



# Maine Medicine

a quarterly publication of the Maine Medical Association

APRIL/MAY/JUNE 2020

Maine Medical Association Mission: **SUPPORT** Maine physicians, **ADVANCE** the quality of medicine in Maine, **PROMOTE** the health of all Maine citizens.

## FOCUS ON MAINE'S COVID-19 RESPONSE

Welcome to this special edition of *Maine Medicine*. The new coronavirus, known as SARS-CoV-2, has disrupted daily life across Maine and the United States. And the situation is changing quickly — every day, and sometimes every hour.

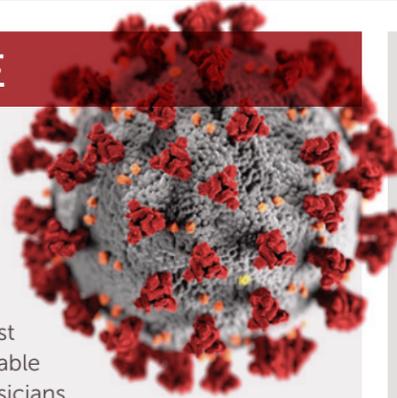
In this edition, we focus on MMA's role in trying to support clinicians on the front lines with feature pieces from outside MMA, including a contribution from Lisa Letourneau, M.D., M.P.H., Senior Advisor, Delivery System Change at Maine DHHS. We'll also outline key resources and what the Maine Medical Association's role is in the COVID-19 response role and what we are trying to do in support of our clinicians on the front lines, including our work with the State and the Maine Association of Psychiatric Physicians on development of a health care provider peer-to-peer support line. We know you are living through extraordinary times and it can feel overwhelming. We recognize the uncertainty, anxiety and sheer pressure you're facing every day and we want you to know in no uncertain terms that we are here to support you.

We commend Governor Mills for her strong leadership, and the efforts of her staff on her COVID-19 response team. As the coronavirus crisis has taken hold, effective

York and other states. The MMA is working with the American Medical Association, Maine CDC, and our Maine health care partners to share the most up-to-date and reliable resources with physicians and patients. Of extreme concern is securing an adequate supply of PPE, diagnostic and testing products, and disease tracking technology. They are critical components of an effective response to the pandemic. Maine DHHS and Maine CDC assures us they are working around the clock and using every lever available to secure and distribute more personal protective equipment (PPE) and other medical supplies needed to ensure care is delivered safely.

We are also very much aware of the extreme business impact on non-hospital-based physician practices because of the severe drop in non-urgent patient visits at primary and specialty care practices. It has left non-hospital medical practice revenue at critical and unsustainable levels. The need for direct financial assistance from the state and federal government that includes, covered or forgivable loans, as well as emergency funding is paramount. Without prompt and direct help, the MMA believes we are setting ourselves up for a second wave access crisis when the pent-up demand for non-COVID-19 healthcare is eventually needed and part of the system is off-line.

We are proud of how the medical community has come together to combat this pandemic. We are standing with you in curbing the spread, caring for those affected, and equally important — taking care of you and your colleagues on the front lines. The MMA will continue to work closely with all key stakeholders, including the



Governor Janet T. Mills

and science-based communications, through which her administration has excelled, have never been more critical. Public health leaders and clinicians nationwide are following the growing evidence and learning lessons from other states and countries to ensure Maine's response is as effective as it can be. It is our hope that the Governor's Stay Healthy at Home mandate will give our health professionals the necessary time and resources to manage this pandemic so we can possibly avoid the challenges and hardships being seen in New



Shannan Reid, OR/SPD Nursing Director, Scarborough Surgery Center and her incredible staff



Kat Elliott, Sterile Supply Technician, Maine Medical Center Sterile Processing

### MAINE DHHS UPDATE

By Lisa M. Letourneau, M.D., M.P.H., Senior Advisor for Delivery System Change

### Maine's Response to COVID-19 and the Critical Role of Maine's Physicians



Maine, like the nation, has been struck by the COVID-19 pandemic, as have both the public health and health care communities. Maine's response, led by Governor Mills, DHHS Commissioner Jeanne Lambrew and Maine CDC Director Nirav Shah, has focused on a range of

efforts to protect the safety of the public, health care providers, patients, and keeping the public informed. At the ground level, state efforts have focused on



slowing the spread of coronavirus to "flatten the curve;" protecting vulnerable populations at highest risk, including older adults, homeless, and chronically ill; maintaining open communications with health care leaders; and supporting front line health care providers caring for those affected by COVID-19.

Since the start of the epidemic, Maine CDC has offered a range of opportunities for clinicians to stay informed, including weekly webinars for clinicians, hospital staff, and special populations, including nursing home and child health providers. Additionally, Maine CDC has partnered with the Boards of Medicine and Nursing to send out weekly updates to all providers that outline key information and resources. For more information and summary of COVID-related DHHS departmental initiatives, check the Maine DHHS COVID Resources page (<https://www.maine.gov/dhhs/coronavirus-resources.shtml>).

Additionally, Maine DHHS is committed to supporting health care providers through these difficult times, while also responding to the numerous requests we've received asking how providers can help. In response, we offer the following thoughts:

- **Stay Healthy:** During these stressful times, we encourage health care providers to pay attention to the basics - i.e., be sure to maintain essential self-care, continue careful hand washing, be attentive to physical distancing, manage stress, and actively self-monitor for symptoms. We encourage health care providers to be mindful of their own physical and mental health and reach out to get help when needed. Consider using resources from your medical staff office, Employee Assistance Program (EAP), or the MMA's Medical Professional Health Program (<https://www.mainemph.org/>).
- **Use Telehealth to Keep Practicing - Remotely!** Maine DHHS is working closely with the Northeast Telehealth Resource Center (NETRC) to help health care providers continue offering needed care to their patients using telehealth services.

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## MAINE'S MENTAL HEALTH CLINICIANS TO COVID-19 FRONT LINE CLINICIANS: "WE'VE GOT YOUR BACK"

By Edward Pontius, MD, DLFAPA, MAPP

Across the state, Maine's physicians, nurses, first responders and others on the front lines of the COVID-19 pandemic deal with the hundreds who have presented with COVID-19 and prepare for an anticipated surge of cases. This is clearly a high stakes situation for us. We are counting on our front line to hold up in this crisis even with the many challenges they are facing, challenges that include inadequate supplies of personal protective equipment. Understandably many of our front line staff are concerned for their own safety and the safety of their families, and some front line staff have taken temporary accommodations to avoid the risk of bringing the virus home.

We know from past epidemics and disasters that this type of challenge can take a big toll on front line medical and emergency staff. Long hours caring for severely ill patients in these circumstances can cause stress and psychological symptoms in the most capable staff. Over time, staff very successful in taking care of others can become less effective caring for themselves. Sleep problems, anxiety, depression and irritability can ensue. Over time, without support, the effectiveness of highly trained individuals and teams will begin to suffer. Providing that support is critical to maintaining the effectiveness of Maine's front line clinicians and first responders.

To meet that need, the Maine Association of Psychiatric Physicians (MAPP) has partnered with mental health colleagues including those in the Maine Psychological Association, the Maine Chapter of the National Association of Social Work, psychiatric nurses and physician assistants, and our other Maine-licensed mental health professionals. Consulting with disaster psychiatry experts in Maine and across the nation, this program has been developed in coordination with Maine's Department of Health and Human Services and other stakeholders in disaster planning and response. Using the model of "Psychological First Aid" and teleconferencing and phone connection, we will provide mental health support for our front line clinicians and first responders. This is not service to provide psychotherapy. We know that we are here to provide support for well-trained professionals who will be doing their best with an unprecedented healthcare challenge. Our mental health clinicians participating will have specific training that will prepare them to help in this crisis. We want our front line clinicians and first responders to know, "We have your back."

Maine healthcare providers/providing organizations or first responders interested in learning more or Maine-licensed mental health professionals interested in participating should please contact MAPP Executive Director Dianna Poulin at 207-622-7743 or dpoulin@mainemed.com.



## THANKS TO 2020 SUSTAINING MEMBERS

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

Joseph Laverdiere, MD

Calais Regional Hospital

Mid Coast Hospital

Northern Maine Medical Center

## PRESIDENT'S CORNER

By Amy Madden, M.D., President, Maine Medical Association



The stark clarity of our purpose as physicians has arrived in the form of this viral pandemic, exposing our society's flaws and disparities, and revealing our strengths. I have held off writing this article until the day before its deadline, because the changes that occur sometimes hourly make me hesitant to put my thoughts in writing about what the future holds. As this article won't be published for another month, I expect that my view of this crisis will be vastly different at that time. But on April 1, 2020, I write from the perspective vividly described by my ER doctor husband as "the receding waters before the tsunami."

I wonder, for example, what our Maine hospitals have yet to face. Will our attempts at social distancing, decreased face-to-face transactions, and stay-at-home orders truly "flatten the curve?" How well will our prediction models measure up? Will we see overwhelming numbers of patients arriving in our EDs, challenging our capacities and increasing our colleagues' risk of illness both because of sheer numbers and inadequacy of personal protective equipment? I hope, both selfishly for my own family and more globally for my friends, colleagues, and patients, that we have successfully kept the numbers of acutely ill people spread out over time, allowing us the benefits of improved access to PPE, more point-of-care testing, and adequate supplies of ventilators.

I also look at my own practice, a small primary care office in central Maine. After speaking this afternoon with a patient as she waited at home for an update from

the ICU where her husband is ventilated because of COVID-related ARDS, how many people will we lose. With the protective measures we've put in place, and with our own limited supply of PPE, how many of our clinicians and staff will fall ill? How will limited access to many hospital-based services like imaging or specialist consultation affect our ability to care for those patients who present with non-COVID-19-related problems?

The economic impact of this pandemic is enormous, and we are just beginning to see some of the difficult decisions being made in healthcare, as attempts to shore up our capacity and reduce the harm of the virus change in our workplaces. How will the American healthcare landscape be altered? Will we become more nimble in our delivery of high quality health care? Or will our overall population health suffer in both the immediate and longer terms?

Despite these unknowns, I take solace from what I observe as we face fear and uncertainty. I see my physician and other medical practitioner colleagues bravely stepping up to do their jobs, using their unique combination of intelligence, ingenuity, compassion, and tenacity to figure out how to best deal with this threat. Our MMA staff remains on alert, rapidly interpreting and disseminating complex information to support physicians. Our Governor and her cabinet are uniquely prepared to engage in this fight and have been responsive to the concerns of the medical community. My neighbors and people across Maine are heeding public health advice and rallying in support of our "front line workers." So for today, I am hopeful that when I read these words again in a month, we will have risen above the waters rushing towards us. I can be reached at [president@mainemed.com](mailto:president@mainemed.com) or 207-495-3323.

## TICK TOCK!

By Megan Porter, Maine CDC Public Health Educator

Health care providers in Maine reported a record number of Lyme disease cases in 2019, with 2,079 cases (as of January 15, 2020). Though ticks can be active at any temperature above freezing, most tick activity occurs in the warmer months. May is Lyme Disease Awareness Month in Maine and Maine CDC asks health care providers to stress the importance of tick education in the prevention of tickborne disease. The 2020 Lyme Disease Awareness Month theme, "Tick Tock," reminds us to take time to practice tick prevention. This includes:

1. Using caution in areas where ticks may be found
2. Wearing light-colored clothing that covers arms and legs
3. Using EPA approved repellents
4. Performing daily tick checks after being outdoors on ourselves, all family members, and any pets. Showering after exposure to tick habitat is a great opportunity to do a tick check and may wash off any unattached ticks.

### Important to Remember

- Lyme disease is preventable by avoiding contact with infected ticks.
- An infected deer tick (*Ixodes scapularis*) must be attached for 24-48 hours in order to transmit the bacterium that causes Lyme disease (*Borrelia burgdorferi*).
- The most common early symptom of Lyme disease is an erythema migrans (EM; "bull's-eye" rash) appearing 3-30 days after transmission (in about 50% of cases in Maine). Other early symptoms include: fatigue, fever, headaches, arthralgia, and myalgia.
- Disseminated symptoms include: arthritis (including joint swelling), Bell's palsy and other cranial neuritis, encephalitis, lymphocytic meningitis, radiculoneuropathy, and second- or third-degree atrioventricular block.
- Antibiotic therapy is effective for the treatment of Lyme disease. Clinical treatment guidelines are available at the Infectious Diseases Society of America's (IDSA) website.

Lyme disease is not the only disease that can result from a deer tick bite. Anaplasmosis, Babesiosis,



*Borrelia miyamotoi*, and Powassan are other tickborne infections found in Maine. In 2019, the number of human anaplasmosis cases increased to 685, the number of human babesiosis cases increased to 138, the number of human cases of *Borrelia miyamotoi* increased to 12, and there was one identified case of Powassan (preliminary data as of 1/15/2020). The majority of tickborne illnesses occur during the summer months when ticks and humans are active outdoors.

Thank you for your invaluable help in the prevention and early identification of tickborne diseases here in Maine.

### Resources:

- IDSA treatment guidelines available at <http://cid.oxfordjournals.org/content/43/9/1089.full>
- Lyme disease case report form available on the web at <http://www.maine.gov/lyme> under Resources for Physicians
- University of Maine Cooperative Extension Tick ID Lab submission instructions found at <http://extension.umaine.edu/ticks/>
- To continue getting updates throughout May please like our Facebook page at <https://www.facebook.com/MaineCDC>
- For additional questions, please call Maine CDC at 1-800-821-5821 or email [disease.reporting@maine.gov](mailto:disease.reporting@maine.gov)
- Tickborne videos can be found on our website [www.maine.gov/idepi](http://www.maine.gov/idepi) under Videos on the lefthand side of the page.
- Human Lyme disease data is available through the Maine Tracking Network at <http://www.maine.gov/lyme> under EPI Information on the left-hand side of the page.

# NOTES FROM THE CEO

By Andrew MacLean, JD, CEO, Maine Medical Association



Our work on behalf of the physician community in Maine during the first half of 2020 has been dominated by two significant external, environmental factors – the “No on 1” referendum campaign on vaccine exemptions on March 3<sup>rd</sup> and the COVID-19 pandemic

response which rocketed to the top of our agenda by the Board of Directors’ meeting on March 11<sup>th</sup>. The “No on 1” campaign galvanized the physician and public health community to achieve a very positive result that sends an important signal about the value of childhood vaccines to the rest of the country. Thanks to all of you for your contributions to that effort and I note, especially, the strong leadership of Laura Blaisdell, M.D., M.P.H. featured elsewhere in this issue. Immediately following the March 3<sup>rd</sup> votes, MMA’s focus turned to the growing COVID-19 threat. Our leadership volunteers and staff have worked hard to advocate on your behalf with our state and federal government officials to assemble,

synthesize, and disseminate critical information about the COVID-19 crisis to you, and to assist individual physicians and their staffs with questions specific to their circumstances. We will continue these efforts through the response period and we hope to feature a retrospective review of Maine’s response to the pandemic at the Annual Session scheduled for September 18-20, 2020 at the Harborside Hotel & Marina in Bar Harbor. While the referendum and pandemic have occupied much of our time and attention, we are also pursuing aspects of the Board’s strategic plan for the next several years, including collaboration with other health care organizations: maintaining the financial stability of MMA for the future; and improving our communications with and on behalf of Maine physicians through our weekly e-newsletter, this quarterly printed newsletter, social media, and our web site, [www.mainemed.com](http://www.mainemed.com).

Please contact me any time by email at [amaclean@mainemed.com](mailto:amaclean@mainemed.com), by phone at 207-480-4187 (Office) or 207-215-7462 (Mobile/talk or text) if you have suggestions about how MMA can better serve the physicians of Maine.

*Continued from page 1...Focus on COVID-19 Response*

federal government, the Mills Administration and health care organizations, to optimize a coordinated response to this pandemic.

#### Helpful links to COVID-19 information:

Governor Mills’ Newsroom:

<https://www.maine.gov/governor/mills/newsroom>

Maine CDC COVID-19 Page:

<https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus.shtml>

#### Resources

Physicians can access the most up-to-date resources in one place on the COVID-19 Resources page at [mainemed.com](http://mainemed.com). The page is frequently updated with the most recent state-specific information, Maine Medical Association advocacy efforts, and other information that physicians need to know.

MMA COVID-19 Resources Webpage—

<https://www.mainemed.com/advocacy-covid-19>

#### Follow Us!

The MMA encourages physicians to follow us on social media. We are on:

Facebook— <https://www.facebook.com/mainemedical/>

Twitter— <https://twitter.com/MaineDocs>

LinkedIn— <https://www.linkedin.com/company/maine-medical-association>

We encourage you to visit these pages and follow them for updates.

#### Collection of Freely Available Scientific Articles and Resources on COVID-19

Many scientific articles and other resources on the COVID-19 outbreak are being made freely available online from various national publications, including clinical reports, management guidelines, and commentary. Below are some of the larger scientific collections accessible:

New England Journal of Medicine:

<https://www.nejm.org/coronavirus>

JAMA: <https://jamanetwork.com/journals/jama/pages/coronavirus-alert>



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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.

## A FRIENDLY REMINDER FROM MAINE FUNERAL DIRECTORS

*By Ed Pineau, Maine Funeral Directors Association*

First off, we want to thank all front line medical practitioners for your efforts in these trying times. We know you are giving it your best effort 24/7. We also appreciate the stress under which you are working.

The Maine Funeral Directors Association has activated our ‘Disaster Response Committee’ to assist our members in accomplishing our tasks as we expect a significant increase in our work.

We ask that when a patient passes, the death certificate is signed immediately. We cannot move forward without a signed medical certification of death. The family cannot move forward on burial or cremation without it. If there is a dramatic rise in deaths, we are working with the Medical Examiner to streamline the process to deal with the increased number of cremations, perhaps, even seeking exemptions from the 48-hour waiting period. However, this exemption would not be available without a signed death certificate.

Please assist us in helping families move forward after a loss of a loved one. I can be reached at 207-623-2355.

## MMA WELCOMES OUR NEWEST CORPORATE AFFILIATE:

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**We appreciate their support!**



Togus VA Staff



Signs at Northern Light EMMC



*Continued from page 1...Maine DHHS Update - Maine’s Response to COVID-19 and the Critical Role of Maine’s Physicians*

- Visit the Maine Provider Guide on Telehealth Reimbursement ([https://netrc.org/work-group/resources/Telehealth%20Policy%20and%20Reimbursement/Provider-Guide-ME-Telehealth-Policy-COVID-19\\_FINAL.pdf](https://netrc.org/work-group/resources/Telehealth%20Policy%20and%20Reimbursement/Provider-Guide-ME-Telehealth-Policy-COVID-19_FINAL.pdf)) as well as telehealth resources from the Office of MaineCare services (<https://www.maine.gov/dhhs/oms/COVID-19.shtml>) for updates on changes to MaineCare and other payer policy changes.
- Visit the NETRC website (<https://netrc.org/>) for more information, tools, and technical assistance, or submit a request for assistance directly using the online NETRC contact form (<https://netrc.org/contact.php>).
- **Fill Critical Gaps** - Health care providers interested in serving on the front line can sign up for the “Maine

Responds” Emergency Health Volunteer System, the Maine CDC system that organizes health care, public health, and emergency response volunteers to respond to emergency situations (particularly licensed clinicians). Register online for Maine Responds (<https://www.maineresponds.org/>).

- **Support Other Health Care Providers** - Maine DHHS is working with the Maine Association of Psychiatric Physicians (MAPP), the MMA and others to staff a “warm line” to provide mental health and emotional support for providers during this high-stress time. Clinicians interested in volunteering to staff this service can contact Dianna Poulin at [dpoulin@mainemed.com](mailto:dpoulin@mainemed.com).

While these are trying times, as Governor Mills has repeatedly said, we will get through this together.

## SPECIALTY SOCIETY MEETINGS

July 31 – August 2, 2020

Maine Chapter, American College of Surgeons Annual Conference

Sugarloaf Mountain Hotel – Carrabassett Valley, ME

Contact: Cathy Stratton 207-592-5725 or cstratton@mainemed.com

August 29 – September 1, 2020

28th Annual MAFP Family Medicine Update & Annual Meeting

DoubleTree by Hilton Portland, So. Portland, ME

Updated schedule and registration available at <http://www.maineafp.org/cme/mafp-cme-meeting>

Contact Deborah Halbach at 207-938-5005 or mainefp@tdstelme.net

September 19, 2020

Maine Society of Anesthesiologists Business Meeting

Stave Island Room in the Pool House – 2:00pm – 5:00pm

Harborside Hotel & Marina – Bar Harbor, ME

Contact: Lisa Montagna 207-620-4015 or mesahq@gmail.com

September 26-27, 2020

American Academy of Pediatrics, Maine Chapter Annual Meeting

Hilton Garden Inn and Conference Center – Freeport, ME

Contact: Dee Kerry 207-480-4185 or dakerry@aap.net

October 2, 2020

Maine Society of Eye Physicians and Surgeons Fall Business Meeting

Harborside Hotel & Marina – Bar Harbor, ME

Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

October 2-4, 2020

19th Annual Downeast Ophthalmology Symposium

(Presented by the Maine Society of Eye Physicians and Surgeons)

Harborside Hotel & Marina – Bar Harbor, ME

Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

October 8-9, 2020

Maine Association of Psychiatric Physicians, 14th Annual Program

Sexual Health in Psychiatric and Medical Practice

Hilton Garden Inn, Freeport, ME

Contact: Dianna Poulin at 207-480-4194 or dpoulin@mainemed.com

### Time for a checkup?

Physicians Need Protection Too.



Philip M. Coffin III



Abigail C. Varga

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- Employment Agreements and Disputes
- Estate Planning
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- Complex Litigation

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## PUBLIC HEALTH SPOTLIGHT

By Laura Blaisdell, MD, MPH, FAAP



### Rumination on a Referendum

Collectively, we are experiencing the novel coronavirus and the multi-faceted toll of infectious diseases when no community immunity or vaccines exists. It is this scenario, combined with personal and professional experiences with vaccine-preventable diseases (VPDs), which moved so many of us to sound the alarm about waning school community rates in Maine.

When I was in medical school and residency, I had a young physician's hubris that parents who refuse vaccines just needed better communication, information and more dedicated primary care doctors. As I began studying focus groups of vaccine hesitant parents to find the 'right' answer to making parents understand the importance of vaccination, what I found was a room of doors. Some parents didn't need or want more information because they had done all the research. Some parents adhered to ideologies not appropriate for 30-minute well-child check-ups. Many parents had uncertainty seeded in their minds, with roots too deep for me to dig out. Regrettably, we have no time and no reimbursement for these often discouraging conversations.

Neither schools nor physicians can administer vaccines to children against the will of their parents. So, as outbreaks of VPDs became a common headline and my years of unsuccessful vaccine discussions in the exam room humbled me, I became increasingly convinced that legislative public health measures would be the only way to address vaccine refusal.

Others have argued with this view. Coverage of the "No on 1" referendum earlier this year had non-Maine experts promoting less coercive measures. Hypothesizing that legislation like P.L. 2019, Chapter 154, while constitutional and common sense, would cause a backlash from parents, further damaging our vaccine rates. After 15 years of practicing in Maine, I must give testimony to truth that we considered all other options. Yet, Maine's immunity rates continued to drop to unprecedented

levels - leaving schools unsafe and no other more palatable options.

And so, in 2019, with state leadership that understood the urgency, Maine became a guiding star in passing P.L. 2019, Chapter 154. The legislative effort was a heavy lift from so many key stakeholders. I helped co-found Maine Families for Vaccines to amplify the critical pro-science, majority parent and community voices that were drowned out by the vitriolic screams of a relative minority. Maine experienced what is an increasingly common scene for issues of vaccine policy - national and state level anti-vaccine activists mobilized to amplify their minority voices.

The unwavering activism of our opposition to advance a referendum was of no surprise to me. But even today I am in awe of the humbling and resounding support for vaccines in Maine demonstrated in the recent "Peoples Veto" referendum - 73% of Maine voters voted in favor of the law and good vaccine policy. Every county in Maine supported the law. Nearly 100,000 undeclared voters and Republicans turned out to vote "No."

Perhaps most alarming was the *partisanship* of P.L. 2019, Chapter 154, with nearly all Republicans in both legislative chambers voting against a bill widely supported by physicians, hospitals, public health leaders and many others. Our government's essential role is to protect the health and well-being of all Mainers. Facing the future, physicians must continue our advocacy efforts on important public health issues.

Now, as we shelter in place with the world at a standstill - I wonder if our collective experience of 0% community immunity and no vaccine to coronavirus will alter Maine's understanding of what our recent vaccine bill is about. Will we understand that smallpox, measles and polio were the coronavirus of their day? Will we develop non-partisan reverence for and diligence in protecting our community immunity against these maladies with safe vaccines we possess at our fingertips? Will we, as Mainers and Americans, come to once again inherently value collective health that requires us to behave responsibly and vaccinate?

I have more hope now than ever before.

### Fiscal Fitness For Life

By Larry Perry, CLU, ChFC, CLTC Baystate Financial



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### Is it Time to Recalibrate?

At this writing, the individual and community responses to COVID-19 are placing both the healthcare and financial systems into uncharted waters. Of the many lessons being learned, one is a simple one that reminds us that lack of planning and continued vigilance can lead to tremendous dislocation of resources and the strain that accompanies crisis management. This moment in time certainly speaks to the interconnectedness of physical, financial and emotional health.

As you continue to focus your energies on serving the health and well-being of your patients and the greater Maine community, you may also find the need to attend to your personal financial well-being. Just as the effort to remain healthy during this COVID-19 crisis calls for

adopting new habits and the accessing of new resources, success in maintaining your financial health calls for adopting new habits, an increased level of diligence and the need to access new resources.

The recent renewal of the MMA/Baystate Financial *Fiscal Fitness For Life* financial education and planning services initiative continues to provide MMA members a resource to gain the financial guidance that can help you address the important financial issues you face.

In today's challenging environment you may find that the financial modeling available through Baystate's fiduciary, fee-based financial planning services may provide you the analytics you need to *re-calibrate* your financial well-being strategies.

For information on Baystate's financial planning services, go to <http://www.baystatefinancialmaine.com/>

Lawrence J. Perry, ChFC, CLU is a registered representative of and offers securities, investment advisory and financial planning services through MML Investors Services, LLC. Member SIPC. OSJ:200 Clarendon Street, 19th & 25th Floors. Boston, MA 02116. 617-585-4500. CRN202203-262316

## STAY FOCUSED AMONG THE DISTRACTIONS.

Minimize the things that get in the way of why you're in healthcare to begin with. A focus on reducing lawsuits is just one way we do this. For more information or your nearest agent, contact us at 800.225.6168 or through [coverys.com](http://coverys.com).

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**COVERYS**

By Dan Morin, Director of Communications and Government Affairs



## COVID-19 Spurs Abrupt End to 129<sup>th</sup> Maine Legislature, Second Regular Session

In response to the rapidly changing health crisis, and Governor Janet Mills issuance of a proclamation of civil emergency, the Presiding Officers of the Maine Legislature in mid-March cancelled all committee meetings, including public hearings, work sessions and confirmation hearings for the rest of the Session. It was also announced the Legislature would meet one more day to consider bills "directly related to coronavirus response and other critical services, then adjourn." The Capitol was then closed to the public, with only legislators, staff and media members allowed in the building while lawmakers worked.

The following is a general overview of COVID-19 legislation passed before adjournment. All other bills still not acted upon or under consideration will remain active until the Legislature reconvenes. Lawmakers had about one month left until its regularly-scheduled date of adjournment, April 15<sup>th</sup>. The decision to shut down was made by both Republicans and Democrats after the Legislature's consultation with public health officials.

### LD 2126—Governor's Supplemental Budget—Signed into law by the Governor

- \$17.4 million to the Budget Stabilization Fund to prepare for the possibility of future COVID-19 related expenses or any shifts in Maine's economy as a result of COVID-19.
- \$15 million for rate increases to support direct health care providers who are caring for Maine seniors, people with disabilities and children with behavioral health needs.
- \$1 million for the Maine CDC to supplement federal funds for expanded capacity at the State laboratory and hire personnel such as epidemiologists and public health nurses to respond to the pandemic
- More than half of the \$73 million (\$38 million)

overall budget total will be allocated for pre-K-12 education

- \$10 million to repair the State's roads, bridges, and other transportation infrastructure.
- Other appropriations
  - \$648k - COVID-19 Stipends for Nurses
  - \$455k - Health & Environmental Testing Lab
  - \$351k - Public Health Nurse Recruitment
  - \$279k - Office of Behavioral Health Services
  - \$259k - Home Community Therapy
  - \$359k - Medication Management Team
  - \$1.6 Million - 20 Child Protection Caseworkers
  - \$2.6 Million - Section 29 waitlist

### LD 2167—An Act To Implement Provisions Necessary to the Health, Welfare and Safety of the Citizens of Maine in Response to the COVID-19 Public Health Emergency—Signed into law by the Governor

- Temporarily expands and extends unemployment benefits for workers impacted and unable to work as a result of COVID-19. Waives the one-week waiting period.
- Allows the Medical Direction and Practices Board the ability to implement emergency protocols (rather than going through the rules process), meet electronically and delegate authority to the EMS medical director and associate medical director.
- Creation of a loan guarantee program for individuals (employees and employers) through the Finance Authority of Maine.

### LD 2163—An Act To Address Funding Needs Related to COVID-19—Signed into law by the Governor

- Creates an \$11 million COVID-19 response fund to address unanticipated needs as they arise through January 15, 2021.

MMA government affairs has developed a comprehensive Legislative Session summary document and updated Bill Tracker. It can be found by visiting our website at [MaineMed.com](http://MaineMed.com). Thank you and please contact Dan Morin at [dmorin@mainemed.com](mailto:dmorin@mainemed.com) or by call/text anytime at 207-838-8613 with questions, comments or concerns.

## Qualidigm Spearheads Statewide Implementation of Overdose Mapping Tool to Address Maine's Opioid Epidemic

By Amy Carter, Consulting Manager - Qualidigm



Many communities in Maine are searching for rapid sustainable solutions in response to the current opioid crisis. Opioid and Substance Use Disorder not only impacts families but also uses, and can exhaust, resources from law enforcement, social services, hospital emergency departments, and government agencies. Lessons learned from other states indicate that bringing different sectors together can lead to an improved community response to this crisis.

In partnership with the Maine Department of Health and Human Services, Maine High Intensity Drug Trafficking Areas, and the Maine Department of Public Safety, Qualidigm launched the statewide implementation of a near real-time data tool called **Overdose Detection Mapping Application Program (ODMAP)**: <http://www.odmap.org>. This tool enables communities to collect information on suspected fatal and non-fatal overdoses by first responders; mobilize cohesive, data-driven responses; and build the treatment and recovery infrastructure to increase access to substance use disorder services. The goal of the ODMAP implementation effort in Maine is to foster open communication channels with a multi-pronged approach working alongside law enforcement, first responders, the public health community, and local community coalitions to address Maine's opioid crisis, and ultimately develop capacity for educational efforts, treatment options, and access to recovery supports.

At the initial launch in March 2019, eight law enforcement agencies representing only two counties were connected to ODMAP and recording overdose data. As a result of a robust outreach strategy coordinated by Qualidigm to increase public safety participation, 78 law enforcement agencies, representing 81% of Maine's counties are now connected to ODMAP, resulting in a more collaborative approach in combatting the state's opioid crisis.

One example demonstrating the successful impact of ODMAP occurred in late winter 2020 where one community experienced an overdose spike alert detected by ODMAP. Local stakeholders, including the Maine Center for Disease Control & Prevention and Maine Drug Enforcement Agency, were able to respond quickly and issued a notice to the public about the danger. Additionally, those who experienced an overdose during this particular incident were transferred to a local ED for treatment and to receive information about further community treatment options. The source of illicit substance was quickly identified, and local law enforcement seized and removed a large quantity of the illicit substance from the streets to prevent future overdoses.

It is important to recognize that individuals suffering with Substance Use Disorder have a potentially higher risk of contracting COVID-19. These trying times impact the ability of individuals recovering from an overdose and may further impact those currently in treatment by limiting access to treatment and prevention resources. Real-time data and community collaboration will ensure these individuals are getting the proper assistance that they need.

Learn more about ODMAP and how the Kennebunk Police Department and Sweetser are working together to respond to opioid crisis in the local community using real-time data by watching this video: <https://bit.ly/2QXHTMv>



If you are interested in ODMAP or learning about other strategies in response to the opioid epidemic in Maine, please contact: Amy Carter at [acarter@qualidigm.org](mailto:acarter@qualidigm.org).

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



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## WHEN PANDEMICS AND EPIDEMICS CONVERGE

By Gordon Smith, Director of Opioid Response



I hope you and your families and staff are safe and healthy in this challenging time. One of the few positives from this pandemic have been the profound public expressions of appreciation for our physicians, nurses, and other health care professionals. On behalf of everyone in the Mills

Administration, we are grateful for the work you do. In this time, you are heroes Maine, America, and indeed the world, rely upon.

Our recent opioid work has focused on the intersection of COVID-19 and substance use disorder (SUD). As addiction is a disease of isolation, the need for physical distancing to combat COVID-19 has created an enormous challenge for the tens of thousands of Mainers in recovery.

These individuals are accustomed to attending meetings such as AA and NA several times a week and rely on many of the recovery supports Governor Mills has promoted and advanced, such as recovery centers (closed during the emergency) and recovery coaches (connecting virtually with as many people as possible), in addition to medication assisted treatment (MAT).

Maine's recovery community is resilient, however. I have been impressed with how staff and volunteers moved quickly to provide recovery support, both through virtual technology and by picking up that simple device called a telephone and reaching out to thousands of individuals.

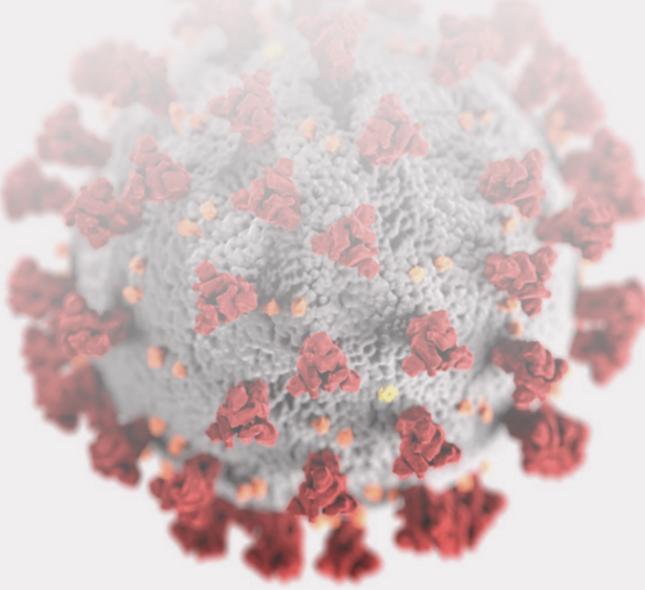
Of course, many of you have also adapted to these virtual technologies to connect with patients. I feel certain that permanent advancement of telehealth, with adequate third-party payment, will result from this pandemic experience. It is unfortunate it took a public health crisis to confirm what many of you have known, e.g., virtual technologies are effective in providing services without the physical presence of a physician or other health professional.

In addition to supporting virtual recovery efforts, the pandemic has made it necessary to suspend several rules and policies on a temporary basis to accommodate care and help patients avoid in-person visits to medical offices or hospital emergency departments. All types of treatment including methadone, suboxone, and counseling benefitted from these changes.

Adjustments were also made to the operation of the overdose prevention sites so important harm reduction strategies could continue. If some of these changes prove valuable for supporting patients and public health, they may become permanent.

By the time you read this, I hope the pandemic is on the decline and we are focusing on our opioid response strategic action plan. Featuring four focus areas of Prevention, Treatment, Overdose Prevention, and Recovery Support, the plan offers Maine an opportunity to get beyond the opioid epidemic and envision a bright future for our children, grandchildren, and beyond.

I always enjoy hearing from my MMA friends. Check in anytime at [Gordon.Smith@maine.gov](mailto:Gordon.Smith@maine.gov) or call me at 207-592-0859. And plan to join us at the Governor's Second Annual Opioid Response Summit, July 23, 2020 in Bangor. I would love to see you.



## BEYOND THE STETHOSCOPE

*Note: "Beyond the Stethoscope" is now a regular article in Maine Medicine highlighting an interesting aspect of a member's life outside of the practice of medicine. Please send any suggestions for future articles to Andrew MacLean, CEO at [amaclean@mainemed.com](mailto:amaclean@mainemed.com).*

Growing up in Trenton, Maine in the early 2000s, Nicole McCann didn't fully appreciate the quality of food in her parents' home. Her father planted and tended a large garden each season which produced cucumbers for pickles, tomatoes for sauces, and pumpkins for Halloween. Nicole's mom used her strong cooking and baking skills to preserve the produce and to prepare great meals for the family. "I took it for granted," she admits. "Then I became an adult and discovered how much bad food I encountered," she added. Nicole pursued and developed her passion for great food and cooking by assembling all the family recipes she could get from her mother, grandmother, mother-in-law, and others, clipped or taped, with annotations from her experiences with them, in a journal.

Today, Nicole is juggling her medical career with family life with her husband, Ed, who has his own career at BIW, and son, Tripp, who is almost 3. "Our time in the kitchen preparing a meal is quality time for us," she says. Nicole is a fan of risotto, a dish requiring careful attention, so if she is focused on it, Ed takes responsibility for other parts of the meal. Tripp is demonstrating an early interest in cooking and likes helping with homemade pizza or mashing bananas for banana bread. Among the many cooking shows on cable TV, Nicole and her family enjoy watching "Guy's Grocery Games" on the Food Network. If Nicole and Ed have a chance to go out for dinner on

their own, they like Enio's Eatery which is in walking distance of their home in South Portland. Tripp is a fan of breakfast foods, so if the family is out together, they like Becky's Diner in Portland or Uncle Andy's Diner in South Portland.

Nicole C. McCann, M.D. is a second-year resident in internal medicine at the Maine Medical Center. A native of Trenton, Maine, she is a graduate of Smith College and the University of Virginia School of Medicine. She lives in South Portland with her husband, Ed, and son, Tripp (almost 3 years of age). She currently serves as the Resident Member of the MMA Board of Directors.



### Medical Professionals Health Program

By Guy R. Cousins, LCSW, LADC, CCS, Director, Medical Professionals Health Program and the Staff at MPHP

#### MPHP is a Resource for You

The Maine Medical Professionals Health Program has provided Participants in our program with a number of resources to utilize during this period of COVID-19 which simultaneously allows them to interact within the recommended guidelines for social distancing and meet their required activities specific to their monitoring &/or consent agreements.

MPHP continues to be a resource for all medical professionals, especially in this time when so much is unknown and still evolving. We support them in their balancing of taking care of their patients while at the same time practicing healthy self-care. You are a critical element in the recovery and wellness process of our patients, our families, our communities, and the world. There are a plethora of resources that can be found on our website at [www.mainemphp.org](http://www.mainemphp.org)

*This is from a blog written by Dr. Clay Marsh of West Virginia, who has given us permission to share this thoughts.*

"Every day, we are faced with multiple opportunities which put our resilience to the test. Financial shortfalls, work problems, relationship conflicts, and even daily inconveniences. When frustrating situations occur, do you feel victimized? Are you overwhelmed? Or, are you able to count your blessings and focus on the positives? Gratitude is always helpful.

Such is the situation we find ourselves in right now. We may fall in the high risk category of major medical complications if we contract COVID-19 or have loved ones who do. We listen to the news and are consumed with fear and worry. What will be the economic impact? How many lives will be lost? When will life get back to normal?

If you are having difficulty seeing past problems at hand or are unable to find enjoyment in life, it just may be a wake-up call that it's time to develop skills to become more resilient.

There is comfort in knowing there is calm after a storm. However, it is during the calm a resilient person is aware that life is a struggle and it is as it is. You certainly don't want to wait until you are besieged by wave after wave to try to navigate your way out. In other words, think ahead, learn from experience, and have vision and flexible plans.

Life storms often bring out the best or the worst in us. And although I've certainly witnessed a few occasions in which individuals were less than kind and inappropriate when handling stress, the majority of folks I've encountered typically have the mindset that the situation could be worse or are simply thankful for the blessings that they do have. They view a problem as an inconvenience rather than a life-altering event.

Becoming resilient takes time and practice.....lots of it. And, one thing we can count on, is that life will certainly provide us with plenty of opportunities to practice. Don't give up if you don't feel like you are making progress - or don't know where to start. Consider talking to a trusted friend or spouse. With support, you can improve your resilience, grow in confidence, and not be fearful of the storms ahead."

*"If you break your neck, if you have nothing to eat, if your house is on fire - then you got a problem. Everything else is inconvenience. Life is inconvenient. Life is lumpy. Learn to separate the inconveniences from the real problems. You will live longer"*

~Sigmund Wollman

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## E-Communication with Patients: E-mail, Texting, Portals and Networks - Part II

**NOTE: This series was written prior to the COVID-19 pandemic and while some regulatory standards have been relaxed during the pandemic, these guidelines still reflect best practices during normal circumstances.**

Electronic communication (e-communication) has increased significantly and is no longer limited to e-mail on the desktop. Smartphones and tablet computers make it possible to access information and send and receive messages anywhere there is a cell signal or wireless network. Mobile communication technologies have spread with remarkable speed.

### Privacy and Security

- Conduct electronic communication with patients over a secure network. Encrypt electronic protected health information from the point of creation, through transmission to the point of receipt. Instruct providers not to transmit protected health information over public networks such as airport, hotel or coffee shop Wi-Fi hotspots. Patient portals are one of the most secure methods of communicating.
- Establish clear mechanisms to authorize and authenticate patient users.
- Require passwords and current antivirus (malware) protection for all devices including providers' personal devices.
- Develop and enforce password requirements.

- Establish a mechanism to ensure user access termination in a timely manner when appropriate (patient or provider leaves organization, uses technology inappropriately, etc.).
- Inventory all portable devices used by providers to communicate protected health information. Ensure the ability to lock or remote wipe the devices if lost or stolen.
- Include a disclaimer on all outgoing messages. For example: This communication may contain health information that is private and solely for the use of the intended recipient.

### Policies and Procedures

- Evaluate current confidentiality and information security policies and update to reflect e-communication with patients.
- Determine whether providers will be limited to organization provided devices for e-communication or will be permitted to bring their own devices (BYOD).
- Develop and enforce clear policies if personal devices are permitted. Prohibit the storing of protected health information.
- Determine the types of e-communication that will be used and establish guidelines.
- Include e-communication in current documentation policies. Clinical e-communication exchanges should be incorporated in the patient's medical record.

- Determine whether attachments such as photographs or videos are supported by the platform (portal, private network, mobile device) and if use will be permitted. For example: patient photographs of skin rashes and video of behavioral outbursts or seizure activity. Specify how the images will be stored and made part of the medical record.
- Provide education for physicians and staff on the e-communication policies and procedures including the establishment of a clear delineation between personal and professional use of e-communication.
- Include e-communications in the organization's "legal hold" policy. When a claim is anticipated and/or a request for information or subpoena includes electronic communications, specific action is required to preserve electronically stored information (such as e-mails). Notify users of the potential claim and direct that all patient communications and documentation (including e-mails) may not be deleted or modified.

*Medical Mutual Insurance Company of Maine'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.*



## Coping with COVID 19 as a Healthcare Professional

By Hannah Longley, LCSW and Greg Marley, LCSW, NAMI Maine

The medical field has made major strides in the ability to proactively respond to many of the world's health problems and countless lives have been saved. However, the COVID-19 crisis has brought healthcare workers to the front lines of being first responders. Uncertainty and anxiety over basic safety is high during attempts to balance professional ethics of patient care with personal safety concerns.

As the pandemic continues, the strain on the physical and mental health of practitioners and families will continue. Relying on previous training and information may no longer be applicable enough as the fear of the silent spread of the virus has affected every part of our society.

The risk of suicide has increased over the years in the medical field. The American Psychiatric Association stated that doctors are 2.5-4 times more likely to die by suicide than the general population. As the pandemic continues in other parts of the world, European countries are noting an increased rate of death by suicide among nurses and doctors.

The need to be cognizant of increased stress makes it imperative for medical providers to understand and combat the stigma associated with mental health challenges during and after this trying time. Taking proactive approaches to addressing the stressors is imperative. Providers are aware and taking necessary steps in mitigating the risk of the physical exposure to the virus, but it is also important for them to take steps to mitigate the psychological impact.

Steps that can be taken may appear simple solutions but are often forgotten during times of crisis. It is important to remember to practice self-care. This includes maintaining exercise routines adapted to factor in social distancing. It is important to ensure you are managing

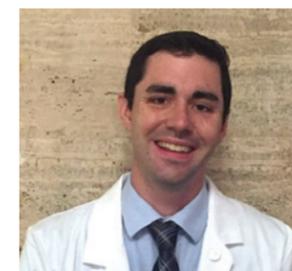
your diet and eating healthy foods, such as leafy greens, as the majority of your serotonin is produced in your stomach. Sleep is critical, especially in times of stress. It has been found that chronic sleep deprivation decreases both serotonin production and dopamine receptors. Increasing hydration helps not only with maintaining physical health, but also with managing and decreasing the impact of stress responses.

Other steps that you would normally engage in to manage stress continue to be important. Listen to audiobooks, settling in with a cup of tea and your favorite book. Research has shown that participating in these activities, while taking time to practice gratitude for them, assists in rewiring your brain and decreasing the impact of stress.

These self-care steps are imperative, but they may not completely diminish the impact of stress. When facing terrifying potential outcomes, some moments of acceptance that there may be exposure and planning to increase preparedness can provide a sense of control in a completely out-of-control moment.

Sitting with family and supports and developing a concrete plan for what to do if there is an exposure or if symptoms occur is one thing you and your family can do to minimize the impact of the uncertainty. Make a list of items you would want to have on hand and attempt to stock them. If you are quarantined, think of who can be resources to deliver necessary supplies. If you are concerned about possible exposure to your family if you quarantine, think about where you would quarantine - at your home or an alternative location. Have the discussion in advance for the steps your family will take at that time.

By proactively planning for worst-case scenarios and by maintaining some routines, you can gain a sense of control while also taking steps toward feeling prepared.



## Maine Medical Student is Elected AMA Region 7 Delegate

By Tyler Lang, Tufts University School of Medicine-Maine Track M22

*Tyler Lang, a second-year medical student in the Tufts University School of Medicine Maine Track program, writes about AMA Region 7 medical student delegate elections.*

The New England states and New York comprise District 7 in the American Medical Association Medical Student Section (AMA-MSS). Each of the districts gets a limited number of medical school delegates to represent their district, with Region 7 having five delegates. The student delegates work to represent the voices of medical students among the wider state delegation and at the AMA House of Delegates during the Annual and Interim meetings. Most of Region 7's student delegation usually comes from Massachusetts or New York; to the knowledge of leadership I am the first student delegate to ever be elected to represent the state of Maine.

I was interested in the position to be present at the larger House of Delegates meetings and to directly represent Maine medical students at those meetings. Our state has a lot of unique challenges and experiences with providing quality rural care that I think is important to share with a national audience, and on the other side I want to accumulate new ideas to bring back to our state and our society.

During the election, I was one of a handful of students to run from the floor. I hadn't originally been planning to run for a position, but with the other nominees all being from Massachusetts, New York, or Connecticut, I wanted to jump in and give some representation for Northern New England. The other students in the delegation seemed genuinely excited to have someone running from one of the more rural states, so that drove me to a successful nomination. The term is for 1 year (2 national AMA meetings). I am most looking forward to meeting students and physicians from all over the country who are tackling diverse problem areas in medicine. I am excited to have the chance to represent medical students from Maine in these policy discussions. The recent investments in students by the MMA has made the growth of our student section in this way possible.

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## RESOURCES ON COVID-19 (NOVEL CORONAVIRUS)

The Maine Medical Association continues to grow a list of helpful resources for COVID-19 information and to have them in one place for you to easily find/reference. Visit our COVID-19 page on our website at <https://www.mainemed.com/advocacy-covid-19> for the latest helpful links.

At the time of this writing, you can find links to the following resources, linking directly to COVID-19 pages:

- |   |   |   |
|---|---|---|
| American Medical Association<br>COVID-19 Business Impact and Assistance Information MMA 4.3.2020<br>COVID-19 Frequently Asked Questions   American Medical Association<br>COVID-19 Frequently Asked Questions   Maine CDC<br>Maine Bureau of Insurance<br>Maine Centers for Disease Control<br>Maine CDC Health Alert Network System<br>Maine DHHS Hand Sanitizer Guidance 031920 | Maine DHHS Standing Order for Pharmacy for Hand Sanitizer 031920<br>Maine Helps<br>Maine Medical Reserve Corps<br>Maine Responds<br>SBA Business Interruption Loans Information (Section 1102 of CARES ACT)<br>SBA Disaster Assistance Maine Small Businesses March 2020<br>SBA Participating Maine Lenders<br>Telehealth Services Medical Fee Schedule | Telehealth AMA Resources:<br>AMA Telehealth Implementation Playbook<br>AMA Quick Guide to Telemedicine in Practice<br>Telehealth Vendor Options (Massachusetts Medical Society)<br>U.S. Centers for Disease Control and Prevention<br>U.S. Chamber of Commerce Emergency Loans Small Business Guide and Checklist<br>Why Don't We Do It In Our Sleeves? (Video) |
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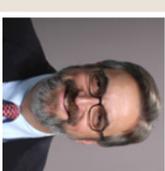
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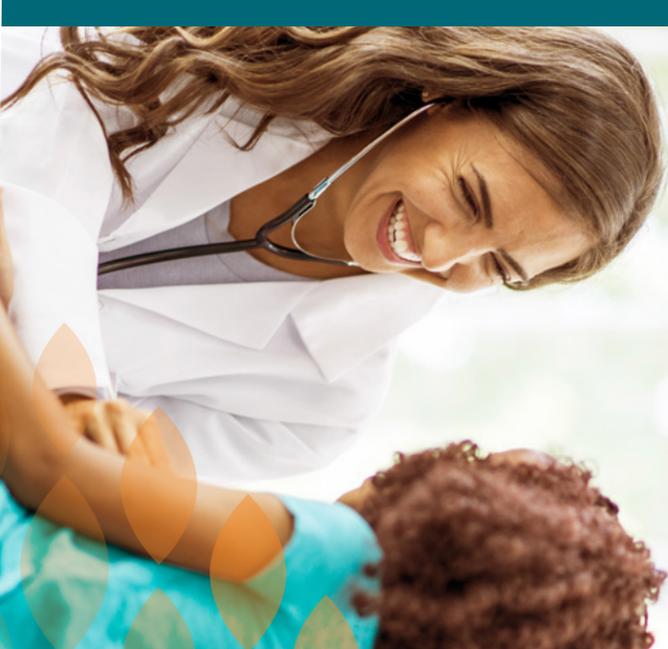


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