



# Maine Medicine

a quarterly publication of the Maine Medical Association

**Maine Medical Association Mission »**

- » **SUPPORT** Maine physicians,
- » **ADVANCE** the quality of medicine in Maine,
- » **PROMOTE** the health of all Maine citizens.

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## GOVERNOR LEPAGE AND ATTORNEY GENERAL MILLS ADDRESS ATTENDEES AT 162<sup>ND</sup> MMA ANNUAL MEETING

Maine Governor Paul R. LePage and Attorney General Janet T. Mills spoke to MMA members and guests in Bar Harbor during the Association's Annual Meeting September 11-13 in Bar Harbor. Both state officials emphasized the state's prescription drug abuse and heroin problem and asked for MMA support in combating it.

Governor LePage cited statistics regarding babies born with signs of withdrawal, now representing 1 in every 12 births in the State. He stated that he did not want to arrest and punish drug addicts but wanted to get at the individuals and gangs trafficking in drugs. He acknowledged that a comprehensive approach is needed with prevention, treatment, and law enforcement making up the proverbial three-legged stool.



Attorney General Janet T. Mills



Maine Governor Paul R. LePage

In a lively question and answer period, the Governor sparred with several MMA members on the facts surrounding the failure of the State to expand MaineCare using federal funds available through the *Affordable Care Act*. He also defended his actions in the Good Will-Hinckley firing of House Speaker Mark Eves as President stating that there was "nothing there" for the media to find. The Governor was introduced by Daniel Campos, M.D., President of the Maine Society of Anesthesiologists.

Attorney General Mills thanked MMA for its advocacy for MaineCare expansion through leadership in the *Cover Maine Now Coalition*. She also encouraged members and all prescribers to fully use the Prescription Monitoring Program (PMP) and noted the recent interstate data sharing agreement with Massachusetts. The Attorney General was introduced by her sister, long-time MMA member Dora Mills, M.D., M.P.H.



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1. MMA Past Presidents
2. Richard Evans, M.D. and Governor LePage
3. Attendees at Annual Business Meeting
- 4-7. Honorary 50 year pin recipients – Edward Gilmore, M.D., Robert Bach, M.D., Philip Hunter, M.D., and Donald Wilson, M.D., with Patti Bergeron and Gordon Smith.
8. Lisa Ryan, D.O. receives past president's plaque from President Brian Pierce, M.D.
9. Runners prepare for 35th Edmund Hardy Road Race.

## U.S. Attorney, Attorney General and Commissioner of Public Safety Establish Task Forces to Address Opiate/Heroin Crisis

On Thursday, Oct. 8, U.S. Attorney Thomas Delahanty, Attorney General Janet Mills and Commissioner of Public Safety John Morris announced the formation of three Task Forces made up wholly of volunteers to address the continuing problem of opiate/heroin use and abuse in the state. The Task Forces were formed around the topics of Treatment, Prevention/Harm Reduction and Law Enforcement. Each Task Force consists of about a dozen individuals and each is co-chaired by two subject matter experts in the field.



Public Safety Commissioner John Morris presents at media briefing.

The Treatment Task Force is co-chaired by addictionologist Mark Publicker, M.D. and Pat Kimball, LADC, CCS, Program Director of Wellspring in Bangor. Pat is also the current President of the Maine Association of Substance Abuse Providers. The Prevention/Harm Reduction Task Force is co-chaired by Eric Haram of MidCoast Hospital and William Paterson of the University of New England and the Law Enforcement Task Force is co-chaired by Sagadahoc Sheriff Joel Merry and Portland Police Chief Michael Sauschuk. Members of the Task Forces are listed below.

The Task Forces will make recommendations to the Executive Panel which appointed them (Delahanty, Mills and Morris) through a Board of Directors consisting of Daniel J. Perry, Assistant United States Attorney (Narcotics Chief), Brian MacMaster, Chief Investigator in the Office of the Attorney General, Gordon Smith, Esq., Executive Vice President of the Maine Medical Association and Robert Williams, Colonel, Maine State Police.

### PREVENTION/HARM REDUCTION TASK FORCE

- Eric Haram, Co-chair
- William Paterson, Co-chair
- Thomas Keating, M.D.
- Lani Graham, M.D., MPH
- Sally Manninen
- Scott Gagnon
- Robert Rogers
- Kenney Miller
- Joan Smyski (DHHS representative)
- Jaci Holmes (Department of Education representative)
- Matt Braun
- Rebecca Chagrasulis, M.D.
- Amy Belisle, M.D.

### TREATMENT TEAM

- Patricia Kimball, LADC, CCS Co-chair
- Mark Publicker, M.D., Co-chair
- Peter McCorison, LCSW, LADC
- Meredith Norris, D.O.
- Vinjay Amarendram, M.D.
- Christopher Pezullo, D.O. (DHHS representative)
- Matt Sholl, M.D.
- Steve Diaz, M.D.
- Patricia Hamilton, FNP
- Lisa Letourneau, M.D., MPH
- Noah Nesin, M.D.
- David Moltz, M.D.

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I'm excited to serve Maine physicians and patients as president of the Maine Medical Association for the next year.

For those of you who don't know me, I'm a family physician in Rockport. I'm originally 'from away' but met my wife Andrea while I was stationed at Bath Iron Works with the Coast Guard as an engineer. From there, I changed careers via Dartmouth Medical School followed by residency and assignments in Japan and Delaware with the Air Force before we returned to mid-coast Maine to raise our family.

I had the poor timing to enter civilian medicine early in the dramatic decline of independent physician practices, especially in primary care. As we all know, most physicians could no longer sustain previously successful practices despite an ongoing demand from patients. Many became employed physicians subsidized by provider-based reimbursement.

After working to sustain a small group, traditional, insurance oriented family medicine and psychiatry practice since 2002, I left that practice last year and have been very busy working as a hospitalist while building a simpler, affordable family medicine practice supported directly by patients.

I've become a skeptic over the years, having seen many plausible ideas promoted by experts with good intentions produce unintended harms when applied

to complex systems, from peanut allergies to medical economics. However, direct practice is a business model that has now been proven for years and is growing rapidly in other parts of the country. I'm proud to be one of its early adopters here in Maine as this will benefit both Maine physicians and patients. It is not the answer for everyone, but it is a model that I believe will work for my patient population.

Like Maine medicine, the Maine Medical Association has been evolving during my years with it. Membership has largely shifted from individual physicians in independent practice to group memberships of hospital employed physicians. County medical societies have disappeared and the annual meeting has shrunk. But the MMA is working hard to support Maine physicians throughout this period and is busily finding new ways to reach young physicians with less time and interest in traditional meetings.

During my year as president, my focus will be on continuing this ongoing work within the MMA to maintain its relevance and value to Maine physicians. Additionally, this year the MMA is very active in several new programs addressing the deadly substance abuse problem in Maine. As part of that, I hope to increase the number of primary care physicians managing opiate addiction with buprenorphine within primary care practices. To that end, I'm adding buprenorphine based addiction treatment to my own practice in the next few months.

I look forward to your help and support as we continue the important work of the MMA in the coming year. I welcome your comments, feedback and criticisms. Please feel free to reach me at 207-390-8570 or by email to [president@mainemed.com](mailto:president@mainemed.com).

## Health Insurance Marketplace Open Enrollment for 2016: Nov. 1, 2015-Jan. 31, 2016

By Susan Kring, ACA Outreach Coordinator

The Health Insurance Marketplace is where people can learn about health coverage options and enroll in a health insurance plan. Depending on household income, consumers may be able to get lower costs on monthly Marketplace health insurance premiums and out-of-pocket costs. Most people who apply will qualify for some kind of savings.

### Important Dates for 2016 Open Enrollment

The Open Enrollment period for 2016 insurance coverage through the Health Insurance Marketplace begins on November 1, 2015 and ends on January 31, 2016. Patients who currently have a 2015 health insurance plan through the Marketplace should review their plans and either renew coverage or select another plan for 2016. More information is at [www.healthcare.gov/marketplace-deadlines/2016/](http://www.healthcare.gov/marketplace-deadlines/2016/).

### For enrollment assistance and information about the Marketplace:

Call Consumers for Affordable Health Care's toll-free HelpLine at 800-965-7476.

Go to the Health Insurance Marketplace website at [www.healthcare.gov](http://www.healthcare.gov) for information and to apply online.

Find free in-person assistance in Maine at [www.enroll207.com/locator](http://www.enroll207.com/locator) and [localhelp.healthcare.gov](http://localhelp.healthcare.gov).

Call the Health Insurance Marketplace Call Center at 1-800-318-2596 for assistance and questions.

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### Life changes may affect the amount of savings a consumer is eligible for.

Consumers who have Marketplace coverage should report life and income changes to the Marketplace as soon as possible after the changes occur. More information is available at [www.healthcare.gov/how-do-i-report-life-changes-to-the-marketplace/](http://www.healthcare.gov/how-do-i-report-life-changes-to-the-marketplace/).

### Special Enrollment Periods

Outside of Open Enrollment, some people may qualify for a Special Enrollment Period (SEP) if they have certain life changes, such as having a baby, adopting a child, or placing a child for adoption; getting married; change in Immigration status; moving to a new coverage area; aging off a parent's plan at 26; or losing health insurance (but not if lost due to non-payment or voluntarily dropping coverage). Read about Special Enrollment periods at [www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment/](http://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment/).

### Marketplace Outreach and Education for Patients & Physicians:

Thanks to a grant from the Maine Health Access Foundation, the Maine Medical Association continues to work with medical practices to make Health Insurance Marketplace information available to patients. If your practice is interested in partnering with MMA in distribution of these materials, contact Susan Kring at [skring@mainemed.com](mailto:skring@mainemed.com) or 662-2364. Sue is also available to provide your practice with Marketplace or enrollment updates, connect you with Assisters in your area, or help coordinate Marketplace training.



**Moving Beyond Member Services to Member Engagement and Experience**

It has been obvious for the last few years that voluntary membership organizations such as MMA are in a world of transformational change and that past strategies for member recruitment and engagement are unlikely to be successful. The external environment has changed dramatically and the trend toward physician employment is only partially responsible. The fact is, we compete for the physician's time and attention with their professional obligations, family responsibilities and their own personal time and recreational pursuits. A physician coming out of residency or fellowship no longer has any natural draw toward organized medicine, except perhaps for their national specialty society which they depend on for quality educational opportunities and perhaps for other more hands on services such as clinical registries. Except for the few members we may have been able to engage with during their student, resident or fellow experiences, we are starting from scratch with these young physicians.

The rules have changed. Association consultants/strategists have coined the phrase Responsive Member Engagement (RME) to describe an agile approach to member engagement that can lead to deeper relationships and greater retention (I am indebted to my friends at Bostrom, an association management firm, for much of this content. See [www.bostrom.com](http://www.bostrom.com)). Two of the components of RME are customization and member experience. Customization recognizes that no longer is the "one-size fits all" an effective membership tool. It requires a greater focus on the member and his or her particular needs (sometimes expressed as Customer Relationship Management in the retail trades). Focusing on the individual member needs requires a deep understanding of the member and in a way, member profiling. There are several points of reference that we can look to as we gather this information, including specialty, age (where is the member in their career

lifecycle), practice ownership (private or employed), urban-rural, etc.

In addition to customizing the services to each member, RME also goes beyond objective data to actually tracking member experience (does the member open our weekly e-mail publication; attend the Annual Session, the Physician's Day at the Legislature or have they served as the Doctor of the Day at the State House). Rather than touting MMA member services, RME requires us to focus on how that service helps respond to member needs and helps the member achieve positive outcomes. An appropriate analogy would be the current effort in medicine to focus on patient outcomes.

Customization and Member Experience are closely aligned. Focusing on both creates opportunities that will lead members to feel a greater connection to MMA. While recent surveys and our prioritization project the last three years showed strong member support for our advocacy efforts at the State House and before the regulatory agencies, advocacy alone is unlikely to sustain the Association in the long-term given the environment noted above. MMA is certainly moving to RME as rapidly as resources permit. A good example is our contract review service where MMA attorneys work with members, particularly members completing their residencies, to review their employment offers and contracts. There is probably no greater service that we could provide to this particular segment of our membership. This service allows us to get to know the member (and quite frequently, his or her family) quite intimately and increases the likelihood that the physician will be an engaged member going forward. We are also working currently with a handful of members who have lost employment recently and are looking for new opportunities.

One of the many challenges to this new approach to member recruitment and retention is that it is very labor intensive in a time of decreasing resources. I am interested, as always, in your thoughts and suggestions.

Please feel free to communicate with me at any time about anything. Best means to do that is through email at [gsmith@mainemed.com](mailto:gsmith@mainemed.com) or by calling me at the office at 622-3374 ext. 212 or on my cell phone at 215-7461.



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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.

**Resolutions on Firearms, Prescription Drug Abuse, and Insurance Plan Mergers Passed at Annual Session**

Members attending the 162nd Annual Session of the Maine Medical Association passed three resolutions dealing with current issues in the state. The full text of all the Resolutions can be viewed on the MMA website at [www.mainemed.com](http://www.mainemed.com) under the Spotlight on the home page.

**Resolution # 1 Re: Supporting Background Checks for Firearm Purchases**, was proposed by the MMA Public Health Committee and supported as well by the Maine Association of Psychiatric Physicians. It calls on MMA to support current efforts to require and enforce universal and thorough background checks when firearms are purchased and acquired in the State of Maine.

**Resolution #2 Re: Actions in Response to Opioid Problem**, was presented by the MMA Board of Directors and proposed a series of actions by MMA including encouraging physicians to become certified buprenorphine prescribers and supporting the work of the U.S. Attorney's office in organizing three work groups focused on prevention, treatment, and law enforcement. Additional actions would include encouraging the use of the Prescription Monitoring Program, continuing advocacy for MaineCare expansion, and expanding the availability of naloxone.



Voting on Resolutions

**Resolution #3 Re: Proposed Merger of Anthem, Inc. and Cigna**, was proposed by the MMA Board of Directors. It asks the Association to urge state regulators to carefully review the proposed merger of Anthem and Cigna and use enforcement tools to preserve competition and to also urge regulators to ensure that interested parties in the state have an opportunity at public hearings to comment on the implications of the proposed merger.

These Resolutions, were approved at the Board meeting on October 14th and now stand as MMA policy.

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## UPCOMING AT MMA »

### NOVEMBER 18

8:00am – 4:30pm  
Physician Education Seminar (PES)  
(at Holiday Inn by the Bay, Portland, ME)

6:00pm – 8:00pm

Listening Session at Chapman House,  
York Harbor, ME

### NOVEMBER 19

8:00am – 3:30pm  
Pathways to Excellence

### DECEMBER 7

6:00pm – 8:30pm  
MMA Legislative Committee

### DECEMBER 8

6:00pm – 7:30pm  
MMET Trustees

### DECEMBER 10

11:30am – 1:30pm  
MBA Health Law Section CLE Program

### DECEMBER 12

9:00am – 11:30am  
MEAPA Board

### DECEMBER 14

4:00pm – 7:30pm  
Medical Professional Health Program  
(MPHP) Advisory Committee

### DECEMBER 17

6:00pm – 8:00pm  
Maine Association of Psychiatric Physicians  
(MAPP)

## SPECIALTY SOCIETY MEETINGS »

### DECEMBER 9, 2015

Dry Dock Restaurant – Portland, ME  
from 5:00 – 9:00pm

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

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

### FEBRUARY 6-7, 2016

Sugarloaf Resort & Conference Center  
Carrabassett Valley, ME  
Annual Winter Meeting of the Maine  
Urological Association

Contact: Dianna Poulin at 207-622-3374, Ext. 223  
or dpoulin@mainemed.com

### MARCH 2, 2016

Grand Summit Hotel – Sugarloaf, ME  
from 6:00pm – 9:00pm

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

In conjunction with the Emergency Medicine  
Winter Symposium

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

### MARCH 11-13, 2016

Sunday River Grand Summit Hotel – Newry, ME  
Maine Otolaryngology Winter Meeting

Contact: Leslie Rankin 207-351-3525 or  
maineentsociety@yahoo.com

### APRIL 6-8, 2016

Ramada Inn & Conference Center  
Lewiston, ME

24th Annual MAFP Family Medicine Update

Contact: Deborah Halbach 207-938-5005 or  
maineafp@tdstelme.net

Website FMI:

www.maineafp.org/cme/mafp-cme-meeting

## MAINE QUALITY COUNTS »

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



### Six Things Physicians Can Do to Combat Maine's Opioid Overdose Epidemic

At the MMA's recent annual meeting, Maine physicians had a first-hand opportunity to hear about the growing heroin and opioid epidemic from Maine Attorney General Janet Mills. Mills noted that this epidemic knows no bounds: more than 900 Maine drug-affected babies were born in 2014 and already more than 100 Mainers have died from overdoses this year.

Physicians need to recognize the link between this epidemic and prescription opioids: opioid prescribing has skyrocketed over the past 20 years; in 2012, Maine providers wrote 85 opioid prescriptions for every 100 residents, and had the highest rate in the country for prescribing long-acting opioids. The DEA reports that 80% of people arrested for heroin possession said their opioid use started by using prescription medications prescribed to them or family members. Given these facts, and the sobering reality that Maine providers have been responsible for writing a staggering number of opioids prescriptions over the last decade, it is critical for physicians to reduce opioid prescribing.

Mills challenged Maine physicians to take several steps to do our part to address this crisis:

**Use the Maine Prescription Monitoring Program (PMP):** Maine law requires physicians to automatically enroll in the PMP at licensure or renewal, but many physicians still do not regularly use it. The PMP can help identify patients with multiple prescriptions for controlled substances that may indicate a substance use disorder - but only if we use it!

**Participate in efforts to improve chronic pain management:** Physicians can take advantage of opportunities such as the Maine Chronic Pain Collaborative, a QC-led effort working with primary care practices to improve care for chronic pain, including screening for substance use disorders before prescribing opioids, compassionately tapering dosing for patients

on high-dose opioids; and identifying patients with addiction who could benefit from medication-assisted therapy. Learn more at [mainequalitycounts.org/CPC](http://mainequalitycounts.org/CPC). The MMA also offers assistance through its MICIS in-office academic detailing program which offers a module on safe prescribing of opioids. Request a visit at [www.mainemed.com/contact-micis](http://www.mainemed.com/contact-micis).

**Understand and follow Maine Board of Licensure in Medicine Rule Chapter 21 requirements:** These requirements include the need to discuss the risks and benefits when prescribing controlled substances; establishing written agreements with patients at high risk for substance abuse, including urine screening and pill counts; and periodically reviewing the efficacy of medication treatment. See more at [www.maine.gov/osteo/administrative/chaptertwentyone.pdf](http://www.maine.gov/osteo/administrative/chaptertwentyone.pdf).

**Shift the focus of treatment for chronic pain from measuring (or eliminating) pain to improving function.** While many physicians have been trained to eliminate pain, it's now recognized that it is far more effective to work with patients with chronic pain to identify and improve functional goals, including social functioning, and work-related goals, rather than focusing on total pain relief.

**Recognize addiction as a chronic condition that needs treatment,** and encourage patients to seek appropriate care - or even better yet, consider becoming a buprenorphine (Suboxone) provider. We must stop judging addiction as a moral failure, and recognize it for what it is - a life-threatening chronic condition that needs appropriate care, including medication-assisted therapy with options such as methadone or buprenorphine.

**Promote prevention!** Be judicious about the use of opioids for the compassionate treatment of chronic pain; promote "take-back" programs to limit the misuse and diversion of prescription opioids; and promote prevention education in our schools and communities.

While many factors have contributed to this growing crisis, we must, as physicians, accept responsibility for our part and recognize that widespread prescribing of opioids and failure to appropriately treat addiction have unarguably contributed to this epidemic. With our collective commitment and action, we can also begin the process of ending it.

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**127th Maine Legislature Will Convene Second Regular Session on Wednesday, January 6, 2016**

The Second Regular Session is scheduled to conclude in mid-April and by then the political focus will turn to the 2016 election campaigns for President, Maine's two seats in the U.S. House of Representatives, and all 186 seats in the 128th Maine Legislature. **MMA Legislative Committee Chair Amy Madden, M.D. encourages any interested physician or physician staff member to attend the Committee's organizational meeting for the 2016 session scheduled for Monday, December 7, 2015 – see details below!**

The MMA Legislative Committee will hold an organizational meeting in anticipation of the Second Regular Session of the 127th Maine Legislature on Monday, December 7th from 6:00 p.m. to 8:30 p.m. at the MMA headquarters in the Frank O. Stred Building in Manchester. Dinner will be available at 6:00 p.m. Any MMA member or practice management staff person who is interested in our advocacy work is welcome to attend. Medical specialty societies are strongly encouraged to have a representative at the meeting to ensure their members are aware of policy initiatives that may affect their specialty. For our meal planning, please RSVP to Sarah Lepoff (slepoff@mainemed.com; 622-3374, ext. 213) if you plan to attend.

The MMA advocacy team monitors or influences hundreds of bills affecting the practice of medicine in Maine each legislative session. Our PowerPoint summary of the highlights of the First Regular Session is available on the MMA web site: [www.mainemed.com/sites/default/files/content/127th\\_Leg\\_Summary\\_Pres.pdf](http://www.mainemed.com/sites/default/files/content/127th_Leg_Summary_Pres.pdf).

In its Second Regular Session, the legislature will consider bills carried over from the First Regular Session (approximately 5-10 per committee), bills resulting from interim studies or work groups, executive branch agency requests, and legislative requests (LRs) approved by the 10 members of legislative leadership known as the Legislative Council. The Constitution requires the legislature to consider only new bills of a fiscal or "emergency" nature during the second session. You can find the lists of agency and individual legislator requests

on the legislature's web site: [legislature.maine.gov/news/159/preliminary-lists-of-legislative-and-agency-bills](http://legislature.maine.gov/news/159/preliminary-lists-of-legislative-and-agency-bills). Not all the individual legislator requests will prevail through the Legislative Council screening process, but this list will give you a sense of the issues to be considered in 2016. You can see the key bills on the MMA's tracking list carried over from the first session in the PowerPoint summary mentioned above.

In the months of Summer and Fall between the first and second sessions, the MMA has been involved in the Insurance & Financial Services Committee's work on a carry-over bill (L.D. 1305) addressing medical service price transparency and "shopping" for medical services; the Health & Human Services Committee's review of the allocations within the *Fund for a Healthy Maine* required by L.D. 905; the development of state/federal task forces on opioid abuse and the licensing on certified professional midwives called for in L.D. 690.

Finally, the MMA continues its important role as a member of the Steering Committee of the *Cover Maine Now* coalition ([www.covermainenow.org](http://www.covermainenow.org)) advocating the acceptance of federal funds available under the *Affordable Care Act* ("ACA") to provide health care coverage for approximately 70,000 needy Mainers. While the legislature rejected three bills on this topic in 2015, it did carry over to the 2016 session L.D. 633 as an option.

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*. The Legislative Committee conducts conference calls to review new bills and to provide updates on legislative activity every Tuesday evening at 8:00 p.m. during the session. Any interested member or staff person is welcome to participate. Please see each week's *Maine Medicine Weekly Update* for conference call information.

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](http://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](mailto:amaclean@mainemed.com).*

**THANKS TO 2015 SUSTAINING MEMBERS**

Thank you to the following individual and practices who have shown their support for the MMA's long-term growth by renewing at an additional sustaining membership level.

**Coastal Women's Healthcare • Dahl Chase Pathology • Jutta Eichelman, MD**

**Live the Good Life in Maine**

St. Joseph Hospital, a 112-bed non-profit acute care community hospital with an outstanding reputation, is recruiting E.M. BC/BP physicians to augment its dedicated EM group.

Enjoy a relaxed, collegial and supportive work environment with the latest technology. We have just completed an expansion (to 21 beds) and further modernization of the E.D. Current staffing includes 39 physician hours and 12 mid-level hours per day for 27,000 annual visits. We have good access to needed specialties and we rarely board admitted patients in the E.D. We have excellent ED nurses.

Equitable scheduling based on 1440-1472 clinical hours per year, with flexible arrangements available. We are a group of physicians who support each other, recognizing that patient satisfaction is best achieved through staff satisfaction. Participation in departmental direction and policies is welcomed and leadership development and opportunities are available.

The Bangor and Penobscot Bay area offers a variety of cultural attractions, including drama, music, visual arts and the flagship

campus of the University of Maine. Maine is home to one of the largest collections of natural and organic food producers in the world. The region offers a pleasant pace of life, low crime, friendly people, excellent educational opportunities and affordable housing. This is a wonderful place to raise a family.

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For further details please contact Charles Pattavina MD, FACEP, Chief-Emergency Medicine 207-907-3350 • [cpattavina@sjhhealth.com](mailto:cpattavina@sjhhealth.com)



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**Stories of Heartbreak Emerge from Heroin Roundtable and Summit**

On August 25th, U.S. Senator Angus King and Office of National Drug Control Policy Director Michael Botticelli held a Roundtable discussion at EMHS offices in Brewer focusing on the heroin abuse problem in Maine and across the country. More than 60 individuals involved in treatment, prevention, and law enforcement, and including patients and families attended the Roundtable to offer comments and proposed solutions to the problem.



From left, U.S. Attorney Delahanty, Director Botticelli, Senator King, and Congresswoman Pingree.



David Moltz, M.D. speaks at Summit.

The event was held at the corporate offices of Eastern Maine Health System in Brewer and was entitled, "Opioid Abuse in Maine: Federal response to a public health and safety crisis." The discussion focused on how federal policies can be improved to better address the serious threat that opioid abuse poses to personal and public health and safety in cities and towns across Maine. Individuals participating, including MMA representatives, came from a range of treatment professionals and agencies and included patients and family members as well. Director Botticelli has a summer property in the central Maine area and has a genuine interest in the state where he has spent substantial time.

**"Drug abuse has torn families apart, ruined lives and far too many times robbed us of those we love and care about," Senator King said in a prepared statement. "It's a serious and tragic problem that's taken a turn for the worse in Maine, which is why we must have this important discussion to see how we can begin to do better by those who are struggling with drug addiction."**

The goal of the forum was to bring together people from around the state - both rural and urban - who are on the front lines of this crisis to discuss ongoing challenges and potential federal solutions in the effort to combat this dangerous trend. The event was widely covered by the media and was followed a day later by the Governor's summit on the same topic. Although the summit was closed to the public and the media, several participants joined in a press event following the summit. Of particular significance, U.S. Attorney Thomas Delahanty, who attended both the Roundtable and the Summit, announced that as a result of the summit, he would be calling together three task forces, focused respectively on prevention, treatment, and law enforcement. (See article on page 1)

Notes from the Roundtable discussion are being prepared and MMA will make them available to members and interested parties as soon as we have them.

**LAW ENFORCEMENT TASK FORCE**

Joel Merry, Co-chair  
 Michael Sauschuk, Co-chair  
 William King  
 Roy McKinney  
 Michael Wardrop  
 Lea Anne Sutton  
 Michael Johnston  
 Brian Scott  
 Darryl Lyon  
 Meaghan Maloney  
 Mark Flomenbaum, M.D.  
 Thomas Connolly  
 Michael Gahagan

Collectively, the Task Forces will be known as the Maine Opiate Collaborative. The following mission statement for the Collaborative was released to the press at the press conference, which followed brief meetings of the Task Forces with the Executive Panel and Board.

The Maine Opiate Collaborative recognizes that a broad, multi-dimensional approach is necessary to address the public health crisis caused by opiate abuse. Education, prevention, treatment, recovery, and law enforcement must all be significant parts of any solution. This Collaborative brings together people from each of these fields with the goals of identifying and addressing the causes of opiate abuse and proposing solutions. Collaborative members will meet regularly over the coming months and suggest comprehensive proposals to address the opiate crisis. The Collaborative will investigate efforts in other states to determine whether similar approaches would work in Maine. In addition, the Collaborative will solicit input in a series of public forums during which members of the public may share their experiences and ideas.

The Collaborative recognizes three basic tenets: (1) leaders in the fields of education, prevention, treatment, recovery, and law enforcement should seek to raise public awareness about substance use disorders in an effort to diminish the stigma associated with addiction; (2) although law enforcement alone cannot bring an end to this crisis an effective law enforcement strategy aimed at arresting and prosecuting significant drug traffickers is a necessary component of this effort; and (3) the potential power of education, prevention, treatment and recovery is substantial and should be recognized and publicly promoted.

The crisis we face is not just a crime problem. It is a community public health problem with no simple answer. Addressing this crisis demands that leaders and the public come together to develop a comprehensive strategy that seeks to address all aspects of this crisis. Through collaboration and cooperation among stakeholders at every level, we will make significant strides to build a better, brighter, and more secure future for all Maine citizens.

The Treatment Task Force held its first meeting, hosted by MMA, on October 16. A number of logistical issues were discussed and Task Force members agreed to meet every two weeks between now and next spring. The importance of establishing a baseline of current treatment efforts was acknowledged, in order to determine the gap between the demand for treatment and the supply of treatment services. The Prevention/Harm Reduction Task Force held its first meeting on October 29th.



**MMA EVP  
 Gordon Smith  
 Recognized for  
 Public Health  
 Leadership**

At its Fall Conference on October 6, 2015, the Maine

Public Health Association gave its highest award, the President's Award, to Gordon Smith, Esq., Executive Vice President of the Maine Medical Association. The award recipient is chosen by agreement of all 31 past presidents of the Maine Public Health Association.

The purpose of the Maine Public Health Association is to foster, expand, improve, and recognize efforts to better the health of all people in Maine through health promotion and protection, disease prevention, and public policy. It does this by providing leadership in public health, providing a forum to advance local, state and federal public health issues and policy, promoting and assisting with public health training and education, and recognizing model programs and public health leaders in Maine.

Tina Pettengill, MPHA Executive Director, said, "The Maine Public Health Association is thrilled to present Gordon with our highest award, the President's award. Gordon has been a long-time partner with MPHA on more legislative, advocacy and education initiatives than we can count and has been a steadfast supporter of public health over his tenure with MMA. We congratulate and thank Gordon for his commitment and dedication to public health."

Although Gordon was away on MMA business and was not able to be present at the luncheon when the award was given, Andy MacLean, MMA Deputy EVP & General Counsel, accepted the award for him. "I have had the privilege of working with Gordon on important matters of health law, policy and politics now for nearly 23 years," said Andy. "I have witnessed Gordon's passion, energy and commitment to improving public health in Maine."

Gordon, in his typical manner, was quick to share the honor. In written remarks delivered on his behalf by

Andy he said, "I am both humbled and pleased to accept this award on behalf of the advocacy team at the Maine Medical Association and our physician leadership...All of our advocacy was possible because of the commitment of the physicians making up the Maine Medical Association. They take seriously the Association's mission, 'to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.' "

Gordon continued, "Beginning with Ed Miller and Dr. Bill Nersesian back in the 1970s, the improvement of public health in Maine has been championed by a band of loyal workers who have nearly eradicated second hand smoke from our public places; preserved much of the tobacco settlement funds for prevention and cessation efforts as well as other worthy health care programs; and today continue critical work to ensure our air and water are free of toxic chemicals. They work hard to promote healthy weight and exercise; to advocate appropriate control of and safe use of firearms; to identify and treat the underlying causes of domestic violence; and to raise awareness about the harmful effects of climate change. The Maine Public Health Association is now the backbone of these efforts, and I thank you for all you do."



EVP Gordon Smith receives Award from Deputy EVP Andrew MacLean.

All of us at the MMA are very proud to work with Gordon, and we congratulate him on his receipt of this well-deserved award recognizing his tireless work in the field of public health.



**DFD Russell Medical Centers Seeks Physician**

DFD Russell Medical Centers (DFDRMC) operates three community health centers in beautiful Central Maine. We are seeking a full time physician for immediate placement. A current unencumbered Maine license and proficiency with electronic medical records are required.

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## Communication between the Referring and Consulting Physician

Issues arise when clear expectations are not defined between the referring and consulting physician. Poor coordination of care can be the result of undefined roles leaving the patient at risk and the physician's exposure to liability heightened. The referring physician should clearly define the expectations of the consultation to both the patient and consulting physician – the referral is for a consultation only with the assessment and recommendations forwarded to the referring physician for follow through, or the referral is for both an assessment and the implementation of a treatment plan.

In an outpatient/office practice setting the referring physician should inform the patient of the role the consultant will be playing in his/her care. For example, the referring physician could state, "Mrs. Smith, I am referring you to Dr. Jones for an evaluation and treatment of your thyroid disease. Dr. Jones is a specialist in this area and he will be taking care of any problems you have related to your thyroid from now on. However, I will still see you for all of your other health needs."

Another scenario may be, "Mrs. Smith, I am referring you to Dr. Jones for evaluation of your thyroid disease. After you see Dr. Jones he will forward back to me his

recommendations for how to proceed with treating your thyroid. Please stop at the check out desk so that the receptionist can schedule an appointment with Dr. Jones. I would also like you to schedule an appointment with me for 1 week after your visit with Dr. Jones so we can discuss his recommendations."

The referring physician should speak directly with the consulting physician regarding the patient's history and expectations of the consult. Once this conversation has occurred a formal letter of referral should be sent to the consulting physician containing the following:

- Why the referral is being made
- The patient's history and any diagnostic studies performed related to the referral
- A specific definition of expectations
- If there are any questions please give me a call

The consulting physician on receipt of a referral should be clear as to the purpose of the consultation and the expectations of the referring physician. Once the consulting physician has seen the patient he/she should inform the patient that a report is being sent to the referring physician and that follow-up needs to occur

with the referring physician. If an immediate need is assessed, the consulting physician should discuss this with the referring physician so a joint decision can be made on who is to care for the patient and what treatment plan to follow.

In addition, assure that office practice systems of the referring physician track referrals to assure a report is received from the consulting physician.

Office practice systems for tracking referrals can be a manual system or a component of the practice's electronic health record (EHR). Most EHR's have functions to track referrals for consultations. If the practice's EHR has a tracking function for consultations it should be enabled and used by the practice. If the tracking function is not enabled, the practice should then rely on a manual system to monitor receipt of the report from the consulting physician.

*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.*



Dr. and Mrs. Brian Pierce

### Brian Pierce, M.D. Elected 163rd MMA President

Family Physician Brian Pierce, M.D. was inaugurated as President of the Association on September 12th during the Maine Medical Association's 162nd Annual Meeting in Bar Harbor. Dr. Pierce resides in Rockport where he operates Megunticook Family Medicine and also does work as a hospitalist at Pen Bay Medical Center. He is married to Andrea Pierce and they are the parents of four children.

Dr. Pierce is a graduate of the U.S. Coast Guard Academy and Dartmouth Medical School. He is board certified in family medicine and has served MMA as both Board Chair and President-elect. He succeeds Lisa Ryan, D.O. who was the first osteopathic physician to lead MMA. Dr. Ryan resides in Naples with her partner Rich and her

children Cole and Lauren. She is a pediatrician who for several years worked at Bridgton Hospital. She has recently opened a pediatric practice in Portland with Mercy Hospital.

In his remarks Saturday evening upon assuming office, Dr. Pierce thanked Dr. Ryan for her leadership and laid out an agenda for the coming year including a continuation of reaching out to MMA members and engaging them in the issues confronting medicine in the state. In a response to the state's drug abuse and heroin issue, he pledged to use his own certification for buprenorphine to serve as a model for colleagues in serving a difficult patient population.

In expressing her appreciation to the Board and staff for their efforts this past year, Dr. Ryan noted the daily efforts of Maine physicians to provide quality care to their patients.

In other elections, Charles Pattavina, M.D., Director of Emergency Medicine at St. Joseph's Hospital, assumed the role of President-elect and Jabbar Fazeli, M.D., a geriatrician in southern Maine, was elected Chair of the 27-member MMA Board for the coming year. Five new members were also elected to the Board, including the first medical student to serve on the Board. Brian Fulmer is in the 2016 class of the Tufts University School of Medicine, Maine Medical Center track.

### Representative Linda Sanborn, M.D. and Robert Bach, M.D., M.Div. Honored at Annual Session

State Representative Linda Sanborn, M.D. received the Association's President's Award for Distinguished Service on Saturday evening at the Annual Banquet associated with the Annual Meeting. In presenting the award, President Lisa Ryan, D.O. noted that no Legislator in the past seven years has done more to advance the cause of public health in Maine and to articulate the merits of expanding MaineCare eligibility under the *Affordable Care Act*. Representative Sanborn is serving her fourth term in the Maine House representing the citizens of House District 26, part of Gorham. She is serving her second term on the Joint Standing Committee on Appropriations & Financial Affairs. A retired family physician, Representative Sanborn was the sponsor of the bill this past session that attempted to increase the state's childhood immunization rates by modifying the philosophical exemption. The bill passed both houses of the legislature but was vetoed by the Governor. The House subsequently sustained the veto on a very close vote.



Dr. Robert Bach



Representative Linda Sanborn

Robert Bach, M.D., F.A.C.S., M.Div., a palliative care physician at Eastern Maine Medical Center, received the Mary Cushman, M.D. Award for Humanitarian Service. Dr. Bach was nominated for the award by James K. Van Kirk, M.D., F.A.C.P. Dr. Bach has practiced in Maine for several decades, first as a general surgeon and for the past seven years as a palliative care physician. Dr. Bach was recognized for his volunteer work in Nicaragua, Honduras, Guatemala, and St. Lucia over a multi-year period.

The Cushman award was presented by Dr. Van Kirk and Lawrence Mutty, M.D. M.P.H. and is accompanied by a \$1,000 contribution to a charitable organization to be chosen by the recipient.

### MMA Board of Directors Welcomes Five New Directors

The MMA Board of Directors recently welcomed five new directors to the Board. The new directors were elected at the Annual Session in September following nomination by the MMA Nominating Committee. The new members are:

**Amy Madden, M.D.**, a family physician practicing at the Belgrade Regional Health Center. Dr. Madden grew up in Scarborough, Maine and is a graduate of Dartmouth Medical School and the Maine-Dartmouth Family Practice Residency in Augusta.

**Ari Berman, M.D.**, an internist practicing geriatric medicine with Southern Maine Geriatrics. Dr. Berman grew up in Cape Elizabeth and is a graduate of Boston University School of Medicine. Dr. Berman was a recent participant in the Hanley Center's Physician Executive Leadership Institute (PELI).

**R. Scott Hanson, M.D., MPH** an internist working at the VA Maine Healthcare Center where he directs Rural Health Training. Dr. Hanson is a graduate of Tulane University School of Medicine.

**Patrick Killoran, M.D., MPH** is a 4th year resident in psychiatry at the Maine Medical Center. Dr. Killoran grew up in Rockport, Maine and is a graduate of Bates College and Boston University School of Medicine. He also received an MPH degree from UC Berkeley.

**Brian Fulmer** is a medical student in the Tufts University School of Medicine-Maine Track, class of 2016. He is the first medical student ever to serve on the MMA Board. Brian is a graduate of Colby College.

The MMA Nominating Committee, chaired by Kenneth Christian, M.D. continues to meet on a regular basis seeking the next generation of physician leaders. If you are interested in leadership positions in MMA, contact Dr. Christian at [christianken@yahoo.com](mailto:christianken@yahoo.com) or Gordon Smith, EVP at [gsmith@mainemed.com](mailto:gsmith@mainemed.com).

### Maine Health Management Coalition and Maine Medical Association - 2015 Symposium Leading Change

If you haven't had the opportunity to see Dan Heath speak, don't miss this rare opportunity to hear from one of America's most entertaining and insightful speakers. Heath will be keynoting this year's symposium, *Leading Change: How to Make the Switch From Volume to Value* and his message of how to inspire change amidst difficult circumstances is not to be missed. Not only is Heath a thrice-over New York Times best-selling author, he's also an educator, social entrepreneur, and one of the 50 most influential management thinkers in the US according to Thinkers50! To register, view full agenda, and learn more about Dan Heath, visit: <https://www.mainemed.com/cme-education-info/leading-change-1118-symposium>. (See enclosed insert)

Visit the mma website: [www.mainemed.com](http://www.mainemed.com)



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