



Maine Medicine

a quarterly publication of the Maine Medical Association

JANUARY/FEBRUARY/MARCH 2020

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

PHYSICIAN WELLNESS: MMA PARTNERS WITH AMA AND PHYSICIANS FOUNDATION IN "PRACTICE TRANSFORMATION INITIATIVE"

The Maine Medical Association has partnered with the *American Medical Association* and the *Physicians Foundation* to fight the root causes of physician burnout and dissatisfaction through the AMA's Practice Transformation Initiative.

While the frequency, causes and impact of professional fatigue and burnout among physicians have been well researched, *actionable solutions* have had much less rigorous analysis. As a result, information on effective interventions remains limited. The mission of the Practice Transformation Initiative is to fill the knowledge gaps regarding effective interventions to reduce burnout.

To make physician burnout a thing of the past, the initiative will support research and advance evidence-based solutions by collaborating with health systems and practices who are committed to the practice transformation journey. Participating health systems and practices will work directly with the Maine Medical Association and the American Medical Association to improve joy in medicine by using validated assessment tools to measure burnout; field-testing interventions that are designed to improve workflows, applying practice science research methodology to evaluate impact and sharing best practices within an AMA facilitated learning community. Through this innovative and strategic effort, practice sites will design evidence-based, site-specific interventions while having access to expert coaches and

educational resources. Periodic coaching and workshops will also be provided. Practice sites will use a validated assessment tool to measure rates of burnout at baseline and post-intervention. In total, each practice site will participate over the course of a 16-month engagement.

The collaborative mission of the Practice Transformation Initiative includes the Physicians Foundation supporting the engagement of interested state medical societies and practice sites and/or health systems within the state. The Practice Transformation Initiative launched in 2019 with an initial cohort of the Medical Society of New Jersey, North Carolina Medical Society and Washington State Medical Association. In 2020, Maine Medical Association will work alongside three other state medical associations (Ohio, New York, and South Carolina) to improve physician burnout within several systems or practices across the state. Each state society will recruit health systems and practice sites within their states to participate in this innovative initiative. This collaborative approach will establish multiple venues for field testing and studying results, generating evidence-based research and accelerating the spread of innovations that support clinician satisfaction.

Physician well-being is essential for high-quality patient care. The Maine Medical Association is dedicated to reducing physician burnout across the state so that all physicians—and their patients—can thrive.



Erik Steele, DO



Amy Madden, MD



Robert Schlager, MD

LEADING THE CHARGE FOR MMA ON THE INITIATIVE

MAINE DHHS UPDATE - JANUARY 2020

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



As part of my new role supporting improvement efforts at the Maine Department of Health and Human Services (DHHS), I'm eager to find new and better ways to inform and engage clinicians across the state about the work of Maine DHHS to advance the health, safety, resilience, and

opportunity for Maine people. Led by Commissioner Jeanne Lambrew, the Department provides health and social services to a wide array of children and adults, working under the framework of three overarching goals:

- Maine children grow up in safe, healthy, and supportive environments, allowing them to thrive throughout their lives;
- All adults have the opportunity to work, live with independence, and have good health; and
- Older Mainers live with dignity in the place that balances their needs and preferences.

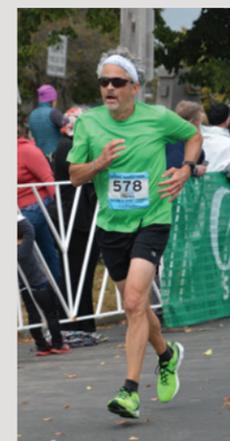
DHHS programs are led by several offices familiar to Maine's clinician community including Maine Center for Disease Control & Prevention (CDC); the Office of Medicaid Services (MaineCare); the Office of Child & Family Services (OCFS); and the office overseeing Substance Abuse & Mental Health Services (SAMHS). These offices collectively serve more than 300,000 individuals - approximately a third of the State's population - including children, families, older Mainers, and individuals with disabilities, mental illness, and substance use disorders.

The Department supports critical work in each part of the organization to advance the well-being of people in Maine. This work is summarized in an end-of-year report; clinicians are encouraged to read the report posted on the DHHS website at <https://www.maine.gov/dhhs/update-122319.shtml>. Commissioner Lambrew has also identified eight initiatives that are cross-cutting and require inter-agency action across the Mills' Administration:

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BEYOND THE STETHOSCOPE: CHARLES PATTAVINA COMPLETES FIRST MARATHON ROAD RACE AT 65

Note: "Beyond the Stethoscope" is now a regular article in Maine Medicine highlighting an interesting aspect of a member's life outside of the practice of medicine. Please send any suggestions for future articles to Andrew MacLean, CEO at amaclean@mainemed.com.



Charlie Pattavina completed the 2019 Sugarloaf Marathon in Carrabassett Valley during a cold Spring (May) downpour in a net time of 4:22:02. He was 65 years old on race day, but his performance in a first marathon was strong for a person of any age, particularly under the conditions that day! He kept his fitness through the summer running season in order to turn in a 4:01:53 finish (second of 14 in his age group) at the Maine Marathon

in September 2019 at age 66, a time which should qualify him for the 2021 Boston Marathon. He had substantially improved his time on a beautiful Fall day on a course beginning on Portland's Back Cove and running to Yarmouth and back. Charlie had pursued a somewhat regular exercise program, but he began "serious" running in his early 40s. Charlie's friends and colleagues know that he is a "foodie" and his first road race entry was prompted by the lure of good food. Browsing in the Wickford Gourmet, in Wickford (a part of North Kingstown), RI, in the early 2000s, he noticed a flyer for the "NK5k," a North Kingstown race becoming known for its gourmet food offerings for race finishers. He entered and stopped running at 3 miles, thinking he was done, only to be waved on by race officials and the crowd to complete that final 0.1 mile in the 5k! He found the epicurean rewards to be enough encouragement to consider other road races. Running - and now chatting about running with other health care colleagues - he competed in various Rhode Island and Massachusetts races during the decade, including several Blessing of the Fleet 10 Milers in Narragansett, the New Bedford Half Marathon, and the Providence Half Marathon. Charlie's training enabled him to reduce his pace to about 7-minute miles for a 5k. After moving to the Bangor area in 2008, he began running with the Sub 5 Track Club and ran many of the Club-sponsored races, including the inaugural Chamberlain Half Marathon. As he built his running resume, five or six years ago the notion of running a marathon entered his mind and ultimately landed on his not-too-serious "bucket list." Charlie ran well under two hours (1:54:20) at the Maine Half Marathon in 2017. He also completed both the Hapalua (Waikiki, HI) Half Marathon and Rock 'n' Roll Half Marathon (Las Vegas) in 2018 along the way. He credits his friends, including health care colleagues, for encouraging his pursuit of running goals. Charlie plans to run and finish the 2021 Boston Marathon, more half marathons and probably a few other 26.2s, and otherwise will keep running for fun, fitness, and camaraderie. While he has been to a Super Bowl, Kentucky Derby horse races, and America's Cup regattas, he figures he can't compete in any of those - but he *can* run a Boston Marathon!

Charles F. Pattavina, M.D. is an emergency physician at St. Joseph Hospital and an avid runner and gourmet. He served as President of the MMA from 2016 to 2018.

EAT, SLEEP, CONSOLE INITIATIVE IMPROVES CARE AND OUTCOMES FOR OPIOID-EXPOSED NEWBORNS

By Kayla Cole, CSP-SM - Consulting Services Manager, Qualidigm

The *Eat, Sleep, Console* model of care, developed by the Northern New England Perinatal Quality Collaborative (NNEPQIN), is an effective approach to care for infants born with substance exposure. NNEPQIN's mission is to improve the perinatal health across Northern New England through collaboration on clinical guidelines, QI projects, case review, and educational conferences. Based on the success of the ESC implementation at Dartmouth-Hitchcock, Yale-New Haven Hospital, and Boston Medical Center, Qualidigm spent this past year sharing and facilitating ESC tools and best practices to hospital care teams across the state of Maine in support of perinatal health care.

The ESC initiative focuses on strengthening maternal/family involvement and use of nurturing as the first line of treatment for newborn opiate withdrawal, known as neonatal abstinence syndrome (NAS). This care approach has demonstrated a reduction in the percentage of infants treated with morphine for opiate withdrawal, resulting in a decrease in the number of hospital days for infants with NAS while fostering optimal parental caregiving behaviors. Since launching the ESC initiative, the duration of hospitalization for opioid-exposed newborns has decreased from approximately 21 days to 7 days.

The ESC initiative in Maine also incorporates recommendations from the newly updated "*Snuggle ME*" guidelines to improve medical care and outcomes for mothers, infants, and families affected by substance use during pregnancy. Access the updated "*Snuggle ME*" guidelines here: <https://bit.ly/39R9rek>

While the current ESC initiative is ending, Qualidigm remains focused on improving the quality of care of women and newborns throughout the perinatal period and will expand this work in 2020.

Special thank you to the following partners that helped make the ESC initiative a success in Maine: Kelley Bowden-RN, the State of Maine Perinatal Nurse Outreach Educator; Dr. Alan Picarillo, Neonatologist, MaineHealth; Victoria Flanagan-RN, Director of Operations for NNEPQIN; Farrah Deselle-MSN, RN, Project Manager for the New Hampshire ESC Implementation; Dr. Amy Belisle, Chief Child Health Officer, Maine DHHS; the Maine CDC and March of Dimes. Qualidigm also thanks Hannaford for their generous support of the ESC initiative.

For more information contact Kayla Cole at kcole@qualidigm.org.

The ESC initiative was recently featured in the December 2019 issue of Hannaford's *Fresh* magazine.

Read the article to learn how Maine hospital employees were trained on providing care for opioid-exposed newborns: <https://bit.ly/37ExXxo>

PRESIDENT'S CORNER

By Amy Madden, M.D., President, Maine Medical Association



Pocock (1891-1976), leading designer and builder of racing shells

"It's a great art, is rowing. It's the finest art there is. It's a symphony of motion. And when you're rowing well, why it's nearing perfection. And when you near perfection, you're touching the Divine. It touches the you of you. Which is your soul." – George Yeoman

If I had to guess which sport best suits orthopedic surgeon Adam Rana, I would choose rowing. Rowing is a unique sport with its grit, endurance, and single-minded purpose of having all members work in such precise unity that they appear as a single organism. So when I called him to discuss the pursuit of clinical excellence as a key element of physicians finding joy and purpose in their work, I was not surprised to learn that he had indeed rowed crew at Colby College. Even less surprised was I to learn that he had been a stroke, the lead position in a boat. The stroke seat is often occupied by the team's best technical rower, and it is the stroke's responsibility to maintain the tempo for all other rowers to follow.

I suspect the sport of rowing has borne many physicians. With its demands of physical and mental toughness, and exacting repetition to ensure ascension to excellence, it feels like a natural fit. It was for Adam. It was the father of one of his rowing teammates who became his first mentor in orthopedics, guiding Adam through orthopedic research over summer breaks.

Following orthopedic surgery residency at Boston University Medical Center and fellowship training in adult reconstruction, arthritis, and joint replacement surgery at the Hospital for Special Surgery in NYC, Adam returned to Maine to join Maine Medical Partners

Orthopedics and Sports Medicine. Noting that "we should be able to show our outcomes and make medicine more transparent", Adam worked with his colleagues to begin publishing clinical outcomes data on their joint replacement programs. Their metrics on length of stay, ED use, and hospital readmission are excellent on a national scale. When asked what he believes is the "secret sauce" behind the success of their program, Adam responded that it is the "true passion that exists within each of us, a singular purpose of clinical outcome excellence". To achieve excellence as a group, he states, the secret is "surrounding yourself with the right team who is committed to the vision and mission of clinical excellence". Nurturing the team is critical, from managers to nursing to medical assistants, adding, "you cannot provide the type of care you want unless your team is well cared for".

For Adam, when pursuing clinical excellence in joint replacement, the goal is "to get people back to a pain free functional level, where they can enjoy time with family, friends and loved ones" and to do this in a manner that brings the most value – highest quality outcomes for lowest cost. He feels that the key is to continue to evaluate the program, identifying areas that can be improved, be it quality or cost. Noting the fact that in his setting they perform more than 2,200 hip and knee replacements a year, putting them in an excellent position to evaluate small changes and assess the impact of altering variables.

As physicians, we find joy in the pursuit of clinical excellence when we refine our skills through practice, continue learning with peers, and teach others to become excellent physicians. As Adam's work exemplifies, this pursuit is powered by the purpose of bringing the best medicine that we can offer to our patients. And so onward we go. Ready all...row. I can be reached at president@mainemed.com or 207-495-3323.

Continued from page 1.. Maine DHHS Update - January 2020

- 1. Improving Health Care & Coverage Affordability:** Through MaineCare expansion, nearly 44,000 individuals newly have access to health care coverage since its launch a year ago. Additionally, the State is taking steps to promote consumer protections, bring down drug prices, and promote access to health insurance.
- 2. Supporting Rural Health Transformation:** In response to increasing challenges faced by rural communities, we are leading a range of activities including promoting telehealth, advancing new models for access to behavioral health care, developing regional models of care, and exploring opportunities for new payment models.
- 3. Advancing Maine's Opioid Response:** In close partnership with Gordon Smith, Director of Opioid Response, DHHS is advancing a range of programs including prevention of Substance Use Disorder (SUD); improving access to evidence-based SUD treatment; promoting availability of naloxone for overdose rescue; and supporting recovery services.
- 4. Assessing & Building Behavioral Health Capacity:** DHHS recognizes the growing demand for Behavioral Health services and is committed to both accurately mapping current capacity, and taking steps to identify and fill gaps, including crisis, treatment, and recovery services.
- 5. Embracing Maine's Aging Population:** As one of the oldest states in the nation, Maine DHHS is working to strengthen support for older adults, including coordinating Long Term Services and Supports that can help older Mainers live with

dignity in the place that balances their needs and preferences.

- 6. Promoting Early Childhood Development:** DHHS has acted swiftly to address longstanding weaknesses in Maine's child welfare system, while also developing strategies to ensure sustainable improvements to child safety and health over the long term. This includes re-establishing the Children's Cabinet focused on efforts to improve early childhood development.
- 7. Supporting At-Risk Youth:** Recognizing that many Maine youth face a childhood burdened by trauma and adverse events, Maine DHHS is expanding supports for the successful transition to adulthood of these at-risk youth.
- 8. Promoting Opportunity Through Education:** DHHS is leading a range of efforts to provide programs and educational opportunities to support parents and families in need, helping them achieve economic stability and fill the jobs that Maine needs most.

We recognize that the MMA and Maine's clinician community clearly are important partners in these initiatives, and we are committed to expanding our efforts to engage, connect and communicate with clinicians across the state. Through this and future articles, I look forward to providing updates and more details on many of the above priorities. Additionally, I welcome opportunities to hear from MMA members about issues that are important to you; please feel free to reach me directly at lisa.letourneau@maine.gov.

Time for a checkup?

Physicians Need Protection Too.



Philip M. Coffin III



Abigail C. Varga

- Licensure Issues
- Employment Agreements and Disputes
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FOR RENT

LOOKING FOR PREMIUM OFFICE SPACE?

This office space is now available for rent, located at 71 Main Street in Newcastle, Maine.

- 2000 square feet
- Doctor office ready
- Parking
- River view

CALL FOR MORE DETAILS:
Roy Seibel, MD
207.631.2007



71 Main Street • Newcastle • Maine

NOTES FROM THE CEO

By Andrew MacLean, JD, CEO, Maine Medical Association



Last year, the MMA's work took place in the context of the CEO search and transition processes, an exciting, if uncertain time. MMA embraces 2020 with enthusiasm and new individuals in key staff and volunteer positions. General Counsel Peter Michaud

retired at the end of the year and Dan Morin joined the team to direct communications and government affairs. With Dan's hiring and some adjustments to other staff responsibilities, our team is prepared for the work ahead. Among our volunteer leaders, board members Paul Cain, M.D. and Erik Steele, D.O. were elected last Fall to fill open seats on the 8-member Executive Committee. Dr. Cain is an orthopedic surgeon with Spectrum Health Care Partners and Dr. Steele is a family medicine physician with Martin's Point Health Care. They join Amy Madden, M.D., Robert Schlager, M.D., Karen Saylor, M.D., Michael Parker, M.D., and R. Scott Hanson, M.D. on

the Executive Committee. Our 30-member Board of Directors currently has two vacancies and Nominating Committee Chair Kenneth Christian, M.D. is engaged in conversations with several excellent candidates which we expect to result in elections at the March 11th meeting of the Board. The Board has pursued a strategic planning process from late October 2019 through the present and the Board devoted a substantial part of its meeting on January 15th to shifting from a strategic planning process to a goal-oriented work plan for the current and next several years. Through this work, MMA volunteers and staff will work together in advocacy, communication, education, and connection among physicians, patients, health system and other partners, and the community.

Please contact me any time by email at amaclean@mainemed.com, by phone at 207-480-4187 (Office) or 207-215-7462 (Mobile/talk or text) if you have suggestions about how MMA can better serve the physicians of Maine.



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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.

CDC BEGINS THE PROCESS OF UPDATING 2016 OPIOID PRESCRIBING GUIDELINES

The Centers for Disease Control and Prevention (CDC) is in the process of updating its guidelines for prescribing opioids for treatment of chronic pain, which were issued in 2016. An initial step in this process was a draft evidence review by the Agency for Healthcare Research and Quality, to which the AMA provided comments in November. Now the CDC has turned to its Board of Scientific Counselors to form a new Opioid Workgroup to provide expert input on an update to the guidelines.

The Opioid Workgroup will be tasked with:

- Reviewing the quality and implications of clinical and contextual evidence reviews
- Reviewing each guideline recommendation statement and accompanying rationale
- Considering specific aspects of each recommendation
- Developing a summary, including points of agreement and disagreement, regarding the Opioid Workgroup's observations.

2020 CENSUS

The census is a count of every person who lives in the US and its territories, and it happens every 10 years. In early 2020, every household in America will receive a notice to complete the census online, by phone, or by mail to count everyone who lives in your home as of April 1, 2020.

All responses will inform where funding is distributed each year to communities nationwide for clinics, schools, roads and more. In 2016 \$4.1 billion of federal funding was allocated to Maine based on census data. Each person not counted is a loss of \$15,000-\$20,000 of federal funds lost to Maine over the course of 10 years. Children under the age of 5 are the group most commonly undercounted. Health care providers have a unique opportunity to remind their patients about the importance of the census.

Responses to the 2020 Census are safe, secure, protected by federal law, and answers can only be used to produce statistics.

For more information, visit 2020CENSUS.GOV.

Help shape America's 10-year checkup.

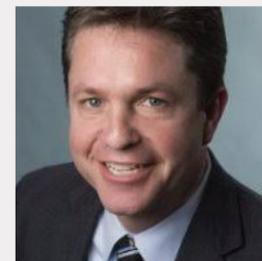
An accurate count helps us grow stronger over the next 10 years. Responses to the 2020 Census will inform funding for clinics, Medicare, the Children's Health Insurance Program, and other health care assistance programs.

For more information, visit: 2020CENSUS.GOV

Shape your future START HERE >

United States Census 2020

MMA WELCOMES DAN MORIN TO LEAD COMMUNICATIONS AND GOVERNMENT AFFAIRS



The Maine Medical Association is excited to have Daniel R. Morin join our staff to direct communications and government affairs. Dan's start coincided with the New Year.

"We feel very fortunate to have Dan joining the team at MMA," said Amy Madden, M.D., President of the Association. "Dan's understanding of the physician community and knowledge of the Maine State House will make him a strong advocate on behalf of Maine physicians and their patients," added Dr. Madden.

"Dan is a government affairs and communications professional with a broad base of experience in health care," said Jeffrey Barkin, M.D., Chair of the MMA Board of Directors. A Lewiston native, he has extensive experience in government affairs, communications, and public affairs in state and local government in Hawaii, with the Kansas Medical Society, the Maine Turnpike Authority and MaineHealth in Maine.

"Dan has a great reputation among government affairs professionals, staff, and legislators on both sides of the aisle in the Maine State House, and I'm proud to have him joining our team," said MMA CEO Andrew MacLean.

Dan lives in Gorham with his wife, Jessika Morin, M.D., and their three daughters.

Join us for the 10th Annual Patient Safety Academy at USM's Abromson Center in Portland!

MARCH 30, 2020
REGISTER TODAY!

Patient Safety Academy

Anyone interested or engaged in patient safety is invited to attend this exciting day-long educational and interprofessional event of plenary sessions, workshops, and networking.

Lunch and parking will be provided for registered participants.

General attendees: \$60
Student & Faculty attendees: \$25

Visit mainepatientsafetyacademy.org for more information and to register!

SPECIALTY SOCIETY MEETINGS

February 8-9, 2020

Northern New England Urology Conference
Sugarloaf Mountain Hotel & Conference Center –
Carrabassett Valley, ME
Contact: Dianna Poulin at 207-480-4194 or
dpoulin@mainemed.com

March 25, 2020

Richard Engel, MD, FACP 2nd
Annual Primary Care Symposium
Maine Chapter, American College of Physicians
and MMC Department of Medicine
8:00am – 12:00pm
Maine Medical Center – Portland, ME
Contact: Warene Eldridge at 207-215-7118 or
mainechapteracp@gmail.com

April 1-4, 2020

28th Annual MAFP Family Medicine Update
& Annual Meeting
Full brochure and registration available at
www.maineafp.org
DoubleTree by Hilton Portland, Portland, ME
Contact Deborah Halbach at 207-938-5005
or maineafp@tdstelme.net

April 16-17, 2020

Maine Association of Psychiatric Physicians,
14th Annual Spring Program
Sexual Health Issues in Psychiatric
and Medical Practice
Hilton Garden Inn, Freeport, ME
Contact Dianna Poulin at 207-480-4194 or
dpoulin@mainemed.com

May 1, 2020

Maine Society of Eye Physicians and Surgeons
Spring Meeting
11:30am - 5:00pm
Harraseeket Inn – Freeport, ME
Contact: Shirley Goggin 207-445-2260 or
sgoggin@mainemed.com

May 1-3, 2020

American Academy of Pediatrics, Maine Chapter
Annual Meeting and Spring Conference
Hilton Garden Inn and Conference Center –
Freeport, ME
Contact: Dee Kerry 207-480-4185 or
dakerry@aap.net

October 2, 2020

Maine Society of Eye Physicians and Surgeons Fall
Business Meeting
Harborside Hotel & Marina – Bar Harbor, ME
Contact: Shirley Goggin 207-445-2260 or
sgoggin@mainemed.com

October 2-4, 2020

19th 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

MMA WELCOMES OUR NEWEST CORPORATE AFFILIATE:

Best Card

We appreciate their support!

PUBLIC HEALTH SPOTLIGHT

By Peter P. Michaud, JD, RN



Vaccine Vote March 3rd

As stated in the last issue of *Maine Medicine*, activists seeking to overturn Maine's new vaccination law have submitted enough signatures to put the question on the ballot in Maine's next statewide election, which is the presidential primary on March 3, 2020. So, what is being voted on, and what does a "No" vote or a "Yes" vote mean?

As with most referenda, the question becomes complex because of the way the issue is presented. The vaccine question will read as follows:

"Do you want to reject the new law that removes religious and philosophical exemptions to requiring immunization against certain communicable diseases for students to attend schools and colleges and for employees of nursery schools and health care facilities?"

Because of the wording, a "No" vote would maintain Public Law 2019 c. 154, the law recently passed by the Legislature and signed by the Governor. That law will eliminate the use of "philosophical" or "religious" exemptions to vaccine requirements for school attendance and health care and nursery school employment. The "medical" exemptions remain untouched, and a letter from a physician, nurse practitioner, or physician assistant will allow a person to take part in those activities without being vaccinated. Medical exemptions can be crafted to apply to some

or all of the required vaccines. It should be noted that the only required vaccines MMR (measles, mumps, rubella), varicella, DTaP (pertussis, tetanus, diphtheria), Hepatitis B, meningococcal meningitis, and polio. HPV and the flu vaccine are not required, although they are certainly encouraged.

A "Yes" vote would repeal the law passed in the 2019 legislative session. It would allow the continued increase in the use of non-medical exemptions. Those exemptions are at a 5.6% rate statewide (2018-19), an increase from 3.9% in 2014-15, and many school districts are experiencing opt-out rates in the 15%-40% range. A few schools even show opt-out rates over 60%, a level that presents significant risk of spreading any of the contagious, vaccine-preventable diseases.

The Maine Medical Association and its Public Health Committee have joined with Maine Families for Vaccines to oppose the referendum and encourage Mainers to vote "No" on March third. Many specialty societies have joined in the effort, most notably the Maine chapter of the American Academy of Pediatrics. Other groups joining the coalition include the Maine Osteopathic Society, the American Nurses Association of Maine, the Maine Association of Physician Assistants, the Maine Public Health Association, and non-medical organizations such as the Maine Council of Churches, the Maine Council on Aging, Community Concepts, and the Maine Community Action Association. More groups are joining the coalition every week.

I also note that, although the upcoming election is styled as a presidential primary, a voter need not be a member of a political party or vote in the primary itself in order to vote on the referendum question. All Maine voters are eligible, and encouraged, to vote on Question 1 on March third.

MEDICAL PROFESSIONALS HEALTH PROGRAM

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

LAUGHTER IS GREAT MEDICINE

Growing up as a young boy in northern Maine, I remember there was always a copy of the Reader's Digest on the coffee table. I remember reading and liking the different sections; Quips & Quotes; Word Power, and especially Laughter is the best medicine.

"Against the assault of laughter,
nothing can stand." — Mark Twain

The saying 'laughter is the best medicine' implies that thinking positively and laughing will help you to feel better. It might mean feeling better about something that was upsetting you, or as some studies have suggested, it might be the case that laughter and positive thinking can help people to heal from illnesses.

"Laughter is a form of internal jogging.
It moves your internal organs around.
It enhances respiration. It is an igniter
of great expectations."
— Norman Cousins

We know from various research and studies that laughter:

- Releases endorphins (Finnish & UK study)
- Boosts immunity and wards off disease (Harvard study)
- Lowers your blood pressure (Maryland study)
- Strengthens your core...think 'bust a gut laughing' (Harvard study)
- Burns calories (Vanderbilt University)
- Improves your outlook on life (Oxford study)

"An optimist laughs to forget; a
pessimist forgets to laugh."
— Tom Nansbury

There is growing evidence that people who are optimistic present a higher quality of life compared to those with low levels of optimism or even pessimists. Optimism can influence mental and physical well-being by promoting a healthier lifestyle with more adaptive behaviors associated with greater flexibility, problem-solving capacity, and an ability to manage negative information more efficiently.



"As soap is to the body, so laughter is
to the soul." — A Jewish Proverb

Improving your sense of humor is possible. Consider it a skill that needs improvement and that can come about through practice. There are some simple things you can do to develop or improve your humor:

- Share time with friends and colleagues that make you laugh.
- Look for and seek out things that make you grin, chuckle, and laugh.
- Look for a way to laugh about your own situation and watch your stress begin to slip away.
- Know what **isn't** funny; laughing at the expense of others. Align your humor with your values (it's a good compass).

"There ain't much fun in medicine, but
there's a heck of a lot of medicine in
fun." — Josh Billings

Laughter is the BEST Medicine!

STATE HOUSE NOTES

By Dan Morin, Director of Communications and Government Affairs



The Maine Legislature returned to the Capitol on January 8th, and while the federal political landscape will certainly be consumed by aggressive political campaigns and endless speculation about which party will rule Washington, D.C., the same can't be said

at the state level. Sure, there will be some aggressive state legislative campaigns this fall, and associated policy battles this winter/spring in Augusta, but Governor Mills enters her second year in office and isn't up for re-election until 2022.

The 2019 Session was successful on several policy fronts, including, but not limited to marked improvements on opioid use disorder treatment policy and successful passage of a bill into law which removed religious and philosophical exemptions to school-required immunizations.



The State Legislature's Committee on Health and Human Services meets on the opening day of the 2020 Legislative Session

The immunizations fight now moves from the Capitol to the ballot box. Retired MMA General Counsel, Peter Michaud continues to work with the public health advocates. Peter is knee deep with his involvement with Maine Families for Vaccines & No on 1. LD 798 became law in 2019 thanks to a determined grassroots effort to convince legislators that vaccines save lives. The law retains currently defined medical exemptions but removes "philosophical reasons" and "religious belief" from the exemption language from both Maine statute and state regulations. However, opponents launched a People's Veto campaign to repeal the legislation. Maine Families for Vaccines & No on 1 are continuing the fight to ensure LD 798 becomes law, as scheduled, on September 1, 2021. The campaign to maintain philosophical and religious exemptions gathered enough signatures under Maine law to place the veto referendum on the ballot for statewide election on March 3, 2020. Keep an eye on the mainefamiliesforvaccines.com website for more information and ways to offer your expertise and assistance to defeat the veto referendum.

The Augusta health care policy discussion likely to dominate headlines in 2020 is Governor Janet Mills' legislation promoted "to improve private health insurance for Maine people and small businesses." LD 2007, The Made for Maine Health Coverage Act. Democratic legislative leadership and the Governor touted the plan as a "targeted approach to improving private health insurance . . . without the need for an appropriation." The three-pronged approach focuses on lowering out-of-pocket costs; improving the small business insurance affordability by merging the small group and individual markets and improving the reinsurance market; and, establishing a State-based Marketplace mechanism, initially through the federal website, HealthCare.gov, yet overseen by the Commissioner of DHHS. The state intends to fund the Marketplace from current insurance carrier user fees.

As with any significant health care policy proposal, the public generally supports changes to improve access and reduce cost. Definition of the latter for your patients oftentimes comes down to out-of-pocket costs. Period. However, as with any broad proposal for change at the federal or state level, it can start with widespread support in the abstract, but public support can decline and partisan legislative opposition can intensify when the operational details emerge.

Including health care policy related legislation, more than 400 bills were carried over from the first session to the second session, and another 150 news bills have been introduced for the second session. Although nowhere near the 1,500+ introduced during the first session, the legislators certainly will be busy poring through 550+ in 2020. Committees have begun meeting, legislative reports have been submitted and public hearings are taking place with relevant input from stakeholders and agencies. The MMA will again be near the front row advocating for the best interests of your patients. MMA members are the experts when it comes to health care and you are critical to our efforts in effectively explaining the complex and difficult aspects of quality patient care. You can accomplish great things by simply describing how these important issues affect your patients' lives and your ability to provide effective care, whether by phone, email, in person meetings, or testifying before a legislative committee. You have enormous influence when you tell personal stories.



Chairs Jay Mullen, M.D. and Lindsey Tweed, M.D. convened a December meeting of the MMA Legislative Committee to prepare for the 2020 Legislative Session

Despite the MMA leadership transition and shift of government affairs responsibilities, the presence, philosophy and advocacy of the MMA remains a constant. We will continue to promote protecting the physician-patient relationship and fight to ensure that all Mainers have access to high quality care. We engage in the legislative arena and monitor regulatory proposals so that you can continue to do what you do best – take care of patients with excellence.

Don't forget, MMA Legislative Committee Chairs Jay Mullen, M.D., M.B.A. and Lindsey Tweed, M.D. welcome you to participate in the weekly conference calls of the MMA Legislative Committee. Calls take place each Tuesday evening at 8:00 p.m. Be on the lookout for your *MMA Weekly Update* for call topics and any scheduling changes. Visit the MMA website at mainemed.com under 'Publications & Resources' to sign up for eNews. You can also find the complete list of bills being tracked by the MMA this session on the MMA website or contact new Director of Communications & Government Affairs, Dan Morin, with any questions, comments or concerns at dmorin@mainemed.com, or by calling the MMA.

MMA HAPPENINGS

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

FEBRUARY 11

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

FEBRUARY 12

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

MARCH 9

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

MARCH 11

8:00am – 3:30pm
Legal Services for the Elderly

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

APRIL 8

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

APRIL 14

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

APRIL 29

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

MAY 11

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

JUNE 3

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

JUNE 9

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

THANKS TO 2020 SUSTAINING MEMBERS

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

Patrick Killoran, MD

Michael Szela, MD

Dahl-Chase Pathology

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ADDRESSING MAINE'S ADDICTION PROBLEM: YEAR TWO

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



Governor Janet Mills and Gordon Smith

It does not seem possible that it was one year ago, on January 30, 2019, that I resigned my position at MMA to accept the Governor's appointment as Maine's first Director of Opioid Response. I began work on February 4 and on February 6, the Governor signed Executive Order 2 which laid out a roadmap for our work. We have accomplished a lot but have so much more to do. In 2019, we:

- Purchased and distributed 12,000 doses of naloxone to family members, non-profit organizations, overdose prevention programs, jails and prisons and emergency rooms. Between the supply from the Attorney General's Office and the 2019 purchase and distribution, more than 850 documented overdose reversals have occurred.
- Supported the efforts of 18 emergency departments to offer rapid, low barrier access to buprenorphine on a 24-hour basis, with appropriate handoffs to community providers.
- Supported efforts to offer Medication for Addiction Treatment (MAT) in nearly all the county jails and in all the prison facilities in the state.
- Since January 2019, more than 200 additional recovery coaches have been trained using the well-

established CCAR curriculum, with state support.

- In early 2020 and into 2021, the State will be investing \$2 million into the expansion of safe syringe exchanges, an important step in addressing Maine's explosion of hepatitis C cases.

In addition, the State is continuing to support nine recovery community centers with another three to open early in 2020 (in Rumford, Millinocket, and Lincoln). While these centers do not provide treatment, they do provide important connections for persons in recovery from substance use disorders.

In July, the Governor's Opioid Response Summit featuring keynote speakers Sam Quinones and Michael Botticelli attracted nearly 1200 people to the Augusta Civic Center. Building on the momentum coming out of the Summit, we will hold a 2020 Summit in Bangor on July 23 and are expecting 1500 people. These events can be an important catalyst in building support for the various initiatives and activities that need to be implemented or expanded.

In September, we held a mini-retreat and began work on a strategic plan building on the provisions in the Executive Order. The plan is intended to inform our spending and investments during the coming months. The plan was finalized with the Governor's approval at the end of 2019. Focusing on the four areas of Treatment, Recovery Support, Prevention and Overdose Response, the plan includes seven priorities and twenty different strategies in support of those priorities. The plan can be reviewed or downloaded from the GOPIF (Governor's Office of Policy Innovation and the Future) website. I encourage readers to review it and I welcome your comments (Gordon.Smith@maine.gov).

While treatment and recovery support remain areas of importance, the role of prevention cannot be overstated.

We have a Prevention Task Force chaired by Pender Makin, the Commissioner of Education, and staffed by Mary Herman and me. Many MMA members may not be aware that Pender is Dr. John Makin's daughter-in-law and he would be so proud of her efforts to establish a statewide program from headstart to grade 12 that will focus on social-emotional learning, resilience, and secondary prevention. The goal is to have this program and its curriculum and materials available to all Maine schools at no cost to the school or to the student. I continue to miss John who passed away unexpectedly in 2013 just a few weeks after receiving his 50th year pin at the MMA's 160th Annual Session.

On a more personal note, I have learned a lot this past year. While I miss my friends and colleagues at MMA, I usually have an opportunity each week to visit with physicians and colleagues whom I have worked with for years. I have greatly appreciated the support I have received as we try to make up for some ground lost during the past few years. I especially appreciate the many health professionals who are participating on our Clinical Advisory Committee chaired by Alane O'Connor, DNP, and Lisa Letourneau, M.D., MPH. If you are interested in joining this group which meets quarterly, just let me know.

I want to thank Andy and the MMA Board for offering me this space each quarter to keep members advised of our work. It is an honor and a privilege to travel across the state and deliver the Governor's message of hope and recovery. The message is being well received. Thank you for what you are doing to assist patients with substance use disorders. Should you ever have an idea we need to hear or want to get more involved in this effort, just e-mail me at Gordon.Smith@maine.gov or call me on my mobile phone at 592-0859. I wish you all the best for 2020.

The MMA still has slots to fill for Doctor of the Day at the Legislature. Visit the MMA website at www.mainemed.com or call Sarah at 207-480-4191 for more information.



State Senator Cathy Breen (L) welcomes Angus Christie, MD (R) to the Capitol in 2019



Representative Rachel Talbot-Ross (L) welcomes Alexandra Barr, DO (R)



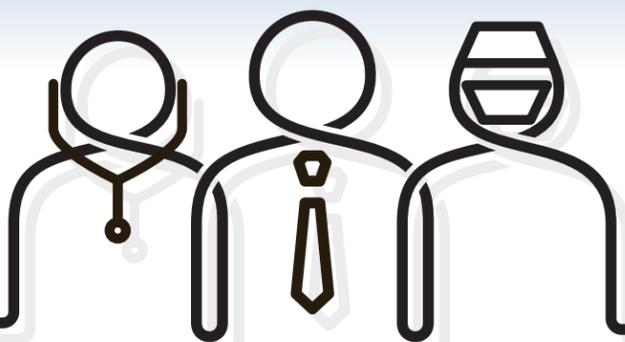
Representative Betty Austin (R) welcomes Marya Goettsche Spurling, MD (L)

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COVERYS 

e-Communication with Patients: e-mail, texting, portals and networks

Part I

Electronic communication (e-communication) has increased significantly and is no longer limited to e-mail on the desktop. Smartphones and tablet computers make it possible to access information and send and receive messages anywhere there is a cell signal or wireless network. Mobile communication technologies have spread with remarkable speed.

Platforms and Risks

- **E-mail** has been available for years and many organizations such as the American Medical Association, American Health Information Management Association and the American Academy of Pediatrics have position statements, talking points and guidance on the use of e-mail to communicate with patients.
Risks: Unless the e-mail is encrypted and secure, it is not appropriate for sending electronic protected health information (ePHI) over public networks. The exception to sending unsecured ePHI is by patient request. According to HIPAA, the patient has the right to request their PHI to be transmitted to them in the medium they select or request. E-mail is discoverable and may be recovered from hard drives even after deletion.
- **Text messaging** (also known as SMS) is a common platform on cell phones, smartphones and some tablet computers (mobile devices).

It is possible to attach photographs, video and embed links in text messages. Depending on the type of phone plan, there may be a cost to both the sender and receiver for each message.

Risks: Text messages are also very difficult to encrypt. The ability to attach images and embed links and the fact that most mobile devices do not have antivirus protection installed creates a significant risk of malware contamination. Text messages are discoverable without a separate text management platform. There is no direct way to incorporate text communications with patients directly into the patient record; they must be transcribed. Failure to document important clinical text messages into the medical record can create problems down the line if the record is needed to defend a claim or Board complaint. As of December 2016, The Joint Commission had deemed text messaging inappropriate for physician orders. CMS reiterated this position also in December 2017 and further clarified "that texting patient orders is prohibited regardless of platform, however, members of the healthcare team may text patient information through a secure platform" (DHHS, 12/28/2017 Memo, "Texting of Patient Information among Healthcare Providers").

- **Patient portals** are password protected web pages that facilitate the exchange of information. Portals are very secure; users must be authenticated before they can access/use the portal. They

may be integrated with the organizational EHR, which facilitates medical record documentation of communications and facilitates sharing patient health information electronically. Some organizations provide patient's access to their own EMR via the portal; others limit use to messaging and sharing of diagnostic test results.

- **Recording patient/physician communication:** Patients may request to record directions, instructions, or conversations with providers. It is important to have parameters around these requests. The patient may need to share this information with a loved one or they may need to hear instructions again. It is important to have conversations with patients regarding the use of their electronic devices for communication purposes.

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.



GALA CELEBRATING 65 YEARS OF MMA LEADERSHIP ENJOYED BY NEARLY 400

Nearly 400 people turned out on the evening of Saturday, October 26, 2019 for the Gala Celebrating 65 years of MMA Leadership by Dr. Daniel Hanley, Frank Stred, and Gordon Smith. By all accounts, people had a great time!

In addition to Gordon and his entire family (Janet, daughters Devon and Erica, grandsons Quinn and Colby, sister Edie, and brother George), members of the Hanley and Stred families attended and participated in the recognition of the three leaders who steered the Maine Medical Association through the past 65 years. Serving as Master of Ceremonies for the event was well-known Maine humorist Gary Crocker, who introduced the speakers. MMA's newest CEO, Andrew MacLean, initially welcomed guests and recognized the principal sponsors for the event. The group also included physicians young and old, MMA staff past and present, and many, many people who have enjoyed working with Gordon during his 39 years with the Association.

Governor Janet Mills kicked off the line-up of speakers recognizing the three leaders; she told, in biblical language, the tale of Gordon's leaving the MMA for his current position as Director of Opioid Response in the Governor's Office. Senator Angus King (interrupted by his wife Mary Herman, with a few Gordon stories of her own), Maine Hospital Association President Steve Michaud, former Ohio State Medical Association Executive Director D. Brent Mulgrew, former MMA and AMA President Robert McAfee, M.D., Gordon's brother George Smith, and Andrew MacLean all followed with a "roast" of Gordon, revealing information some of which Gordon may have wished to keep quiet! In the spirit of fairness, Gordon got to speak last, and he defended himself very capably. The program was followed by dancing to music by the band Plush.

We would again like to thank all our sponsors for this incredible evening!

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Thank You!



1.



3.



2.

1. Gordon Smith's Family
2. Music by "Plush"
3. Gordon Smith has "The last word"
4. MMA Past Presidents in attendance



4.



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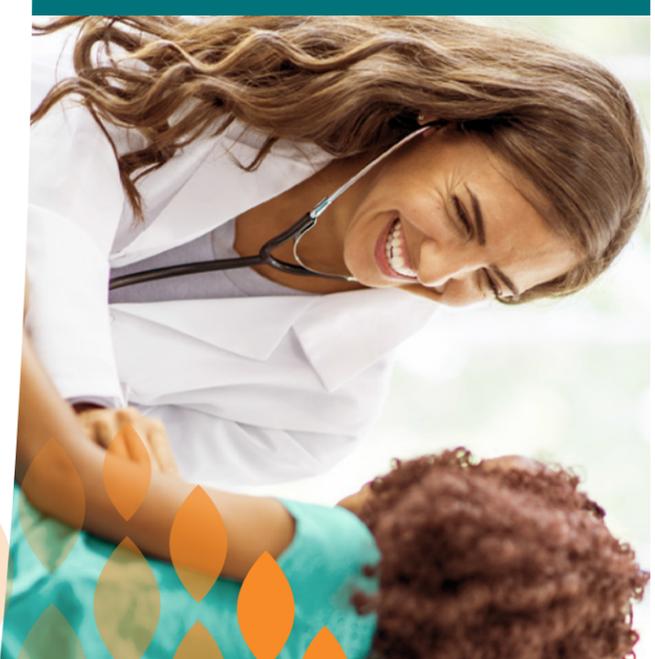


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