.

ANTI-FRAUD UNIT FUNDED FOR FIVE YEAR PROBE OF MEDICAID IN MAINE

A team of attorneys have taken up residence and assignment in Maine as an adjunct to the Maine Attorney General's Department and embarked on an investigation of provider services to the state's Medicaid Program. The program is projected and funded with federal money for a five year period.

The unit is headed by Guy Seaberg, Esq., who assumes the role after effecting a reputation as an investigator-prosecutor of "white collar crime" in the Chicago area. The establishment of the eight-person team in this state is part of federal campaign to reduce costs of the medical assistance program prompted by former DHEW Secretary Califano's allegations rousing suspicions about the health care providers and a Congressional consensus that such an expenditure just might be a money-saving measure.

On September 12, Seaberg met with the MOA Executive Committee and the chairpersons of the Association's Committees on Peer Review, Professional Affairs and Professional Education. The group offered its co-operation as a medical society and urged that the investigators be mindful that the Association has a structured and functional procedure for professional peer review and education for its members.

The probe unit chief identified the basic target for prosecution evidence presentable to a grand jury that payment had been accepted by a provider from the Medicaid program for services not rendered by that provider. Seaberg indicated that the group would be working up various sources which might motivate such investigation, i.e., patients, former employees, other providers, third party payors and related health agencies. Such an episode of criminal investigation, he remarked, would generally become quite apparent to the alleged suspect.

The fraud attorney-investigator also explained that the unit would be ready to probe what he variously termed "gross" or "serious" overutilization. Prosecutorial evidence of such abuse could result in civil action being pursued as a supplement to the unit's basic concern for instances of fraudulent and felonious conduct by a provider.

In response to inquire from the MOA group, the Assistant Attorney General estimated that not more five percent of Maine's health care provider community were expected to be subject to prosecution by the fraud unit's probe in this state.

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