Provider Education on Evidence-Based Prescribing

MICIS Program Description

- 2016 Evidence-Based Prescribing Topics
  - Opioids (2 sessions)
  - Naloxone
  - Heart Failure
- On-site, evidence-based prescribing CME presentations for Primary Care Practices, Hospitals and Conferences in Maine
- Audience size from one to one hundred (smaller is better)
- Office and support staff are encouraged to attend along with providers
- Sessions available any time of day, any day of week - usually 50 minutes
- Program is free to host organization and includes glossy hand-outs (no food provided)
- MICIS is the Academic Detailing Program of the Maine Medical Association
- Sessions already approved for one hour AMA Category 1 CME credit
- Presented by practicing providers: Physician or Physician Assistant

Opioid Prescribing: A Changing Standard of Care

- Chronic pain and opioid use: an epidemic
- Non-opioid options for treating acute and chronic pain
- Chapter 21 and monitoring
- Compassionate tapering and comprehensive pain management

Heart Failure: Managing Risk & Improving Patient Outcomes

- Categorizing heart failure
- Maximizing existing pharmaceutical treatments
- Incorporating newly approved drugs
- Non-pharmacological treatment recommendations

Naloxone for Opioid Safety

- Why prescribe naloxone?
- How to prescribe naloxone
- Maine naloxone law review

This activity has been planned and implemented in accordance with the Essentials and Standards of the Maine Medical Association Committee on Continuing Medical Education and Accreditation through the partnership of Maine Medical Education Trust and MICIS. The Maine Medical Education Trust is accredited by the Maine Medical Association to provide CME activities for physicians.

For More Information: Maine Medical Association
207.622.3374 academicdetailing@mainemed.com
OR fax form on reverse to 207.622.3332
Yes, I want a MICIS presentation in my practice!

☐ Opioids  ☐ Heart Failure  ☐ Naloxone

Practice Information

Contact person: _____________________________________________

Position: _________________________________________________

Practice Name: ___________________________________________

Town: ____________________________________________________

Health system affiliation: ____________________________

Primary contact email address: _____________________________

Primary contact phone number _____________________________

Preferred day of the week: _________________________________

Time of day: ____________________________________________

Please mail, fax or email to: MICIS c/o Maine Medical Association
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