



Maine Medicine

a quarterly publication of the Maine Medical Association

JULY/AUGUST/SEPTEMBER 2019

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

WELLNESS SUMMIT – APRIL 10, 2019 – MMA FACILITATES A CONVERSATION ON THE HEALTH OF MAINE’S CLINICAL WORKFORCE

By Cathryn Stratton, Maine Medical Association

In the past five years, awareness, understanding and concern regarding the scale and depth of clinician burnout and depression in our healthcare workplaces has escalated. This chronic workplace health issue is having significant impacts on job satisfaction, patient experience of care, outcomes, and ultimately the cost of health care in Maine. The Maine Medical Association, through the Medical Professionals Health Program, has a longstanding history of providing recovery assistance in the form of monitoring to clinicians, but this issue requires a much different approach. When Robert Schlager, MD became President of the Maine Medical Association (MMA) in 2018, he wanted to help the association take on a greater role in addressing wellness issues impacting those caring for patients in Maine.

“The topic of wellness is on every healthcare organization’s list of top priorities. I felt that the MMA was in a prime position to bring multiple healthcare organizations from Maine together to see what could be done collectively on a state level.”

*Robert Schlager, MD,
Maine Medical Association President*

On April 10, 2019, a group of 45 medical professionals from across the state met for a Wellness Summit at Thomas College in Waterville. This initiative was designed to help healthcare experts and practitioners better understand the issues and to facilitate collaboration in order to improve the wellbeing of healthcare clinicians, help reduce the experience and duration of burnout, and to ensure that resources are available and accessible.

Survey of Physicians

The process started with an assessment of the wellness climate in Maine. The MMA posed 12 questions to members and received 38 responses. More than fifty percent (50%) of respondents thought that burnout was common and even widespread at their workplace, and seventy percent (70%) reported experiencing burnout in the last two years. More surprising, however, was that nearly fifty percent (50%) reported having few or no wellness resources available at their workplace.

Summit Sessions and Highlights

Strategies for Physician Well-being

National studies are showing that burnout is dramatically more common in physicians (39.8%) than in US workers in other fields or professions (28.1%)¹. Michael Tutty, PhD, MHA of the American Medical Association spoke about the AMA’s practice transformation framework for redesigning practices and “returning joy to practice.” Their *StepsForward* website offers concrete modules for time-saving practices and suggestions for practice changes that can help teams thrive. (www.edhub.ama-assn.org/steps-forward/)

Outcomes - Reduced job satisfaction and burnout impact patient care in several ways – studies have linked burnout to outcomes of lower satisfaction², less effective patient engagement³, increased cost, and increased “silo” effects in the workplace⁵.

Retention – 1 in 5 physicians reported the intention to reduce clinical work hours next year and 1 in 50 physicians reported the intention to leave medicine altogether in the next 2 years⁶.

Cost – the AMA has estimated that the mean cost of turnover per physician is \$500,000. Other

Continued on page 6

MAINE MEDICAL STUDENTS ATTEND THE AMA MEDICAL STUDENT SECTION ANNUAL MEETING

In June, Sophia Salas (Tufts University School of Medicine Maine Track) and Rushi Shah (University of New England College of Osteopathic Medicine) attended the AMA Medical Student Section annual meeting in Chicago. Sophia testified in support of a resolution and Rushi was elected Maine Representative to the Region 7 Medical Student Section (CT, ME, MA, NH, NY, RI and VT).



Sophia Salas, Tufts University School of Medicine Maine Track Class of 2022

“This was my first time attending the AMA House of Delegates meeting. I felt very overwhelmed on the first day as I tried to figure out parliamentary procedure: What does reaffirmation mean? When can someone add an amendment onto a resolution? Are we voting right now on the entire resolution or just on that amendment? Luckily, I was surrounded by experienced pros in Region 7 who helped me figure it all out. It was amazing to watch and learn how ideas are born, evolve through collaboration, and become policy. Watching others stand up for issues they care about motivated me to overcome my nerves and speak up. I testified in support of a resolution to increase evidence-based practices in outpatient addiction rehabilitation centers.

While the time in assembly was very busy, I did take a few moments to look around and reflect. The room was filled with passionate future physicians who care deeply about best serving the public. I felt a great sense of belonging and community as I sat among these students from across the country as we together developed our vision for a better health system. I left the conference feeling empowered to show up and make change to improve healthcare and well-being for all.”

Rushi Shah, University of New England College of Osteopathic Medicine Class of 2022

“I continue to be inspired by how the AMA creates and influences change that improves healthcare and medicine in our country. In June, I had the opportunity to interact with students across the country to discuss and vote on issues ranging from a single payer health system to a minimum age limit for tackle football. The diversity of topics at this year’s meeting highlights the many areas where medicine and public policy intertwine.

As part of the AMA chapter leadership at UNE COM, I made sure to gather information on how to grow our organization and encourage more students to be involved at the state and national levels. I hope to continue learning about policy and am proud to also serve as the Maine Representative to the Region 7 Medical Student Section for the upcoming year.”



Michael Tutty, PhD, MHA (AMA)



L-R: Cathy Stratton, Michael Tutty, PHD, MHA (AMA) and Robert Schlager, MD



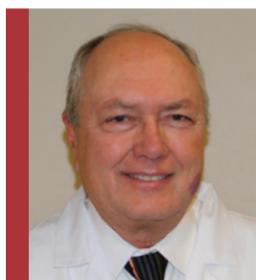
L-R: Charles Pattavina, MD, Nora Lacey, (NBMS) and Robert Schlager, MD



Meaghan Sibbett, BA, MSW (NBMS)

Join Us at MMA’s 166th Annual Session September 6-8 at the Harborside Hotel in Bar Harbor! (See insert enclosed)

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



Transitions

It is fitting that for my last column in President's Corner transitions once more take center stage. Although change is the only constant in life, this year medicine, Maine and the MMA have experienced major changes.

On the State level, this January we saw the inauguration of Gov. Janet Mills and a Democratic majority in both houses of the Legislature, a marked change for healthcare in Maine. We now have a major initiative on the opioid epidemic, tackling the problem on many fronts and Gordon Smith in the role of Director of Opioid Response. Although prescriptions for opioids have markedly decreased in Maine, the opioid epidemic continues to rage and this comprehensive response portends major progress. The Legislature has just adjourned having addressed many controversial issues including physician-assisted suicide and removing religious and philosophical exemptions from immunizations. Both initiatives will most likely face citizen referenda and legal challenges.

The MMA is certainly having an eventful year also. After a long and thorough selection process led by Dr. Charles Pattavina, the search committee selected Andrew MacLean as MMA's new Chief Executive Officer from a pool of more than 50 candidates and three outstanding finalists. We look forward to Andy leading the Maine Medical Association into a new era and through tumultuous times in medicine. To assist Andy, the next President of the MMA (Amy Madden, MD) will lead a President's Retreat this October in Portland that will initiate a new strategic planning process. This retreat will be coordinated with the October 26 event honoring both Gordon Smith and the last 65 years of MMA leadership. We hope many of you can attend the event. (More details will follow). Another major transition at the end of 2019 will be the retirement of Peter Michaud, our current legal

counsel who, along with Andy, has been a faithful and effective lobbyist for the MMA. We wish Peter well in his retirement.

On a more personal note, I have had many valuable opportunities to represent you at numerous events including the New England Delegation meeting for the six New England states; the 2018 AMA annual session in Chicago as an alternate delegate from Maine; several listening sessions throughout Maine; participating with other physicians in Physicians' Day at the Legislature; a state-wide Wellness Summit; the 75th anniversary of the Auxiliary to the Penobscot County Medical Society; and the graduation ceremony of the University of New England Medical School. All these occasions increased my knowledge and I have made every effort to share that with you at meetings and sometimes through these President's Corner articles. Representing you has been an honor, a privilege and a pleasure. Thank you.

Although I will have served for 19 months as your President, it is certainly not enough time to take on many other important issues that will face Maine and the MMA. There is much yet to be done with wellness, and I certainly increased my own knowledge base on this and will continue to work on it under the direction of our next President, Amy Madden. Another critical issue facing all of healthcare is diversity and inclusion. Despite making progress (I remember my medical school graduation picture from 1972 of about 100 beaming faces - 90 of them male and white - and seeing more than half of the medical school class from UNE this past May being female and multi-racial), there is so much more to accomplish. Other areas of critical importance are bolstering health care in rural Maine and the associated concern of physician shortages throughout Maine.

These are challenging but exciting times, and what I have learned in my role as president is that together we can contribute to positive movement in healthcare for Maine and the United States. Bring on the transitions!

MAINE PUBLIC HEALTH ASSOCIATION: LANI GRAHAM, MD, MPH RECEIVES THE RUTH B. SHAPER AWARD

By Cathryn Stratton, Maine Medical Association

On June 6, 2019, the Maine Public Health Association celebrated several individuals and organizations who have made significant and lasting contributions to public health in Maine. This year, the Ruth S. Shaper Memorial Award was given to **Lani Graham, MD, MPH** in recognition of her broad and lasting contributions in the area of public health. She was nominated by Cathy Stratton for her work with the Medical Professionals Health Program and for her efforts to bring compassion and understanding to medical professionals struggling with addiction. As Director of the MPHP, Dr. Graham helped participants to find their voice and become a light and resource for their peers.

Other award recipients include **Maine Families for Vaccines** (President's Award), **Carol Zechman, LCSW** (Phebe Conroy King Access to HealthCare Award), **Becky Smith** (Pam M.B. Studwell Tobacco Policy Award), **Senator Rebecca Millett** (Public Health Policy Champion Award), **Joe Lawlor** (Journalism Award), **MaineWorks** (Business Award), **Emma Bond** (Rising Star Award) and **Maine CDC** (Unsung Hero Award). Congratulations and 'Thank You' to all award winners and nominees!



Lani Graham, MD, MPH and Cathryn Stratton

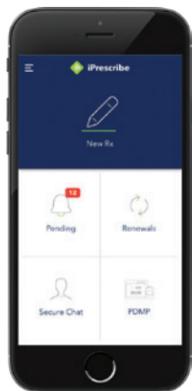
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—JBukberg

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—vkeirdds

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FIRST ISSUE OF THE JOURNAL OF MAINE MEDICAL CENTER NOW ONLINE

The inaugural issue of the Journal of Maine Medical Center (JMMC) has been published, with research articles covering everything from the potential hazards of foraging wild foods to innovative ways to help patients decide whether to pursue colorectal cancer screening.

The JMMC is the state's only peer-reviewed medical journal dedicated to original research in the health sciences, and is accessible to the public at www.mmc.org/jmmc. The journal will publish biannually, and is now accepting submissions for its second edition from all professionals working or training in a clinical healthcare and/or medical education setting, regardless of geography, organization or discipline.

The inaugural issue contains 14 articles in the areas of original research, patient safety and quality improvement exemplars, innovation highlights and case reports, as well as five supplements pulled from research posters developed by clinicians and students.

"The breadth and quality of the research detailed in the JMMC speaks to the importance of Maine Medical Center's academic mission, and to the innovative thinking that our colleagues are doing here in Maine and beyond," said Bob Bing-You, M.D., MMC Vice President of Medical Education and Editor-in-Chief of the JMMC. "One of our main goals in this undertaking was to help develop early-career health care colleagues as published researchers. If our first issue was any sort of indicator, I think we are definitely succeeding in that endeavor."

Bing-You noted that this new platform for research will also heighten the focus on inter-professional education and patient care in the region. In addition, rural healthcare and the unique opportunities and challenges it presents will be highlighted in the Journal. Sharing knowledge through articles will magnify innovation within the regional health care system, and strengthen regional workforce efforts through augmented professional connections.

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NOTES FROM THE CEO

By Andrew MacLean, JD, CEO, Maine Medical Association



Since the last edition of *Maine Medicine*, the 129th Maine Legislature has concluded its busy First Regular Session within hours of their scheduled adjournment deadline and with a new biennial budget for the two state fiscal years beginning July 1, 2019.

Moreover, the MMA CEO Search Committee and Board of Directors have completed their process of choosing a successor to veteran EVP Gordon H. Smith, Esq. I feel fortunate to have been selected as the next CEO of the MMA and I appreciate the opportunity to help guide the state's largest physician professional organization during its next phase of life. I am keenly aware of the legacies of Gordon Smith, Frank Stred, and Dr. Dan Hanley, and the service of generations of members dating back to the founding of MMA in 1853.

My appointment was effective on August 1, 2019 and we anticipate that the remaining months of 2019 will be very busy with activities aimed at the MMA's future. I am engaged with a Transition Committee of board members chaired by Executive Committee Member R. Scott

Hanson, M.D. to establish immediate priority tasks for me as a new CEO. Other important activities in which I and the staff are involved are discussing the identification of future MMA leaders with the Nominating Committee (chaired by Kenneth Christian, M.D.); completing plans for this year's Annual Session from September 6-8, 2019 in Bar Harbor with the Annual Session Committee (chaired by Lisa Ryan, D.O.); framing a "Listening Session" and President's Retreat focused on strategic planning scheduled for October 25-27, 2019 in Portland with President-elect Amy Madden, M.D.; finalizing the details for the *Celebrating 65 Years of MMA Leadership Gala* scheduled for October 26, 2019 in Portland with the Executive Committee, Gordon Smith, and consultant Sam Surprise; and considering MMA's advocacy role following the retirement of MMA General Counsel Peter Michaud, J.D., R.N. at the end of 2019. It is a busy, but exciting time here at MMA as I think about the influence these activities will have on our plan of work for the organization in 2020!

Please contact me any time by email at amaclean@mainemed.com or by phone, 207-622-3374, ext. 214 (Office) or 207-215-7462 (Mobile/talk or text) if you have suggestions about how MMA can better serve the physicians of Maine.

SUPPORTED DECISION-MAKING: A NEW OPTION FOR TRANSITION AGE YOUTH AND OTHERS WITH DISABILITIES

By Stephen Meister, MD, FAAP – Developmental Pediatrician, MaineGeneral & President, Maine Chapter, American Academy of Pediatrics and Staci Converse, Esq. – Managing Attorney, Disability Rights Maine

Adolescence is a critical developmental period of transition from childhood (dependence) to adulthood (independence). The American Academy of Pediatrics (AAP), American Academy of Family Physicians and the American College of Physicians agree that health care providers address transition planning by engaging youth and their families in developing self-care skills for an adult model of care, transfer care by identifying adult health care providers and ensuring a smooth handoff. This transition has been a challenge for many young adults, particularly those with special health care needs.

The Maine AAP collaborates on improving adolescent transitions with Maine Quality Counts as part of the Developmental Systems Integration Project funded by the Maine CDC. A group of medical and community stakeholders works with family organizations, including the Maine Parent Federation, to develop policies around adolescent transitions, electronic medical record templates, and resource lists for families. The question about guardianship is a common one for primary care practices as children with special health care transition to adulthood.

In the past, full guardianship was the primary option for adults with developmental disabilities and other special health care needs who needed decision-making assistance. Supported Decision-Making (SDM) is a new alternative to guardianship that is more appropriate for most adults and will be part of Maine's Probate Code (which includes guardianship law) in September 2019. It is important that health care providers that advise families on guardianship issues understand this new alternative to guardianship.

SDM allows an individual with a disability to work with a team of chosen supporters and obtain needed accommodations to make decisions about his or her own life. Individuals with disabilities select people they know and trust—friends, family, and professionals, who help the individual understand situations and choices they encounter, explaining the pros and cons in a way that makes sense to that person encouraging

independent decisions, self-determination and retaining their fundamental rights. The presence of more than one supporter helps safeguard against potential abuse.

People who use SDM report experiencing community inclusion, improved decision-making skills, and increased support networks. See, e.g., Pell & Mulkern, HSRI, Supported Decision Making Pilot: Pilot Program Evaluation Year 2 Report, at 31-34, http://supporteddecisions.org/wp-content/uploads/2016/11/Evaluation-Year-2-Report_HSRI-2016_FINAL-2-1.pdf. People under a full guardianship order are more segregated from their communities—less likely to choose where they live, have a job or have friends. See National Core Indicators Project, Adult Consumer Survey data 2013-14, www.nationalcoreindicators.org.

When Maine's new Probate Code takes effect in July, it will require that less-restrictive alternatives, including SDM, be attempted before granting guardianship, showing Maine is recognizing the importance of self-determination and using guardianship only when there are no other options. If a guardian is appointed, Maine law will require guardianship be limited to only areas in which the individual needs assistance.

SDM has gained momentum in the US and internationally, and is endorsed by the American Bar Association, National Guardianship Association, and agencies including the Department of Education, the Department of Health and Human Services, the National Council on Disability, and the Senate Committee on Aging.

Disability Rights Maine (DRM) has produced an interactive SDM handbook that is available at: www.supportmydecision.org. [1-800-452-1948 / www.drme.org]. Maine Parent Federation is currently conducting a pilot project with families exploring SDM and their parent navigators are trained to work with individuals with disabilities and their families. [1-800-870-7746 / <http://mpf.org>].



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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.

SAVE THE DATE!

CELEBRATING 65 Years MMA LEADERSHIP

Daniel F. Hanley, MD | 1955-1979
Frank O. Stred | 1979-1993
Gordon H. Smith, Esq. | 1993-2019

Saturday, October 26, 2019
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FOR MORE INFORMATION:
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SPECIALTY SOCIETY MEETINGS

September 7, 2019

The following Specialty Society Meetings are being held in conjunction with MMA's 166th Annual Session taking place September 6-8, 2019 at the Harborside Hotel & Marina in Bar Harbor, ME

Maine Chapter, American College of Surgeons

1:00pm – 2:00pm

[Ironbound Room in the Pool House](#)

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

Maine Chapter, American College of Emergency Physicians

2:00pm – 4:00pm

[Ironbound Room in the Pool House](#)

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

Maine Society of Anesthesiologists

2:00pm – 5:00pm

[Stave Island Room in the Pool House](#)

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

September 20, 2019

Maine Society of Eye Physicians and Surgeons Fall Business Meeting

(Held in conjunction with the 17th Annual Downeast Ophthalmology Symposium)

[Harborside Hotel & Marina – Bar Harbor, ME](#) from 10:30am – 11:45am

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

September 20-22, 2019

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

[Harborside Hotel & Marina – Bar Harbor, ME](#)

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A client could have education and recreational tools at their fingertips, such as training on smart devices (e.g., speakers, mobile phones), computers to communicate with friends and family, audio books, adaptive techniques (e.g., reading, knitting, gardening, golfing, and more). For sudden and catastrophic vision loss, services can begin in a hospital setting. Upon request, professional staff from The Iris Network can also provide public education about visual impairment in the community. The Iris Network works in partnership with Maine's Division for the Blind and Visually Impaired with staff that can provide Orientation and Mobility instruction to help people safely navigate their environment.

To refer clients, call The Iris Network at (207) 774-6273.

MEDICAL PROFESSIONALS HEALTH PROGRAM

By the MPHP Staff with assistance from Darren Ripley, Maine Alliance for Addiction Recovery

Recovery Coaching for Substance Use Disorders

In February 2019, Governor Mills signed an Executive Order directing her Administration to take immediate steps to combat the opioid crisis. One of the directives was to increase the number of Recovery Coaches located in emergency rooms statewide, directing funds to train 250 Recovery Coaches and make a Recovery Coach available in up to 10 emergency departments statewide.

You may be asking yourself, what is a Recovery Coach, and what do they do? How does one become a Recovery Coach?

A recovery coach is an individual who is trained to provide support, encouragement, accountability, and insight to people in search of recovery. With thoughtful planning and support, they can help people identify their goals, brainstorming ideas and options with them, to design effective recovery programs. The plan needs to empower the individual, their family, and/or partner with the information and accountability needed to achieve the results they want in their life.

A recovery coach provides information, resources, and tools to help develop a plan to get a person from where they are now to where they want to be. A Recovery Coach can be a motivator, advocate, ally, role model, mentor, and cheerleader. They are not your 12 step sponsor, your counselor, your medical care provider, or your legal counsel, and/or your spiritual leader.

The objectives of many Recovery Coaches here in Maine are:

1. To promote wellness and recovery
2. To assist in identifying obstacles and barriers in the pathways to recovery
3. To connect people with support services to assist them in their recovery
4. To assist people in developing recovery capital (protective factors for their recovery)
5. To identify and promote hope, optimism, and a healthy recovery.

Recovery Coaches can be beneficial to anyone seeking recovery or needing some assistance in their recovery process. They can help create the bridge for individuals who are "sick and tired of being sick and tired". They can also be a guide and advocate for people in the early phases of recovery who are figuring out what their triggers and risk factors are and where they are looking to

develop assets and supports in their recovery. Recovery Coaches can also be helpful to those individuals at a more advanced phase of their recovery who are looking to continue to build recovery capital and strengthen their protective factors.

Recovery Coaches can operate in a number of different venues assisting people at various stages of their addiction and recovery. They can be found in Peer Recovery Centers, Recovery Community Organizations, Primary Care Centers, Crisis Centers, and Emergency Departments.

There are a number of organizations that offer trainings for Recovery Coaching. The courses focus on developing the knowledge, skills, and experience needed to guide and mentor others through their recovery process from substance use disorders. Areas of focus include understanding the role of recovery coaching, boundaries, relationship building, stages of change, stages of recovery, pathways of recovery, and effective relationship skills.

Recovery support services have repeatedly been shown to be effective with many people achieving recovery.

Time for a checkup?

Physicians Need Protection Too.



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By Andrew MacLean, JD, CEO, Maine Medical Association



129th Maine Legislature Adjourns First Regular Session on Thursday, June 20th

The 186 members of the 129th Maine legislature adjourned their First Regular Session sine die at approximately 6:30 a.m. on Thursday, June 20th, just hours after their statutory adjournment deadline. As anticipated with the new administration of Governor Janet T. Mills (D) and the Democratically-controlled legislature, the 2019 legislative session was very active in health policy matters. Upon her inauguration, Governor Mills issued two key Executive Orders (Number 1 on ACA Medicaid expansion and Number 2 on the State response to the opioid crisis) and appointed former MMA EVP Gordon Smith as her Director of Opioid Response. The legislature's presiding officers kicked off the session with a high-profile public hearing on L.D. 1, An Act to Protect Health Care Coverage for Maine Families, a bill designed to ensure alignment of ACA patient protections with those in Maine law. The legislature considered many bills dealing with aspects of health policy including vaccines, prescription drug prices, dental health, gun violence, and health care reform, among other topics. Legislators will return to the State House for their Second Regular Session on Wednesday, January 8, 2020.

The MMA thanks Legislative Committee Co-chairs Jay Mullen, M.D., M.B.A. and Lindsey Tweed, M.D. for their dedicated leadership of the Legislative Committee this session and we commend all members who participated in the weekly conference calls, served as Doctor of the Day, or testified before a legislative committee. The Legislative Committee will schedule an organizational meeting for the 2020 session in late November or early December 2019 – look for notice in the *Maine Medicine Weekly Update* after Labor Day.

One of the significant tasks for each legislature during its first session is consideration of the Governor's proposed biennial state budget. In early February, Governor Mills presented her proposed State FY 2020-2021 biennial budget, L.D. 1001. Governor Mills' presented a relatively non-controversial budget that maintains current services (other than implementing MaineCare expansion) in most health and social service program areas. The Appropriations & Financial Services Committee spent most of the session in public hearings and extensive work sessions on the budget proposal before a bi-partisan majority of the Committee recommended an amended version slightly below the spending amount proposed by the Governor. The legislature enacted the majority report from the Appropriations Committee in the closing days of the session and the Governor signed the bill on June 17, 2019 and it became effective upon her signature. You can find biennial budget materials on the Committee web site: <http://legislature.maine.gov/ofpr/129th-afa-committee-information/9599>.

The biennial budget and the bills mentioned below are some of more than 1800 bills printed and considered during the recent session, many of which are relevant to Maine physicians and their patients. You can find the MMA's bill tracking list including our position and basic information on bills being tracked along with our testimony on the MMA web site: https://www.mainemed.com/sites/default/files/content/testimony/129th_LD_Tracker_062519.pdf.

Some of the noteworthy bills enacted in which the MMA was engaged address:

- Elimination of religious and philosophical exemptions to vaccine requirements (L.D. 798/MMA and Maine Immunization Coalition bill);
- Health insurance carrier prior authorization practices (L.D. 705/MMA bill);
- "Clinical peer" standards for health insurance carrier utilization review decisions (L.D. 249/MMA bill);
- Prescription drug prices (L.D.s 1162, 1272, and 1499/MMA supported);
- Physician-assisted suicide/"death with dignity" (L.D. 1313/MMA took no position); See the MMA

Statement on the topic: https://www.mainemed.com/sites/default/files/content/Physician_Assisted_Suicide_Statement.pdf;

- Maine's "prudent layperson" standard for insurance coverage of services in the emergency department (L.D. 1155/Maine Chapter, ACEP bill);
- Modified "red flag" bill relating to weapon possession by persons presenting significant risk of harm to self or others (L.D. 1811/MMA preferred L.D. 1312, but negotiated with others on this);
- Tobacco tax equalization; extends tax to vape products and others (L.D. 1028 (MMA supported));
- Prohibition of vaping on school grounds (L.D. 152/MMA supported);
- Prohibition on use of commercial tanning facilities by minors (L.D. 1297/MMA supported);
- Permission for children to use sunscreen in school and at school events (L.D. 441/MMA supported);
- Prohibition on the use of "conversion therapy" (L.D. 1025/MMA supported);
- Funding for the *Doctors for Maine's Future Program* (L.D. 440/MMA supported);
- Funding for Maine's school-based health centers (L.D. 392/MMA supported).

Several enacted bills from this session, including those addressing vaccine exemptions and physician-assisted suicide, may be the subject of "People's veto" campaigns.

Some important bills have been carried over for consideration during the 2020 session, including those addressing:

- Health care reform (L.D.s 51, 1611, 1617, 1591, and 1755/MMA testified "neither for nor against," but in support of reform generally); See *MMA's Statement on Reform of the U.S. Health Care System*: <https://www.mainemed.com/maine-medical-association-statement-reform-us-health-care-system>;
- Licensing and regulation of physician assistants (L.D. 1660/MMA testified "neither for nor against," but expects to work with the Maine Association of Physician Assistants and others on the bill); and
- Reimbursement for services provided by CRNAs (L.D. 1434/MMA testified "neither for nor against").

In the Second Regular Session, the legislature will consider bills carried over from the First Regular Session, and new bills approved through a process that will take place this Fall by the 10 members of legislative leadership known as the Legislative Council. The Constitution requires the legislature to consider only bills of a fiscal or "emergency" nature during the second session.

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

To find more information about the MMA's advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA web site, www.mainemed.com/legislation/index.php. You will find more information about the Maine Legislature, including schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at: <http://legislature.maine.gov/>.

The MMA welcomes your participation in our legislative advocacy activities. For more information, please contact Andrew MacLean, CEO, at amaclean@mainemed.com.

MMA HAPPENINGS

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

AUGUST 13

8:00am – 3:30pm
Spectrum Medical Group

AUGUST 14

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

AUGUST 21

11:00am – 1:30pm
MMA Senior Section Meeting

AUGUST 27

5:00pm – 9:00pm
American Academy of Pediatrics

SEPTEMBER 6

3:00pm – 5:00pm
MMA Board of Directors Meeting (Bar Harbor)

SEPTEMBER 9

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

SEPTEMBER 10

5:30pm – 7:00pm
MMA Committee on Physician Quality

SEPTEMBER 19

6:00pm – 8:00pm
Maine Academy of Psychiatric Physicians



MMA WELCOMES SUMMER INTERN

The Maine Medical Association is pleased to have Katherine Leggat-Barr working with us as a 2019 summer intern through the Daniel Hanley Center for Health Leadership's internship program. Katherine grew up in North Yarmouth and is currently a rising junior at Princeton University, where she is studying in the Woodrow Wilson School of Public Policy and International Affairs while also completing pre-medical studies. Katherine is interested in issues surrounding inequality, specifically health care inequity. After tutoring in a youth correctional facility in New Jersey, where many of the students barely knew how to read, she recognized the disparity of opportunities that exist and has become passionate about how she can work to improve these realities. At Princeton, Katherine is a distance runner on the Cross Country and Track and Field Teams, serves as a Peer Academic Advisor and volunteers with various social justice organizations. Katherine is happiest outdoors - running, hiking or swimming, and so is very excited to be in Maine for the summer!

At the Maine Medical Association, Katherine has learned about the legislative process, and was able to follow LD 1811, a gun safety bill, through virtually all stages. She sat in on negotiations with the Governor's Chief Counsel, attended the public hearing, work sessions and committee vote, and saw the two ultimate votes on the Senate and House floors. The bill passed almost unanimously, which is rare for any bill pertaining to gun rights. After the legislature adjourned, Katherine is assisting with a review of the MMA website, helping compile bills that were passed, and completing an ethnographic project, interviewing individuals affected by the opioid epidemic. Having reached out to various recovery organizations, and spending time at these centers, Katherine has found a strong cohort of individuals to interview. She will ultimately compile these stories for both a policy brief for Gordon Smith, the Maine Director of Opioid Response, and for feature profiles in newsletters, working to reduce stigma surrounding addiction.

By Dora Anne Mills, MD, MPH, FAAP, Chief Health Improvement Officer, MaineHealth



Maine's Volunteer Response to a Public Health Emergency

A number of physicians, nurses, and other health professionals have asked how they can assist with

the asylum seekers who have arrived in Portland in recent weeks. It has been incredibly heartwarming to see so many come together to welcome the recent and ongoing influx of new families to Maine - people who have fled inconceivable violence in the Congo or Angola, leaving their professions, their homes, and some loved ones behind to find a safe harbor here.

Health professionals can register with Maine Responds, which is Maine's emergency health volunteer system and is part of a federally-supported network. Maine CDC, which administers the system, has been calling upon health professionals who are registered with Maine Responds to volunteer their time to provide health screenings and administer vaccinations at the recently arrived asylum seekers. FMI: <https://www.maineresponds.org/index.php>.

In mid-June, I volunteered after receiving an email request from Maine Responds. Along with several physicians and nurses, I reported to the Portland Expo that Saturday and Sunday. This is where over 200 people

are sleeping on cots in the Expo's gymnasium, after a long and arduous journey from their homes and lives in the Congo or Angola. After a short training and briefing, we worked as a team, alongside public health nurses and the immunization program staff from Maine CDC as well as translators, providing health screenings and vaccinations. Being able to provide this service and connect with these families in an unhurried context reminded me of the very reasons I sought a career in medicine - to help improve the lives and health of other people. Those whom I met are children and young adult professionals (nurses, teachers, engineers) who are excited to be here, to call Maine home, and to contribute to the fabric of our society. As the state with the oldest median age in the country that is struggling to maintain a workforce, we need them.

Other ways people can assist:

- 1. Donate money.** The City of Portland has several ways one can donate funds: <http://www.portlandmaine.gov/>. The WIC Program at the Opportunity Alliance is maintaining an Amazon site to allow people to purchase needed items: <https://www.amazon.com/hz/wishlist/>
- 2. Volunteer as a non-clinician.** Preble Street Resource Center provides many services to people experiencing homelessness, including new asylum seekers, veterans, and others. Their volunteer website is: <https://preblestreet.volunteerhub.com/account/signin?fbclid=IwAR2t7P3hJ5glqiMu5ltw>

<https://greaterportlandfamilypromise.org/>); and Hope Acts, that works with single asylum seekers (<https://hopeacts.org/>).

- 3. Donate goods or supplies.** There are two organizations in the Portland area that take donations and provide basic supplies such as clothing, furniture, and housewares: Neighbors In Need (<https://www.neighborsinneedmaine.org/>) and Furniture Friends (<http://furniturefriends.org/>).

Help is needed not just immediately but in the coming weeks and months as well. As people move into more permanent housing in local communities there will be even more need for assistance from healthcare providers than there is now.

How heartwarming it has been to witness the outpouring of support for these new Mainers. My hope is that the new energy to help asylum seekers will not only continue, but also generate humanitarian support for other Mainers in need - such as our elderly living in isolation, veterans and others who are homeless, and those struggling with addiction. Some of the organizations listed above, as well as Maine Responds, provide opportunities to volunteer with a variety of people and situations. After all, compassion is the type of contagion we need more of.

Continued from page 1...Wellness Summit – April 10, 2019 – MMA Facilitates a Conversation on the Health of Maine's Clinical Workforce

costs of burnout, including malpractice liability, patient satisfaction, productivity and organizational reputation are not included in this estimate.

New Brunswick Medical Society Wellness Services

Wellness experts from the New Brunswick Medical Society (NBMS), Meaghan Sibbett and Nora Lacey reported similar issues with burnout. The NBMS reported that in the Canadian Provinces, researchers reported that burnout is twice as common in physicians (30%) compared to other workers. The overall physician suicide rate cited by most studies is 2-4 times higher than the general population. The NBMS is focusing their efforts on the "MD4MD" Program where they offer counseling as well as referrals for counselling, addiction recovery and psychiatric support.

Wellness Perspectives from Maine Clinicians

A panel consisting of Louisa Barnhart, MD (Maine BOLIM), Jenna Mehnert, MSW (NAMI Maine), Paul Arsenault, Jr., MEd-PAHM, LSSBB (Sebasticook Valley Hospital) and Michael Tutty, PhD, MHA (AMA) shared their experiences, resources and ideas for dealing with burnout. NAMI is offering the Mental Health First Aid course, a program that is teaching medical staffs and communities how to identify, understand and respond to signs of mental illness and substance use disorders. (www.mentalhealthfirstaid.org)

Discussion Highlights and Recommendations

In small discussion groups, attendees identified the root causes of burnout, the obstacles to care, and the assets that can be leveraged by clinicians. In many cases clinicians noted that certain barriers to care including availability of skilled counselors, flexible scheduling, lack of support from leadership and concern about confidentiality and licensure often prevent medical professionals from seeking care and treatment for behavioral health issues.

Responsibility for the problem of burnout does not rest solely on the workplace nor does it rest solely on the shoulders of the clinician. Some solutions focused on expanding the availability and accessibility of resources, while other issues must be addressed at the organizational level. As Michael Tutty stressed, the impact and benefit of organizational change is profound, having "more potential to reduce burnout in Physicians." At the end of the day, attendees walked away with a new personal wellness goal and a better understanding of the collective efforts and collaboration needed to reduce burnout.

Summary and Next Steps

We appreciate the participation and thoughtful work of everyone present at the Wellness Summit. The interprofessional collaboration of attendees helped foster many creative solutions for navigating change.

"The summit was an excellent start for many organizations in Maine - but it is just a start. To be successful, we will have to develop collaborative relationships throughout the state to make Maine a leader in physician and healthcare wellness. My hope is that the MMA will be a leading partner in this effort."

*Robert Schlager, MD,
Maine Medical Association President*

If you are interested in participating in follow-up discussions or volunteering to help the Maine Medical Association with future wellness focus groups, please contact Sarah Lepoff (slepoff@mainemed.com). For more information, check out the Maine Medical Association website for a summary of Wellness Summit discussions, findings and next steps (www.mainemed.com).

1. Shanafelt T, West CP, Sinsky C, et al. Changes in Burnout and Satisfaction With Work

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3. Marlon P. Mundt, Valerie J. Gilchrist, Michael F. Fleming, Larissa I. Zakletskaia, Wen-Jan Tuan, and John W. Beasley. Effects of Primary Care Team Social Networks on Quality of Care and Costs for Patients With Cardiovascular Disease. *Ann Fam Med* March/April 2015 13:139-148; doi:10.1370/afm.1754
4. Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med.* 2014; 12:573-6
5. Leslie, M. , Paradis, E. , Gropper, M. A., Kitto, S. , Reeves, S. and Pronovost, P. (2017), An Ethnographic Study of Health Information Technology Use in Three Intensive Care Units. *Health Serv Res,* 52: 1330-1348. doi:10.1111/1475-6773.12466
6. Source: Sinsky, Christine A. et al., Professional Satisfaction and the Career Plans of US Physicians, *Mayo Clinic Proceedings* , Volume 92 , Issue 11 , 1625 -1635
7. Panagioti M, Panagopoulou E, Bower P, et al. Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis. *JAMA Intern Med.* 2017 Feb 1;177(2):195-205.

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Difficult Conversation: How to Control and Document

Studies have shown that physicians rate as many as 15% of their patient encounters as "difficult." Communication that is angry, threatening, rude or inappropriate when communicating with office staff is often seen as difficult.

The 6 Es: A tool you can use to communicate more effectively in conflict situations

Building Skills:

- > What is your conflict style?
- > How adept are you at communication?
- > What are your triggers and beliefs that might interfere with the way you handle conflict?
- > Do you need to improve your communication skills?

1. Evaluate

When conflict arises take a moment and do a quick self-assessment. Ask yourself the following:

- What are you bringing to the discussion?
- Does your background affect how you are communicating with this person?
- Are you making certain assumptions about the person or situation and is there anything that is influencing the situation, such as being short staffed or other issue at home or the office?

2. Engage

After you have evaluated the situation and you feel ready to handle the interaction, engage the person:

- First, acknowledge them if you haven't done so thus far.

- Elicit their concern.
- Remember to remain calm and be respectful and professional.

3. Empathize

Employing empathy can help to diffuse difficult patient encounters.

Here are some expressions that can help signal to the patient that you heard their concerns and care about them:

- Let's see if I have this right.
- Sounds like you've reached your limit.
- That must have been very frustrating.
- I can understand why you might be feeling angry.
- I'm sorry that you had to go through that.

4. Educate

After you have engaged the patient, listened to their concerns and empathized with them, you can take steps to educate them: (if needed, they may be educating you)

- Explain the situation as you understand it and provide the patient with useful information to help them better understand the situation. This might include information about your organization's procedures or state and federal regulations that may have impacted the present situation.
- Educate beforehand. Do not delay reinforcing or communicating after the patient fails to adhere.
- Use less medical jargon and more open-ended questions to confirm the patient's understanding and to clarify any misconceptions.

- Answer any questions they may have and then confirm that the patient understands what you have discussed (teach back, show me).

5. Enlist

At this point you can:

- Discuss with the patient the known available options for addressing the issue.
- Remember to allow the patient to have input in the outcome.
- Reach an agreement about what will happen if the solution doesn't work.

6. End

End the interaction by:

- Verifying the plan with the patient.
- Commit to continually communicate expectations moving forward.
- Confirm that the patient feels the conflict has been resolved.
- Document the entire communication in the patient's medical record.

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.



UPDATE ON THE STATE'S RESPONSE TO THE OPIOID EPIDEMIC

By Gordon Smith, Esq.,
Director of Opioid Response, State of Maine

Greetings MMA members, supporters and friends. I hope you all are enjoying the summer and I look forward to seeing many of you at the Annual Session in September and the October 26 Celebration in Portland. Both events provide you with an opportunity to join your colleagues and celebrate MMA and its accomplishments. I will be doing a portion of the CME program at the Annual Session along with other representatives of the Mills Administration including Governor Mills, DHHS Commissioner Jeanne Lambrew and new Maine CDC Director Nirav Shah, M.D., J.D. We look forward to sharing our agenda and hearing from you as to where you think the state should be going with respect to a number of critical health issues.

By the time you read this article, we will have held our 2019 Governor's Opioid Response Summit. As I write presently, the event is a week away and we are expecting nearly 1000 attendees who will hear from keynote speakers Sam Quinones and Michael Botticelli and we have recently added to the program current AMA President Patrice Harris, M.D. Dr. Harris has a lot to offer on the topic both as a practicing psychiatrist and as chair of the AMA's Opioid Task Force which she has chaired since its establishment in 2014. In addition to the three plenary sessions, there are 20 breakout sessions on topics ranging from addressing stigma to addressing the root

causes of addiction. I know that I will see several MMA members at the conference and several are part of the faculty including Drs. Noah Nesin, Lisa Letourneau, Ranjiv Advani, Kendra Emery and Kristen Silvia. I appreciate their participation. All of these physicians are also part of the new Opioid Response Clinical Advisory Committee (CAC) which will convene for the first time at the Summit and I appreciate Alane O'Connor, DNP and Dr. Letourneau agreeing to co-chair the group.



Director of Opioid Response Gordon Smith moderates medical society panel at Opioid Summit.

In addition to the Summit and the formation of the CAC, our major opioid response activities presently include the distribution of Narcan/naloxone across the state, the recruitment, training and coordination of an additional 250 recovery coaches, the promotion and support of rapid access buprenorphine in all 33 emergency departments in the state and the initiation of medication assisted treatment in the county jails and in the state prisons. With the assistance of the legislature, we also plan to expand the number of syringe exchange programs in the state, promote more recovery residences and pilot a treatment and housing program for fifty individuals with substance use disorders who are homeless.

During the course of this summer, I will be reaching out to many groups, including certainly MMA, to help

develop a longer term strategy that will address, among other challenges, the need for more treatment options. While more than 800 prescribers have completed the required education and received their x waiver in order to offer medication assisted treatment (MAT), recent surveys suggest that fewer than half actually provide that treatment to a substantial number of patients. I certainly realize many of the barriers that discourage physicians, nurse practitioners and physician assistants from offering treatment to patients with SUD and we will be addressing those barriers as our strategy continues to be developed.

For those of you actively engaged in this work, I thank you and applaud you. For those of you who need a little nudge to get into this work, please give me a call. I would love to talk with you. My cell phone is 207-592-0859 and e-mail is gordon.smith@maine.gov. Thank you to MMA for providing me this regular means of communication. I miss you all, but am also very appreciative of the opportunity each day to deliver the Governor's message of hope and recovery to people across the state. I consider it both an honor and a privilege.



L-R: Richard Evans, MD, Robert McAfee, MD, Maroulla Gleaton, MD, Charles Pattavina, MD and Andrew MacLean, JD at Inauguration of AMA President Patrice Harris, MD June 11, 2019.



L-R: Charles Pattavina, MD, Elisabeth Fowlie Mock, MD, MPH, Peter Michaud, JD, RN, AMA President Patrice Harris, MD, Susan Kring, Karen Saylor, MD, and Andrew MacLean, JD.



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2019 Opioid Academic Detailing Sessions

Academic Detailing is peer-to-peer educational outreach which is designed to improve prescribing practices. It is useful for improving quality of care and identifying priorities for change.

MICIS is scheduling individual 1-hour Academic Detailing sessions on the following topics:

- Treating Complex Patients with Chronic Pain Who Are Prescribed Opioids
- Overview of Office-Based Buprenorphine Prescribing

Prescribers of opioids (physicians, nurse practitioners and physician assistants) and Medical Directors may request a 1-hour Academic Detailing session at their practice location. This direct learning session can be scheduled for any time of day, and sessions can be scheduled on the same day for multiple providers in the same or nearby practices. The session is provided free of charge.

MICIS has been providing evidence-based prescribing education since 2008, and is a program of the Maine Medical Association. Visit www.micismaine.org for information on MICIS education outreach and academic detailing and to request an Academic Detailing session at your medical practice or hospital.

www.micismaine.org

Leadership at Progressive Medical Center

Northern Light Eastern Maine Medical Center has an exciting physician leadership opportunity for a Board Certified/Board Eligible MD/DO Family Medicine or Internal Medicine Physician to lead our primary care network of one internal medicine and four family medicine practices. This is an excellent opportunity to lead a group of well-established, quality driven, outpatient practices serving the greater Bangor community. Our team of physicians and PA/NP providers are committed to providing excellent medical care, exceptional service and a satisfying relationship between patient and provider. We do this by blending the latest technology with old-fashioned care and customer service. Our skilled office staff and providers work as integrated care teams to provide our patients with a full spectrum of family care. This role will be 80% administrative and 20% clinical practice.

The Physician Director of Primary Care will collaborate with the Practice Director for Primary Care to form a dyad partnership in leading our primary care team, as well as provide peripheral oversight for our Walk in Care and university health center locations. The Physician Director of Primary Care will have clinical, operational, financial and strategic duties.

Northern Light Health is a statewide healthcare system like no other and we have a unique, rewarding experience to share with you. So what sets us apart? Our culture is founded on the qualities that make Mainers great: We are inventive, intuitive, pragmatic and devoted. In addition, we offer competitive salary and benefits packages, including student loan repayment, relocation and a work environment that matches our culture. We think you'll love what we have to offer right here in Maine.



Northern Light.
Eastern Maine Medical Center

If you have an interest in this leadership opportunity or any other physician opportunities please contact:

Amanda Klausung, FASPR
Provider Recruiter
Providerjobs@northernlight.org or 207.973.5358

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