Maine Medicine

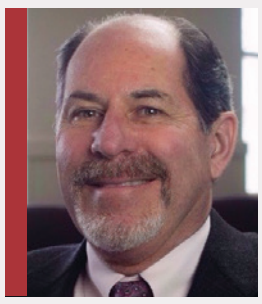
a quarterly publication of the Maine Medical Association

JANUARY/FEBRUARY/MARCH 2018

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

MAINE QUALITY COUNTS

By Larry Clifford, Executive Director, Maine Quality Counts



QC2018: BUILDING COMMUNITIES OF PRACTICE THROUGH INNOVATION

QC2018

APRIL 4, 2018 | AUGUSTA CIVIC CENTER

On Wednesday, April 4, 2018, Maine Quality Counts (QC) will host their annual conference – *Building Communities of Practice through Innovation* – at the Augusta Civic Center. In deference to everyone's busy schedules and reports of limited education/training budgets, QC has decided to host a half-day conference this year – one that will be focused on a select number of topical innovations that are of strategic importance to QC's members, partners, and stakeholders.

This year's Keynote Speaker, Sanjeev Arora, MD, FACG, MACP, will be speaking on Building Communities of Practice through Innovation. Learn more at: https://echo.unm.edu/about-echo/our-story/

The Keynote Speaker for QC2018 will be Sanjeev Arora, MD, FACG, MACP – Distinguished Professor of Medicine in the Department of Internal Medicine at the University of New Mexico Health Sciences Center, as well as Director and Founder of Project ECHO (Extension for Community Healthcare Outcomes): a revolutionary, guided-practice model whereby primary care clinicians retain the responsibility of managing their patients, while also increasing their independence and self-efficacy.

Project ECHO has been called a "disruptive innovation" – one that dramatically improves both capacity and access to specialty care for rural and underserved populations. This low-cost, high-impact intervention is accomplished by linking expert, inter-disciplinary teams of specialists with primary care clinicians – a model that allows for the co-management of patient cases, along with the sharing of expertise via mentoring, guidance, feedback, and didactic education. To learn more about the ECHO model, go to: youtu.be/2lBfyOlL4_s.

The list of invited presenters and panelists for QC2018 is stellar. In addition, time will be allotted for open networking among the conference attendees. QC2018 will also coincide with a scheduled meeting of the Caring for ME (C4ME) Clinician Leadership Program – a recent initiative (created by QC, in partnership with the Maine Medical Association and the Physicians Foundation) that is designed to improve providers' ability to respond to the current opioid epidemic and other public health crises. Details regarding the C4ME breakouts, luncheon, and afternoon workshop will be sent separately.

Other topics on the agenda include: Real-Life Applications of the ECHO Model; Reaching Diverse/Rural Populations through Telehealth; Best Practices and Workflows around Lung Cancer Screening; Addressing Healthcare Affordability; Building Communities of Practice around Older Adults; and an overview of lessons learned from Maine CDC's Chronic Disease Improvement Collaborative.

Building Communities of Practice through Innovation will start promptly at 8:00 a.m., with a sit-down breakfast that precedes the Keynote Address, and includes the formal presentation of QC's annual awards for Leadership, Patient Partnership, and Excellence in Primary Care. Full registration details, including descriptions of the morning breakout sessions, will be posted on the QC website (and distributed via e-mail and social media) on February 1, 2018. The registration fee for this half-day conference will be less than last year, but seating is limited.

So hold the date, and be sure to register early! For more information, please visit: www.mainequalitycounts.org.

Attendees from the 2017 conference.

CHANGING OF THE GUARD, FEBRUARY 1, 2018

Because of an expected resignation of the President-elect Jabbar Fazeli, M.D. last August, on February 1, 2018 MMA President Charles Pattavina, M.D. will pass the Presidential gavel and medallion to Robert Schlager, M.D. and former Board Chair Kenneth Christian, M.D. will take office as President-elect. Dr. Schlager is a family physician and serves as the Chief Medical Officer at Sebasticook Valley Hospital in Pittsfield where he also continues to treat patients. Dr. Christian practiced emergency medicine in Ellsworth, retiring in 2015 but continues to provide medical assisted treatment for patients in recovery from substance use disorders.

Charles Pattavina, M.D. (left) presents the presidential medallion to Robert Schlager, M.D.

Dr. Schlager will serve an unusually long term as President, approximately nineteen months, as Dr. Pattavina and he are essentially splitting the Presidential year that would have been served by Dr. Fazeli. This succession plan was approved by the membership at the 164th Annual Session in Bar Harbor last September and ratified by the MMA Board Jan. 17, 2018.

Dr. Pattavina closes out his seventeen-month Presidency following a very successful period in which the Association met and exceeded its adopted budget and as of December 31, 2017 had the largest membership in its history, with nearly 3000 active members and over 4200 members overall (the difference in the two numbers are medical students, residents and senior members who are retired). During the 17 months, the nation experienced a change in leadership in the White House and Maine passed via public referendum MaineCare expansion. The state continued to experience more than one death a day from drug overdoses but MMA with lots of partners both public and private continued its advocacy for appropriate prescribing limits and increased availability of medication assisted treatment. Dr. Pattavina also led a statewide discussion of the pros and cons of physician assisted death, a discussion that continues. Dr. Pattavina will continue his service to the Association through membership on the Board as Past-President. The Association is grateful for his leadership and appreciate the willingness of both he and Dr. Schlager to extend the traditional twelve-month Presidency.

President Robert Schlager, M.D. (left) at recent Board meeting with President-elect Kenneth Christian, M.D.

Continued on page 3

Healthcare Suicide Prevention Protocol Development Training Workshop – March 2nd from 8:30am-12:30pm (SEE PAGE 2)

NOMINATIONS FOR THE 2018 MARY CUSHMAN, MD AWARD FOR EXCEPTIONAL HUMANITARIAN SERVICE AS A MEDICAL VOLUNTEER

The Maine Medical Association presents the Mary F. Cushman Award each year to recognize the humanitarian service of Maine medical volunteers who serve many hours - in Maine, throughout the United States, or abroad - to help the less fortunate of humanity. The award is announced at the Association's Annual Session, and includes a $1,000 donation to the institution or organization of the recipient's choice. Priority consideration is given to:

- the nomination of a Maine physician who is a member of the Maine Medical Association.
- nominations submitted by members of the Maine Medical Association.
- nominations that, for international volunteering, include training people in other countries to provide care in their own communities.

Nominations for the 2018 award are due by August 1, and should describe the volunteer's activities and contributions to the profession.

The nomination form is available at www.mainemed.com/annual-session. For more information or to request a nomination form, contact Susan Kring at 480-4190 or skring@mainemed.com.

LEGISLATURE'S OPIOID TASK FORCE ISSUES FINAL REPORT

The Task Force to Address the Opioid Crisis in the State issued its Final Report in December, 2017. The nineteen-member Task Force was established during the First Regular Session of the 128th Maine Legislature by Joint Order S.P. 210. The Task Force was established to "examine the current laws in the State addressing opiate abuse and heroin use, including, but not limited to, existing laws focused on law enforcement, prevention, treatment and recovery." The group was further tasked with the following specific responsibilities:

- Review the 2016 report and recommendations of the Maine Opiate Collaborative (MOC);
- Review initiatives undertaken by other states, with particular attention to proposals regarding opioid treatment, enforcement and prevention and
- Develop recommendations to address Maine's opioid crisis.

The members of the task force were appointed by late 2017 and were required by the Joint Order to submit a final report with any recommendations and suggested legislation to the Legislature by December 6, 2017. The group met ten times and finalized its recommendations at a meeting held on November 28. As part of its deliberations, the task force divided into small groups to consider prevention/harm reduction, treatment/recovery and law enforcement. Three physicians (Sen. Geoffrey Gratwick, M.D., Vernon "Trip" Gardner, M.D. and Steven Diaz, M.D.) and MMA EVP Gordon Smith, J.D. served on the Task Force. In addition, Christopher Pezzullo, D.O, Chief Health Officer with the Department of Health and Human Services, represented the LePage administration during the discussion and deliberations although the administration did not take any positions on particular recommendations or legislation.

The task force recognized that the final recommendations needed to take an integrated and comprehensive approach and broke the recommendations into three categories to reflect the work of the small groups and the approach of the MOC. The recommendations are currently (Jan. 2018) being shared with the various legislative committees of jurisdiction and it is hoped that many of the proposals requiring legislative action or state resources can be enacted during the Second Regular Session of the 128th Legislature which is scheduled to adjourn in April. The final report including all the recommendations and other resource documents considered by the task force can be found on the website established by the Task Force.

PRESIDENT'S CORNER

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

Transitions

As I sit in my home office on New Year's Eve, I can't help but think of transitions. This is a time of reflecting on the past and contemplating the future. I first think of the awesome responsibility of taking over the office of President from Dr. Charlie Pattavina, who has so competently and professionally fulfilled the duties of President of the MMA over the last sixteen months. He will be a very tough act to follow. I thank him and his wife Katie for all he has done in 2016 through January, 2018.

When I was in medical school, I attended a party around this time of year and many seasoned physicians told me it was a shame I would never know the joys of practicing medicine before the era of Medicare. "Medicare will destroy the practice of medicine!" As I look back on the many changes over the last four or five decades, no one then could have predicted how health care would change or how influential the Centers for Medicare and Medicaid Services would become.

So, what are three top transitions on my mind as we move into 2018? Certainly, the first one is the ever-evolving status of the national health care delivery system. Will most physicians just sit back and be swept away in the direction of the prevailing wind? At the last MMA annual meeting, we had an inciteful panel discussion on advocacy - one way that physicians can help determine the future course of our health care system. We can all assist in many ways: following and contributing to health care debates; writing, calling or, best of all, getting to know our elected representatives; participating in groups such as the Maine Medical Association; being involved as leaders in our local hospital medical staffs or boards; or even running for political office. If we care about the principles that led most of us into our profession, then each of us should be active participants. I encourage all of you to become involved and attempt to recruit at least one other colleague. And, let's not forget about the physicians either approaching retirement or already retired. In talking with a fellow board member, I was reminded of the interest and time of many of our colleagues who are not currently in full-time practice.

Another key transition is wellness and caring for ourselves physically and emotionally. Each year, we hear of the ever-increasing percent of physicians who are burned out. We all know many of the reasons for burnout: dealing with multiplying administrative burdens; physician and other workforce shortages; imperfect EMR's; an ever-changing delivery system; and other obstacles inhibiting physician wellness. We can either accept the status quo or become pro-active and take control of our fate. Working as a member and leader of our specific health care team, engaging with our colleagues and administrators to get the correct tools we need to do our jobs with greater satisfaction and working up to our true "license" will be more likely to occur when we are active proponents for positive change.

And finally, the most seismic transition of all for the MMA: after nearly 40 years of unparalleled service and dedication to the MMA, Gordon Smith will retire as our Executive Vice President at the end of 2019. We all know that Gordon cannot be replaced, but over the next two years the board will engage in the Herculean task of selecting a new Executive Vice President. We are committed to keeping the membership apprised of our progress and encourage all members to provide input and feedback as we move through this process. In fact, we hope that you will do the same with respect to any and all matters that concern or interest you. The staff and the Board of Directors of the MMA are committed to being responsive to its membership. Let's all welcome 2018 with enthusiasm and work together on issues that affect Maine's physicians and the patients and communities we serve. Feel free to contact me at president@mainemed.com or 207-487-6453.

Healthcare SUICIDE PREVENTION Protocol Development Training

DATE:
Friday, March 2, 2018

TIME:
8:30am – 12:30pm

LOCATION:
Maine Medical Association
30 Association Drive, Manchester

INSTRUCTOR:
Greg Marley, LCSW, Clinical Director,
NAMI Maine

DESCRIPTION:
Approximately half of those who die by suicide are seen by a medical provider in the month before their death. Few events are more painful or potentially disruptive to an organization or community than suicide. Suicide prevention protocols provide guidance on steps to safely assess and manage suicidal behavior and increase ongoing safety through a systemic approach to suicide management. Suicide prevention is part of everyone's role and protocols support training and implementation to save lives.

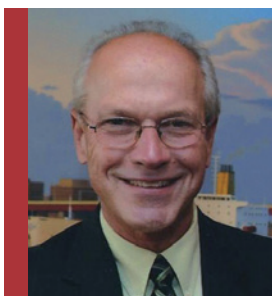
*This training is most effective if an organization sends both clinical and administrative staff.

TO REGISTER:
https://namimaine.site-ym.com/events/EventDetails.aspx?id=1060557&group

If you have questions, please email the Program Director, Dee Kerry at dkerry@mainemed.com.

NOTES FROM THE EVP

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



Happy New Year to MMA members, their families, their office staff and all our readers of *Maine Medicine*. I know you won't be reading this until February but I am preparing it on January 12 so it still feels like 2018 is in its infancy. Even these first twelve days have been eventful for those of us in healthcare and politics so it is difficult to even imagine what the rest of the year will look like. As the common expression goes, we live in interesting times.

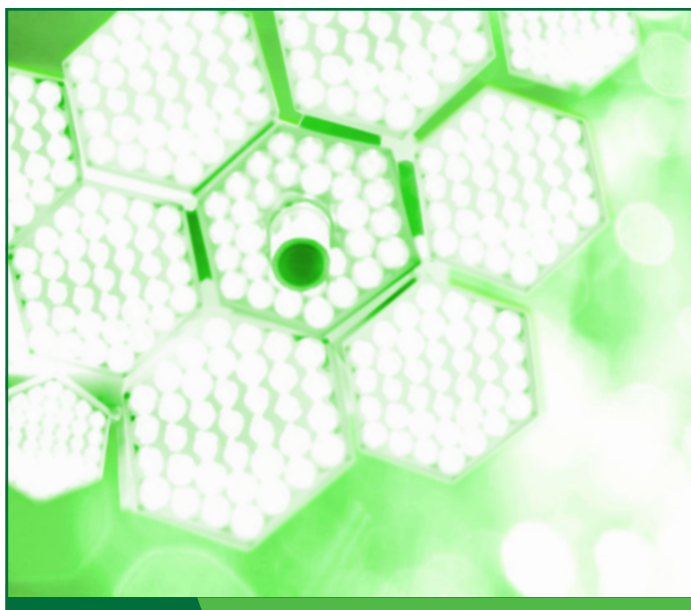
Many of you know that I have just completed a three-month sabbatical and I am very grateful to MMA and to the very able and experienced staff for this opportunity. I would be remiss not to recognize particularly Andy and Peter as for the last three months they have absorbed the workload that would normally be performed by the three of us, and they have done so without complaint. Similarly, the remaining staff members have all had an increased workload during this period and have had to work many times independently and have done so ably and amiably. I owe them all a great debt of gratitude. As I return to more than full-time work, I am optimistic about MMA and its future despite the obvious challenges that face medicine and all the organizations and associations that advocate for health care access and quality and the improvement of public health.

MMA closed out 2017 on very positive ground, exceeding the budget goals for the year and having the most members in its history, with more than 2900 active members and 4100 members overall. I am confident that we will see more than 3000 active members in 2018 which would be quite a milestone. When I began with MMA as outside counsel and lobbyist in 1979, our membership was approximately 1100. While we certainly want to continue to increase membership, one priority in 2018 is to increase the level of engagement of our members. There is plenty of mission-driven work to accomplish and we need to do a better job of including members in our work, not only through the traditional committee and board structure, but also through the more modern structures of social media and interest-related, time limited, Task Forces.

February 1 will mark another changing of the guard in MMA leadership with Robert Schlager, M.D. succeeding Charles Pattavina, M.D. as President and Kenneth Christian, M.D. becoming President-elect until September at which time Board Chair Amy Madden, M.D. is expected to become President-elect and Dr. Schlager will serve an unusual 19 months as President. This change comes about as a result of the resignation of our President-elect last August. I am very appreciative of the four officers' willingness to serve the profession and the Association during this period of transition. This period will also mark my transition into retirement at the end of 2019. I will have completed 40 years of service to MMA and I cannot imagine a more satisfying career using my law degree, my interest in public policy and politics and my love of association work. I thank you all for your support and friendship these many years. I do not intend to function as a "lame-duck" these next 23 months and expect to be fully engaged as EVP until December 31, 2019. Don't hesitate to contact me on my direct line at 207-480-4197, my cell at 207-215-7461 or email me at gsmith@mainemed.com.

Continued from page 1...Changing of the Guard, February 1, 2018

Amy Madden, M.D. of Belgrade continues in the role of Board Chair and is a candidate for the position of President-elect at the 2018 Annual Meeting in Bar Harbor, Sept. 8, 2018. Dr. Madden is a family physician and completed a fellowship in geriatric medicine in 2017. She sees geriatric patients in association with Health Reach Community Health Centers based in Waterville, Maine. She and her husband, Timothy Pieh, M.D. reside in Belgrade with their two children. Dr. Madden is a Maine native having grown up in Scarborough, Maine and formerly chaired MMA's Legislative Committee.



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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.

MMA HAPPENINGS

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

FEBRUARY 13
4:00pm – 6:00pm
MMA Committee on Physician Quality

FEBRUARY 14
4:00pm – 6:00pm
MMA Public Health Committee

MARCH 2
8:30am – 12:00pm
NAMI/Suicide Prevention Seminar

MARCH 12
4:00pm – 6:00pm
Medical Professional Health Program

APRIL 11
4:00pm – 6:00pm
MMA Public Health Committee

APRIL 25
4:00pm – 6:00pm
MMA Board of Directors Meeting

MAY 14
4:00pm – 6:00pm
Medical Professional Health Program

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

JUNE 13
4:00pm – 6:00pm
MMA Public Health Committee

JULY 9
4:00pm – 6:00pm
Medical Professional Health Program

AUGUST 3
3:00 pm – 5:00pm
MMA Board of Directors Meeting
Location TBD

THANKS TO 2018 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.

Melanie Cutler, MD
Patrick Killoran, MD
Linda Schumacher-Feero, MD
Michael Szela, MD
InterMed
Kennebec Anesthesia Associates
Northern Maine Medical Center

PUBLIC HEALTH SPOTLIGHT

By Jenna Mehnert, MSW

It's Time for Solutions: Addressing Suicide in the Workplace

There is a preventable public health crisis that costs the Maine economy $236,906,256 a year. This crisis is suicide and it is responsible for the loss of hundreds of middle-aged men in Maine. Our communities lose a Mainer to suicide every 1.5 days and men die by suicide four times more often than women. Maine often leads New England in our suicide rate of middle-age men. We are losing our fathers, brothers, sons and husbands in a silent crisis. From a public health perspective, it is critical that partners identify innovative strategies aimed at meeting the mental health needs of men.

In 2012, the Center for Disease Control and Prevention conducted a study of 17 states, including several that surround the state of Maine and/or have a similar population demographic. The findings should alarm every employer. The analysis showed that workers in the farming, fishing and forestry occupational group had the highest rate of suicide, 84.5 per 100,000.[1] This was followed by workers in construction and extraction at 53.3 per 100,000. The third occupational group on this list was installation, maintenance and repair at 47.9 per 100,000. When only men were evaluated the number for the occupational group of fishing, farming and forestry jumped to 90.5 per 100,000. Men in management followed very closely behind these numbers.

Suicide is such a stigmatized topic that most people don't talk about it, and misperceptions and myths easily grow. While it is an uncomfortable topic for many people, research has demonstrated that conversations and education are key tools in preventing suicide. Around the nation, there is a great deal of work focused on preventing youth and veteran suicide. However, what appears to be the harder conversation is around the mental health needs of our dads, husbands, brothers and uncles and how we prevent them from taking their own lives. Men in Maine are rugged, tough and independent; so, it appears the lack of resources that resonate with this unique population robs families of their providers and protectors, often without any answers and leaving behind generations of heartbreak. Furthermore, losing a friend, family member or hero increases an individual's risk of dying by suicide. Reducing suicide means that saving one life may, in fact, save many lives.

Not only employers feel the financial impact of the loss of an employee who dies by suicide. That loss affects every family member and close friend, including co-workers who are left behind. This also equates to lost wages, lost productivity, and lost financial stability which impacts the entire economy, and medical expenses for family members going through the grieving process. Increased medical expenses can lead to increased insurance premiums for employers. It is estimated that when those losses are also figured in, suicide costs society $56.9 billion a year.[2]

Suicide is preventable if employees receive the support they need and resources are available to meet a person's unique needs. NAMI Maine is convening a working group of interested parties to identify strategies that could provide the support needed to reduce the current suicide rate for middle-aged men in Maine. If you are interested in being part of this group, please email Jenna Mehnert, NAMI Maine's Executive Director at Jenna@namimaine.org.

NAMI Maine provides education, support and advocacy to individuals and entities impacted by mental health issues. The MMA is working with NAMI to integrate suicide prevention assessment and protocol development into primary care and medical settings. If you are interested in holding a mental health literacy or suicide prevention training, please contact NAMI Maine's Suicide Prevention Coordinator, Nicole Foster at Nicole@namimaine.org or MMA's Project Manager, Dee Kerry at dkerry@mainemed.com.

[1] MMWR/July 1, 2016/Vol. 65/No. 25

[2] https://www.cdc.gov/injury/wisqars/leading_causes_death.html

LEGISLATIVE UPDATE

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

Legislative Update: 128th Maine Legislature's Second Regular Session Will Address ACA Medicaid Expansion and the Continuing Opioid Abuse Epidemic

The Second Regular Session began on January 3rd and is scheduled to conclude in mid-April. By then, the political focus will turn to the 2018 election campaigns for the seat held by Maine's junior U.S. Senator Angus S. King, Jr., Maine's two seats in the U.S. House of Representatives, the Governor, and all 186 seats in the 129th Maine Legislature. The first week of committee hearings in early January included a full day of public hearings on a series of bills on the implementation of recreational marijuana (before the Joint Select Committee on Marijuana Legalization Implementation) and medical marijuana (before the Joint Standing Committee on Health & Human Services). Legislators are struggling to reach consensus on a framework for regulation of recreational marijuana, particularly knowing Governor LePage's opposition and a more aggressive enforcement tone from the U.S. Attorney General. On the other hand, legislators largely have embraced medical marijuana as a legitimate alternative or complementary therapy for numerous conditions.

Traditionally, one of the first items of legislative business at the beginning of a Second Regular Session is a supplemental budget bill to ensure that the state budget remains balanced. This year, however, the Governor declined to submit a budget proposal and it is unclear whether the legislature's Appropriations Committee will determine that it is necessary to work a supplemental budget in the traditional sense. Still, the two most prominent health care issues before the legislature during the 2018 session have budget implications – implementation of Question 2 on the November 2017 ballot directing ACA Medicaid expansion and the recommendations of Maine's recent Opioid Task Force. Among the Opioid Task Force recommendations are, in fact, Medicaid expansion (because individuals suffering with Opioid Use Disorder (OUD) need good general health coverage) and better access to comprehensive medication assisted treatment (MAT). You can find the Task Force's Final Report on the web here: http://legislature.maine.gov/uploads/originals/opioidtffinalrpt-3.pdf. This Report will inform the legislature's consideration of several bills on the opioid abuse problem carried over from the First Regular Session in the Health & Human Services Committee (L.D. 1430 and L.D. 605 in particular) and several other committees. MMA will continue to advocate for implementation of the voter-approved ACA Medicaid expansion with our partners in the *Cover Maine Now!* coalition, http://covermainenow.org/. You can find a Q&A document about implementation on the Maine Equal Justice Partners website: http://mejp.org/sites/default/files/Medicaid-Expansion-Implementation-FAQ-12Dec2017.pdf.

During its Second Regular Session, the legislature considers bills carried over from the First Regular Session (approximately 5-10 per committee), bills resulting from interim studies or work groups, executive branch agency requests, and legislative requests (LRs) approved by the 10 members of legislative leadership known as the Legislative Council. The Constitution requires the legislature to consider only new bills of a fiscal or "emergency" nature during the second session. You can find the lists of agency and individual legislator requests on the legislature's web site: http://legislature.maine.gov/lio/bill-requests/9317.

During the legislative session, the MMA staff provides links to bills for review and comment, updates on the legislature's work, and calls-to-action through our weekly electronic newsletter, *Maine Medicine Weekly Update*. The Legislative Committee conducts conference calls to review new bills and to provide updates on legislative activity every Tuesday evening at 8:00 p.m. during the session. Any interested member or staff person is welcome to participate. Please see each week's *Maine Medicine Weekly Update* for conference call information.

To find more information about the MMA's advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA web site, www.mainemed.com/legislation/index.php. 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.

SPECIALTY SOCIETY MEETINGS

February 10-11, 2018
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 7, 2018
Maine Chapter of the American College of Emergency Physicians Meeting
Sugarloaf Mountain Hotel – Carrabassett Valley, ME – 7:00 pm
Contact: Maureen Elwell at 207-512-6108 or melwell@mainemed.com

March 16-18, 2018
28th Annual Winter Conference – Contemporary Topics in Orthopedics
Sugarloaf Hotel & Conference Center, Carrabassett Valley, ME
Contact: Laurie King at 207-307-8902 or lking@downeastortho.com

March 22, 2018
Maine Association of Psychiatric Physicians Executive Council Meeting
6:00 pm – 8:00 pm – MMA, Manchester, ME
Contact: Dianna Poulin at 207-480-4194 or dpoulin@mainemed.com

March 23-25, 2018
Maine Section ACOG Meeting
Sugarloaf Hotel & Conference Center, Carrabassett Valley, ME
Contact: Dianna Poulin at 207-480-4194 or dpoulin@mainemed.com

April 4-7, 2018
26th Annual Family Medicine Update & Annual Mtg
Black Bear Inn Conference Center – Orono, ME
Visit www.maineafp.org for more information.
Contact: Deborah Halbach at 207-938-5005 or maineafp@tdstelme.net

April 13 - 14, 2018
Hilton Garden Inn, Freeport ME
Maine Chapter, American Academy of Pediatrics 2018 Spring Conference & Annual Meeting
Visit www.maineaap.org for more information.
Contact: Dee Kerry at 207-480-4185 or dakerry@aap.net

April 26-27, 2018
Maine Association of Psychiatric Physicians 13th Annual Spring Program
Hilton Garden Inn, Freeport, ME
Visit www.mainepsych.org for more information
Contact: Dianna Poulin at 207-480-4194 or dpoulin@mainemed.com

May 4, 2018
Maine Society of Eye Physicians and Surgeons Spring Educational Program & Business Meeting
Harraseeket Inn, Freeport, ME - 12:00pm – 5:00pm
Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

May 17, 2018
Maine Association of Psychiatric Physicians Executive Council Meeting
6:00 pm – 8:00 pm – MMA, Manchester, ME
Contact: Dianna Poulin at 207-480-4194 or dpoulin@mainemed.com

May 18-20, 2018
Maine Chapter, American College of Surgeons Annual Meeting
Colony Hotel – Kennebunkport, ME
Contact: Shirley Goggin 207-445-2260 or maine@mainefacs.org

MEDICAL PROFESSIONALS HEALTH PROGRAM

By Cathy Stratton, Program Manager, MPHP

In Their Own Words

> "I want to be living proof that the MPHP is a life-saving entity. I have often asked, after a difficult, unsuccessful resuscitation as I cried all by myself at home, 'Who cares for the caretaker?' Please believe that I truly feel cared for."
>
> (Anonymous MPHP participant)

Many healthcare providers feel emotionally isolated and the consequences can be profoundly devastating. According to the American Foundation for Suicide Prevention (AFSP), physicians have higher rates of burnout, depressive symptoms, and suicide risk than the general population. Who is caring for the caretaker and who can medical professionals turn to?

It's quite common for the MPHP to hear from professionals entering the program that symptoms they would have naturally addressed in their patients were rationalized or disregarded in themselves. *"I will do better," "This is just temporary," "I can manage this myself," "I don't have time now to deal with this," "What if someone at work found out,"* are some of the thoughts that keep professionals from seeking help for mental health and substance use issues.

> "For the last few years I have kept this BIG secret. I felt ashamed and embarrassed. I thought for a long time I was "hiding" my illness, but this past summer my disease took away my relationships, my self-esteem, self-respect, and almost my career."
>
> (Anonymous MPHP participant)

Many mental health and suicide prevention agencies are advocating that the lens through which mental health and substance use are viewed needs to change. The barriers of shame, fear and silence are preventing us from proactively seeking care and creating a blind spot that puts medical professionals at serious risk. The American Foundation for Suicide Prevention[1] identifies several concerning facts about unaddressed mental health issues.

- Unaddressed mental health conditions are more likely to have a negative impact on a physician's professional reputation and practice than reaching out for help early.
- Among physicians, risk for suicide increases when mental health conditions go unaddressed, and self-medication occurs as a way to address anxiety, insomnia or other distressing symptoms. Although self-medicating, mainly with prescription medications, may reduce some symptoms, the underlying health problem is not effectively treated.
- Suicide generally is caused by the convergence of multiple risk factors — the most common being untreated or inadequately managed mental health conditions.[2, 3]

While the MPHP's mission is to monitor medical professionals struggling with mental health and substance use issues, strong components of public health and public safety heavily influence program policies and practices. Ensuring that medical professionals who enter into monitoring programs are receiving appropriate treatment for both substance use and mental health issues has been a longstanding practice of the program.

> "Today, I am just shy of 6 years sober. I went to in-patient treatment and, during my 4 months of treatment, I learned about my addiction and to recognize the patterns of behavior that had been present my whole life. I learned the importance of changing my life in order to be the person I know I was meant to be."
>
> (Anonymous MPHP participant)

The challenges inherent to being a physician and healthcare provider will always exist; life will continue to present challenges. The resources offered by the MPHP have helped many professionals and, while appropriate medical and mental health care is clearly changing lives, the intangible effect of learning to seek help and relying on others may be the lasting and most profound benefit of monitoring with the MPHP.

> "I am now 2 years from the worst and the best day of my life. This experience with MPHP, while sometimes frustrating, provided a path to long term health and happiness."
>
> (Anonymous MPHP participant)

Websites with valuable mental health and suicide prevention information:

National Suicide Prevention Lifeline
1-800-273-TALK (8255)
https://suicidepreventionlifeline.org/

American Medical Association Practice Resources
https://www.ama-assn.org/practice-resources-physician-wellness

American Foundation for Suicide Prevention
https://afsp.org/our-work/education/physician-medical-student-depression-suicide-prevention/

Association of American Medical Colleges
https://news.aamc.org/medical-education/article/creating-safety-net-preventing-physician-suicide/

References:

1. **Physician and Medical Student Depression and Suicide Prevention** – 2018. https://afsp.org/our-work/education/physician-medical-student-depression-suicide-prevention/
2. **Mortality rates and causes among U.S. physicians. E Frank** - American Journal of Preventive Medicine - 2000 http://www.ajpmonline.org/article/S0749-3797(00)00201-4/ abstract
3. **Suicide Rates Among Physicians: A Quantitative and Gender Assessment** (Meta-Analysis). J.A. Talbott - Yearbook of Psychiatry and Applied Mental Health - 2006

Maine Medical Association
Medical Professionals Health Program

WHAT IS THE GIG ECONOMY AND WHY SHOULD I CARE?

By Sharon Hinckley, SPHR, SHRM-SCP

The gig economy is defined as "a labor market characterized by the prevalence of short-term contracts or freelance work vs. a regular job." As a practice administrator or owner of a medical practice, this could be a great way to supplement an area of your practice that needs to be enhanced!

Until recently hearing the term "gig" brought up an image of a musician performance, but this concept of a gig job is catching on in other professions. Alternative terms may be outsourced work, consultants or temp workers. It is becoming more commonplace to find people who are going out on their own vs. working for a company. With the development of technology, it is easier for individuals to simply market themselves through apps such as upwork.com, word of mouth, or networking.

Many of these services can be done remotely, although arguably there are some tasks in the medical practice that need to be done on site and in-person. Either way, by tapping into the gig worker market, (outsourced services, consultant, or temporary employee) the small independent practice can benefit.

First, assess the strengths and weaknesses of your practice. You can hire someone to help you make that assessment, or you can do it yourself. Look at your functional areas, Operations, Human Resources, Risk and Compliance, Organizational Governance and Patient Care.

- Are there any tasks that are not getting appropriate attention?
- What are the strengths and weaknesses of the current staff?

Once you've identified the areas your practice excels in, then look to see where you need some strengthening.

- Can you assign additional tasks to the current staff?
- Maybe current staff is functioning at their max capacity or there is a need for specific expertise that you don't have in-house, so there is still a gap. Assess your choices for filling that gap.
    - Does it make sense to hire additional internal staff?
    - Would a gig worker make more sense, either because it is a short-term fix or you need some additional expertise in a specific area.

The gig worker can provide the practice with director level expertise without the need to hire a full-time employee. The practice benefits with greater flexibility to contract with the gig worker for only the hours and specific services needed. Think of the gig resource as specialty, or sub-specialty, administrative services. As with per diem or other part-time staff it may also be less expensive by not having to pay benefits for gig workers.

Some suggestions of projects that would be good for a gig worker:

Operations –

- Establishing productivity and compensation benchmarks for clinical providers
- Developing a technology plan
- Procuring supplies and equipment

Human Resources –

- Do an audit of human resource processes
- Creation of a staffing plan, that includes the training and development aimed at retention of both clinical and non-clinical staff
- Evaluating and developing a staff performance system

Financial –

- Assure compliance with payer reimbursement policies
- Revenue cycle analysis
- Review and create process for managing cash flow
- Assess internal audit and controls process

Risk & Compliance –

- Do a risk and compliance audit of your practice
- Establish disaster preparedness plan
- Review and/or manage the credentialing process for clinical providers and equipment

A word of caution: be sure to accurately classify the gig worker you hire. Some are truly independent contractors and can be paid as a 1099. But some are not, and would need to be treated as a temporary employee paid via W2.

Sharon is a gig worker through her company Peak Collaborative Group. She is an independent contractor for her clients, and her focus is providing Human Resource services either onsite or through a new outsourced model. She also has collaborative relationships with other gig workers that provide other services such as financial, operations, and risk management and compliance.

OSHA Regulations – Part II

The following is Part II of a two-part series providing an overview of OSHA requirements in physician offices. Part I contained an overview of OSHA requirements and information on the Bloodborne Pathogens Standard, Hazard Communication Standards, Ionizing Radiation Standards and exit routes.

Electrical (Subpart S-Electrical 29 CFR 1010.301 to 29 CFR 1910.399)

These standards address electrical safety requirements to safeguard employees. See Standard for complete details or check with your insurance carrier or local fire department.

OSHA Poster

Every workplace must display the OSHA poster (OSHA Publication 3165), or the state plan equivalent. The poster explains worker rights to a safe workplace and how to file a complaint. The poster must be placed where employees will see it. You can download a copy or order one free copy from OSHA's website at www.osha.gov or by calling (800) 321-OSHA.

OTHER OSHA REGULATIONS:

Emergency Action Plan (1910.38) www.osha.gov

An employer must have a written emergency action plan. Employers with 10 or fewer employees may communicate the plan orally to employees. The plan must contain the name or job title of person employees can contact for more information about the plan.

The emergency action plan must include:

- A procedure for reporting a fire or other emergency
- A procedure for emergency evacuation, including types of evacuation and exit route assignment
- A procedure for an accounting of all employees after evacuation
- A procedure to be followed by employees performing rescue or medical duties

An employer must train employees in a safe evacuation of others.

An employer must maintain an employee alarm system. The employee alarm system must use a distinctive signal for each purpose and comply with the requirements in 1910.165.

An employer must review the plan with employees upon hire and when changes are made to the plan.

Emergency Eyewash Stations

Emergency Eyewash Stations may be required under the Hazard Communication Standard. Please use the *OSHA Hazard Communication Standard Eyewash Algorithm* to guide decision-making.

Mandatory Reporting

Employers have to report the following events to OSHA:

- All work-related fatalities
- All work-related in-patient hospitalizations of one or more employees
- All work-related amputations
- All work-related losses of an eye

Employers must report work-related fatalities within **8 hours of finding out about it**.

For any in-patient hospitalization, amputation, or eye loss **employers must report the incident within 24 hours of learning about it**.

Only fatalities occurring within 30 days of the work-related incident must be reported to OSHA. Further, for an inpatient hospitalization, amputation or loss of an eye, then incidents must be reported to OSHA only if they occur within 24 hours of the work-related incident.

Employers have three options for reporting the event:

1. By telephone to the nearest OSHA Area Office during normal business hours.
2. By telephone to the 24-hour OSHA hotline (1-800-321-OSHA or 1-800-321-6742).
3. OSHA is developing a new means of reporting events electronically, which will be released soon and accessible on OSHA's website.

All employers under OSHA jurisdiction must report these incidents to OSHA, even employers who are exempt from routinely keeping OSHA records due to company size or industry. (29 CFR 1904.39)

To request information on training and education materials, you may contact your state OSHA or federal OSHA office.

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.

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AMERICANS ARE LIVING LONGER... WHAT'S YOUR PLAN?

Americans today live longer than previous generations, and that added longevity is putting stress on traditional retirement plans and financial strategies.

On average, men and women who reach the standard retirement age of 65 can anticipate living another two decades, according to the Social Security Administration.[1]

How does a longer life impact retirement spending, costs?

The level of retirement income will depend on the level of savings accumulated over the years. Another factor would be how much of the nest egg is tapped on a monthly basis after retirement. Market performance may also be a factor, depending on the type of retirement investments involved. Also, many people plan on combining their own savings with Social Security benefits.

In 2016, Social Security recipients will not see a cost-of-living-adjustment increase. It may mean those approaching retirement age ought not to rely too heavily on Social Security as the generation before.

Beyond questions about how much money a retiree is likely to receive, there is the prospect of increased costs in retirement and how those costs may be exacerbated by longevity.

Retirees spend considerably on health care. Advanced age tends to come with increased health risks and health care costs balloon as retirees get older.

Longevity action plan

The first thing retirement-worried investors should look at is whether to make catch-up contributions. These are extra contributions to tax-advantaged retirement accounts that older savers can make without exceeding IRS limits. Essentially, it's a way of depositing more money now as retirement approaches to draw from a bigger pool later.

This is not always ideal, as many people don't have the flexibility or desire to compromise comfort today for comfort tomorrow.

Another low-risk alternative to catch-up contributions would be to peruse your tax-deferred funds to ensure you've maximized opportunities there. Who knows? You might be able to capitalize on something you missed earlier in life.

Explore additional income and benefit sources

Other savings and investment options — real estate or commodities for example — may yield higher financial rewards, but they also include their fair share of risks.

Because of the longevity concern, many savers and investors are looking at annuities, which can provide guaranteed lifetime income. They can be funded either through personal savings or a rollover of retirement funds. But different annuities offer different types of advantages and drawbacks.

Given the variety of savings plans available and the building questions about longevity, many people opt to consult a financial professional to sort out what choices might best fit their personal circumstances.

Of course there's the option of delaying retirement in order to prepare for a longer life span. Delaying your retirement by three years from age 62 to 65 can boost your assets meaningfully, thanks to the combination of making extra contributions to your employer-sponsored retirement plan, not taking withdrawals and allowing your funds more time to grow.

Also in regard to Social Security retirement benefits, it's important to understand that monthly benefits differ substantially based on when you start receiving them and the filing option you choose. For every year you postpone collecting benefits beyond your full retirement age (typically 66 or 67), you can earn an annual delayed retirement credit of up to 8 percent. That's a big bump in benefits every year up to age 70.

Unfortunately, working longer isn't always an option for many people due to the effects of age or the job market. This reinforces the need to examine options now and take what steps are necessary to ensure a financially comfortable life in the growing number of later years for most Americans.

[1] Social Security Administration, "Calculator: Life Expectancy," 2016

Provided by Lawrence Perry, ChFC, CLU, CLTC, a financial representative with Baystate Financial courtesy of Massachusetts Mutual Life Insurance Company (MassMutual) Telephone (207) 770-2021

For more information, please see https://www.massmutual.com/individuals/educational-articles/index

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KEY TOPICS include ADHD, School Health/Communication between Providers & Schools, Substance Abuse and Treatment/SBIRT Method, MPHP: Physician Mental Health & Assistance, 2017 MIYHS Data Analysis, Updates on Oral Health and Ophthalmology, New Concussion Treatment Best Practices, Perinatal Quality Collaborative, & More!

KEYNOTE SPEAKER **John J. Ratey, MD** is an Associate Clinical Professor of Psychiatry at Harvard Medical School and an internationally recognized expert in Neuropsychiatry and Attention Deficit Hyperactivity Disorder. Dr. Ratey is the author of the best-selling "Driven to Distraction" series with Ned Hallowell, MD and "Spark: The Revolutionary New Science of Exercise and the Brain". **Dr. Ratey will deliver two talks: *"Exercise and the Groundbreaking Techniques for the Treatment of ADHD, Aggression, and Autism Spectrum Disorder"* on Friday and *"Optimizing Peak Performance in Kids: New Research on the Brain and How to Use Exercise and Nutrition to Achieve Better Physical and Mental Health in Children"* on Saturday.** Dr. Ratey has published over 60 peer-reviewed articles, and 11 books in 15 languages.

PLENARY SPEAKER **Lucien Gonzalez MD, MS, FAAP** is an Assistant Professor of Psychiatry at the University of Minnesota. Dr. Gonzalez received an MD from the University of Massachusetts, while also pursuing graduate studies in Neuroscience. Dr. Gonzalez completed an internship in Pediatrics at Dartmouth-Hitchcock Medical Center, and Pediatric residency at Westchester Medical Center and a fellowship in Addiction Medicine at the University of Minnesota. Dr. Gonzalez is a former member of the AAP Committee on Substance Use and Prevention, Core Project Team member of AAP Practice Improvement to Address Adolescent Substance Use, and Steering Committee Member to Providers' Clinical Support Services for Opioid Therapies and Medication-Assisted Treatment. **Dr. Gonzalez speaks on Adolescent Substance Use/Abuse on Saturday.**

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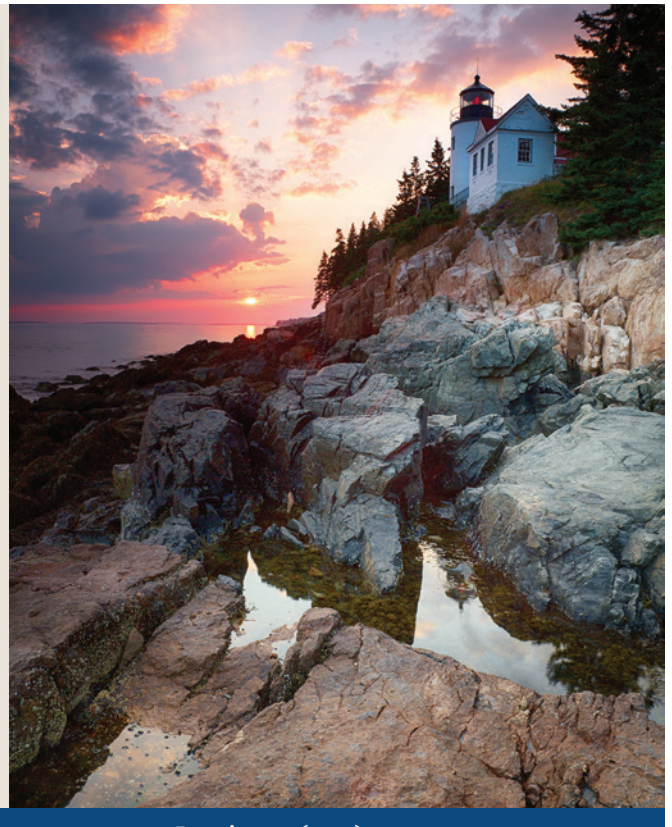

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