



Maine Medicine

a quarterly publication of the Maine Medical Association

JULY/AUGUST/SEPTEMBER 2021

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

MMA'S 168TH ANNUAL SESSION: JOIN US IN PERSON AT SUNDAY RIVER OR VIRTUALLY, SEPTEMBER 10-12, 2021

The Maine Medical Association is pleased to present its 168th Annual Session in a hybrid model at the Jordan Hotel and Conference Center in Newry, Maine on September 10-12, 2021.

After two difficult years marked by the COVID-19 pandemic, we hope that you will attend in person to become reacquainted with friends and colleagues. We are working with the resort staff to ensure a safe experience in accordance with current pandemic guidelines. For those who are not comfortable gathering for meetings, we will make key portions of the meeting available remotely.



"Bowtie"
Todd Jenkins, Ph.D.

The theme of the Annual Session is, "Equality, Equity, and Our Evolving Health Care System" and the CME Program will focus on this theme with a keynote presentation by "Bowtie" Todd

Jenkins, Ph.D. entitled, *Moving from Diversity to Inclusion*. You can learn more about "Bowtie" Todd's life and work at www.bowtieleadership.com. The meeting will open on Friday evening with a casual reception and BBQ dinner followed by 'smores around the fire pits. The General Membership meeting and CME Program will take place through early afternoon on Saturday. Recreational opportunities include yoga on both Saturday and Sunday mornings, a group hike and wine tasting on Saturday afternoon, and spa treatments available throughout the weekend. Saturday afternoon activities also will include an optional MICIS opioid prescribing presentation and a meeting of the Maine Society of Anesthesiologists. MMA Past Presidents will have a reception in their honor on Saturday afternoon and all attendees will gather for a reception and Awards Dinner on Saturday evening. The Awards Dinner will feature presentation of the President's Award for Distinguished Service, the Mary Floyd Cushman,

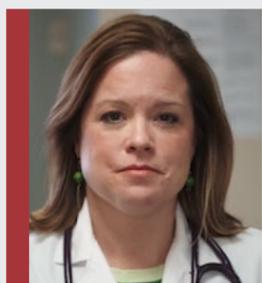
M.D. Award for Distinguished Humanitarian Service, and the inauguration of the 169th President of the Maine Medical Association. During the inauguration ceremony, President Karen Saylor, M.D. will pass the gavel and present the Presidential Medal to Jeffrey Barkin, M.D., President-Elect.

Following a family breakfast on Sunday morning, the closing CME session will be an open forum for discussion of the issues and ideas raised during the presentations on Saturday. We are excited for this opportunity to offer MMA's first in person meeting as we emerge from the COVID-19 pandemic and we hope you will plan to join us! For more information, please visit the MMA web site at <https://www.mainemed.com/cme-education-info/168th-mma-annual-session> or contact Diane McMahon at 207-480-4188 or dmcMahon@mainemed.com.



PUBLIC HEALTH SPOTLIGHT

By Laura Blaisdell, MD, MPH, FAAP



Maine's Vaccine Law: What Physicians Need To Know

After two years, a state referendum and a pandemic, Maine's school vaccine law (P.L. 2019, Chapter 154) will go into effect on September 1, 2021. The rules that govern details of the law were recently released and are open for public comment until August 5, 2021, yet we already know many components of the law.

Unlike a new comprehensive piece of legislation, Chapter 154 revises rules in the Department of Education (DOE) and the Department of Health and Human Services (DHHS) to remove any provisions exempting persons from immunization requirements because of religious or philosophical beliefs. The previous law allowed these exemptions for elementary, secondary, and post-secondary schools (public and private) as well as childcare and health care facilities. Thus, this language has been removed from multiple sets of regulations that cross DOE, Maine CDC, and the Office of Child and Family Services resulting in some confusion as to which vaccine requirements apply, and to what institutions.

Vaccine requirements differ among K-12 schools, childcare, and post-secondary institutions. **Kindergarten** students are required to be vaccinated against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella and chicken pox.* In addition to these vaccines, seventh grade students must also receive a booster for Tdap and be vaccinated against meningococcal disease, with a second meningococcal vaccine required for 12th grade. **Childcare** vaccine requirements align closely with CDC/ACIP/AAP

guidelines with the exception that rotavirus is not required. **Post-Secondary** schools must only mandate protection against Tdap and MMR.

While childcare requirements are quite robust, it is important to note what vaccines are not included in Maine's K-12 school vaccine requirements: hepatitis A, hepatitis B, pneumococcus, human papilloma virus, haemophilus influenza B, rotavirus, influenza and COVID-19. For vaccines to be added to the required vaccines for school, a public hearing and testimony process are required.

There are at least three other important components of the law. **First**, students who have an individualized education plan (IEP) on September 1, 2021 are allowed to keep philosophical and religious exemptions to vaccinations as long as they demonstrate to schools proof of counseling from a provider on the risks and benefits of immunization. New IEPs will not be subject to this loophole. **Secondly**, the law states that only an MD, DO, NP or PA can write a medical exemption for schools and child-care. **Third**, the law does not give DOE or DHHS the criteria for medical

| Maine's Vaccine Quick Sheet | | | | | |
|-----------------------------|--------------|-----------|------------|---------|-----------|
| Vaccine | Kindergarten | 7th grade | 12th grade | Post HS | Childcare |
| DTAP | x | x | | x | x |
| IPV | x | | | | x |
| MMR | x | | | x | x |
| VZV | x | | | | x |
| Meningococcal | | x | x | | |
| HIB | | | | | x |
| PCV12 | | | | | x |
| Hep A | | | | | x |
| Hep B | | | | | x |

*Only one dose of VZV is currently required for kindergarten entry.

exemptions stating medical exemptions can be written if immunization is 'medically inadvisable' in the 'professional judgment' of the provider. The MMA, Maine Chapter of the AAP, and the MOA strongly support the US CDC/ACIP vaccine contraindication and precautions

(www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html) and have co-branded a medical exemption form (<https://www.mainemed.com/sites/default/files/content/Maine-AAP-School-Med-Exempt-Form-v3-20210511.pdf>) for our members to support providers as they determine criteria for medical exemptions for their patients.

Vaccines and the laws that govern them broadly impact our public, private and medical institutions. Efforts to increase our community immunity by Chapter 154 will no doubt create uncertainties about implementation of the law in our practices, our schools and our communities. Please continue to reach out to me, the Maine Chapter of the AAP or MMA about questions or concerns in this important collective effort to keep schools and childcare safe for all children.

Vaccine Medical Exemption – 9/1/21 Compliance Date Helpful Links

Medical Exemption Form: <https://www.mainemed.com/sites/default/files/content/Maine-AAP-School-Med-Exempt-Form-v3-20210511.pdf>

Childcare Exemption Form: <https://www.mainemed.com/sites/default/files/content/Maine-AAP-Childcare-Med-Exempt-Form-v3.pdf>

What Parents Need to Know: Maine's 2021 Vaccine Law: https://www.mainemed.com/sites/default/files/content/What%20Your%20Child%20Needs%20For%20Vaccines_May%202021.pdf

CDC/ACIP Vaccine Contraindication and Precautions: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

Register to Join Us at MMA's Annual Session – See Insert with Registration Form

By Karen Saylor, M.D., President, Maine Medical Association



This is my "farewell" President's Corner, so I'd like to thank the membership and staff for your support for my year as your President. My predecessor, Dr. Amy Madden, and I were challenged to lead our organization through this most unusual COVID-19

pandemic for our medical community and for society at large. I'm proud of my colleagues' response to the pandemic at the direct care, patient level and for their critical role as leaders and spokespersons in our health care system's response to this once-in-a-lifetime public health threat. I'm also impressed with our association's support of its members during this difficult time, particularly members in small, independent practices like me. The Association really stepped up to support us during this difficult period and showed the relevance of a medical professional association in today's health care environment.

While our response to the COVID-19 pandemic was the dominant issue for our organization during my tenure, I'm happy to see us making progress on aspects of our 2019 strategic plan, including the continuing pursuit of financial sustainability through a balance of dues and non-dues revenue; the establishment of committees focused on two of the most important issues of our time – reform of the U.S. health care system and diversity, equity, and inclusion; building a new MMA web site as the hub of our member communications efforts which are more important than ever; and our support for independent physician practices by establishing an Independent Practice Section in our bylaws which will be an item of business at our General Membership meeting at Sunday River on Saturday, September 10, 2021. I hope you will join me! Finally, I wish my successor, Dr. Jeff Barkin, all the best in guiding our organization as we emerge from this pandemic and look forward to a brighter future! Feel free to reach out to me at 207-402-0659 or president@mainemed.com.

MMA - CQI NEWS

By Kayla Cole, CSP-SM, Director, Center for Quality Improvement, Maine Medical Association

SUPPORT for ME Training and Technical Assistance to Increase Access to MAT in the Primary Care Setting

The Maine Medical Association - Center for Quality Improvement, in partnership with the Maine Department of Health and Human Services, launched the SUPPORT for ME Training and Technical Assistance initiative. This initiative is funded by the Centers for Medicare and Medicaid Services (CMS) and is designed to support the Department's goals to enhance Maine's response to the opioid epidemic through increased access to vital treatment and services for substance use disorder (SUD), including opioid use disorder (OUD).

This training and technical assistance program focuses on supporting primary care-based MAT services delivered by prescribing providers, behavioral health clinicians, and office teams including frontline staff. Through this virtual learning community, the program will support primary care teams' enhanced capacity to provide MAT in local communities and will improve the experience, quality, and safety of care for patients with this dangerous and often deadly disease through evidence-based treatment. This program is intended to engage primary care practice teams and prescribers who have already obtained a DATA-2000 DEA X-waiver and those who are interested in newly offering MAT services to their patients. The program will help work through challenges and develop solutions.

This program will offer a variety of education/support modalities for the entire practice care team including:

- Technical assistance for practice care teams, including workflow development, anti-stigma training and toolkits
- A Project ECHO program that will focus on building skills of teams to provide MAT in primary care settings
- Drop-in virtual office hours that will be offered two times a month to all members of the practice care team to ask questions and address barriers to providing MAT services
- Two educational webinars focused on building skills to offer MAT services in primary care settings

ECHO Information:

The ECHOs are held on the 4th Wednesday of each month from Noon-1pm. Each ECHO will have a 20-minute didactic session followed by a case presentation from one of the practice teams within the ECHO Program.

Office Hours Information:

Office Hours are available to all members of the primary care team for the opportunity to ask MAT treatment and/or care coordination-related questions. It is set up as a time to drop in as needed and there is no requirement to attend each session. Office hours are held the second and fourth Friday of the month from 7:30 am to 8:30 am.

If your practice is interested in receiving technical assistance or you would like information to join the ECHO/Office Hours Sessions, please email Kayla Cole: kcole@mainemed.com.

This Support for ME Program is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,144,225 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.



A CALL TO ACTION - PROTECTING THE CHILDREN OF MAINE

By Adrienne W. Carmack, MD, Medical Director of the DHHS Office of Child and Family Services



The recent deaths of young children in Maine during the month of June have caused us all to take pause and consider how we can work to better serve Maine families and children.

As Jeanne Lambrew, Commissioner of the Maine Department of Health and Human Services stated, "These deaths, like all involving children, are heartbreaking and deeply concerning. Every child in Maine deserves to have the opportunity to grow up healthy, to get a good education, and to live a productive, happy, and meaningful life. When children die, they are robbed of these opportunities and we lose the light, love, and potential of these children. This is a call to action. In addition to our own review and ongoing work, we requested Casey Family Programs bring to bear its wealth of experience and national perspective to help us, and we're bolstering StrengthenME to ensure Maine families have access to the support they need to cope with the significant stresses of the pandemic."

As medical providers for families and children, it is crucial to heed this call to action. Do not wait for families to call to reschedule missed medical care. Use these upcoming months to reach out to families and bring them back into the office. When families are in the office, take the time to screen both adults and children for mental health needs, and offer to connect families to supports available in the community. Evidence from across the country continues to suggest that adults and children are experiencing heightened mental health and substance use issues. DHHS will extend and broaden the StrengthenME campaign, which offers free stress management and resiliency resources to anyone in Maine experiencing stress reactions to the pandemic. Contact StrengthenME at 207-221-8198 or at <https://strengthenme.com/>.

For those families affected by substance use disorder, there are resources available through <https://eyesopenforme.org/> and the new OPTIONS website, <https://knowyouroptions.me/resources/>.

Public Health Nurses and Maine Families Home Visitors are available for pregnant women and families with newborns and young children. Contact CradleME at 1-888-644-1130 or at <https://www.maine.gov/dhhs/mecdc/public-health-nursing/documents/CradleME-request-form-instructions.pdf>.

Over the past year, many children have missed their important regularly scheduled well child check-ups. Especially vulnerable are the children with complex needs and developmental disabilities, who may have missed their therapeutic services as well. Contact families to catch up on needed immunizations, but also be sure they schedule an office visit as well, to check on growth and development, and administer recommended screenings.

Especially important, the well child check is a time to review safety tips for families with children, including discussion about gun safety, water safety to prevent drowning, and the safe storage of medication and hazardous materials.

Many resources are available with strategies for education and messaging, through websites such as:

- <https://www.cdc.gov/safecild/>
- <https://www.healthychildren.org/english/safety-prevention/Pages/default.aspx>.
- <https://eyesopenforme.org/safe-storage/>

Physicians, and members of the entire medical team, are vital to the health, safety, and well-being of Maine's children and families. Thank you for your care and dedication. Please share any additional thoughts by contacting me directly at adrienne.w.carmack@maine.gov.

For concerns related to child abuse or neglect, call the Child Protection Hotline at 1-800-452-1999.





The MMA-CQI, with funding support from the Maine Board of Licensure in Medicine (BOLIM), developed and maintains online on demand learning modules available for CME credit at www.qclearninglab.org

NOTES FROM THE CEO

By Andrew MacLean, J.D., CEO, Maine Medical Association



I hope that each of you has had an opportunity to enjoy the summer in our beautiful state. I am looking forward to seeing members and guests at the MMA's 168th Annual Session at Sunday River during the weekend of September 10-12, 2021. In anticipation

of the Nominating Committee's report at the General Membership meeting, I would like to thank four members of the Board of Directors who are retiring after serving three consecutive three-year terms and reaching the term limit. These four physicians are Lisa Ryan, D.O., Greg D'Augustine, M.D., Brian Pierce, M.D., and Tom Marshall, M.D. Each of these physicians has brought a unique perspective to the role of board member and has contributed substantially to the MMA and its mission. I have enjoyed getting to know each of them personally, too, and consider them friends. These physicians represent the first "class" of board members elected after

a complete repeal and replacement of the MMA's bylaws that changed the organization's governance model from a House of Delegates to a General Membership framework. In this model, every MMA member may vote on a slate of board candidates and nominees for other positions at the annual General Membership meeting. In this governance model, the Nominating Committee works diligently to ensure that the 30-member Board of Directors is representative of the physician community of Maine by recruiting candidates on factors including gender, geography, age, medical specialty, and practice setting, among others. This governance model enables the MMA to be nimble enough to make the strategic decisions necessary for the organization to meet the needs of the coming generations of Maine physicians. I wish Lisa, Greg, Brian, and Tom well and look forward to welcoming new board members this Fall.

Please contact me any time with your comments or suggestions about how we might serve you better – amaclean@mainemed.com; 207-480-4187 Direct; 207-215-7462 Mobile.

BEYOND THE STETHOSCOPE: JEFFREY BARKIN, M.D. ENGAGES THE NEWS MEDIA ON THE PRACTICE OF MEDICINE

Portland psychiatrist Jeffrey Barkin has been featured frequently in local media reports about the impact of the COVID-19 pandemic on Mainers during the past year and a half. Dr. Barkin has cultivated an interest in broadcasting and relating complex medical concepts to a general audience since his childhood in Manhattan, New York City. Growing up in a densely populated urban environment without a lot of green space, Jeff spent his childhood summers in Maine where he took an early interest in ham radio as a hobby.

"Ham radio teaches certain skills because you are responsible for everything from the technical aspects of broadcasting to the production and delivery of the communications content," says Jeff.



As an undergraduate at Swarthmore, Jeff rebuilt the college radio station and spent a summer internship with a TV station in Houston, TX. While he was an attending physician in his first job in Springfield, MA, Jeff hosted the 6-10 p.m. Sunday evening slot on Springfield's "Rock 102." Following mentor David Bear, M.D. to Bangor, Maine, Jeff came to practice with Neurology Associates of Eastern Maine and at the Acadia Hospital. During his time practicing in Bangor, he hosted a regular call-in show on medical topics on the well-known talk-radio station, WVOM. Jeff has spent the last thirty years practicing and with his wife, Joan, an abstract artist, raising a family in Portland. He has continued to develop his broadcasting skills in the Greater Portland media market. "Complex medical and health care matters usually are reduced to sound bites," he says, "and I've looked for opportunities to add depth to the health care issues every Maine family faces."

Jeff has been interviewed in news stories by each of the major national broadcast affiliates in Portland and has appeared regularly in programs of Maine Public Broadcasting. He has been a regular guest of Phil Harriman on WGAN's "Inside Maine Politics" program. During recent appearances in local media, Jeff has addressed such medical or health care issues as video game addiction; seasonal affective disorder and depression; gun safety; Alzheimer's disease and its treatment; the isolation caused by the COVID-19 pandemic; public health implications of marijuana use; and the impact of behavioral health workforce shortages on access to mental health services in Maine. Jeff looks forward to continuing a dialogue with Maine people about medical and health care matters during the rest of his career.



Jeffrey S. Barkin, M.D., DFAPA, lives in Portland with his wife Joan. He maintains a private clinical and forensic psychiatry practice in Portland and serves as Associate Chief Medical Officer for Change Healthcare, a national third-party administrator serving primarily government programs, including state Medicaid programs. He is a graduate of Swarthmore College and Yale University School of Medicine. He began his training as an intern in internal medicine at Boston University School of Medicine and then continued with a residency in psychiatry and neurology at Yale. He is a Past President of the Maine Association of Psychiatric Physicians and will become President of the MMA on September 10, 2021.



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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.

THANKS TO 2021 SUSTAINING MEMBERS

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

Michael Curran, MD

Houlton Regional Hospital

Mid Coast Hospital

Mount Desert Island Hospital

Northern Light Mercy Hospital

St. Joseph Hospital

STAY INFORMED!

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Email Lisa Martin at lmartin@mainemed.com.

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SPECIALTY SOCIETY MEETINGS

September 11, 2021

Maine Society of Anesthesiologists

Fall Business Meeting

(Held in conjunction with the Maine Medical Association's Annual Meeting)

The Jordan Hotel, Sunday River Resort, Newry, ME
from 2:00pm – 5:00pm

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

September 17-18, 2021

Maine Chapter ACP Annual Scientific Meeting

(Presented by Maine Chapter of ACP)

Virtual Meeting (Half Days)

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

September 24, 2021

Maine Society of Eye Physicians and Surgeons

Fall Business Meeting

(Held in conjunction with the 20th 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 24-26, 2021

20th Annual Downeast Ophthalmology Symposium

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

Harborside Hotel & Marina – Bar Harbor, ME

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

October 21-22, 2021

Sleep, Health, and Cognition –

A Lifecycle Perspective

(Presented by the Maine Association of
Psychiatric Physicians)

Hilton Garden Inn – Freeport, Maine

Contact: Dianna Poulin 207-622-7743
or dpoulin@mainemed.com

March 18-20, 2022

Northern New England Urological Symposium

(Presented by the Maine Urological Association)

Grand Summit Resort Hotel & Conference Center –
Newry, Maine

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

April 6-9, 2022

30th Annual Family Medicine Update
& Annual Meeting

(Presented by the Maine Academy of
Family Physicians)

DoubleTree by Hilton Portland –
South Portland, Maine

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

MMA HAPPENINGS

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

AUGUST 10, 2021

8:00am – 3:30pm

Spectrum Healthcare Partners

SEPTEMBER 8, 2021

4:00pm – 6:00pm

MMA Board of Directors Zoom Meeting

OCTOBER 20, 2021

11:30am – 1:30pm

MMA Senior Section Meeting

DECEMBER 14, 2021

8:00am – 3:30pm

Spectrum Healthcare Partners

MAINE DHHS UPDATE

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



Promoting COVID-19 Vaccination in Clinical Settings: The Critical Role of Maine's Physicians

Through the collective efforts of the State and health care providers, Maine has done well in its efforts to promote COVID-19 vaccination. That said, as of mid-July, more than a third of Mainers were still unvaccinated, and the threat posed by COVID-19 remains serious. Seasonal trends and the continued emergence of viral variants indicate that infections will likely rise in the coming months unless we vaccinate more of the unvaccinated. Maine DHHS continues to employ a multi-pronged vaccination strategy that includes both clinical and community vaccination sites, as well as an active communication campaign targeted to vaccine-hesitant individuals. But we need your help.

Physicians are consistently identified as highly-trusted advisors and are among the most influential voices (www.cdc.gov/vaccines/covid-19/downloads/Guide-for-Jurisdictions-on-PCP-COVID-19-Vaccination.pdf) in encouraging their patients toward vaccination. The US CDC cites studies showing that a doctor's strong recommendation is closely correlated with vaccination. Additionally, a national survey <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-what-weve-learned-april-2021/> of vaccine hesitant adults showed that 30% said they would be more likely to get vaccinated if the vaccine were offered to them during a routine medical visit. As such, offering COVID vaccination in medical practices and health care settings is a key component of our state's ongoing vaccination strategy.

Given this unique role, we urge physicians to take the following steps to support continued vaccination efforts:

- **Always ask:** As trusted advisors, physicians have a key opportunity to reinforce the importance of vaccination by asking patients about their COVID-19 vaccination status in every clinical encounter. Asking sends the clear message that you support COVID-19 vaccination and opens the door to conversation. It also provides an opportunity to reinforce the decision of those who are vaccinated by encouraging them to talk with their family and friends about getting vaccinated.
- **Share your story:** Sharing your personal story about getting the COVID-19 vaccine can provide

a helpful influence in your patients' decision to get vaccinated. Strong statements can help, such as "I got vaccinated as soon as I could," and "I encouraged my family and children to get vaccinated as well."

- **Prepare to discuss concerns, and lead with empathy:** Reluctance to get vaccinated is often because of patient questions and concerns. As a trusted advisor, you hold a key role in answering your patients' questions and making a strong recommendation to get the vaccine can be pivotal to whether they choose to get vaccinated. National groups have studied effective messages ([doctors-vaccines.pdf \(debeaumont.org\)](https://www.debeaumont.org/doctors-vaccines.pdf)) that can address concerns about side effects, the rapid development of the vaccines, misinformation, and how to start the conversation with patients.
- **Offer COVID-19 vaccination in your practice or health care setting:** Once a patient has agreed to get vaccinated, having the vaccine immediately available can make the difference in whether they follow through. Maine CDC has made several changes (<https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/covid-19-providers/communications.shtml>) to make it easier for practices to order and administer vaccine, including decreasing order sizes, updating storage requirements, and adjusting the "Efficient Use" policy ([State-of-Maine-COVID19-Vaccine-Efficient-Use-Policy-5-28-2021.pdf](https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/covid-19-providers/communications.shtml)). Research has shown (<https://www.washingtonpost.com/outlook/2021/05/24/nudges-vaccination-psychology-messaging/>) that sending patients targeted communications such as "Your vaccine has been reserved for you" can also make a meaningful difference in vaccine uptake.
- **Know where to refer your patients:** If your practice cannot offer the COVID-19 vaccine, identify 2-3 reliable options where you can refer your patients locally. Many sites offer drop-in hours including early morning and evening hours to accommodate busy schedules. Visit Maine's list of COVID vaccination sites or encourage your patients to call the Maine Community Vaccination Line (1-888-445-4111) to find a vaccination location.

For more information on Maine DHHS' efforts to promote the COVID-19 vaccine, visit Governor Mills' COVID vaccine webpage (<https://www.maine.gov/covid19/vaccines>). With your help, we can get these life-saving vaccines into the arms of the remaining unvaccinated Mainers and bring this pandemic to an end as quickly as possible.

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By Dan Morin, Director of Communications and Government Affairs



Maine Legislature Adjourns for 2021

The First Special Session of the 130th Maine Legislature adjourned July 19, 2021. The session was arguably the toughest on the advocacy front in many years because

of the pandemic with only a handful of in person days in the House and Senate for final votes and debate, after nearly all committee decisions had been made on our respective computer screens.

State legislators are back in their districts and Congress will soon recess, meaning we are officially in the summer advocacy slowdown. The break from legislative sessions provides a chance to focus on important tasks that are often put on the backburner, like stakeholder groups, establishing key relationships, and building MMA's stakeholder network, before Congress returns and state lawmakers return in 2022 to tackle unfinished business and potential new bills.

MMA's Legislative Committee, Board of Directors, and government affairs staff will soon update the

key elements of our legislative priority platform to strengthen our advocacy efforts. The MMA Board of Directors greatly appreciates the efforts of all colleagues that provided written or verbal testimony on critical issues for medicine this year. The MMA's success can be traced directly back to you. I also want to express my gratitude for everything you do and the feedback and support you have given me to best represent you. Thank you.

2021 State Legislative Highlights

- At the conclusion of the session, there were 1,737 bills introduced.
- The MMA was actively tracking approximately 250 bills that possibly impacted physicians and your patients.
- Maine physicians and MMA staff provided 156 pieces of testimony in 2021.

See insert enclosed with highlights of our advocacy work on specific bills or topics during the 2021 session. Please reach out to me directly at 207-480-4199 or DMorin@MaineMed.com with any questions, comments, or concerns with the legislative process, our advocacy efforts, or specific pieces of state or federal legislation of interest to you.

SUPPORTING MENTAL HEALTH RESILIENCE IN A POST-PANDEMIC NORMAL

By Greg Marley, LCSW, Clinical Director, NAMI Maine



The pandemic has entered a new phase. It is not over but with Maine near the top in vaccination status and case rates falling to a manageably low level, Maine citizens are returning to a sense of normalcy. Tourists are returning, cafes and restaurants are open; life is

back. Though there remains ongoing risk with the Delta variant for the unvaccinated, most people are emerging from isolation revived and engaging.

We all have recognized the deep impact of the COVID-19 pandemic on the mental health of almost everyone. For adults, significant symptoms of depression and/or anxiety rose from 11% of all adults before the pandemic up to 41% in January of 2021 (US Census Household Pulse Survey). There has been a clear correlation between the COVID-19 case numbers and variations in both depression and anxiety during the past year. The drivers of mental health concerns have been isolation, uncertainty, and fear. The uncertainty lingers as does the divisive dialogue that have slowed vaccination rates, and the rate of anxiety and depression lags behind the falling case rates. How do we support the needs of our patients and their families?

As a society we are seeing increased mental health needs at a time when there are increased barriers to accessing professional treatment and social support for recovery. Many who lost employment following pandemic closures also lost health insurance coverage for these conditions. This is especially true for young adults. Medical practices are addressing a backlog in requests for routine screening and non-emergent needs that were delayed as people were reluctant to be seen for routine care during the pandemic. Mental health clinicians have been largely unavailable as their practices quickly filled to capacity addressing the pandemic needs. As hope rises and the light at the end of this pandemic tunnel shines brighter, our work is to serve those who continue to struggle and to connect them to the help needed.

NAMI Maine continues to offer education programming for families, those living with mental health concerns, and for professionals. Many of our education programs are available virtually to ensure access and social distancing. All of our family and most peer support groups are virtual, which eases access and eliminates the challenges of vast distances in a rural state.

You can access education and support program openings through NAMI Maine (www.namimaine.org/programs) NAMI Maine's Helpline (1-800-464-5767) is available during office hours to assist individuals, family members and professionals in finding resources and navigating the mental health system.

During the pandemic, the stress and uncertainty also led to a significantly higher-level of suicidal thinking, especially among adolescents and young adults. NAMI Maine's Suicide Prevention team continues to partner with the MMA to bring training and consultation supporting suicide prevention, assessment, and management within healthcare settings. Consider a CME presentation or other educational program for the clinicians or the non-clinical staff in your practice or your hospital. To arrange for a program and for a full listing of available suicide prevention programs, contact Sue Kring at MMA (skring@mainemed.com or 207-480-4190) or Amanda Bouffard at NAMI Maine (mspp@namimaine.org or 207-622-5767 x2318).

DANIEL HANLEY CENTER FOR HEALTH LEADERSHIP'S RENOWNED PHYSICIAN EXECUTIVE LEADERSHIP INSTITUTE – THE ADVANCED COURSE



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Physicians enrolling in the program are designated as McAfee Fellows, in honor of former AMA and MMA President Robert McAfee, MD.

Participants gain knowledge, skills, and tools in the core competency areas of systems awareness; strategic focus; key management/business skills; self-awareness; healthcare trends and teamwork and collaboration, best enabling them to lead and transform our healthcare delivery system.

Here's what a few recent McAfee Fellows have shared about their PELI Advanced experience:

"I can tell you with great certainty that I feel a lot more confident about my group decision making, my influence on a group's behavior and my strategic planning. My ability as a leader is significantly enhanced by the PELI program. That is a given."

"Having another avenue to apply my energies, new uncharted territory, it's exciting in a different way and I think that gives satisfaction that mitigates against some burnout stuff that could potentially happen."

"It exposes participants to other leaders, ideas, approaches and efforts."

During the past 9 years, nearly 200 physicians have participated in the Advanced Course. Our 7th cohort will begin September 23, 2021 and continue through June 4, 2022. There are six two-day sessions, each running from Thursday evening through late Saturday morning. The Hanley Center is planning for the class to include 30-35 physician leaders.

A distinguished five-member faculty team from the Heller School for Social Policy & Management at Brandeis University delivers much of the course content for the Advanced Course, joining with Maine-based subject matter experts and physician leaders. **McAfee Fellows receive 80 hours of Category One CME for their participation in the full course.**

To learn more about sessions, faculty, logistics & tuition, including a link to the enrollment form, go to: <https://tinyurl.com/PELIADV7>

Please feel free to contact Judiann Smith, Executive Director, at: judiannsmith@hanleyleadership.org (207-615-6253) with any questions.

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BENEFITS OF ORDERING EXTERNAL PEER REVIEW SERVICES FROM THE MAINE MEDICAL ASSOCIATION

By Dianna Poulin, Director for Peer Review & Quality, MMA.

Given the increased need for accountability and the ongoing emphasis on quality improvement, small hospitals, private physician practices, and federally-qualified health centers often find it difficult to find an independent reviewer to perform routine or focused reviews. Across the nation, there are peer review companies that can provide this service, but the Maine Medical Association's External Peer Review Program has been successful in meeting that need in a cost-effective way for more than thirty-five years.

We offer several types of reviews, designed to address different needs. Routine or credentialing reviews evaluate all aspects of clinical care provided for the patient. A focused review typically focuses on any number of clinical questions posed by the ordering facility. These types of reviews might be in response to a sentinel event, such as an "unexpected death," or a practice pattern that is outside of the norm, "the physician has a higher-than usual c-section rate." We provide objective evaluations that are performed in a non-punitive, educational context that supports continued quality improvement. If desired, we can also schedule on-site practice or clinical reviews and our teams can include non-physician providers such as a physician assistant, psychologist, nurse practitioner, dentist, or other clinicians.

MMA's program was established under and is protected by provisions in the Maine Health Security Act and the medical practice act that provide protection to reviewers and affords confidentiality to the reviews and their work product (32 MRSA §3293, 24 MRSA §2511, and 32 MRSA §3296). Not wishing to rely completely on the statutory protection, MMA requires physicians being reviewed to sign a release waiving any right to sue the reviewers or MMA, so long as the reviewers comply with the agreements they sign and do not breach confidentiality agreements and perform the review in good faith. The same provisions in the Maine Health Security Act also protect reviews performed under the auspices of the Maine Osteopathic Association.

Ongoing external peer review ensures regular assessment of high-risk specialties, allowing risk avoidance through prevention. Depending on the type of review ordered, we will provide the ordering facility with the review of each case, summarizing the quality of care provided and making any recommendations. Ordering a review is as simple as making a call or completing a form.

We are always interested in expanding our team of reviewers and we pay a modest stipend for this work. If you wish to learn more about ordering a review or have an interest in being a reviewer, please reach out to Dianna Poulin, Director for Peer Review & Quality at 207-480-4194 or dpoulin@mainemed.com.

MEDICAL PROFESSIONALS HEALTH PROGRAM

By Guy R. Cousins, LCSW, LACD, CCS, Director, MPHP

Seeing the Light

We are beginning to see the light at the end of the pandemic tunnel as it relates to COVID-19. Yes, there are variants that we now will have to tackle and deal with. The public health strategies have demonstrated that they are working and successful. We are now increasing the number of gatherings and face to face activities that begin to make it look like 'normal life' is returning.

The release of the Maine Overdose Death Report has shaken us back to the reality that the Opioid Epidemic was not slowed down by the Pandemic, in fact clearly the opposite has happened. Maine saw a 33% increase in overdose deaths reaching an all-time high of 504 (up from 380 in 2019).

We know from the report that further isolation caused by the COVID-19 pandemic was a major stressor for people with substance use disorders. We also know that approximately 67% of those 504 overdose deaths can be attributed to non-pharmaceutical fentanyl.

There have been great strides made by the Mills administration addressing this public health crisis. It recognizes substance use disorder as a chronic disease that has many pathways to recovery and that we are not simply able to arrest our way out of this problem. At the most recent Opioid Summit, there were great discussions regarding pathways to recovery and pathways of recovery which included harm reduction.

Part of our public health challenge is that the general population still needs to be educated regarding this process of addiction and recovery. There is still so much stigma and discrimination based on misinformation and misunderstanding relating to this chronic medical condition and how to help someone recover from it. Helping people learn more about recovery and wellness and what are the necessary components needed to be successful with it.

Even within the health professions, there is still a lot of education needed. Compassionate and empathic services are often provided to those individuals who may be experiencing substance use problems. Yet, when a medical professional colleague/friend experiences this problem, too often people respond in non-empathic, judgmental and stigmatizing ways. These judgmental responses help create barriers that get in the way of people reaching out and asking for help.

We have all been involved in some part of the solution addressing the COVID-19 pandemic (wearing masks, washing hands, physical distancing, etc.). Let's use that experience to examine how we can be part of the solution as it relates to the Opioid epidemic that we are still in. The number of individuals lost to overdose deaths is tragic and preventable. That trend will continue if we do not respond as a community, as a state, and as a nation. Ask yourself, what's my role in being part of the solution?

UPDATE ON THE STATE'S RESPONSE TO THE OPIOID/DRUG EPIDEMIC

By Gordon H. Smith, JD, Director of Opioid Response, State of Maine



I appreciate the continuing opportunity to communicate with Maine's physicians through *Maine Medicine* and I thank the Maine Medical Association for making that possible. This is a particularly important time to report on our continued opioid response efforts as

the global pandemic appears to be winding down and the opioid epidemic continues unabated. On July 14th, the federal government reported that more than 93,000 individuals died of fatal drug overdoses in 2020 in this country, exceeding by far the previous highest year. Five hundred and four of these individuals were from Maine. The national increase was 30% from the previous year. Our increase from the previous year was 33%. Clearly, we must do more to stop these preventable deaths. What follows is a summary of our recent actions to address the spike in overdose fatalities.

- Behavioral health liaisons have been hired in 15 counties to provide outreach to persons who have survived an overdose, making connections with them and offering harm reduction services and pathways to treatment when they are ready. These so-called OPTIONS liaisons are already showing some success. In the month of June alone, liaisons co-responded to 66 calls, provided 68 naloxone kits and conducted 56 post-overdose visits, resulting in 33 referrals to treatment, 49 connections to recovery support, and 12 connections to syringe exchange programs. Fifteen individuals were referred for infectious disease testing.
- The OPTIONS media campaign continues on the public airways and in social media. Messages delivered include don't use alone, call 911 and education on the Good Samaritan law which provides qualified immunity from prosecution for five different crimes if a person calls 911.
- Governor Mills signed L.D. 1718 into law which establishes an overdose fatality review panel in the state. This Governor's bill was sponsored by your own Representative Richard Evans, M.D. who represents a section of Piscataquis County in the Maine House of Representatives. I know you are as proud of Rich as I am. He is only the 5th African American to serve in the Maine legislature. The OD fatality review panel, which I will chair, will meet for the first time in August. One or more physicians will serve on this panel which will review a handful of cases each month to see what can be learned from them.

- Governor Mills also signed into law L.D. 1333 which will allow EMTs to provide take home naloxone kits to persons who have overdosed and survived. The important legislation was introduced by Representative Sam Zager, M.D., another physician who represents a section of the city of Portland in the Maine House.

Both L.D. 1333 and 1718 passed with emergency preambles and received two-thirds majority votes upon enactment so that they took effect immediately. Implementation will begin just as soon as practicable. Other important legislation passed was allowing Narcan in schools (L.D. 772) and L.D. 994 which decriminalized possession and trafficking of hypodermic needles and the use of drug testing supplies such as fentanyl test strips. Given that fentanyl is now implicated in more than 80% of fatal overdoses, the distribution and use of fentanyl test strips makes sense. And significantly, the State budget increased MaineCare reimbursement by nearly \$200 million, an amount large enough to be transformational in how health care professionals relate to MaineCare and MaineCare patients.

On July 15th, Governor Mills hosted her third annual Opioid Response Summit. Remarks were provided by U.S. DHHS Secretary Xavier Becerra, Acting ONDCP Director Regina LaBelle, former ONDCP Director Michael Botticelli and Maine Attorney General Aaron Frye, CDC Director Nirav Shah, M.D., J.D. and Jessica Pollard, Ph.D., Director of the Maine Office of Behavioral Health. The program also included a dozen breakout sessions, six poster sessions and a conversation between Governor Mills and Erin French at The Lost Kitchen. More than twelve hundred individuals registered for the Summit and we look forward to having an in-person conference on July 11, 2022 in Bangor. I hope to see many of you there, and also hope to see you at the MMA Annual Session at Sunday River in September. There is a lot this year to celebrate!



Michael Botticelli addressing Summit



Erin French and Governor Mills

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Social Media Risks in Healthcare

While there are many positive aspects to social media, the widespread use and easy access to social media outlets can lead to violations of the Health Insurance Portability and Accountability Act (HIPAA). Organizations must put safeguards in place to monitor their programs to assure that patient privacy is not violated.

Posting Comments

An important component of managing and monitoring outlets is responding to outside posts on the site. Inappropriate responses or no response at all can damage a practice's reputation. Responses to posts from outside the organization should be timely, professional, and respectful and not contain protected health information.

When negative comments are posted, there is a natural tendency to want to defend the service provided. Providers must proceed cautiously when responding to negative comments being sure not to release any protected health information in their response. The best option is to invite the poster to contact the organization directly so their concerns can be addressed.

Risks

HIPAA violations: Violations of patient privacy and confidentiality are one of social media's greatest risks.

Violations can occur if providers or staff members disclose protected health information when responding to comments on social media, but there are also risks of staff posting information about patients on their personal social media accounts. Some staff members mistakenly believe that if they do not use a patient's name they are not violating the patient's privacy.

Personal Devices: Policies should prohibit the use of personal cell phones or other devices for taking pictures or videos of patients. Images necessary for patient care should be obtained with devices owned by the organization. See our practice tip **Complete Medical Records: Your Best Defense** (<https://www.medicalmutual.com/risk/practice-tips/tip/complete-medical-records-your-best-defense/74>) for more information on digital recording.

Friending: Healthcare providers should be aware of boundary issues that may occur if they "friend" a patient or become a follower of a patient's blog. Even the act of friending a patient or posting on a blog could identify them as a patient and thus be a privacy violation.

Sanctions: Professional staff should be aware that disclosing protected health information without patient

authorization can also lead to sanctions by professional boards as well as other legal actions.

Ensure HIPAA Training Includes Social Media

Beginning with new employee orientation, staff members need to receive education about patient privacy and confidentiality. This education must include social media and how posting protected health information on social media sites violates patient privacy and HIPAA. Employees should be provided with examples of the types of posts that would be violations of patient confidentiality.

In addition, organizations should develop a process for staff to report inappropriate activity on social media.

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.



BAYSTATE FINANCIAL FISCAL FITNESS FOR LIFE

By Larry Perry, CLU, ChFC, CLTC, Baystate Financial

Securing Your Income: The Lifblood of Your Future

Income is derived from the interaction of **opportunity**, **ability**, and **time**. If we assume that the **opportunity** to practice medicine is a reality that will be with us for the foreseeable future, then the two variables which need to be addressed are **ability** and **time**. This article focuses on **ability**.

Using Disability Income Insurance to replace earned income, lost as a result of an illness or injury, is a critical element of a Financial Plan.

Employer Provided Benefits – What you need to know:

- Short Term Disability (STD)
 - Provides income taxable benefits for 90 to 180 days after an elimination period of one to seven days of disability. Coordinates with start of Long-Term Disability benefits
 - Often offset by sick leave, paid time off, or Worker's Compensation benefits
 - Benefit calculated as a percent of salary (60%) to a **maximum weekly benefit**.
- Long Term Disability (LTD)
 - If the cost of coverage is charged to you as current income, the benefit will be income tax free. Otherwise, benefits are taxable when received. Benefits can be lost if you leave full-time employment (30 hours per week)
 - **Percentage of income covered** (60%/66%)
 - **Benefit cap** (\$10,000 - \$15,000/month)
 - **Benefit offsets** (Social Security/Worker's Comp/others)
 - **Limitations** (mental and nervous disorders/ recurring disabilities/others)
 - **Elimination period** (no benefits for 90 – 180 days)
 - **Exclusions** (intentional, self-inflicted injuries/riots/felonies/others)
 - **Benefit period** (age 65/Social Security retirement age)
 - **Definition of disability**
 - Total disability - own occupation, including specialty language
 - Partial disability – defined by loss of time, duties, and/or earnings
 - Other employee benefits that may be **discontinued** (medical, retirement, life insurance)

With these LTD insurance limitations, benefit caps and lack of portability (see your Summary Plan Description), you may turn to individually owned coverage. While you will have to provide information regarding your health, income, and current coverages, you can customize your benefits to supplement any shortages and gaps in your group LTD coverage.

Individually Owned Disability Income Insurance – What you need to know:

Is the contract "non-cancelable," meaning the insurance company cannot increase your premiums, change the benefits, or cancel the coverage without your consent? With personally owned individual coverage, you control:

- Elimination period, benefit period, amount of benefit, definition of disability,
- Ability to have benefits indexed to inflation, and
- If there is a guaranteed right to buy more coverage without proving your health status.

Some contracts can provide for the payment of **student loan debt**, **retirement plan contributions** and additional benefits if you meet the definition for needing **long term care**.

Might this be an opportune time to secure **your future's lifblood** so that you can enjoy life more fully today, knowing that your future financial needs will be provided for?

Insurance policy contracts may contain exclusions, limitations, reductions of benefits, and terms for keeping them in force. This article is a general communication being provided for informational purposes only. It is educational in nature and not designed to be taken as advice or a recommendation for any specific investment product, strategy, or service.

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MMA's 18th Annual Golf Tournament to Benefit the MMET Scholarship Fund

Chaired by Brian Jumper, M.D., MMA's 18th Annual Golf tournament took place at the Augusta Country Club on Monday, July 12, 2021. The tournament proceeds will benefit the scholarship fund of the Maine Medical Education Trust which will assist Maine students in their pursuit of a medical education. Thirteen teams participated in the event.

"We enjoyed a beautiful Maine summer day on one of the state's premier golf courses and raised funds to support Maine students going to medical school," said Dr. Jumper.

"I thank every player and every sponsoring organization for their support of our event," added Dr. Jumper.

We plan to host this event at the Augusta Country Club in 2022 and will notify members of the date as soon as it is set. We look forward to increasing the number of physician players and our sponsors, and we hope to improve the players' experience, too!



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Sonia Ancoli-Israel, Ph.D. is a Professor Emeritus and Professor of Research in the Department of Psychiatry and the Center of Circadian Biology at the University of California San Diego (UCSD) School of Medicine. Dr. Ancoli-Israel received her Bachelor's Degree from the State University of New York, Stony Brook, a Master's Degree in Psychology from California State University, Long Beach and a Ph.D. in Psychology from the University of California, San Francisco.



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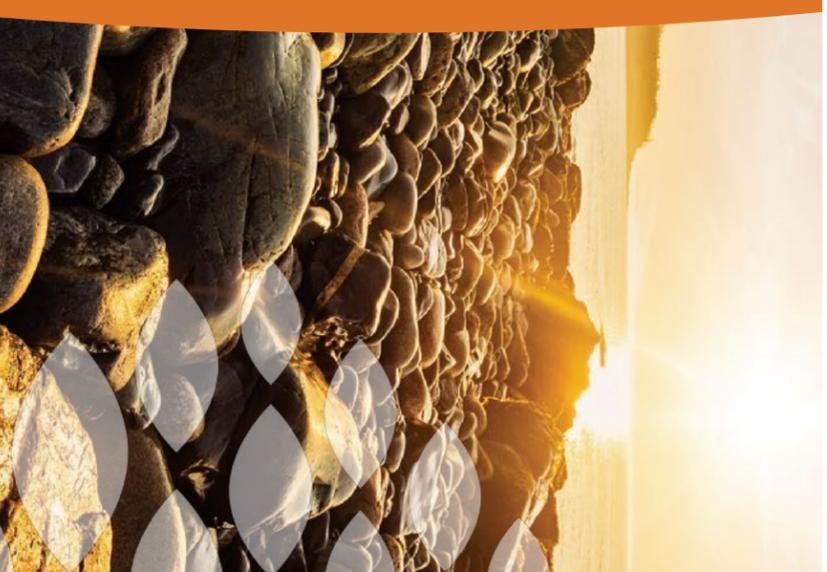
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