



Maine Medicine

a quarterly publication of the Maine Medical Association

Maine Medical Association Mission »

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

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MAINE MEDICAL ASSOCIATION 163RD ANNUAL SESSION

September 9-11, 2016
Harborside Hotel, Bar Harbor, ME

RENEWING THE JOY & PASSION IN MEDICINE

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Recognizing the signs of professional exhaustion is the first step to reintroducing joy and purpose to your career. Please join your colleagues at this year's Annual Session where you will learn new tools that will help you develop resiliency and renewal in your personal and professional life.

Bring your family so they can enjoy Mt. Desert Island and Acadia National Park. Registration materials are enclosed with this issue of *Maine Medicine*.



Dr. Shapiro Dr. Dreher Dr. Hein Ben Tipton Dr. Strassler

Saturday, Sept. 10, 10:00 a.m.

Tuning Up Your Resilience Program features five physicians who have extensive experience in physician resilience and burn-out prevention. Dr. Jo Shapiro serves as Chief, Div of Otolaryngology, Dept of Surgery, at Brigham and Women's Hospital and is an associate professor at Harvard Medical School. She was one of the first woman division chiefs and was recently named as a finalist for the Schwartz Center Compassionate Caregiver Award. Dr. George Dreher, knowing what a habit of mindfulness brought to his life and career at Maine Medical Center, started offering a Mindful Practice of Medicine course and helped create a medical staff subcommittee on provider health and resilience. Dr. Christine Hein, who is the medical director of the MMC Emergency Medicine Workgroup, knows first-hand the pressure doctor's face in their daily work and how important self-resiliency strategies can be in maintaining ideal standards of care for patients. Ben Tipton, PAC, has been working to improve resiliency at the Mid Coast Hospital and has built a Mindfulness-based Stress reduction program which is providing training for an increasing number of staff. Dr. David Strassler is the chair of the Martin's Point Provider Resiliency Team and has recently undertaken a drive to reduce burdensome paperwork.



Saturday, Sept 10, 12:00 p.m.

Speakers Kevin Mannix and Linda Rota, LSW, will deliver the Saturday noon keynote. Kevin and Linda have co-authored the book, **Weathering Shame**, an autobiography on their personal experience growing up with the stigma and shame of alcoholism and mental illness. Kevin is a weatherman at WCSH 6, Portland and WLZB 2, Bangor. His spouse, Linda Rota, LSW, has been a social worker for over thirty years. She is a 1982 magna cum laude graduate of USM with a B.A. in social welfare and criminal justice. Linda served in the Peace Corps in Sierra Leone, West Africa and trained volunteers on cross-cultural issues. Their book will be available for purchase and book signing following their talk.

Saturday, Sept 10, Evening

At the annual banquet, current President Brian Pierce, MD will pass the gavel to incoming President Charles Pattavina, MD of Winterport. Annual awards will also be presented including 50 year pins.

Sunday, Sept. 11, 9:00 a.m. (Following the running of the Annual Edmund Hardy, MD Road Race)



Simple Mindfulness Applications to Cultivate Joy & Passion in Work & Life.

Countless demands and rushing about are the norm these days. We live in stressful chaotic times. The speed of life around us is going faster and faster. This way of living affects our health, our relationships, our families, and the quality of our lives. We do have the ability, the strength, and stability within us to meet these challenges in a way that brings more happiness into our everyday lives. Mindfulness is a way to access these inner resources.

Nancy Hathaway, M.Ed., LpastC, has been studying and teaching mindfulness for 40 years. She has interned and worked with Jon Kabat-Zinn, Ph.D. in the Mindfulness Stress Clinic at the University of Massachusetts Medical Center and the State of Massachusetts, Department of Corrections. She teaches Mindfulness nationally including Harvard University's Work and Family Center, MIT, hospitals, universities, high schools, colleges, parent groups and couples courses. She is an adjunct professor in numerous colleges in Maine teaching Mindfulness courses. She has studied internationally with teachers in the Zen, Vipassana, and Tibetan traditions and holds a Masters in Education degree; with a Counseling Psychology track.

MMA's Response to Opioid Crisis

MMA's activities in response to the continuing opioid/heroin problem in Maine continue. Recent meetings of the Maine Opiate Collaborative have authorized continued work to prepare action plans for the several recommendations from the three task forces. Several health philanthropies have asked MMA to prepare a grant request surrounding more community forums during September and October, and a proposal is being made to expand the MMA academic detailing work into the opioid prescribing/pain management area.

On July 14, approximately 75 individuals attended a CARING FOR ME learning session at Maple Hill Farm in Hallowell presented by MMA and Quality Counts. These presentations have been recorded and are available on the Quality Counts Website. This learning session featured presentations on Chapter 488, the state's new law limiting prescribing for opioids for pain management and including segments encouraging physicians to become suboxone prescribers. A new page has been added to the MMA website at www.mainemed.com featuring presentations on the new law. MMA attorneys have made more than a dozen presentations on the new law and are available to present at medical staffs, specialty societies, group practices and federally qualified health centers. Upcoming presentations include the medical staff at Redington-Fairview Hospital, Pines Health Center in Caribou, the Medical Staff at Northern Maine Medical Center and the Medical Staff at MidCoast Hospital. Persons interested in scheduling a presentation should contact MMA EVP Gordon Smith at gsmith@mainemed.com.

Locally, MMA staff has been assisting directly some communities looking at the need to add detox beds and other treatment options. Treatment options are in short supply across the state.



Peter Leighton, MD presents at July 14 Learning Session



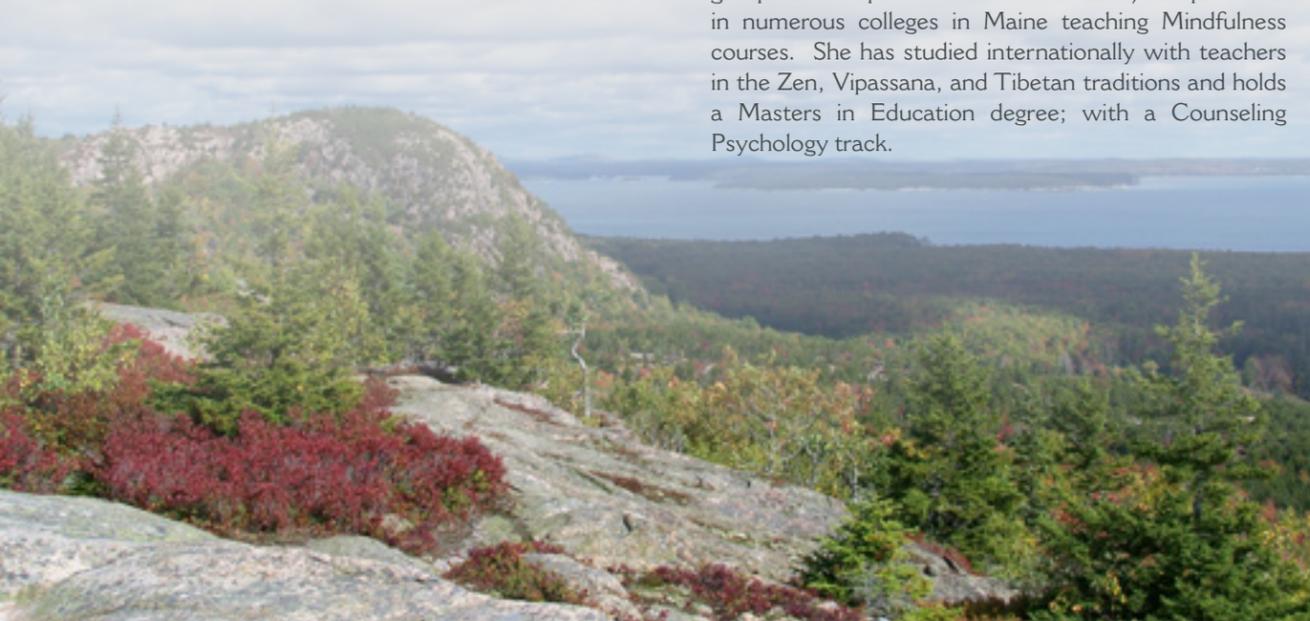
Steve Hull, MD presents at **Caring for ME** workshop at MMA in June



Peter Leighton, MD of Bridgton presents on July 14 on the professional satisfaction he finds in prescribing suboxone



Attendees at June 29th **Caring for ME** meeting at MMA





Things have quieted a bit now that the Legislature has adjourned and many physicians are taking summer vacation. But there are still many important issues that MMA is following.

The governor has proposed some rule changes for addiction treatment payment that we'll be following closely. The state has also proposed limiting Mainecare payment for urine drug screening to a maximum of two tests per month unless prior authorization is requested for these very useful but inexpensive tests. We've submitted testimony recommending against this. In my experience, drug screens are very useful in diagnosing drug abuse and likely diversion.

The upcoming election will bring several ballot questions that could impact many physicians or public health including questions on marijuana legalization, background checks for firearm sales and a significant new income surtax. Most respondents to our MMA survey favor MMA taking a position on the marijuana question and most of those oppose legalization. Our Board of Directors will consider the matter further at its August meeting.

MMA has been busy helping Maine physicians learn the changes imposed by the recent opiate prescribing law. Our staff has been presenting the details of this around the state. We've teamed with Maine Quality Counts to present *Caring for ME*, to help with opiate

education. Our academic detailers, Maine Independent Clinical Information Service, have added a naloxone (Narcan) module to educate prescribers about this important overdose antidote for high risk patients.

While the opiate law may help reduce problems with high dosage prescribed opiates, it does little to help those patients who already suffer from substance use disorders. More primary care physicians are still needed to help meet the demand for buprenorphine assisted treatment of addiction. More hospitals and physician employers need to make this a routine part of primary care. Patients and payers should expect this of Maine's primary care facilities. On the positive side, we're very grateful to Susan Sharon of Maine Public Broadcasting for helping publicize the benefits to physicians and patients of primary care addiction treatment with her "Recovery in a Small Town" series. Maine also has two new addiction clinics in Portland and Rockland as well (Disclosure - I moonlight once or twice a month for the Rockland clinic).

Finally, our MMA Annual Session will again be in Bar Harbor, Maine September 9-11. Dr. Charles Pattavina will be installed as our next MMA President. While I'm grateful for the opportunity to lead our association, I also look forward to continuing to develop my new Direct Primary Care practice and helping other primary care physicians do the same. MMA will be in good hands with Dr. Pattavina, an emergency physician at St. Joe's in Bangor.

I welcome your comments, feedback and criticisms. Please feel free to reach me at 207-390-8570 or by email to president@mainemed.com.

CDC Guidelines for Treating Chronic Pain

The CDC Guidelines released March 2016 were designed for primary-care providers treating patients with chronic pain, excluding cancer, palliative, and end-of-life care. The 12 resulting recommendations follow a comprehensive review of the literature that reflects what is known about chronic pain, including the observation that the risks/harms are better established by research than are the presumed benefits of this practice. A summary of the recommendations follows:

1. Don't start treatment of chronic pain with an opioid. Start with a nonopioid medication or a treatment other than medication (e.g. exercise, physical therapy). Only consider adding an opioid if benefits are expected to outweigh risks.
2. Discuss the risks and benefits as well as provider and patient responsibilities before starting and periodically during treatment.
3. Discuss the risks and benefits as well as provider and patient responsibilities before starting and periodically during treatment.
4. Start with immediate-release not extended-release/long acting opioids.
5. Start with the lowest effective dose. For those prescribed ≥ 50 MME/day, mitigation strategies should be implemented. It is recommended that dosages ≥ 90 MME/day be avoided.
6. For acute pain, prescribe the lowest effective dose of immediate-release opioid and for no longer than the acute pain is expected to last (usually three days or fewer).

7. Regularly assess benefits and harms. If benefits don't outweigh harms, work with the patient to reduce/discontinue the opioid dose.
8. Assess risk factors (eg. history of overdose or substance use disorder, higher dosages, use of benzodiazepines, age ≥ 65 , other medical conditions) before starting and regularly during opioid treatment and put risk mitigation strategies in place, such as overdose education and take-home naloxone.
9. Check the prescription drug-monitoring program. Before starting opioid therapy and regularly during its continuation, check the PMP for indications the patient is being prescribed other opioid medications and/or other medications potentially dangerous in combination with an opioid.
10. Conduct urine drug testing before starting and at least annually to check for diversion (ie, is what is prescribed evident in the test results?) and for use of illicit substances.
11. Avoid prescribing opioids for patients receiving benzodiazepines.
12. Arrange the medication-assisted treatment such as methadone or buprenorphine (suboxone) for patients who develop opioid use disorder.

Summary and Recommendations

It is clear that our country and state are experiencing an opioid crisis of severe proportions. Given the expertise in their training, their key role in health care, and the trust our citizens place in their leadership, physicians are positioned as the most important participants in resolving the opioid crisis. As the first step, we need physicians to do what they can to facilitate the saving of lives from overdose and to promote the safe prescribing of opioid medication.

New Asthma Action Plan Available for EMR

The Maine CDC Chronic Disease Prevention and Control Program has two new Asthma Action Plans available on its website – a pediatric and an adult plan. These Plans were developed as a collaborative effort by clinical staff (primary and specialty care) at MaineHealth, and incorporates feedback from the Maine Asthma Coalition, the Maine Chapter of the American Academy of Pediatrics, and the Maine Association of School Nurses. The versions available on the Maine CDC Chronic Disease Prevention and Control Program's website are unbranded.

The new Asthma Action Plans can be found at: <http://www.maine.gov/dhhs/mecdc/population-health/mat/information-and-publications/action-management-plans.htm>

The Plans comply with Meaningful Use reporting requirements and Maine's statute "An Act To Authorize Certain School Children To Carry Emergency Medication On Their Persons." School nurses in Maine utilize Asthma Action Plans as an important tool to help their students with asthma. A uniform Asthma Action Plan will improve ease of use for providers, parents and school nurses.

The Plan is available as a .pdf document on the Maine CDC Chronic Disease Prevention and Control Program website, and can be downloaded and scanned or imported into the EMR, or printed for use by practices not using an EMR.

The National Heart Lung and Blood Institute recommends a written Asthma Action Plan as one of the most effective methods to help patients manage their disease. Utilizing one form across practices and hospitals in Maine to treat people with asthma will improve coordination and quality of care.

The Maine CDC Chronic Disease Prevention and Control Program continues to provide NCR (carbonless copy) paper copies of the Maine Asthma Coalition's pediatric Asthma Action Plan. Contact Desi-Rae Severson at 287-3041, or via e-mail at Desirae.Severson@maine.gov to order copies.

Maine Patient Safety Academy



**Thursday, September 8, 2016
9:00am – 4:00pm**

Abromson Community Education Center, University of Southern Maine Portland campus

This year we welcome back Dr. Bryan Sexton, Director of the Duke Patient Safety Center. Dr. Sexton's research on safety culture, teamwork, and resilience have resulted in assessment tools that are used in hospitals and practices worldwide. He will present a new 2-part seminar on the intersection of safety culture, psychological safety, and workforce resilience. He will also discuss practical strategies and resilience-enhancing tools to manage stress in the healthcare workplace.

Participants may choose from workshops on topics such as infection prevention, adverse drug events, telehealth, high-reliability organizations, patient engagement, and medication reconciliation led by Maine and regional experts.

General Registration: \$50/Student Registration: \$25
Includes lunch - CEUs available for CPHQ

To register visit: <https://conferences.usm.maine.edu/AttendeeOnline/RegistrationNew.aspx>

For access inquiries contact USM Conferences at (207) 780-5990, conferences@usm.maine.edu

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As you read this column, I hope that you are at your camp, in the mountains, at the beach, or wherever you get away to during the all-too-brief Maine summer! Our family traditionally vacations at Popham beach during the week of July 4th and that has proven to be a good time to join family and friends for some fun and games. The joy of grandchildren has only heightened the importance of bringing family together. The great weather over the July 4th weekend this year was a real winner!

While summer provides a needed break from the hectic legislative session, there are a number of regulatory items that command our attention as well as the approaching election season with all 186 legislative seats up for grabs. Even without a U.S. Senate contest or gubernatorial election, there is plenty at stake in the Presidential election, Maine's two Congressional races, and the aforementioned legislative races.

Among the regulatory items of interest are proposed rules governing telemedicine and PA supervision by the Boards of Medicine, changes in MaineCare's policies on drug testing and on the federal level, the complex rules implementing the MACRA legislation.

We continue our substantial efforts responding to the opioid/heroin epidemic. With the new limits on prescribing taking effect on July 29, MMA's attorneys have presented many CME programs on the new law. We also have partnered with Quality Counts on the Caring for ME Initiative designed to ensure that the new law is implemented in a responsible and compassionate manner. We also continue to work with the Executive panel of the Maine Opiate Collaboration to review Task Force recommendations and draft action plans for each. Finally, we have been asked by several health philanthropies in the state to put together a proposal to fund a series of community forums on the opioid issue in the Fall. These forums can be another important occasion to both decrease the stigma associated with substance use disorders and to educate future lawmakers of the seriousness of the problem and of potential solutions to it.

Finally, we look ahead to the Fall and our 163rd Annual Session in Bar Harbor, September 9-11, 2016. We are again at the Harborside Hotel, as the result of feedback last year from attendees. This year's theme of "Restoring the Joy and Passion of Medicine" is both timely and important. I hope many of you will break free of your daily routine and join your professional colleagues for the weekend. And, I thank you for your continuing support of the Association.

Fiscal Fitness for Life – Planning for Your Estate

Disclaimer Planning – Balancing the Desire to Control with the Benefit of Flexibility



By Anthony Bartlett, ChFC, CASL, AEP, Baystate Financial Services

Changes were recently enacted to Maine's estate tax laws. In 2015, Maine estate tax is imposed on estates of decedents in excess of \$2,000,000. Effective January 1, 2016, the Maine estate tax exemption will increase to match the Federal estate tax exemption, which is currently \$5,430,000.

Many planners recommend the use of credit shelter trusts within estate plans for married couples that may face estate tax exposure. Credit shelter trusts are designed to "shelter" the exemption amount from inclusion in the estate of the deceased spouse, as well as the estate of the surviving spouse.

However, this estate tax planning technique may prove too inflexible for couples whose net worth hovers close to the exemption amount or have the majority of their liquid net worth comprised of retirement accounts. Depending on the size and type of assets constituting an estate, consideration should be given to disclaimer planning.

A disclaimer is the refusal of an estate beneficiary, typically the surviving spouse, to accept a gift or bequest. The disclaimer is a valuable estate planning tool that can be used to provide flexibility within an estate plan to achieve optimum estate tax results. Once disclaimed,

the property is then distributed to the next recipient as designated in the Last Will and Testament and/or Trust of the first spouse to pass.

Each spouse would have a "Plan A" scenario. Upon the passing of the first spouse, all probate property would be distributed to the surviving spouse.

Each spouse would also have a "Plan B" scenario. This would include the use of a disclaimer trust. A disclaimer trust is a technique for taking a wait and see approach to credit shelter planning for married couples. It differs from standard credit shelter trusts in that it will only be used if needed. The goal is to give the surviving spouse a second look, based on circumstances that exist when the first spouse passes away. The disclaimer trust has all the provisions of a credit shelter trust. It is designed to make assets available to the surviving spouse, while taking advantage of the first spouse's estate tax exemption amount.

After the passing of the first spouse, the surviving spouse can choose between Plan A or Plan B.

The flexibility of disclaimer trusts is not without a degree of risk. The estate tax planning will not happen by default. If estate tax planning is beneficial, the surviving spouse must affirmatively disclaim all or a portion of the deceased spouse's assets. Therefore, this places responsibility on the surviving spouse to consult with an estate planning attorney immediately following the passing of the first spouse to determine what actions should be taken.

For more information regarding disclaimer planning, or other estate planning techniques and strategies, please contact Larry Perry at 207-775-6181 or lperry@baystatefinancial.com.



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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.



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- SEPTEMBER 6**
1:00pm – 4:00pm
Maine Council on Aging (MCOA)
- SEPTEMBER 9-11**
MMA'S 163rd Annual Session
(At Harborside Hotel, Bar Harbor, ME)
- SEPTEMBER 13**
4:00pm – 6:00pm
MMA Committee on Physician Quality
- SEPTEMBER 15**
8:30am – 3:30pm
Maine Health Management Coalition
- SEPTEMBER 15**
6:00pm – 8:00pm
Maine Association of Psychiatric Physicians
- SEPTEMBER 29**
8:30am – 3:30pm
Maine Health Management Coalition

- OCTOBER 5**
4:00pm – 6:00pm
MMA Board of Directors
- OCTOBER 12**
6:00pm – 9:00pm
Maine Chapter ACP
- OCTOBER 18**
5:30pm – 8:30pm
Maine Chapter American Academy of Pediatrics
- OCTOBER 20**
6:00pm – 8:00pm
Maine Association of Psychiatric Physicians
- OCTOBER 27**
8:30am – 3:30pm
Maine Health Management Coalition

- NOVEMBER 2**
9:00am – 4:00pm
CAH CNO & Nurse Managers Conference
- NOVEMBER 8**
4:00pm – 6:00pm
MMA Committee on Physician Quality
- NOVEMBER 14**
12:30pm – 3:30pm
Maine Council on Aging (MCOA)
- NOVEMBER 17**
8:30am – 3:30pm
Maine Health Management Coalition
- 6:00pm – 8:00pm
Maine Association of Psychiatric Physicians

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



Moving Medicare Payment from Volume to Value: What's a Physician to Do?

In a recent QC webinar and Network for Regional Healthcare Improvement (NRHI) blog post, I had the opportunity to outline several steps that physicians and their practice teams can begin to take to prepare for implementation of the Medicare Quality Payment Program (QPP). This program and the resulting Merit-Based Incentive Payment System (MIPS) will be in place soon as a result of the Medicare Access & CHIP Reauthorization Act (MACRA) of 2015. While most busy physicians understandably may not recognize the jargon and multitude of new acronyms, many will remember MACRA as the federal bill that ended the much-hated "Sustainable Growth Rate", the law that previously threatened each year to decrease Medicare physician payments.

MACRA means big changes for physician practices: designed to move Medicare payments for physician services from a focus on the volume, to the value, of services provided, the changes are arguably the most significant changes to physician payments in the 50 year history of the Medicare program. Granted, the proposed rules aren't final yet - but they will be in a matter of months. The new rules will affect Medicare payments based on performance in 2017, meaning that physicians have little time to learn about and prepare for this new world of value-based payment. And since previous studies suggest that making change in medical practice take as long as 18 years (you read that right!), it's important to get started now. Here are a few thoughts on how:

- 1) Educate yourself. Learn as much about MACRA as you can. Go directly to CMS.gov for information, or access trusted information and resources through others; Maine Quality Counts, the AMA website, MMA, or NRHI. Read articles and blog posts. Listen to webinars. Look for summaries from your professional associations. And fair warning: the information is admittedly dense and complicated, but stick with it - it's about to affect your income!
- 2) Engage fellow physicians and other clinicians, practice leaders, and practice staff. Change is coming and without everyone on board to accept and respond, it's tough to move forward.
- 3) Connect with local, regional and national leaders who are participating in ACOs. Most ACOs have been doing the work needed to prepare for this type of change to value-based payment for the past several years. We encourage clinicians to connect and learn from their work and recommendations about areas for focus.

- 4) Understand your current performance using Medicare PQRS measures, Quality and Resource Use Reports (QRURs), and other reporting systems. While all of us recognize that no data reporting system is perfect, resist the urge to let perfect data be the enemy of "good-enough" data. Use the data you have to understand your current state as best you can.
- 5) Focus specifically on MIPS, the value-based payment system that will apply to most providers for at least the first several years of the QPP. MIPS includes four key components: cost, quality, Advancing Care Information (ACI), and Clinical Practice Improvement Activities (CPIAs). Providers should aim to learn about their current cost and quality performance within these categories.
- 6) Don't wait to get started - look for ways to improve performance now. What could you do to improve performance in a measurement area that may also qualify as a quality improvement activity? For example, providers may want to determine where their practice really is in terms of access, particularly as providing timely access to care can impact quality, patient experience, and use of avoidable, expensive services such as hospital admissions or ED use. What could be done to improve access in your practice over the next six months? Alternatively, another key focus is improving care transitions: is your practice tracking admissions for your patients, and/or using HealthInfoNet to receive timely notifications of ED visits, admissions and discharges? Are high risk patients getting timely care?
- 7) Use existing (but often under-utilized) CMS payment codes to support better care. Over the past several years, CMS has introduced several new codes within the current fee-for-service system that can provide revenue for providing extra care - e.g. Medicare Annual Wellness Visits; Transitional Care Management codes designed to provide additional care for patients after hospital discharge; Chronic Care Management codes for patients needing non-visit based care management services; and the recently introduced Advanced Care Planning codes. While all these admittedly require appropriate documentation, they can provide important revenue sources for providing care that will ultimately improve quality and patient experience of care, while ideally reducing avoidable costs and improving value.

In summary, change is coming, and it's time to get started! Investing now in the leadership and learning needed to succeed in this brave new world of value-based payment can help you stay ahead of the change, and ensure that you get the resources you and your team need to improve care for your patients. To read the related blog post, please visit <http://www.nrhi.org/news/practice-transformation-networks-moving-macra-forward/>.



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Eight Physicians Are Among Candidates for 186 Seats in the 128th Maine Legislature

The 2016 Political campaigns - the U.S. Presidential race; the second contest between first term Representative Bruce Poliquin and former state legislator Emily Cain for Maine's Second Congressional District; all 186 seats in the state legislature; and 5 referenda questions - will be in high gear after Labor Day. Election Day is November 8, 2016. The MMA staff welcomes your ideas for our legislative agenda for the 128th Maine Legislature, so please share them with me, Gordon, or Peter. MMA's Legislative Committee will hold its organizational meeting in late November after Election Day or early December. Watch MMA's weekly e-newsletter, **Maine Medicine Weekly Update**, for meeting details. The MMA staff is assisting members with compliance with the new laws enacted during the 127th Maine Legislature by providing legislative updates for hospital medical staffs, medical specialty societies, physician practices, and federally-qualified health centers. We are available to assist your physician group, too!

Maine physicians are demonstrating strong interest in Maine legislative affairs by stepping up as candidates. Four physicians brought important practical and policy knowledge about U.S. health care to fellow legislators in the 127th Legislature and they exerted substantial influence on bills addressing important matters of health policy, such as the opioid drug abuse crisis, scope of practice issues, and health care reform.

The senior member of the "physician caucus," Representative Linda Sanborn, M.D. (D), a retired family physician from Gorham, steps down after four terms in the House because of Maine's term limit law. Senator Geoffrey Gratwick, M.D. (D), a retired rheumatologist, is running for a third term representing Senate District 9, Penobscot County. Representative Patricia Hymanson, M.D. (D), a retired neurologist, seeks her second term representing House District 4, Ogunquit and parts of Wells, York, and Sanford. Representative Heidi Brooks, M.D. (D), trained as a family physician, is pursuing her second term representing House District 61, part of Lewiston. In the 127th Legislature, Senator Gratwick and Representative Brooks served on the Insurance & Financial Services Committee while Representative Hymanson served on the Health & Human Services Committee. All were effective advocates on behalf of Maine physicians and their patients.

Former House member Ann Dorney, M.D. (D), a family physician in Skowhegan, is running for House District 111, Norridgewock, Solon, and part of Madison, a seat she occupied in the 126th Legislature. MMA Past President and current AMA Delegate Richard Evans, M.D. (D), a general surgeon, seeks the House District 120 seat, including Dover-Foxcroft, Atkinson, Brownville, Medford, Milo, Lakeview Plantation, and the unorganized territory of Orneville Township. Wendy Wolf, M.D., M.P.H. (I), stepping down as President & CEO of the Maine Health Access Foundation (MeHAF) at the end of the year, is pursuing the House District 89 seat, Boothbay, Boothbay Harbor, Edgecomb, Southport, Westport Island, and part of South Bristol. Emily Trask-Eaton, D.O. (D), a family physician in Waldoboro, is running to represent House District 91, Waldoboro, Friendship, Washington, and part of Union. David Edsall, M.D. (R), an anesthesiologist, is pursuing the House District 132 seat, Ellsworth and Trenton. If you have not yet met the candidates for your House and Senate seats, this is a great time to do so. You can find the candidate lists on the Secretary of State's web site: <http://www.maine.gov/sos/cec/elec/upcoming/index.html>.

Physicians also will be interested in several of the referendum questions on the ballot this Fall, especially the questions on legalization of recreational marijuana and background checks for gun sales. You can find more information on the referendum questions on the Secretary of State's web site: <http://www.maine.gov/sos/cec/elec/citizens/index.html>.

The opioid drug abuse crisis continues to be at the top of the agenda for Maine policymakers and L.D. 1646, *An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program* (P.L. 2015, Chapter 488), effective on July 29, 2016, is the focus of MMA's current compliance educational efforts with Maine Quality Counts through the *Caring for ME* initiative. You will find resources on the new law and the opioid abuse issue on the MMA web site: <https://www.mainemed.com/advocacy/opioid-crisis>.

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.

SEPTEMBER 10, 2016

Atlantic Oceanside – Bar Harbor, ME
2:00pm

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

In conjunction with MMA's Annual Session

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

SEPTEMBER 15-18, 2016

Westin Portland Harborview Hotel – Portland, ME

Maine Society of Anesthesiologists Fall Meeting – 9/17 from 1:00pm-4:00pm

(Being held in conjunction with the New England Society of Anesthesiologists' Annual Meeting taking place in Portland Thursday, September 15 through Sunday, September 18)

Contact: Anna Bragdon at 207-441-5989 or mesahq@gmail.com

SEPTEMBER 17, 2016

Westin Portland Harborview Hotel – Portland, ME

Maine Society of Orthopaedic Surgeons (Family night 9/16 – Bayside Bowling)

Contact: Warene Chase Eldridge 207-215-7118 or meorthosurgeons@gmail.com

SEPTEMBER 23, 2016

Harborside Hotel & Marina – Bar Harbor, ME from 10:30am – 11:45am

Maine Society of Eye Physicians and Surgeons Fall Business Meeting

(Held in conjunction with the 15th Annual Downeast Ophthalmology Symposium)

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

SEPTEMBER 23-25, 2016

Harborside Hotel & Marina – Bar Harbor, ME

15th Annual Downeast Ophthalmology Symposium

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

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

SEPTEMBER 30 – OCTOBER 2, 2016

Atlantic Oceanside – Bar Harbor, ME

Maine Chapter, American College of Physicians

Contact: Warene Chase Eldridge 207-215-7118 or mainechapteracp@gmail.com

DECEMBER 7, 2016

Portland Regency Hotel – Portland, ME from 5:00 – 9:00pm

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

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

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Annual Symposium**

**October 27, 2016
7:00am – 5:00pm**

**Holiday Inn by the Bay
Portland, ME**

For this year's symposium we will be continuing to highlight and explore actionable strategies that each of us can take to help improve health and lower costs. Our keynote speaker, **David Blumenthal, MD**, President of The Commonwealth Fund, will share examples of how organizations around the country are getting more value from their health care dollars, and breakout sessions will dive into the details to highlight individual efforts that organizations in our state can emulate. There will be presentations on tackling prescription drug abuse for providers and employers, alternative payment arrangements being tested through employer/provider partnerships, an overview of how MACRA will impact the payment landscape in our state, and more!

Register at:

<https://www.cvent.com/events/mhmc-mma-annual-symposium/registration-2518042715b34604b410c658a1a32973.aspx>

FMI or questions contact:

Trevor Putnoky at tputnoky@mehmc.org



**Support Volunteer
Clinics in Maine**

Maine's volunteer health clinics and free clinics provide no cost or low cost health services for people who cannot pay for health care, do not have health insurance, and/or are below a certain income level. Each clinic has its own criteria for patients to qualify for services. Volunteers including physicians, nurse practitioners, nurses, physician assistants, and other clinicians and members of the community are dedicated to providing health care to individuals without access to high quality medical care.

Volunteer clinics rely on medical and program volunteers, financial support and other donations to meet the health care needs of thousands of Mainers each year. Visit the Maine Medical Association website www.mainemed.com/volunteer-opportunities-maine to find information about health care services and schedules at these Maine clinics:

- » Ellsworth Free Medical Clinic, Ellsworth
- » Free Clinic L/A, Lewiston
- » Hope House Free Women's Health Care, Lewiston
- » Knox County Health Clinic, Rockland
- » Leavitt's Mill Health Center, Bar Mills
- » Maine Migrant Health Program
- » Oasis Health Center, Brunswick
- » Peninsula Free Health Services, Blue Hill
- » Portland Community Free Clinic, Portland
- » The Root Cellar, Portland



Climate Change

The media have been filled in recent years with stories of climate change, support for the idea in the scientific community, and varied acceptance in the political world. While images of flooded coastlines abound,

there is relatively little written in the popular press about the public health effects of climate change. In 2009, *The Lancet* stated, "Climate change is the biggest global health threat of the 21st century."

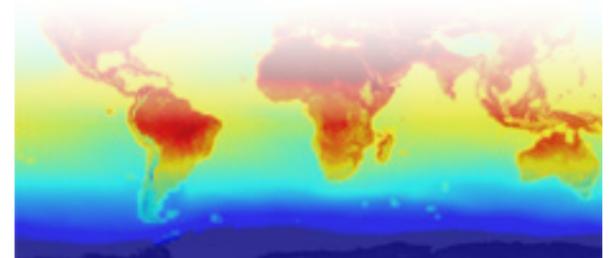
On April 4, 2016 the White House issued a 332-page report, "The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment," based on over 1800 published scientific studies and the work of eight federal agencies. According to Howard Frumkin, dean of the University of Washington's public health school, the report demonstrates that climate change is a serious threat to public health in this country. The report warns that food and water will become more contaminated and vector-borne diseases like Lyme, West Nile, chikungunya and Zika (now in 30 states) will spread as tropical climate regions become larger. Also expected are increased rates of asthma, allergies and deaths from extreme heat and air pollution. The highest ozone concentrations occur on the hottest days, and there is a clear correlation between the hottest days and high levels of emergency department visits. Heat related illnesses will take their greatest toll on the most vulnerable: infants, the elderly, chronically ill patients and the poor.

In the 2015 update of its 2000 paper "Death by Degrees," the Maine chapter of Physicians for Social Responsibility stated that the health of Mainers is threatened by three manifestations of climate change: rising temperatures, weather extremes and rising sea levels. Some of the health effects go beyond what one might normally

think about: anxiety, post-traumatic stress and other psychological stressors; health aspects of large scale population displacement; water-borne illnesses resulting from rising sea levels; injuries from severe weather and cardiovascular effects of heat and air pollution; just to name a few.

Dr. Alfred Sommer, professor of Epidemiology, Ophthalmology and International Health and Dean Emeritus of the Johns Hopkins Bloomberg School of Public Health, points out that public health resources will be stressed by climate change, perhaps beyond the breaking point: "We have absolutely no surge capacity left in our system. We are going to get this perfect storm of reduced capacity to deal with sudden large bad events, and we are going to get sudden, bad events at a much greater likelihood and frequency than we do now."

It is incumbent on physicians and other health care professionals to prepare now for what appears to be an inevitable challenge. As Maine PSR states, we need to assess our current resources and preparedness; monitor and diagnose public health changes that may be climate related; develop both public policies and research capability to address increasing health needs; educate and mobilize our population to identify and solve public health problems; and develop a public health workforce that is ready to tackle new and severe health problems as they arise. It's quite a challenge. Still, the health care professions have addressed difficult issues before, and there is no reason to think we won't rise to the occasion once again.



Credits: NASA

New Report Claims "Medical Error" Now 3rd Leading Cause of Death

Medical errors may now be the third-leading cause of death in the United States, claiming more than 251,000 lives each year – or 700 deaths a day, according to a report published in late May by the BMJ.

Medical errors now rank only behind heart disease and cancer and ahead of respiratory disease, accidents and stroke, according to the report.

The analysis was done by Johns Hopkins School of Medicine researchers who drew their conclusions after reviewing four large studies, including ones by the Health and Human Service Department's Office of the Inspector General and the Agency for Healthcare Research and Quality that took place between 2000 to 2008.

The Centers for Disease Control and Prevention (CDC) does not require errors be reported in data it collects

making this type of analysis difficult to pinpoint, according to the BMJ report. The CDC requires data on causes of death to be attributable to an International Classification of Disease, or ICD, code. There is no ICD code to capture human error, according to the report.

Medical error has been defined as an unintended act or one that does not achieve its intended outcome, the failure of a planned action to be completed as intended, the use of a wrong plan to achieve an aim, or a deviation from the process of care that may or may not cause harm to the patient.

Patient harm from medical error can occur at the individual or system level, according to the report.

A 1999 Institute of Medicine (IOM) report called preventable medical errors an "epidemic," shocking the medical world and leading to widespread debate about what could be done, the Washington Post reported. The IOM report estimated medical error contributed to at least 98,000 each year.

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Physician practices that provide care to children need to anticipate that a patient may present with a potentially life-threatening condition. Family practice and pediatric physicians experience emergencies among their patient populations more often than some physicians recognize. Physicians need to ensure appropriate management and stabilization of emergency events encountered in their office.

Many providers are misinformed that the availability of emergency equipment and medication in the practice increases liability exposure. In actuality, failure to plan and lack of adequate preparation to provide emergency care may lead to increased liability.

Evaluation

Adequate preparation begins with a thorough office system evaluation to determine the unique characteristics of the office setting and the patients served. Based on this evaluation, develop a plan that uses strategies designed to meet the specific needs of your patient population based on your resources. The organizational plan for emergency response in the office should address:

- » How to recognize an emergency and activate response plan.
- » Staff roles and responsibilities during an emergency.
- » Education for all staff on the office emergency response plan.
- » Training for appropriate staff on use of emergency equipment and medications.
- » Conducting mock drills to ensure staff have

the opportunity to practice their respective responsibilities.

- » Emergency equipment and protocols for maintenance and use.
- » Emergency medications and established protocols for administration.

Emergency Equipment and Medications

The office evaluation will determine the amount of supplies you will need to have on hand. Supplies should be readily available to the physician or nurse to secure an airway, maintain respiration and support circulation until the arrival of EMS.

To insure that the equipment is in safe, working condition, the emergency equipment should be inventoried and tested on a monthly basis and medications evaluated for expiration dates. Maintain a log indicating the date of review.

Recommendations (American Academy of Pediatrics)

- » Perform a self-assessment of office readiness for emergencies.
- » Develop an organizational plan for emergency response in the office.
- » Maintain recommended emergency equipment.
- » Maintain recommended emergency medications and use a resuscitation aid or tool that provides suggested protocols with precalculated medication doses.

- » Develop a plan to provide education and continuing medical education for all staff.
- » Practice mock codes in the office on a regular basis (quarterly or biannually).
- » Educate families about what to do in an emergency.
- » Partner with EMS and hospital-based emergency providers to ensure optimal emergency care and emergency/disaster readiness for children.

Summary

The unavailability of potentially life-saving emergency equipment and the lack of proper training can lead to adverse, and sometimes, devastating outcomes. Practices should consider assessing the most common types of emergency patients seen and adapt their plan to address the events. The importance of being prepared to provide emergency care to stabilize a patient cannot be over-emphasized.

Hospital affiliated/owned physician practices are encouraged to explore potential EMTALA implications of their emergency response plan with hospital leadership. In addition, regulatory guidelines should be reviewed, such as CMS Hospital Conditions of Participation, as stricter emergency response requirements may apply.

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.



An initiative of the ABIM Foundation

Teaching Future Physicians to Choose Wisely® - When to Scan for Low Back Pain

Launched in 2012 by the ABIM Foundation and Consumer Reports, Choosing Wisely is a leading effort to encourage conversations aimed at reducing unnecessary tests and treatments in health care. More than 70 societies comprising over one million clinicians are now partners of the Choosing Wisely campaign. For more information on ways the campaign is helping influence these conversations, go to: <http://www.choosingwisely.org/about-us/facts-and-figures/>

Choosing Wisely now crosses over into academic medical school curriculums, teaching future doctors to provide care more wisely as a way to both improve health and reduce costs. Patients requesting questionable interventions such as advanced imaging for low back pain are a part of every physician's experience. Medical schools such as Albert Einstein College of Medicine and Warren Alpert Medical School of Brown University medical students are preparing to field them.¹

The goal of Choosing Wisely through the ABIM foundation is to encourage clinicians and patients to talk about their expectations for appropriate care. Over 70 medical specialties have generated lists of tests and procedures that should be questioned.

At Einstein, the curriculum calls for the development of observed structured clinical examinations (known as OSCEs). Students practice what they learned on "standardized patients" – actors trained to portray

patients. The OSCEs on back pain – cover multiple facets of caregiving that included demonstrating empathy, obtaining and providing information, initiating conversation, and practicing good medicine and economics.

The basis for the back pain OSCE was an "x-ray for back pain module" developed by the American College of Physicians. Students preparing for their third-year clinical skills assessment learn to gently guide patients with back pain to try conservative treatments such as heat and acetaminophen before moving on to more costly, and possibly not helpful, imaging and other therapies.

American College of Physicians Recommendations/Resources

To stay current with your peers entering the profession, review the Choosing Wisely lists of things physicians and patients should question by the American College of Physicians (ACP) indicates – "In patients with back pain that cannot be attributed to a specific disease or spinal abnormality following a history and physical examination (e.g., non-specific low back pain), imaging with plain radiography, computed tomography (CT) scan, or magnetic resonance imaging (MRI) does not improve patient outcomes." To download the ACP's *Five Things Physicians and Patients Should Question*, go to: <http://www.choosingwisely.org/societies/american-college-of-physicians/>.

Medical Student Information

To view the ABIM Foundation instructional module for medical students: Patient with Back Pain who requests an MRI, go to: http://modules.choosingwisely.org/modules/m_03/videos/m00_4_backPain.html.

ABIM Physician Communication Modules

The ABIM Foundation's additional Physician Communication Modules are designed to help physicians, patients and other health care stakeholders think and talk about appropriate use of health care resources by providing strategies for physicians to build trust and address patient attitudes and beliefs that more care is not always better care. These modules provide a scenario on imaging for headaches and are made available online at: <http://www.choosingwisely.org/resources/modules/>.

Choosing Wisely in Maine

"*Spreading Choosing Wisely in Maine*", seeks to reduce unnecessary use of tests and treatments in the Brunswick/Bath (Mid Coast Region) and Greater Bangor Region to achieve a 20% utilization reduction for three high priority areas: (use of antibiotics, use of advanced imaging for low back pain and use of benzodiazepines in older adults)

Involved partners are: Mid Coast Hospital, Spectrum Generations, St. Joseph Hospital and Penobscot Community Health Care. Maine Medical Association, Maine Osteopathic Association and Consumers for Affordable Health Care are serving as statewide partners in this effort.

For small quantity of low back pain rack cards for patient information distribution, go to: https://www.mainequalitycounts.org/image_upload/CR_MaineBkPainRackCard_MaineQC_Woman_Offset.pdf or visit: www.mainequalitycounts.org/choosingwisely or contact Kellie Slate Vitcavage at Maine Quality Counts: (207) 620-8526 x1011 or kslatevitcavage@mainequalitycounts.org

¹ *Teaching Future Physicians to Choose Wisely*, Pablo Joo, M.D., assistant dean for medical education at Albert Einstein College of Medicine. <http://www.einstein.yu.edu/features/around-campus/455/teaching-future-physicians-to-choose-wisely/>.

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

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