



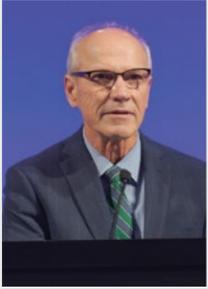
Maine Medicine

a quarterly publication of the Maine Medical Association

JANUARY/FEBRUARY/MARCH 2019

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

EVP GORDON SMITH RECOGNIZED BY AMA FOR LIFETIME ACHIEVEMENT



Before a packed ballroom during the opening session of the AMA House of Delegates on Saturday, November 10th, the American Medical Association presented MMA's EVP Gordon Smith with a Medical Executive Lifetime Achievement Award. The award presentation was a highlight of the AMA's 2018 Interim Meeting

at the Gaylord National Resort & Conference Center in National Harbor, MD.

The picture above is MMA EVP Gordon Smith addressing the AMA House of Delegates following presentation to him of an AMA Medical Executive Lifetime Achievement Award on Saturday, November 10th at the Gaylord National Resort & Conference Center in National Harbor, MD.

Mr. Smith's comments touched upon his many wonderful experiences locally, regionally, and nationally

during nearly 40 years working in organized medicine. He also expressed his appreciation for the many physicians he's been honored to serve and for his staff and family who supported him through the years. Mr. Smith kept his emotions largely intact until he acknowledged the support of his wife, Janet, throughout his career. His heartfelt acceptance remarks resulted in a standing ovation from the large crowd, many of whom knew him and had worked with him on a project at some point in his career.

Other representatives from Maine attending the meeting in support of Gordon were Maine's AMA delegation - AMA Past President Robert McAfee, M.D., current MMA delegates to the AMA Richard Evans, M.D. and Maroulla Gleaton, M.D., MMA President Robert Schlager, M.D., MMA Immediate Past President Charles Pattavina, M.D., and MMA Deputy EVP & General Counsel Andrew MacLean.



Gordon accepts AMA Medical Executive Lifetime Achievement Award with Jack Resnick, M.D., AMA Board Chair.



In the audience for Gordon (L-R) Charles Pattavina, M.D., Tess Scannell, Robert Schlager, M.D., Janet Smith, Katharine Ayer, Gordon Smith, Andrew MacLean, Richard Evans, M.D.

MMA EVP, GORDON SMITH, NAMED FIRST STATE OPIOID DIRECTOR



In late January, Governor Janet T. Mills announced the appointment of Gordon H. Smith, Esq., of East Winthrop to the new state position of Director of Opioid Response, effective February 4, 2019. Gordon has served the Maine Medical Association in one

capacity or another since September of 1979. He has served as Executive Vice President since 1993. He will resign the position on January 31 in order to take the state position.

The appointment of a point person to coordinate the state's response to the opioid/heroin/fentanyl/ substance use disorder epidemic was included in candidate Mills' 10-Point Opioid Plan released early in 2018 during the gubernatorial campaign. In that plan, the position was described, as follows:

...Hire a senior official to work in the Governor's Office to harness the engines of state government to address the opioid addiction epidemic. Reporting to the Governor, this person will staff the Addiction Cabinet, modeled after the Children's Cabinet, and will ensure coordination of and communication about efforts related to the epidemic across all state agencies, from Health and Human Services, Education, Economic Development, Professional and Financial

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JANET T. MILLS INAUGURATED AS MAINE'S 75TH GOVERNOR, ISSUES EXECUTIVE ORDER NUMBER 1

Executive Order 1 is entitled, An Order to Require Expedient Implementation of the MaineCare Expansion. After several "Whereas" clauses spelling out the legal obligation to implement the law enacted by Maine voters on November 6, 2017, the order goes on to direct the Commissioner of DHHS and officials and employees under her direction to:

that eligible people in Maine can get the health care they need in the short- and long-term as contemplated by the Expansion Act.

The date of the Executive Order was January 3, 2019.

MMA will work with its partners in HealthCare4ME to provide information to MMA members and their staffs regarding enrollment and eligibility. Watch for articles in the Weekly Update dealing with this important subject.

1. Take all steps necessary to promptly: 1) make necessary changes to eligibility and payment systems and process applications prospectively; 2) work with CMS to amend the filings made by the prior administration in order to reflect the effective date of the Expansion Act and to obtain the earliest possible CMS approvals consistent with the Act; 3) adopt the rules required by the Expansion Act prior to the February 1, 2019 date ordered by the Superior Court; and 4) work expeditiously toward resolving issues affecting those who applied for coverage between July 2, 2018 and January 2, 2019.
2. Engage health care providers, organizations, patients, patient and consumer representatives and other stakeholders to develop and execute on an outreach and communications plan for enrolling eligible residents, understanding that smooth implementation will require time and phasing in of necessary components, as was contemplated by the Expansion Act in its original timelines; priority shall be given to actions that will speed application and eligibility determinations in order to provide coverage as quickly as possible.
3. Develop a plan in concert with the Legislature to make the Expansion Act financially sustainable so



Governor Mills, family members, and entertainers on January 2 and January 4, 2019 at inaugural ceremony and inaugural celebration.



By Robert Schlager, M.D., President, Maine Medical Association

The MMA Board of Directors is conducting a search for a proven and accomplished leader to serve as the Association's next CEO. The MMA is the state physician association of Maine. It is a physician advocacy and support organization with a staff of 15, an annual budget of approximately \$2.5 million, and approximately 4,000 active members. The CEO works closely with a volunteer board of 29 members and serves as the operational leader of the organization. Managing an experienced and highly regarded staff team, the CEO also serves as a trusted advisor to physicians and other healthcare stakeholders on a broad range of legal, legislative, financial, and operational issues that impact the care of Maine's 1.3 million residents. The search is being managed by Starboard Leadership Consulting, and a full position description and application details can be found under the spotlight on the home page of MMA's website at www.mainemed.com.



Who will lead the Maine Medical Association into the future?

The time has finally come - Gordon Smith has stepped down as the Executive Vice President of the Maine Medical Association. Effective February 4, 2019 Gordon will be the Director of Opioid Response in Governor Janet Mill's Administration. This is a new position and we are confident that Gordon will serve with distinction. His column in this newsletter will be his last regular one as leader of the MMA, but we fully expect him to be a contributor as part of his new role.

Although Gordon's departure is a bit earlier than expected, we have been planning for this transition for more than a year (see my "Transitions" President's Corner in the February 2018 issue). The Executive Committee of the Board of Directors of the Maine Medical Association has asked Andy MacLean, currently Deputy EVP and General Counsel, to be the interim Executive Vice President. Many of you know that during the last 20 years, Andy has not only led legislative efforts but has been a crucial part of the leadership team and is well versed in all the details of the organization. The Search Committee, led by Charlie Pattavina and consultant Jeff Wahlstrom, has accelerated its timeline and is actively working on selecting a new CEO to lead the MMA into the future.

But to succeed, we will need much more than a new Chief Executive Officer (note the new title). We will also need leadership from the ranks of the organization. After serving now for one year as your President, one of the most important things that I have learned is that the MMA is a leader among Medical Societies not

only in New England but throughout the U.S. While membership in most state Medical Associations and the AMA has been shrinking, Maine has been growing. Maine can attribute a large part its growth to granting membership to all medical students and residents in the State, automatic membership as well as the concept of group membership-offering every hospital or large independent medical practice in Maine a reduced group membership to cover all their members on the medical staff. This is just one of the innovative ideas of the MMA. Our current Board of Directors has not only experienced physicians who are leaders throughout the State of Maine, but also current residents and students who will be leaders in the future. What more do we need to continue to grow and prosper?

We need YOU! If you are reading this and other articles in the Maine Medical Association's quarterly newsletter, I am indeed talking directly to you. For any organization to continue to thrive, we must have many diverse and new ideas and initiatives. And many of the best ideas and initiatives come from a member who is not an official leader. Yet, if we do not hear from you, your idea may be lost or never developed. For those of you who participate in our surveys, who step up to a position on one of our committees, serve on the Board, serve as a delegate to the AMA, be a Doctor of the Day to our State legislature, testify to the legislature or who attend our annual session, we thank you and ask for your continued participation. Whatever your interest may be, especially to our most recent and youngest physicians in whose participation our ultimate future as an organization lies, we want to hear from you and work with you to achieve our mission: "Support Maine Physicians, Advance the quality of medicine in Maine, and Promote the health of all Maine citizens".

Who will lead the Maine Medical Association into the future? Hopefully, YOU!

the **Iris network**
Vision with no limits.

AGE-RELATED VISION LOSS

As baby boomers age into retirement in a state with the oldest population in the nation, we expect to see a rise in age-related vision loss as one in three people over the age of 70 experience significant vision loss. Visual impairment can also occur as a result of glaucoma, injury, arthritis, unsuccessful cataract surgery, or a degenerative disease such as retinitis pigmentosa, among others.



When vision is no longer correctable, The Iris Network can help people maximize the use of their remaining vision, reclaim their life, prepare to re-enter a competitive workforce, or age-in-place. The Iris Network helps people who are visually impaired to overcome challenges and find solutions and hope for a better life.

Highly-trained, experienced staff at The Iris Network include certified vision rehabilitation therapists, a certified rehabilitation counselor, a certified orientation and mobility specialist, an access technology specialist, access to a social worker (for personal adjustment support), along with a Low Vision Clinic staffed by an ophthalmologist, and occupational therapist with referrals and support from optometrists.

WHAT'S NEXT AFTER VISION LOSS?

If your patient is challenged by vision loss, call **The Iris Network** for service in your home or at the Low Vision Clinic in Portland.

CALL (207) 774-6273

Mainers with vision loss can learn how to live independently using compensatory techniques, adaptive devices, and access technology.

Time for a checkup?
Physicians Need Protection Too.

Phillip M. Coffin III

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NOTES FROM THE EVP

By Gordon H. Smith, Esq., Executive Vice President, Maine Medical Association



This will be my final EVP report for *Maine Medicine*. You may be as surprised to read this as I am to write it. Until the November election, my expectation was to complete my career at MMA and transition to whatever was coming next at the end of 2019. I knew that the

search for a new EVP would be completed by summer and looked forward to the 2019 Annual meeting in Bar Harbor and the retirement event planned for Saturday, October 26 in Portland. But when Governor-elect Janet Mills asked me to assist her to prepare a package of responses to the opioid/heroin/fentanyl epidemic, consistent with the 10-Point Opioid Plan released by then candidate Mills early in 2018 during the campaign, I responded affirmatively. Governor Mills and I have been working closely on these issues since the formation of the Maine Opiate Collaborative in 2015 and prior to that time had worked to reduce the overprescribing of opioids.

The 10-Point Plan was prepared with significant input from several physicians and represents a comprehensive effort to address the problem. In point 10, the plan calls for hiring a senior official to work in the Governor's Office to *harness the engines of state government to address the opioid addiction epidemic. Reporting to the Governor, this person will staff the addiction cabinet, modeled after the children's cabinet, and will ensure coordination of and communication about efforts related to the epidemic across all state agencies, including HHS, Education, Economic Development, Professional and*

Financial Regulation, Corrections and Public Safety. For this epidemic to be adequately and efficiently addressed, these efforts need to be coordinated and collaborative, gaps need to be identified and communication on the issue needs to be across all agencies and with the public.

After several weeks of assisting with the preparations needed to implement the plan, the prospect that I might continue the work as the new Director of Opioid Response became possible and when the position was offered, I consulted with the MMA Executive Committee and then quickly accepted. The appointment was announced in mid-January and I began work on February 4. My last day at MMA was January 31 which represented a departure 11 months earlier than anticipated. I am extremely grateful to Governor Mills and the MMA leadership for making it possible for me to move into the public sector after nearly forty years at MMA. The opportunity to serve the public by assisting Mainers with substance use disorders was simply irresistible. My new position is about saving lives, reducing the number of drug-impacted infants and addressing the conditions that cause Mainers, young and old, to abuse substances. I will need your help.

One of the nicest things about this unexpected move is that I will still have significant contact with the medical community. So, no need to say a permanent goodbye. I will simply close by thanking each and every MMA member, their staffs and our corporate partners for your support of MMA and myself, personally. And most of all, thank you for what you do every day to take care of patients. It has been the honor of my life to represent you.

Simplifying Complex Care with Hi-Tech and Right Touch

By Eileen Fingerman, MD

Senscio's Ibis Solution for Maine's Elders

As a long-time geriatrician in Maine, I am very familiar with the challenges involved in caring for frail elders and in supporting this population to age in place. Recently, I became involved with an exciting program that harnesses the power of artificial intelligence (AI) technology and combines it with well-thought out care management services to provide a novel and effective program for our State's most vulnerable citizens. This unique program is offered by Senscio Systems, a company with a strong footprint in Maine.

Senscio's program, known as *Ibis*TM, is based on the idea that software can be used to guide elderly patients and their caregivers through the tasks involved in their daily care plan and identify if they are non-adherent to the plan. When the patient's health is starting to deteriorate, *Ibis* guides the patient through the steps prescribed by the physician to arrest a decline. Of equal importance, *Ibis* provides an early warning system for the clinical care team if the patient's self-rescue measures are not successful.

Senscio's premise is that AI technology enables more frequent assessment of an elderly patient's health. This increased awareness is necessary to stop the pernicious cycle of ER visits and hospitalizations of the most vulnerable patients. The failure to break this cycle will continue to drive health care costs to ever increasing and unsustainable levels.

The *Ibis* program starts with the AI software technology. The software is coupled with and acts through a dedicated touchscreen terminal installed in the patient's home. Called the *IbisHub*, the terminal provides communication between Senscio and the patient in order to:

- Remind patients about all of their daily tasks under their prescribed care plan;
- Collect information from the patient about adherence and health information (e.g. vitals monitoring data);
- Communicate instructions to the patient for self-management pursuant to built-in clinical protocols

established by physicians in the event of a health exacerbation; and

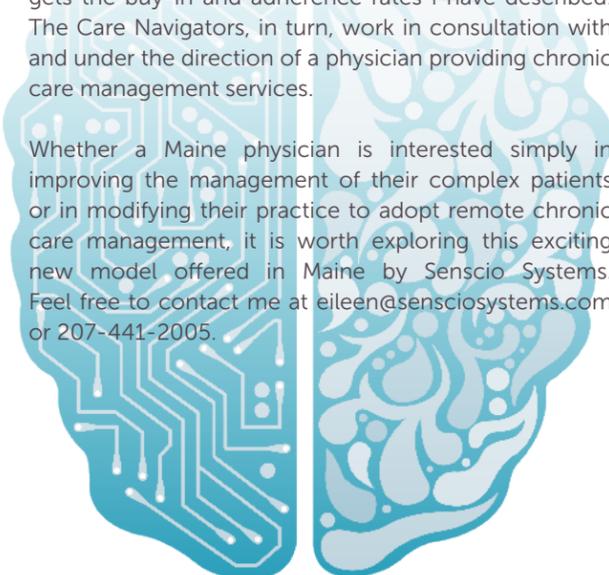
- Monitor if an exacerbation has been resolved or requires clinical intervention.

The *IbisHub* is a large easy to read and use touchscreen with simple language that also comes in a tablet form for more mobile seniors. Senscio spends significant time training the patient on using the *IbisHub* and monitors use to make sure each patient becomes comfortable with *Ibis*. I have been pleasantly surprised at how easy the technology is for elders to use. In fact, folks that I have met with no more than a 6th grade education quickly learn how to use it without difficulty.

As a result, Senscio sees overall care plan adherence rates with the program in the 90% range, which drives medication adherence rates at similar levels. Patients who have been using *Ibis* for more than a year invariably tell me "*Ibis has changed my life*". When I ask them why, they say "*I am finally doing what I am supposed to be doing to take care of my health*". Instead of being overwhelmed by all the tasks they must do, *Ibis* empowers them to care for themselves.

Although the AI software and specially designed hardware technology are the foundation of the Senscio solution, the *Ibis* program is built on the supposition that technology can only be effective when combined with the right human oversight. To complement the technology, Senscio has developed a patient support team of trained "Care Navigators". They function as both a coach and friend to the patient. The relationship of trust that they develop is a big part of the reason why Senscio gets the buy-in and adherence rates I have described. The Care Navigators, in turn, work in consultation with and under the direction of a physician providing chronic care management services.

Whether a Maine physician is interested simply in improving the management of their complex patients or in modifying their practice to adopt remote chronic care management, it is worth exploring this exciting new model offered in Maine by Senscio Systems. Feel free to contact me at eileen@sensciosystems.com or 207-441-2005.



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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.

INVITE A PHYSICIAN TO JOIN MMA

Encourage your colleagues to become an MMA member and take advantage of the benefits of membership. Contact Lisa in the MMA Membership Department at 622-3374 ext 221 or email lmartin@mainemed.com.

THANKS TO 2019 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.

Patrick Killoran, MD

Michael Szela, MD

Coastal Women's Healthcare

InterMed

Mid Coast Hospital

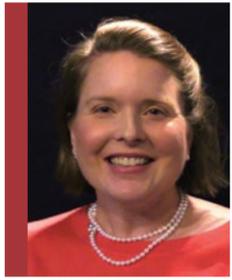
Pines Health Services

Plastic & Hand Surgical Associates

Spectrum Health Care Partners

QUALITY COUNTS...A QUALIDIGM COMPANY

By Amy Belisle, MD, MBA, Senior Medical Director



Maine Quality Counts Merges with Qualidigm Effective January 1, 2019

Maine Quality Counts announced early in January that effective January 1, 2019, the organization has officially merged with Qualidigm, a national healthcare consulting organization. Previously, both organizations intended to complete the merger on August 1, 2019. However, to better position the combined entities for competitive advantages in upcoming large federal contracts and with approval from both organization's respective boards, the merger was completed seven months ahead of schedule. With this merger, the Maine Quality Counts name and branding will officially change to *Quality Counts...A Qualidigm Company*.

The two organizations are like-minded and have almost identical mission statements. With headquarters in Wethersfield, Connecticut and satellite offices in New

Hampshire, Vermont, and Rhode Island, Qualidigm has been in business for over 35 years. During this time the company has established a successful track record of improving the quality, safety and cost-effectiveness of healthcare through transformational change across all healthcare settings. Qualidigm has been a Medicare Quality Improvement Organization (QIO) for the last three decades and currently serves as a partner on the QIN-QIO work in New England. The organization also has a vast portfolio of national healthcare quality improvement experience and currently leads several national healthcare quality improvement and patient safety initiatives.

Strategically, coupled with Quality Count's (QC) long-established expertise as the prime contractor of the Northern New England Practice Transformation Network (NNE PTN) program, QC's national recognition as a Choosing Wisely leader and its success in partnership with MMA in leading opioid reduction programs, the combination of both companies creates improved access to quality improvement services throughout New England.

The new organization will continue its support of Maine clinicians and organizations with a new suite of offerings

that will address the many challenges facing healthcare reform today.

With this merger, Quality Counts would like to recognize, with gratitude, its long history with the MMA and its members. When it was first founded, Quality Counts was under the MMA umbrella and shared office space. Even after Quality Counts became a separate organization, QC continues to have strong ties with the MMA, working on several large initiatives together. One example is the Caring for ME project, where QC works together with medical providers and statewide organizations to have a strong, proactive response to the opioid crisis. With the merger with Qualidigm, Quality Counts is excited to continue to work with physicians and clinicians throughout the state on critical health issues in Maine and New England. We encourage you to reach out to the Senior Medical Directors at Quality Counts, Lisa Letourneau, MD, MPH, or Amy Belisle, MD, MBA, if you would like to learn more information about the merger or discuss future opportunities to work together.



THE PHYSICIANS FOUNDATION'S SIXTH BIENNIAL SURVEY IDENTIFIES BURNOUT AND SOCIAL DETERMINANTS AS TOP ISSUES



The Physicians Foundation, a nonprofit organization that seeks to advance the work of practicing physicians, recently released the findings of its 2018 survey of U.S. Physicians. The new survey includes responses from almost 9,000 physicians across the country and underscores the overall impact of numerous factors driving physicians to reassess their careers.

Here's a Q&A with Dr. Gary Price, president of the Physicians Foundation, to share what these findings mean.

Q: Physician burnout has been an issue the Physicians Foundation has been monitoring for years in its biennial surveys. What's changed in this year's results?

Dr. Price: Unfortunately, physician burnout is on the rise. A stunning 78 percent of physicians say they experience feelings of burnout in their medical practices. To give you context, in our 2016 survey results this number was at 74 percent, so we see this figure climbing.

78% sometimes, often or always experience feelings of burnout.

It's truly alarming that more than three-quarters of physicians are experiencing burnout, particularly because it is causing many physicians to reassess their careers. Forty percent of our survey respondents plan to either retire in the next one to three years or cut back on hours. Equally distressing, 46 percent say they plan to entirely change career paths within the next three years.

Physicians have been silently coping with this burden. It is far past time to do something meaningful to change this negative trend.

Q: What factors are driving burn-out among physicians?

Dr. Price: Physicians responding to our survey report that the chief culprit contributing to feelings of burnout is the frustration they feel with the inefficiency of electronic health records (EHRs) followed by the burden of regulatory and insurance requirements. All of these have intruded on their time to care for their patients, without significantly improving the quality of that care.

If the healthcare industry does not confront the significant challenges caused by the inefficiency of EHRs and excessive burden of regulatory and insurance

requirements, physicians will continue to experience increasing burnout symptoms – which, in turn, will exacerbate the physician shortage already felt in many areas of our country, and needlessly prolong the sometimes tragic consequences of burnout.

Q: Do physicians feel able to instigate changes to help alleviate these feelings of burnout?

Dr. Price: Only 10 percent of physicians who took our survey feel they have the power to impact the healthcare system. The perspective of physicians needs to be at the forefront of discussions around healthcare policy and regulation. Physicians are on the front lines of healthcare every hour of every day, and ultimately are held responsible for their patient's outcomes.

The Physicians Foundation strives to focus and amplify the voices of physicians. Their insights will be critical to improving our healthcare system in a successful and sustainable way. Physicians need to feel empowered to contribute their ideas, and planners need to recognize the value of their input.

Q: A lot of people are talking about the influence of social determinants on healthcare outcomes. To what extent are factors like poverty impacting patient care?

Dr. Price: An overwhelming majority (88 percent) of physicians report that some, many or all of their patients are impacted by social determinants. In fact, only one percent of physicians taking our 2018 survey report that none of their patients have such circumstances.

Conditions such as poverty, unemployment, lack of education and addiction all pose a serious impediment

to a patient's health, well-being and their eventual health outcomes. These challenges directly impact a physician's ability to deliver effective care.

88% of physicians indicate that some, many or all of their patients have a social situation (poverty, unemployment, etc.) that poses a serious impediment to their health.

Many physicians on our Board of Directors personally witness the impact of poverty among the patients they serve. Social determinants as they relate to healthcare have been a critical focus of the Foundation for several years now. We have made concerted efforts to address this vital area with like-minded individuals and organizations across the U.S.

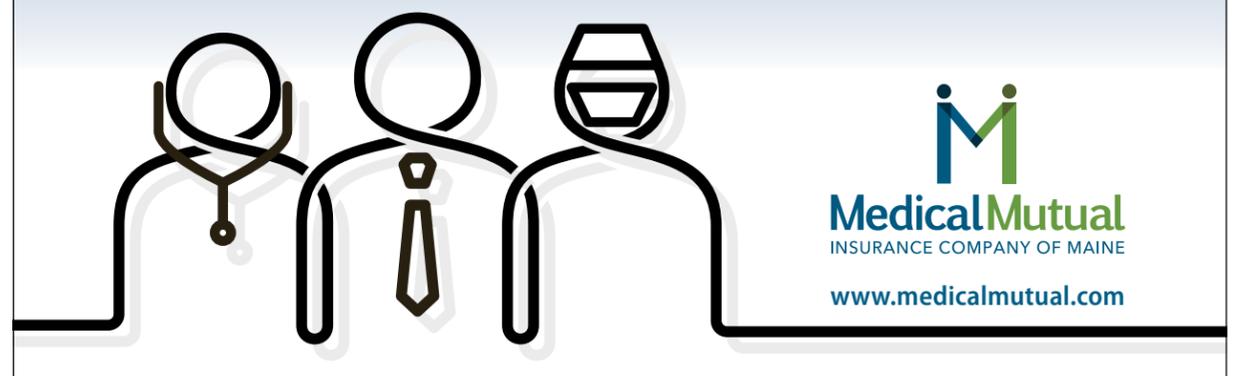
While patients and physicians must work together to navigate the hardships that hinder proper care and drive up costs, it's key that health policy experts and regulators actively acknowledge and engage with this issue. Simply ignoring it – or pretending it is not a factor in driving up costs while undermining outcomes – is no longer tenable.

Q: Many people dealing with social determinants that adversely affect their care are also patients who have been negatively impacted by the opioid crisis. To what extent has the opioid crisis changed the way that physicians practice medicine?

Dr. Price: Our survey results report that 69 percent of physicians are prescribing fewer pain medications in response to the opioid crisis. To put things in perspective, an opioid overdose was the cause of more than 60,000

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Partners in patient safety & medical liability protection



By Andrew MacLean, Esq., Deputy Executive Vice President, Maine Medical Association



129th Maine Legislature Begins Work of First Regular Session as New Executive Administration Takes Shape

The 186 members of the 129th Maine Legislature were seated in early December 2018 and began the work of their First Regular Session on Wednesday, January 2, 2019, the same day that Janet T. Mills (D) was inaugurated as Maine's 75th and first female Governor. Governor Mills has nominated Maine native and national health policy expert Jeanne Lambrew to be her DHHS Commissioner and the Governor has nearly completed her Cabinet appointments. Democrats control both chambers of the new legislature. The 35-member Senate is composed of 21 Democrats and 14 Republicans while the 151 members of the House include 88 Democrats, 56 Republicans, 5 Independents, and 1 Common Sense Independent. During 2018 elections, Democrats featured health care prominently in their campaigns and MMA expects health care to be a primary focus during the next two years. The 129th Maine Legislature includes three returning physician members: Sen. Geoffrey Gratwick, M.D. (D-Penobscot), Rep. Patricia Hymanson, M.D. (D-York), and Rep. Heidi Brooks, M.D. (D-Lewiston). Two physicians also join Senator Gratwick as new members of the Maine Senate. They are Senator Linda Sanborn (D-Cumberland), a former member of the Maine House, and Senator Ned Claxton (D-Androscoggin). Both are retired family physicians. The 129th Legislature is scheduled to conclude its First Regular Session in mid-June 2019.

SAVE THE DATE: Physicians' Day at the Legislature is Wednesday, March 13, 2019 – please plan to join us at the State House! FMI, contact Dianna Poulin at dpoulin@mainemed.com.

The First Regular Session of each legislature begins relatively slowly as it takes some time for the Senate and House Republican and Democratic caucuses and the joint standing committees of the legislature to organize. During the first session, legislators can submit any number of bills and legislators have filed approximately 2100 bills by the December 31, 2018 cloture deadline. The Governor can submit bills at any time and legislators can submit "after deadline" bills upon approval by the Legislative Council, the 10 members comprising the leadership of the legislature. You can find the lists of bill requests (LRs) by subject matter and by sponsor on the Maine Legislature's web site here: <http://www.legislature.maine.gov/news/359/preliminary-lists-of-working-titles>. The public generally doesn't know the details of these LR's until they are printed and referred to committee as LDs or "Legislative Documents."

Three early examples demonstrate the prominence of health care policy in the Mills Administration and the 129th Legislature. In her Inaugural Address, the Governor announced a new position in her office called the Opioid Response Director to coordinate the State's effort to address the opioid use disorder crisis. As anticipated, during her first week in office, Governor

Mills also issued *Executive Order 1* directing the implementation of ACA Medicaid (MaineCare) Expansion: <http://www.maine.gov/governor/mills/news/governor-mills-signs-executive-order-directing-dhhs-move-forward-medicare-expansion-2019-01-03>. Acting DHHS Commissioner Lambrew also hosted a work session for stakeholder groups, including MMA, on implementation of Medicaid expansion on January 10, 2019. Finally, the new legislature's first bill is one of health policy as Senate President Troy Jackson (D-Aroostook) has sponsored L.D. 1, *An Act to Protect Health Care Coverage for Maine Families*: <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280070605>. This bill is intended to ensure maintenance of certain patient and provider protections of the ACA in Maine law.

Another significant task of every new legislature is to develop a new two-year or "biennial" state budget. Because of the transition in administrations, Governor Mills will have more time to draft her FY 2020-2021 biennial budget which is likely to be released in late January or early February. The legislature's consideration of the biennial budget usually occupies much of the First Regular Session and public hearings on the health and social service portion of the biennial budget are likely to take place in February or March.

The MMA encourages you to introduce yourself to your two members of the legislature, if you do not know them already. You can find your legislator using the *Maine Voter Information Lookup Tool* on the [www.maine.gov](http://www.maine.gov/portal/government/edemocracy/voter_lookup.php) web site: https://www.maine.gov/portal/government/edemocracy/voter_lookup.php. If you have any questions about your legislators, please contact the MMA staff.

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*. Also, the MMA Legislative Committee holds a weekly conference call to review bills and brief members on legislative action. The conference call information is published each week in the *Maine Medicine Weekly Update*. Finally, we are always recruiting volunteers for MMA's *Doctor of the Day Program* at the State House. This is an excellent opportunity to participate in MMA's state legislative advocacy. Find out more about the program on the MMA web site: <https://www.mainemed.com/advocacy-policy/doctor-day-program-maine-legislature>.

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. 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.



Scenes from Opening Day of the 2019 Legislative Session:

(L-R): Chief Justice Leigh Saufley swears in Senate President Troy Jackson and other members of the Senate.



(L-R): MMA President Robert Schlager, M.D. with Senate President Troy Jackson; MMA EVP Gordon Smith with Senator Ned Claxton, M.D. (D-Androscoggin).

SPECIALTY SOCIETY MEETINGS

February 9-10, 2019

Maine Society of Anesthesiologists Winter Meeting
Sugarloaf Hotel & Conference Center – Carrabassett Valley, ME

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

March 8, 2019

Maine Chapter, American College of Emergency Physicians Annual Meeting
Sugarloaf – Carrabassett Valley, ME

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

March 23, 2019

Maine Society of Orthopaedic Surgeons Annual Meeting
Maine Medical Association – Manchester, ME

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

April 3-6, 2019

27th Annual Family Medicine Update & Annual Meeting
Atlantic Oceanside – Bar Harbor, ME

Schedule and registration available online at www.maineafp.org

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

April 25-26, 2019

Maine Association of Psychiatric Physicians Annual Spring Program
PSYCHOPHARMACOLOGY: An Update and a Look Ahead

Hilton Garden Inn – Freeport, ME

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

May 10, 2019

Maine Society of Eye Physicians and Surgeons Spring Educational Program & Business Meeting
Harraseeket Inn – Freeport, ME – 11:30am – 5:00pm

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

MMA HAPPENINGS

All meetings take place at the MMA office, 30 Association Drive, Manchester, ME unless otherwise noted.

FEBRUARY 12

8:00am – 3:30pm
Spectrum Medical Group
5:30pm – 7:00pm
MMA Committee on Physician Quality

FEBRUARY 27

4:00pm – 7:00pm
MMA Public Health Committee – Diabetes Stakeholders Meeting

MARCH 11

4:00pm – 6:30pm
Medical Professional Health Program

MARCH 13

4:00pm – 6:00pm
MMA Board of Directors Meeting

APRIL 3

8:00am – 5:00pm
Clinician Leadership Group Conference

APRIL 9

8:00am – 3:30pm
Spectrum Medical Group
5:30pm – 7:00pm
MMA Committee on Physician Quality

APRIL 10

Wellness Summit (@ Thomas College, Waterville, ME)

MEDICAL PROFESSIONALS HEALTH PROGRAM

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



Medical Professionals Health Program What is Recovery Capital?

In the behavioral health world (mental health & substance use disorders),

Recovery Capital is defined as "the internal and external resources necessary to begin and maintain recovery" (1).

It encompasses elements you have in your personal environment when trying to begin and maintain your recovery. The more types of recovery capital you possess, your process of wellness becomes easier. The more types of recovery capital you have, the quality of your recovery becomes richer. On the other hand, if you have little to no recovery capital, you may be challenged significantly regardless of any quality behavioral health treatment you receive.

Recovery Capital can fall into four categories.

- 1. Physical Capital:** having physical recovery capital means you have a safe place to live and enough to eat. You have adequate clothes and access to transportation. Having these basic needs met is the bare minimum of recovery capital you will need. Other physical capital includes having good physical health, insurance, money, and other financial assets.
- 2. Human Capital:** this includes your values, skills, knowledge, experience, education, interpersonal skills, and problem-solving abilities. It also includes certain personality traits, such as conscientiousness, optimism, perseverance, self-awareness, confidence, and sense of purpose.
- 3. Social Capital:** is all your relationships, whether they be intimate relationships, family relationships, work relationships, friends, or members of your recovery network. Quality is essential here. If you have many close relationships, but many of them may have substance use issues, then you don't have strong social recovery capital. In fact, that would be a major social liability. Social capital means you are surrounded by people who support your recovery and other positive changes.
- 4. Cultural Capital:** is all the support you get from your community and culture. It could be your local community, like your neighborhood or the broader community. Cultural capital in local communities includes things like access to treatment and mutual aid groups, such as 12-step programs, preference for treatment over punishment, active efforts to reduce the stigma of addiction, and a general openness about substance problems and a willingness to help. In a wider sense, it could include state/federal laws and programs to make treatment more widely available; use of supportive, and non-stigmatizing/discriminating language in the media.

People have more control over some categories than others. For instance, you have a considerable amount of control over what skills and qualities you develop and who you choose to associate with, but you don't have as much control over your community or your culture.

Whether you have participated in a structured behavioral health treatment program or not, it is essential to your recovery that you develop physical, human, and social recovery capital. It's especially important to involve families in your journey; this can help turn a social liability into a social asset.

Recovery Capital is often an over looked but necessary piece of your recovery and wellness efforts. It's important to build as much quality recovery capital as possible.

- (1) Cloud, W., & Granfield, R. Conceptualizing recovery capital: Expansion of a theoretical concept. Substance Use and Misuse.

**To learn more about Recovery and Recovery Capital, visit the SAMHSA weblink to read about the principles of Recovery <https://store.samhsa.gov/system/files/pep12-recdef.pdf>

PUBLIC HEALTH SPOTLIGHT

By Greg Marley, LCSW, NAMI Maine Clinical Director and Jenna Mehnert, MSW, NAMI Maine Executive Director



Rising Suicide Rates Call for Informed Response

Suicide rates increased in Maine and across most of the United States in 2017. Based on information from the US CDC, 47,173 people died by suicide in 2017, one person every 11.1 minutes. This is an almost 5% increase from 2016 and continues a trend of increasing suicide rates since 1999. The 2017 increase was seen among all age groups across the lifespan but the trend shows

the strongest increase among youth. Nationally the suicide rate among youth under age 15 rose by 130% over the past decade and for youth 15-24, a 50% increase!

Though the increase in youth suicide is quite alarming, the greatest number of suicides occur in middle age, a group representing 26% of the population and 35% of our suicides. Men continue to die by suicide 3.5 times more than women though women attempt suicide more often than men. Men are more challenging for intervention because they do not easily reach out for help.

Healthcare settings represent a significant opportunity to recognize someone at risk and to intervene with a suicidal patient to connect the person with needed help.

Healthcare settings are a vital part of the safety net for middle aged and older adults and offer an easily accessible site for supporting someone in need. It is estimated that 40% of adults who die by suicide were seen in primary care or a specialty practice in the month before their death; 70% of older adults were seen within a month. Intervening to stop a suicide requires medical staff to have the background knowledge and skills to recognize and assess suicide risk as well as the understanding that

a suicide is an often preventable tragedy. A suicidal crisis is often short-lived and treatable. Connecting a suicidal individual with the help they need can and has saved lives. NAMI Maine and the Maine Suicide Prevention Program (MSPP) working with the Maine Medical Association offer a range of best-practice training and technical assistance to support medical practices and practitioners to get the knowledge and tools needed to effectively assess and intervene.

- Consider hosting a practice-based "Lunch and Learn" session to prepare clinical or non-clinical staff with the knowledge and tools of effective suicide safer care. Sessions are typically 90 minutes in length.
- Send select staff to specific trainings delivered by NAMI Maine's Clinical Director Greg Marley, LCSW. Contact Nicole at Nicole@namimaine.org for more information:
 - Suicide Assessment for Clinicians
 - Collaborative Safety Planning as a tool for patient self-management
 - Managing Non-suicidal Self-Injury in Healthcare
 - Protocol Development for Effective Suicide Prevention
- The MSPP, NAMI Maine and Maine Medical Association are hosting a series of 2-3 hour professional development opportunities for medical practitioners and clinicians across Maine. Contact Dee Kerry at dkerry@mainemed.com for a training near you.
- NAMI Maine can host a Mental Health First Aid training in your community for support any adult to have the knowledge, skills and confidence to help anyone in a mental health crisis. To schedule a training mhfa@namimaine.org and to learn more about MHFA visit: www.mentalhealthfirstaid.org/

Suicide prevention is truly up to us all and we are most effective at saving lives when we get the needed education.

2019 MPHP CONFERENCE: PROFESSIONAL'S HEALTH AND WELLNESS

The MPHP is inviting all interested to join us for a comprehensive 1-day wellness conference designed to help gain a better understanding of the varying factors affecting healthcare professionals in Maine, and to work together to implement more supportive ways to help them with their unique needs. Substance use and mental health illnesses, stress and burnout, and boundary related issues are having a major impact on health practitioners' safety, focus, decision-making, and job satisfaction.

This conference will be on Thursday, June 13, 2019 from 8 AM to 4 PM at the Civic Center in Augusta, Maine. CME/CEU's are pending application and approval.

For more information or to register, please visit our website at www.mainemphp.org.



Visit the mma website:
www.mainemed.com



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Satisfaction Survey - An Emphasis on Customer Service

Studies have shown that malpractice risk is directly proportional to unsolicited patient complaints. In order to have a better understanding of your potential risk, patient satisfaction surveys can assist in gauging that risk. In addition, the satisfaction survey demonstrates to patients that the physicians and office staff are receptive and responsive to their needs.

I. Types of Survey Tools

A. In-office Surveys

In-office surveys are often placed on an office counter, creating a situation where patients hesitate to fill them out. To facilitate patient cooperation have staff hand the survey to the patient letting the patient know that the doctor would like to know "How are we doing?," or have health care providers hand out the surveys. In order to provide some level of anonymity, provide a receptacle which can accommodate completed surveys.

B. Mail Surveys

Mail surveys permit a patient to remain anonymous and allow a patient time to reflect on the office visit experience. When mailing the survey, include a cover letter from the provider explaining why the office is conducting a survey. To improve your response rate, consider using a decorative stamp rather than a postage meter and a PO Box instead of a street address. Patients may be hesitant to send negative remarks directly

to you. You may also provide a survey to patients upon check out. Be sure to include a stamped pre-addressed envelope.

C. Telephone Surveys

Telephone surveys conducted by your staff do not allow a patient to remain anonymous but do provide a personal touch. Consider using a professional marketing firm.

D. Website Surveys

For patients who prefer the convenience of completing a survey online, web-based satisfaction surveys offer an alternative to paper-based survey methods. Determine feasibility of offering the office practice survey online or on a practice-based website.

II. Frequency of Surveys

Consider surveying your patients two to four times per year. Expect a return rate of 25% to 35% (telephone surveys may be higher). A random sample may include each patient seen in the office in a two-week period. Consult your site administrator to establish website surveys.

III. Federal Regulations

The Patient Protection and Affordable Care Act of 2010 required the Centers for Medicare and Medicaid Services (CMS) to establish the Physician Compare website. The Affordable Care Act requires the website to contain information on physicians enrolled in the Medicare program and

other eligible professionals who participate in the Physician Quality Reporting System. Measures for public reporting of physician performance include an assessment of patient experience and patient, caregiver, and family engagement. Specific and detailed information regarding this initiative can be found at www.cms.gov.

IV. Utilizing Survey Data

- Aggregate your survey data for analysis.
- Discuss feedback from the surveys with staff and physicians.
- Choose areas for improvement.
- Prioritize areas identified.
- Facilitate discussion with staff and physicians as to how to address each chosen area.
- Create a plan to address the area, implement the plan and reevaluate to assure success.

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.



Continued from page 4...The Physicians Foundation's Sixth Biennial Survey Identifies Burnout and Social Determinants as Top Issues

deaths in 2017 alone – quadruple the number of deaths from an overdose since 1999.

There are many causes of this epidemic, and physicians are seriously engaged in efforts to reduce it, as well as untangle the multiple root causes of this major public health concern.

Q: Anything else we should know about the 2018 Physician Survey results?

Dr. Price: Physicians overwhelmingly agree (79 percent) that the most satisfying part of being a physician is the relationships with patients that they build across their career. We hope policy makers, healthcare influencers, media and other stakeholders will use the findings of our survey as a valuable resource to better understand the underlying challenges facing physicians and our healthcare system. This will allow all stakeholders to formulate more effective policies to advance the health and interests of patients through helping physicians focus on what they love and do best – care for patients.

To view the full results of the survey, visit <https://physiciansfoundation.org/research-insights/the-physicians-foundation-2018-physician-survey/>.

Continued from page 1...MMA EVP Named First State Opioid Director

Regulation, Corrections, Etc. For this epidemic to be adequately and efficiently addressed, these efforts need to be coordinated and collaborative, gaps need to be identified and communication on the issue needs to be across all agencies and with the public.

Gordon's office will be on the second floor of the State House and initially within what is presently called the Office of Policy & Management. It is anticipated that the office will be given a new name soon.

MMA wishes Gordon all the best as he takes on this difficult issue on behalf of Governor Mills and the public.

There will be an event in Portland on Saturday evening, October 26, 2019 recognizing Gordon's service to the Association. All MMA members will be invited.

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<http://bit.ly/MaineQPP>



Understanding QPP, MIPS, and MIPS Alternative Payment Model Requirements

MIPS plan strategies, login, and data reporting on QPP

Annual Wellness Visits

Chronic Care Management

Hierarchical Condition Categories (HCC) and Risk Adjustment

SAVE THE DATE !

Maine AAP Spring Conference/Annual Meeting – May 18 & 19, Point Lookout, Northport

'Treatment and Prevention of Medical and Mental Health Emergencies'

Saturday Speakers include:



Advancing Diagnosis and Management of Atopic Dermatitis Anthony J. Mancini, MD, Lurie Children's Hospital & Feinberg School of Medicine, Northwestern University

Updates in Acute Asthma Management Tom Mellow, MD, The Barbara Bush Children's Hospital



Disaster Preparedness in Maine Matt Sholl, MD, State of Maine, EMS Medical Director

Youth Suicide Risk & Substance Use John Knight, MD, Children's Hospital/Harvard Medical School



Sunday Keynote:



'This IS my Lane' Joseph Sakran, MD, The Johns Hopkins Hospital, followed by experts from the National AAP, Maine Legislature, Giffords Law Center & more

REGISTRATION WILL OPEN MID FEBRUARY

Call the Maine AAP for information on sponsorship and exhibiting opportunities. 207-480-4185 | www.maineaap.org



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PSYCHOPHARMACOLOGY

An Update and a Look Ahead

APRIL 26, 2019 | 8:00-4:30 P.M.

HILTON GARDEN INN, 5 PARK ST, FREEPORT, ME 04032

Participants will hear presentations on the following:

- The Latest Developments in the Treatment of ADHD
- Depression in the Medically Compromised Patient
- Use of Psychedelics in Therapy
- Psychopharmacology in the Older Patient

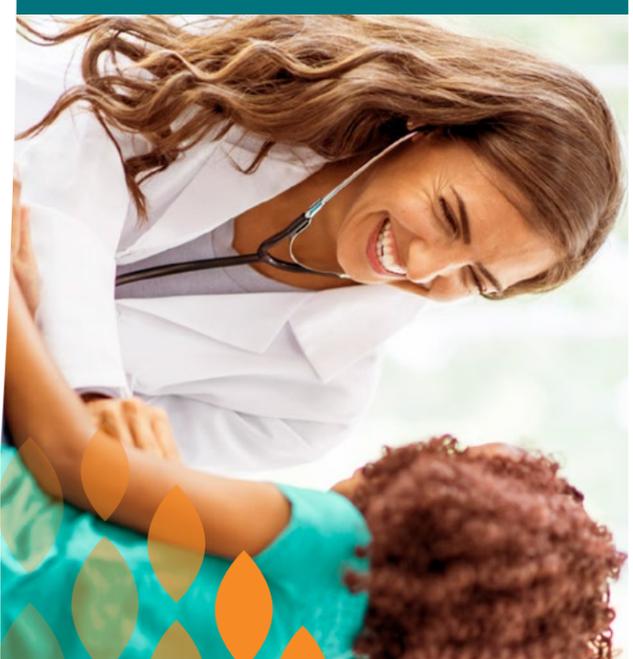
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of Psychiatric Physicians
207-622-7743
dpoulin@mainemed.com



Northern Light Eastern Maine Medical Center is currently recruiting for:

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- Developmental Pediatrics
- Endocrinology
- Family Medicine
- Family Medicine Faculty
- Gastroenterology
- Neurology
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- Oncology
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- Otolaryngology
- Outpatient Internal Medicine
- Palliative Care
- Pediatric Gastroenterology
- Pediatric Orthopedics
- Physical Medicine & Rehab
- Trauma Surgery
- Urology

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our Provider Recruitment team at:
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