



Maine Medicine

a quarterly publication of the Maine Medical Association

JANUARY/FEBRUARY/MARCH 2021

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

MMA CONTINUES EFFORTS TO SUPPORT MEMBERS IN COVID-19 RESPONSE

Since the emergence of the COVID-19 pandemic in Maine in March, the MMA Board of Directors and staff have been focused on supporting members on the front line of the pandemic response. Early in the pandemic, we assisted members with the rapidly changing regulatory environment, access to PPE and supplies, and financial assistance. From the 2020 holiday season through the first quarter of 2021, we have been working hard to represent the interests of all members, regardless of practice setting, in the COVID-19 vaccine distribution process. Because of the national emphasis on scale and volume in the vaccine distribution planning, we have

been advocating specifically for equity for independent physician practices. As this issue goes to press, the vaccine planning process still is transitioning from Phase 1a to Phase 1b. Maine DHHS and Maine CDC moved into its next phase of coronavirus vaccination in late January to include inoculating people aged 70 years and older, among others.

The vaccine rollout has understandably been uneven as our nation arguably deals with a once-in-a-lifetime deadly pandemic. We now have two very effective vaccines to combat SARS-CoV-2. Within months, researchers worldwide were investigating more than 90 potential vaccines and just like the path toward authorizing the Pfizer and Moderna vaccines respectively came with some bumps in the road, so too will plans to quickly vaccinate enough Mainers to reach herd immunity.

While it is impossible to give exact time frames showing when we will move from one phase to the next, the goal will be to appropriately factor velocity and equity with every step.

The change to add those 70 and older earlier than planned came from a federal directive to vaccinate anyone 65 or older, as well as anyone below 65 with comorbidities, despite the limited, unpredictable, and inconsistent supply of vaccines received through mid-January.



MMA Board Member, Dr. Charles Pattavina and MMA Executive Committee member, Dr. Sam Manages receiving their first COVID vaccine doses.

The MMA, the Maine Osteopathic Association, and Maine CDC worked closely together in early January to ensure nearly every frontline physician and their staff get vaccinated. Many practices have been contacted by their local hospitals, federally qualified health centers (FQHCs), or larger independent practices to set up vaccine appointments with the ultimate, and more important goal being the safety and vaccination of your patients.

While Maine CDC had hinted at the possibility of setting up vaccine clinics in public buildings, perhaps civic centers in cities, with gyms or other public buildings in smaller communities to speed up the process, it is our hope that smaller practices will be an important added component to best meet the needs of their patients. This will be critical in rural areas with various barriers to access; be it distance, mobility, physical limitations, racial disparities, health inequities, etc., ... It will certainly include vaccine hesitancy and the understandable expectation that each patient panel is best known by their staff, and the higher level of trust people they have in them as a result.

During a recent Maine CDC COVID Vaccine Info Session for clinicians, it was relayed that 86 percent rural patients

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MAINE DHHS UPDATE

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

Building Trust in COVID-19 Vaccines: The Critical Role of Physicians



As COVID-19 cases have surged and pandemic fatigue grinds on, the successful emergence of new COVID-19 vaccines has offered a bright spot in these dark winter days. Developed with ground-breaking speed and harnessing impressive new technologies, the Pfizer-

BioNtech and Moderna mRNA vaccines truly represent the "moonshot" of our generation, demonstrating remarkable levels of effectiveness (>94%) and safety in large-scale clinical trials. But as the saying goes, "vaccines don't save lives, vaccinations do," and we must move vaccines from their vials to the arms of our patients using the full range of our clinical and communication skills to build trust and overcome the understandable hesitancy many patients will have to accepting these new vaccines.

Vaccine hesitancy is not a new phenomenon but takes on a whole new challenge with the unfortunate politicization and understandable concerns about the "Warp Speed" development of these new vaccines. Additionally, vaccine hesitancy is understandably often even greater in Black, Latinx, and other historically marginalized communities that have experienced very real disparities in care. These collective challenges, therefore, make it even more important that we leverage the role of physicians as trusted messengers, building knowledge and supporting patients' ability to make informed decisions.

Previous studies have shown that doctors and nurses are among the most highly trusted sources of health care information, and a recent survey (<https://www.kff.org/coronavirus-covid-19/poll-finding/vaccine-hesitancy-in-rural-america/>) from the Kaiser Family Foundation with residents of rural America confirmed that fact: when asked whom they trust to deliver reliable information about COVID-19 vaccines, doctors came out on top: 86%

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Bookmark the Following Pages for the Most Up-to-date Maine CDC COVID-19 Information:

Vaccine Response Page: <https://www.maine.gov/covid19/vaccines>

COVID-19 Data: <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/data.shtml>

COVID-19 Healthcare Provider Info: <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/providers.shtml>

COVID-19 FAQ: <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/frequently-asked-questions.pdf>

MMA Maine Medicine Weekly Updates: <http://newsmanager.commpartners.com/mainemed/issues/>

MMA Updates on Facebook: <https://www.facebook.com/mainemedical>

MMA Updates on Twitter: <https://twitter.com/MaineDocs>

MMA on LinkedIn: <https://www.linkedin.com/company/maine-medical-association>

THROUGH JANUARY 2021

PHASE 1A*

Health Care Personnel Needed to Preserve Critical Health Care Services**

Residents and Staff of Long-Term Care Facilities

Other Patient-Facing Health Care Personnel***

Public Safety Personnel****

COVID-19 Response Personnel*****

FEBRUARY - APRIL

PHASE 1B

Older Mainers

People aged 70 and older will be vaccinated first in Phase 1b. Maine will then move to residents aged 65 to 69.

Adults of all Ages with High-Risk Medical Conditions

Certain Front Line Essential Workers

Food & agricultural workers, Postal Service workers, manufacturing workers, grocery store workers, public transit workers, education, & daycare workers.

MAY & JUNE

PHASE 1C

Other Essential Workers

Transportation and logistics, food service, shelter, and housing (construction), finance, information technology and communication, energy, media, legal, public safety (engineers), water and wastewater.

JUNE - TBD

PHASE 2

Persons aged 16-64 not otherwise eligible in a prior phase

*Does not include administrative personnel.

**hospitals, acute care settings, Emergency Medical Services, or home health, urgent care centers, medical practices providing acute care, dialysis centers, and oncology.

***personnel who work with aerosols, such as in dental fields; health care providers with prolonged contact with patients; practitioners in behavioral health, optometry, school nurses, and environmental services workers at health care practices.

****fire departments, federal, state, and local law enforcement, and officers at correctional facilities.

*****people who manufacture, distribute, process, or report COVID-19 tests (e.g., IDEXX, Abbott Laboratories, Puritan Medical Products, and Jackson Laboratories, persons who directly on COVID-19 response at Maine CDC,

MAINE FRONTLINE WARMLINE (MFLWL)

By Dianna Poulin, Executive Director, Maine Association of Psychiatric Physicians

A Place to Call for Connection and Support

Do you or your family work in a healthcare setting, school system or is a first responder in EMS, fire department or law enforcement and you are feeling isolated, overwhelmed and overworked? Do you find yourself trying to support your patients, co-workers, students, friends and families during these difficult times? Then the question becomes, what are you doing to support yourself? Our warmline will connect you with a peer or a professional trained in Psychological First Aid who understands what it is like to feel down, anxious, or lonely. The Maine Association of Psychiatric Physicians has joined forces with the Maine Medical Association, Maine's Dept of Health & Human Services, Emergency Medical Services, the Department of Education, the Maine Psychological Association, and the Maine Chapter of National Academy of Social Work to find an outlet for our family, friends and colleagues who just want to talk to someone.

Psychological first aid (PFA) is a method of helping people in distress, so they feel calm and supported to cope better with their challenges. It is a way of assisting someone to manage their situation and make informed decisions. The basis of psychological first aid is caring about the person in distress and showing empathy. It involves paying attention to reactions, active listening and, if needed, practical assistance, such as problem solving, help to access basic needs or referring to further options for assistance. PFA helps normalize worry and other emotions, PFA also promotes healthy coping and provides feelings of safety, calming, and hope.

- MFLWL provides free and confidential support, helping callers experiencing increased anxiety and stress due to the pandemic.
- MFLWL is staffed by volunteer therapists, clinicians and teachers trained in Psychological First Aid.
- MFLWL volunteers provide short term, non-professional emotional support to the caller.
- This service does not provide clinical, medical, or therapeutic service.

If you are struggling at the end of the day and want to talk to someone who may offer some information that you might not have thought of, then give us a call. This free, confidential service was put together to support our workers on the front lines of this pandemic.

Remember that asking for help is a sign of personal strength, not weakness.

Maine FrontLine WarmLine

Call 207-221-8196 or
text "Frontline" to 898-211
7 days a week, 8 a.m. to 8 p.m.

Responding to the COVID-19 Pandemic can be extremely stressful for healthcare workers



Call 207-221-8196 or
Text "Frontline" to 898-211



PRESIDENT'S CORNER

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



Well it's finally here. The new year we've all been waiting for. While it hasn't been off to the rainbows-and-butterflies start that we might have been dreaming of, there are still plenty of reasons to be hopeful.

The most obvious source of hope is of course "The Vaccine." Despite shortages of supply and distribution challenges, Maine is ahead of the curve when it comes to vaccination rates. As of the date of this writing in mid-January, about 60% of doses received have been administered. Compared with an overall vaccination rate in the US of 38%, this puts us in the highest echelon of vaccination rates in the country.

That is not to say the process has unfolded without a hitch. If like me, you are a small practice or independent physician, accessing the vaccine was not as easy or straightforward as it should have been. We have been so fortunate to have our communications and government affairs director, Dan Morin and CEO, Andy MacLean working literally day and night to advocate for our independent members, connecting them with sites to get vaccinated.

As the State expands vaccine access to include all Maine residents over age 70, we continue to advocate not only for independent practices but also for other

disadvantaged groups who will have difficulty accessing mass vaccination sites. I'm speaking of course about rural, elderly, mobility-limited and homebound Mainers. The MMA has been collaborating with State officials on this issue and we hope to have more news on this front soon.

These are not the only disadvantaged and under-represented groups in our state. Health care disparities affect people across Maine on the basis of race, ethnicity, sexual orientation, gender identity, religion, disability, and socioeconomic status to name a few examples. I'm happy to report that the newly formed ad-hoc committee on Race, Ethnicity and Health Care Disparities held its first meeting with enthusiasm and vision. Keep an eye out for a survey coming to your inbox to help us gather information and share your perspective on how our work can best serve the needs of your practice setting.

I should also mention our ongoing work on the small matter of health care reform. We'll be reviewing and updating our 2017 position statement on the topic, a link to which can be found under Notes from the CEO. The pandemic has served as yet another spotlight illuminating the shortcomings of our current system.

There's plenty of room for improvement on all these fronts in 2021. If you have feedback on these or any other issues, I'd love to hear from you at president@mainemed.com or 207-402-0659.

BEYOND THE STETHOSCOPE: SAMUEL P. SOLISH, M.D. – BEES TO BREAD, PLUS A UKULELE!

Growing up in Brooklyn, Sam Solish saw that his father, who specialized in Ob/Gyn, found it difficult to carve out time in his busy practice to develop interests outside of medicine, though he had many. This memory prompted Sam to pursue three diverse hobbies that have piqued his interest at different stages of his career – beekeeping, playing the ukulele, and baking.



Sam's interest in beekeeping began when he met a beekeeper/physician during a medical school rotation in Michigan. He kept his first hives during the fourth year of medical school, but his schedule during residency in California made it difficult to maintain a commitment to his bees. Following his residency and fellowship, Sam joined an ophthalmology practice in southern California with his older brother. Active in organized medicine since medical school, Sam remained involved in the AMA and local medical society affairs where he developed a friendship with emergency physician, Dr. Jo Linder. Sam and Jo eventually married and decided to pursue career opportunities in Maine. Settling in Falmouth, Jo encouraged Sam to rekindle his beekeeping interest. "I have three hives this year," says Sam. "But, this type of 'gentleman farming' is difficult in Maine because of the long, cold winters and this year's drought made it more challenging." With a physician's science background, Sam always found bees fascinating and he has learned much about the biology of bees and the social culture of the hive with its queen and drones. A healthy, fully functioning beehive can produce 60 -100 pounds of honey in a good year. Keepers use a centrifuge to extract the product from the honeycomb and then strain the raw honey through a fine mesh filter.

Sam began learning to play the ukulele about seven years ago when a patient who plays the instrument gave him one. "My patient suggested I try the ukulele because it's an instrument that is relatively inexpensive to acquire and relatively easy to learn," states Sam. He

studies and practices on his own and through periodic virtual sessions with other enthusiasts in Kennebunk, Portland, and Boston. Jo, who has a significant musical background, occasionally sings to accompany Sam on virtual music Zoom meetings this year.



About a dozen years ago, Sam discovered a cookbook from the owner of a Los Angeles bakery called, *La Brea Bakery* and decided he would learn to bake bread. He made a sourdough starter, followed a basic recipe, and baked his first loaf of bread. "It tasted good, but needed some further work on crumb," he says. Sam has

developed his baking skills since that first loaf, through practice and participation in Maine Grains Alliance summer "Kneading Conference" in Skowhegan in 2019. Sam stocked up on flour and yeast at the beginning of the COVID-19 pandemic and has spent hours improving his skills in the succeeding months. His recent baking accomplishments include rye bread, bagels, pita, and croissants.

"I appreciate each of these diverse hobbies," states Sam, "because they are low impact activities I can continue into my later years. Each has connected me with community groups of likeminded individuals whom I've enjoyed meeting and from whom I've learned much about these pursuits."

Samuel P. Solish, M.D. is an ophthalmologist and glaucoma specialist with Eyecare Medical Group. He completed a residency at Tufts New England Medical Center and a fellowship at Washington University School of Medicine. Sam is married to MMA Past President Jo E. Linder, M.D., Assistant Dean for Students at the Tufts University School of Medicine Maine Track Program.

SAVE THE DATES

SEPTEMBER 10-12, 2021
MMA's 168th Annual Session
Sunday River - Newry, Maine



NOTES FROM THE CEO

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



MMA begins the new year fully engaged in member assistance as you continue responding to the COVID-19 pandemic, now with a focus on the COVID-19 vaccine distribution process with its challenges. But, the Board of Directors also is considering a series of “2021

Action Priorities” from its 2019 strategic plan, including:

- Pursuit of financial sustainability for the association;
- Address health disparities through the work of an Ad Hoc Committee on Race, Ethnicity, and Health Disparities;
- Review the MMA’s 2017 *Statement on Reform of the U.S. Health Care System* : <https://www.mainemed.com/sites/default/files/content/2010%20Med%20Legal%20Coop%20Code.pdf>, through an Ad Hoc Committee on Health System Reform;
- Complete a MMA web site replacement project; and
- Seek new ways to support independent physician practices.

Specific tasks in our annual plan of work based upon the priorities listed above include, but are not limited to:

- Reviewing the membership model, our “value proposition,” and member benefits;
- Exploring new opportunities for non-dues revenue, such as CME content and CME accreditation activities and business development of the MMA Center for Quality Improvement (MMA-CQI);
- Improving physician and other clinician wellness through collaboration with the Maine Hospital Association (MHA) and the AMA Practice Transformation Initiative (PTI); and
- Seeking health insurance options for independent practices, perhaps in collaboration with other professional associations in Maine.

We will, of course, be engaged in public policy advocacy on behalf of you and your patients at the state and federal level - I note in particular the new 130th Maine Legislature working remotely and the new Biden Administration in Washington, D.C.

I and my 20 colleagues on the MMA team look forward to serving the physicians of Maine and their patients in the coming year. 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.

Continued from page 1...Building Trust in COVID-19 Vaccines: The Critical Role of Physicians

of individuals reported that they trust their own doctor or health care provider, while 68% trust the FDA, 66% trust US CDC, and 59% trust Dr. Fauci. It’s clear that physicians must seize this opportunity and become knowledgeable about COVID-19 vaccines so we can communicate our trust in them with patients and the public at every opportunity.

In preparing for these conversations, it can be helpful to consider a framework for having conversations with your patients, such as the following guidance (<https://www.phi.org/thought-leadership/communicating-about-the-covid-19-vaccines-guidance-and-sample-messages-for-public-health-practitioners/>) from the Public Health Institute. First, meet people where they are. Many people have mixed feelings about the vaccine ranging from acceptance to questions, or even to resistance. It’s important to invite questions and open the door to discussion, as well as preparing for discomfort and distrust. Additionally, it’s important to provide simple and clear support for your own trust in the vaccines, including information on vaccine effectiveness and safety. It’s also helpful to explain the vaccination process clearly, including how your patients can access the vaccine, and what they can expect for side-effects or reactions.

It can also be helpful to be prepared with some basic talking points that emphasize key ideas, such as the following suggested by Dr. Laura Blaisdell, an expert and researcher on vaccine hesitancy:

- Promote the common good: “Getting people vaccinated is our best hope and fastest way to end this pandemic.”
- Cite vaccine safety: “Large studies have shown the

vaccine is safe. Millions of people have received it already with very few serious side effects. I believe it is safe for you.”

- Note risks of not getting vaccinated: “Getting the vaccine is much safer than the very real risks of getting COVID.”
- Provide personal testament: “I got the vaccine and would give it to my mother/ children/ partner. I believe it is safe for you.”

At the same time, physicians should recognize that some patients will continue to have doubts. When encountering persistent concerns, it can be helpful to ask patients what data they would need to be convinced that the vaccine is safe. But in the end, some patients simply will not accept the vaccine, so be prepared to move on – it’s better to avoid fruitless arguments or feeling that you need to convince everyone. If the conversation is going nowhere, it’s okay to end it respectfully, avoiding shame or threats and leaving the door open to future conversations.

Additionally, we know from previous vaccination efforts that some groups actively foment mistruths about vaccines and target vulnerable populations. Be aware of these efforts and be prepared to educate your patients that information from social media and other online networks may not be true, while at the same time not promulgating myths by giving them too much voice.

While the COVID-19 pandemic will likely be with us for some time, there is hope for better times ahead; and with the help of physicians as critical partners in the vaccine effort, we will, together, bring this scourge ultimately to an end.



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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.

2010 MEDICAL LEGAL CODE OF COOPERATION UNDER REVIEW

First published in 2000 as a voluntary code adopted by the Maine Medical Association, the Maine Osteopathic Association, and the Maine State Bar Association and revised in 2010, the *Medical Legal Code of Cooperation* is an effort to promote positive interactions among members of the medical and legal professions. You can find the 2010 version of the Code on the MMA web site here: <https://www.mainemed.com/sites/default/files/content/2010%20Med%20Legal%20Coop%20Code.pdf>. The ethical basis for a treating physician’s obligation to assist a patient in medical-legal matters is Opinion 9.7.1, *Medical Testimony* of the AMA Code of Medical Ethics, <https://policysearch.ama-assn.org/policyfinder/detail/medical%20testimony?uri=%2FAMADoc%2FEthics.xml-E-9.7.1.xml> <https://policysearch.ama-assn.org/policyfinder/detail/medical%20testimony?uri=%2FAMADoc%2FEthics.xml-E-9.7.1.xml>. The Maine Board of Licensure in Medicine has adopted the AMA Code of Medical Ethics as standards of the profession through its administrative rules. The Maine State Bar Association’s Medical Legal Committee is reviewing the 2010 version of the Code of Cooperation and considering revisions which may be appropriate now that most physicians and other clinicians are employed by large health systems. For more information, please contact Andrew MacLean, CEO, who is a member of the MSBA Medical Legal Committee, at amaclean@mainemed.com or 207-215-7462 (Mobile). The Chair of the Medical Legal Committee is MSBA Board of Governors member Susan Faunce, an attorney with Berman & Simmons in Lewiston.



Free Individual Academic Detailing Sessions on Opioid Prescribing Topics

Academic Detailing is peer-to-peer educational outreach designed to improve prescribing practices. Prescribers may request a free, individual 1-hour Academic Detailing session. Sessions can be scheduled for any time of day and are currently offered online.

MICIS offers 3 topics on opioid prescribing for individual Academic Detailing sessions:

- Opioid Prescribing in Maine 2020-2021
- MAT Update for Maine 2020-2021
- Moving Beyond Opioid and Benzodiazepine Combinations in Maine 2020-2021

To schedule a session and for more information, visit www.micismaine.org.

The Maine Medical Education Trust designates this live internet activity for a maximum of 1 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Maine Medical Education Trust and the Maine Independent Clinical Information Service (MICIS). The Maine Medical Education Trust is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education for physicians.

The Maine Independent Clinical Information Service www.micismaine.org is a program of the Maine Medical Association.

SPECIALTY SOCIETY MEETINGS

February 27, 2021

Maine Society of Anesthesiologists
Business Meeting
Virtual Meeting – 2:00pm – 5:00pm
Contact: Lisa Montagna 207-620-4015 or mesahq@gmail.com

April 15, 2021

Maine Association of Psychiatric Physicians
Annual Meeting
Virtual Meeting – 6:00pm – 8:00pm
Contact: Dianna Poulin 207-622-7743 or dpoulin@mainemed.com

May 1-2, 2021

Maine Chapter, American Academy of Pediatrics
Virtual CME Spring Conference
The Impact of Social Determinants of Health and ACE's: The Provider Role in Mitigating Risk and Promoting Resilience in Youth
Contact: Dee Kerry 207-620-0806 or dkerry@maineaap.org

May 7, 2021

Maine Society of Eye Physicians and Surgeons Spring Meeting
Virtual Meeting
Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

May 21-22, 2021

29th Annual MAFP Family Medicine Update & Annual Meeting
Virtual Meeting
Full brochure and registration available after February 15, 2021 at www.maineafp.org
Contact: Deborah Halbach 207-938-5005 or maineafp@tdstelme.net

PUBLIC HEALTH SPOTLIGHT

By Greg Marley, LCSW, Clinical Director, NAMI Maine



Mantherapy Comes to Maine; Help For the More Traditional Man In Your Life

Maine's chapter of the National Alliance on Mental Illness (NAMI Maine) is pleased to announce the launch of Mantherapy, a new web-based mental health resource platform for males in Maine. Mantherapy is designed for men who align themselves with traditional roles of masculinity, who may be reluctant to seek help for or who struggle with openly talking about mental health concerns. Through a series of testimonials, quizzes, and questionnaires delivered with humor, Mantherapy directs men towards mental health resources in Maine and beyond.

For more than a decade, Maine's suicide rate has climbed above both the national and New England averages; 78% of suicides in Maine between 2014 and 2016 were men. According to the US CDC, 4 of the 5 professions with the highest rate of suicide for males are also the most common occupations in the state of Maine. These include construction, maintenance and repair, transportation, and agricultural fields such as farming, fishing, and forestry.

"Working men between the ages 25-54 account for the largest number of suicide deaths in the United States. Men often feel that seeking help for mental health concerns is a sign of weakness. They often suffer in silence," says Commissioner Randall Liberty of the Department of Corrections. "I have seen this often with fellow veterans. They have been taught that 'real' men don't speak of feelings. There is no dishonor in seeking help. You are not alone; many endure similar burdens."

In 2017 alone, Maine lost 48 veterans to deaths by suicide, a rate more than double the national average,

and the majority of whom were male. Mantherapy includes many resources geared towards veterans, service members, and first responders. High suicide rates among Americans must change. We can and must do better," adds Commissioner Liberty. "Through educational efforts, compassionate treatment and by de-stigmatizing mental health challenges, we can prevail. Suicide is preventable, we must all do our part."

"It's clear we need new strategies to address men's mental health in Maine, particularly among our veterans, service members, and first responders. Some of the guys I served with didn't get the help they needed when they got home, in part because they weren't sure where to go in the first place. NAMI Maine's new platform is a promising way to reach out to those who are struggling with their mental health, and I look forward to working with them to expand mental health treatment in our state." – Congressman Jared Golden (ME-02)

Mantherapy is a resource that is easily accessible and a useful referral source for men and for the caring members of their family. Explore it for yourself and then refer your patients to this great resource.

NAMI Maine was able to bring these resources to Maine thanks to funding from the Rx Abuse Leadership Initiative of Maine (RALI).

Working in partnership with the Maine Medical Association, NAMI Maine provides training, consultation and technical assistance to medical practices across Maine. Reach out to Susan Kring at MMA (skring@mainemed.com) or contact Greg Marley at 622-5767, ext. 2302 (gmarley@namimaine.org).

For more information on NAMI Maine and its programming, visit www.namimaine.org or contact NAMI Maine's Communication and Events Coordinator Cody Mehnert at (800) 464-5767, ext. 2308 or events@namimaine.org.



Six Maine Health Care Organizations are engaged in the AMA Practice Transformation Initiative (PTI)

In the Fall of 2019, the MMA was fortunate to be chosen as one of four state medical societies (along with those in OH, NY, and SC) to participate in Cohort II of the Practice Transformation Initiative (PTI), a national effort to improve physician and other clinician wellness led by the AMA and sponsored by the Physicians Foundation. These six health care organizations comprise the Maine contingent in Cohort II of this project:

- NLH Seabasticook Valley Hospital (Robert Schlager, M.D. and Paul Arsenault, project leads);
- HealthReach Community Health Centers (Amy Madden, M.D. and Paula Dube, R.N.);
- Health Access Network (Katie Adams, M.D. and Chris Muffett, project leads);
- Penobscot Community Healthcare (Noah Nesin, M.D., project lead);
- Martin's Point Health Care (Erik Steele, D.O., project lead); and
- Spectrum Healthcare Partners (Herbert Cushing, M.D., Andrew Mancall, M.D., Julie Wheeler, and Marianne Roy, project leads).

The COVID-19 pandemic delayed the launch of the PTI, but after enrollment and some education and orientation activities in the early Fall, the Maine participants have been conducting an initial baseline survey of clinician wellness and during the next phase of the PTI, they will develop a plan for an intervention to address the baseline survey findings. Post-intervention survey findings will contribute to the growing evidence base of interventions

to address clinical burnout nationwide. Maine Medical Center Chief Wellness Officer Christine Hein, M.D. also has been contributing her expertise to the MMA's work on the project. The Maine participants appreciate the support of Kyra Cappelucci, Project Administrator, Physician Satisfaction and Practice Sustainability and her colleagues at the AMA and Danielle Belanger, Program Officer at the Physicians Foundation. MMA's leadership also is collaborating with the leadership of the Maine Hospital Association on clinician wellness initiatives, including a focus on the topic during part of the MHA Summer Forum in June.

Practice Transformation Initiative

As part of the PTI, physician leaders from around the country are specifically:



Assessing their practices/systems by using the validated **Mini-Z burnout survey tool**



Participating in bootcamps and guided coaching on interventions for practice efficiency and workflows



Accessing a network for evidence-based learning resources and best practices

MMA WELCOMES OUR NEWEST CORPORATE AFFILIATE:

Maine Primary Care Association

We appreciate their support!

BRHC hiring a Medical Director in coastal ME

Enjoy a truly small town feel on the ocean. Enjoy holiday parades, festivals, & outdoor activities.

Bucksport Regional Health Center, an independent federally qualified health center, is centrally located between Acadia National Park and the bustling city of Bangor. A true quality work life balance!

The Medical Director oversees the structure and scope of the clinical program, supervises providers, leads quality improvement activities, provides ambulatory/primary care for patients.

- 7-10 years experience in family/internal medicine required
- EMR and Microsoft Office experience required
- Current, valid license to practice medicine in the State of Maine
- Must be Board Certified
- 5 years experience directing medical services preferred
- FQHC experience preferred

Visit bucksportrhc.org or contact dadams@brhcme.org (207) 469-7371 x 622

By Dan Morin, Director of Communications and Government Affairs



A Legislative Session Like No Other; State Budget and COVID-19 To Be Priorities

The 130th Maine Legislature returned last month to face many important issues. Responding to the pandemic will take center stage, as legislators consider its impact on health, the state budget, and the economy. Responding to the current pandemic and future public health emergencies will surely receive a lot of attention in 2021.

Because 2021 is the first year in a legislative biennium, or two-year cycle, none of the unfinished health-related bills from last year remain. The slate is wiped clean.

Maine Legislature

As a result of the November elections, there are 45 new House members, although one (Rebecca Millett-D, Cape Elizabeth) is moving over from the Senate, and Stephen Moriarty (D-Cumberland) previously served. There are 4 new senators, 5 moving from the House, and former Maine Senate President Richard Bennett (R-Oxford) returns. There was one open seat as of print as former Senator, Shenna Bellows (D-Manchester) was elected Secretary of State before taking her oath of office after being reelected. Democrats continue to hold majorities in both chambers with 22 of 35 members in the Senate and 80 of 151 House members.

The House and Senate are holding floor sessions at the Augusta Civic Center to allow for more distancing. Legislative committees are meeting, taking testimony, and debating bills, virtually.

Maine Medical Association 2021 Legislative Platform

The Maine Medical Association Board of Directors and Legislative Committee developed the following health policy priority platform for current legislative year:

- Telehealth: Permanent expansion of COVID-19 related telehealth regulations/laws
- Slightly raise and earmark medical professional licensure fees for the Medical Professionals Health Program (MPHP):
- Reform Drug Sentencing Law(s) to address mandated felony-level charges for possession with intent to distribute to expand necessary access to substance use disorder treatment.
- Tobacco & nicotine product tax increase to fully fund Maine's tobacco prevention and treatment program.
- End the sale of all flavors, in all tobacco products.
- Increase health care funding investment in primary care.

These more complex issues were selected as constant foundational policy issues:

- Advocating for policies that are actively anti-racist
- Opioid Use Disorder policy
- Health Reform policy

State Budget

The budget is always the most important, time consuming, and political piece of legislation. It is unlikely to be much different this year, particularly because of the difficult financial situation caused by COVID-related shutdowns. Although Maine has seemingly fared better than most states. Governor Janet Mills released a \$8.4 billion budget last month that was largely promoted as holding state government spending flat. The last two-year budget was under \$8 billion.

MaineCare

After Medicaid expansion was finally passed two years ago, and partially as a result of pandemic job losses, the program now covers more than 70,000 people. Many changes made to MaineCare because of the pandemic are being discussed, including much needed practice and administrative flexibility in the Medicaid program such as telehealth, licensing, and prescription refills, among others. While many of these changes were intended to be temporary — and are scheduled to expire whenever the federal, or state, COVID-19 public health emergencies end — some important aspects that promote better and more efficient access to care may continue as the state weighs the impact of longer-term policy changes.

MMA Weekly Legislative Calls

MMA Legislative Committee Chair, Jay Mullen, M.D., M.B.A. welcomes all MMA members to participate in the weekly conference calls of the MMA Legislative Committee. The Zoom calls now take place each Wednesday night starting at 7:00 p.m.



Zoom meeting by the Legislature.

The longstanding purpose of the weekly conference calls is to discuss the MMA's position on bills printed the previous week, to hear the views of specialty societies on the new bills or their concerns about any current health policy issues, and to discuss the highlights of legislative action of the week. The calls rarely last longer than an hour.

Call information is included in our weekly e-newsletter, *Maine Medicine Weekly Update*. If you are not receiving our e-newsletter, contact Lisa Martin at lmartin@mainemed.com or 207-480-4201.

You can also reach out directly to MMA Director of Communications and Government Affairs, Dan Morin by email: dmorin@mainemed.com or by phone at (207) 480-4199. How do you start? Sign up for our *Maine Medicine Weekly Update* email. Join MMA's weekly Legislative Committee phone calls. Email or call me. Offer your opinion. Your patients and colleagues need your help.

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



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What a Difference an "S" Makes!

Embarking on the journey to bring your hopes for your financial future and the future of those you care most about into reality is the basis of the Financial Planning process. In order to properly evaluate all the options available to you along this journey, building a perspective from which you can make informed decisions that lead to wise choices is the first goal you strive to attain. A great place to begin is by examining how you look at the "value" of things that are important in your life.

Understanding Value

- Monetary/material based
- Negotiable
- Time sensitive
- In the eye of the beholder

You recognize that:

- value is normally a monetary or material-based determination;
- value is almost always negotiable;
- value is time sensitive;
- value is held in the eye of the beholder; and
- value is exchanged for money, hopefully in a mutually beneficial transaction.

Observe how that transforms into something much deeper simply by adding an "s" to "value," producing the concept of "values" for consideration.

Understanding Values

- Not monetary or material based
- Non-negotiable
- Time tested
- Accepted by all

Instantly we see what a difference that an "s" makes. "Values" are not monetary or material-based. For your values to be worthy, they are non-negotiable. Rather than being time sensitive, we know that they are time tested, and rather than existing in the eye of the beholder, they are, although deeply personal, also universally accepted.

Establishing a financial planning strategy built on your enduring "values" rather than on the ever-changing list of things you "value" is how you effectively address your life-long financial priorities.

Lawrence Perry is a registered representative of and offers securities and investment advisory services through MML Investors Services, LLC. Member SIPC. Branch Address: 200 Clarendon Street, 19th & 25th Floors. Boston, MA 02116. 617-585-4500. CRN202208-269887

CRN202301-276601

STAY INFORMED!

Update your email address with MMA to stay current on communications from the Maine Medical Association.

Email Lisa Martin at lmartin@mainemed.com.

COVID-19 RESOURCES

can be found at www.mainemed.com/advocacy-covid-19.

Visit the mma website:
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NEWS FROM THE MMA MEDICAL STUDENT SECTION

The Maine Medical Association Medical Student Section (MMA-MSS) recently sponsored and planned two virtual events: a panel discussion on how racism impacts access to healthcare in Maine and a medical student research symposium.

Panel Discussion on the Impact of Racism on Access to Healthcare in Maine

On January 19, 2021 the MMA-MSS hosted "Listen and Learn: A Panel Discussion on Racism and Racial Equity in Maine." The session was planned and moderated by Laura Knapik (UNE COM OMS 3, MMA-MSS Membership Chair), Tad Olsen (Tufts Maine Track M'21, MMA-MSS Community Service Chair), and Tyler Lang (Tufts Maine Track M'22, MSS Co-Chair) and was attended by 40 participants.

Four local Maine people and advocates - Andrea Berry, Dr. Betty Kabbashi, MD, Dr. Kiran Mangalam, DO, and Hibo Omer - discussed the issue of racism and how it impacts access to healthcare in Maine.

Medical Student Research Symposium

The MMA-MSS Virtual Research Symposium was held on Saturday, November 21, 2020 and highlighted research conducted by students at Tufts University School of Medicine Maine Track and at the University of New England College of Osteopathic Medicine. In 2019 the Medical Student Section held its first research poster session at the MMA Annual Meeting in Bar Harbor, and the virtual research symposium this year again offered medical students an opportunity to present their research. Questions from the audience and discussion followed each presentation.

Congratulations to the four Maine medical students who presented sessions on their innovative research.

- Amy Courtney, University of New England College of Osteopathic Medicine - OMS 3: Oral Health in Children in Maine's Head Start Programs: Challenges and New Directions
- Cathleen Huang, University of New England College of Osteopathic Medicine - OMS 3: Quantitative Assessment of Human Perivascular Adipose Tissue in Abdominal Aneurysm and Atherosclerosis
- Danielle Li, Tufts University School of Medicine Maine Track – MS 2: Distance Learning and Spaced Review to Complement Dermoscopy Training for Primary Care
- Steven Suchacz, University of New England College of Osteopathic Medicine - OMS 3: Abnormal Presentation of Cryptococcal Meningitis

Membership in the MMA Medical Student Section is open to all medical student members of the Maine Medical Association who are enrolled at Tufts University School of Medicine Maine Track or University of New England College of Osteopathic Medicine. For more information about the Medical Student Section, visit www.mainemed.com/MSS or contact Susan Kring skring@mainemed.com at the MMA.

Are you a Maine Medical Association member? For information about your Maine Medical Association membership, contact MMA Director of Membership Lisa Martin at lmartin@mainemed.com or (207) 480-4201.

MEDICAL PROFESSIONALS HEALTH PROGRAM

By Guy R. Cousins, Director, MPHP

Are You Tired of COVID Fatigue?

We are approximately 10 months into the COVID-19 pandemic. We have experienced many hardships and challenges during the past year: uncertainty, unpredictability, isolation, and loss. We have all had to deal with the constant threat of illness, layoffs, and deaths while being denied our typical ways of coping with life's challenges; i.e., gathering with family and friends, eating out, going to the movies, and other activities where we get together.

Nearly a year of this high-level stress and isolation can have a significant negative impact on our physical health and emotional well-being. When our stress response system is turned on without any significant break or respite, we're bound to have our coping skills tested.

COVID fatigue is now part of our lexicon. The COVID pandemic has been stressful and will continue to be for the foreseeable future. The high levels of stress cause our bodies to respond with our fight-flight-freeze reflex. Most stressors in our lives are not long-term or permanent. We use a variety of coping skills to calm ourselves down during and after the stressors are gone. But COVID is not giving us that break. We're typically not prepared to handle stress that goes on this long.

Long-term stress hurts more than our emotional wellness. It puts our physical health at risk, too. With COVID fatigue, our emotional and physical tiredness causes us to be less attentive to our needs and to the safety precautions we know we should be using, like washing hands, wearing masks, and maintaining physical distance.

How do we overcome COVID fatigue? There are a number of different things we can do to strengthen our coping strategies. Here are few to consider:

- **Exercise.** It's one of the best ways to release the built-up energy from stress and worry. It helps us

release endorphins that make us feel better. We can get the exercise we need by simply taking a walk through our neighborhood or a local park or play with our kids outside. Consider checking out YouTube for exercise videos.

- **Mindfulness** is developing an awareness of ourselves in the present moment. It can be as simple as stopping and focusing on the world around us, and on our own breathing. Redirecting our focus to be intentionally in the moment, on purpose, without judgment.
- **Sharing with others** in an important connection that all humans need. By sharing how we're feeling, either talking, writing, or playing a musical instrument - we release the worry and stress that we've been holding in before it builds up to an unhealthy/toxic level.
- **Watch what we watch.** It's good to stay informed but we need to manage ourselves with information we take in. Consider limiting yourself to a few news sources that you trust. Be mindful of how much time per day you spend consuming the news.
- **Stay Socially Connected but Physically Distant.** Use technology to stay in touch with family and friends while we keep a safe physical distance. Virtual groups and meetings are not intended to be a substitute for the real thing. They're just so important now more than ever to help us to stay socially connected.
- **Maintain a sense of humor.** I read somewhere recently that laughter is good medicine. Find the lightness in life around you. Reminisce with old friends. Recognize that at some point in the future, we will find the light in these experiences.

Continued from page 1...MMA Continues Efforts to Support Members in COVID-19 Response

nationwide trust their own physician or health care provider most to deliver reliable vaccine information to them while 66 percent trust the US CDC, and 55 percent trust state government officials.

Throughout the pandemic, the Maine Medical Association has, and will continue, to fight for our physician members. Since March we have attempted to break down barriers to get members access to safe and effective PPE, advocated for direct financial relief due to the extreme business impact resulting from canceled and delayed patient appointments, and acted to ensure a more equitable vaccine administration process for all of Maine's physicians and staff.

MMA updates will continue to be sent through our *Maine Medicine Weekly Update* E-newsletter and be added

to our website's COVID-19 (2019 Novel Coronavirus) Resources page.



MMA Board member, Dr. Lisa Ryan receiving her first COVID vaccine dose.

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- General Guidelines for Documentation of Patient Care.
 - Be timely, comprehensive and objective.
 - Authenticate, date and time entries.
 - Avoid slang or euphemisms, such as “drug seeker” or “frequent flyer.” Instead, document clinical assessment and treatment provided.
 - Avoid unapproved, personal or informal abbreviations. Be aware of recognized dangerous abbreviations and do not use them.
 - Document after patient care is complete. Never pre-document care.
 - Refrain from criticizing a previous provider’s care. Document a factual summary of pertinent clinical findings and the rationale for your plan of care. Refer questions about prior care to that provider.
 - When documenting difficult patient encounters, be objective and document the facts. Place statements made by the patient in quotations. Note actions taken by staff/physician and final resolution.
- Include patient emails sent or received outside the portal.
- When using transcription and speech recognition technology, carefully review transcribed documents and edit as necessary. Prohibit notations such as “dictated but not read” or “I take no responsibility for the quality and validity of the information in this document.”
- Review of diagnostic test results and consultations, treatment or action plan, and notification of patient.
- Failed appointments including all attempts to contact the patient to reschedule.
- Paper Record Documentation
 - Be sure your documentation is legible.
 - Each page of the paper medical record should be labeled with the patient’s name and date of birth or medical record number.
- Electronic Health Records
 - Discourage the use of copy and paste function.
 - Information added to an electronic health record can never be permanently deleted, it will always be retrievable in the metadata.
 - Amending a Medical Record: It may be necessary to correct an entry in a medical record. Reason for amending an entry could include correcting erroneous information, adding a late entry, adding information to a previous

entry or deleting erroneous information, such as documenting on the wrong patient. Develop policies and procedures on the appropriate steps to follow when amending your medical records. Never make changes to a medical record after receiving notice of a potential claim.

- Alterations: An alteration of a medical record is a deliberate attempt to change rather than correct a medical record. Alterations of medical records almost always guarantees settlement of even medically defensible cases. Therefore, never alter a medical record!
- Adverse Events: If an adverse event occurs, document facts of the event in the patient’s medical record, including treatment provided. Adverse events should be disclosed to patients.

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.



PREPARING FOR A BETTER YEAR

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



Greetings to my MMA friends. I think of you often and throughout the year have been concerned about you and your patients. As if providing quality health care in our state was not difficult enough prior to the pandemic, layering onto our fragile health care system

a new contagious virus has required all of us to adapt in ways that would have been unimaginable just a year ago. But, as I have learned time and time again in my state position, Maine people are very resilient and I have every confidence that with patience, our state and our friends, neighbors and communities will emerge from the public health crisis stronger and optimistic for the future. I hope that one benefit from this difficult experience will be appreciation for the importance of public health and including in that the absolute necessity to have a public health infrastructure that is capable of a robust response to any threat to the public’s health. Many of the difficulties in responding to the challenge of the coronavirus were the direct result of devastating cuts to critical public health programs on both the state and federal level during earlier periods of time in which the need for public health infrastructure was not recognized and public health expertise was not valued. Governor Mills, Commissioner Lambrew, and Dr. Shah are committed to protecting and improving the health of Mainers across the state and I am very proud to be a part of the effort. Just recently, MaineCare enrolled its 70,000th member in the expansion population. What a timely asset this policy change, implemented through Executive Order 1 as soon as Governor Mills took office, turned out to be as many Mainers lost their jobs and their employer-sponsored health insurance during the pandemic.

Responding to the opioid crisis faces similar challenges to those described above. Pervasive stigma, lack of treatment facilities, failure to prioritize primary prevention programs, and lack of investment to improve the social determinants of health are all barriers to putting together a robust response. In my last article, I detailed several of the initiatives the State had put into place to address the significant increase in the number

of fatal overdoses. In this article, I will report briefly on our progress.

OPTIONS program. The Overdose Prevention Through Intensive Outreach, Naloxone and Safety initiative has launched with \$2.5 million of federal funds supporting it. In addition to placing behavioral health specialists in each county to provide hands-on outreach to persons using illicit drugs, a media campaign began on January 15, 2021 delivering several relevant messages to both PWUD (people who use drugs) and the public.

DATA. Our new Opioid Data Sharing Committee now reviews a wide source of opioid-related data on a monthly basis. In addition, the Office of the Attorney General will in January begin releasing overdose fatality data on a monthly basis, rather than simply releasing reports several weeks following the conclusion of each quarter. It is hoped that the release of more timely data will better engage the public in our work.

OPIOID RESPONSE STRATEGIC ACTION PLAN (SAP). Since September 2020, a committed group of individuals has worked on updates to our SAP which was first developed in September of 2019. The original plan has grown from 20 strategies to 33 strategies, connecting to 9 priorities across the focus areas of Prevention, Treatment, Harm Reduction, and Recovery Support. Dozens of activities/initiatives support the various strategies. Most are financed through federal grants and private philanthropy with very minimal impact on the state’s biennial budget. The updated Plan can be viewed on our website.

As we proceed through 2021, I have every expectation that the pandemic will fade but we will still be very much left with the epidemic of substance use and substance use disorders. I appreciate the efforts of those of you actively engaged in treating Mainers with SUD. For those of you who do not, please consider getting your DATA 2000 waiver and treating patients who may well be in your practice now. Thank you for your support of our efforts and I welcome your thoughts, supportive or critical. We need to do better. Feel free to contact me at any time via e-mail or telephone at Gordon.Smith@maine.gov and 207-592-0859 (cell). Here’s hoping for a better year in 2021.

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.

- Jo Linder, MD
- Michael Szela, MD
- Dahl Chase Pathology Associates
- Down East Community Hospital
- Kennebec Anesthesia Associates
- MaineGeneral Medical Center
- New England Cancer Specialists
- Northern Maine Medical Center
- Oxford Hills Internal Medicine
- Pediatric Associates of Lewiston
- Pines Health Services
- Plastic & Hand Surgical Associates
- Spectrum Healthcare Partners

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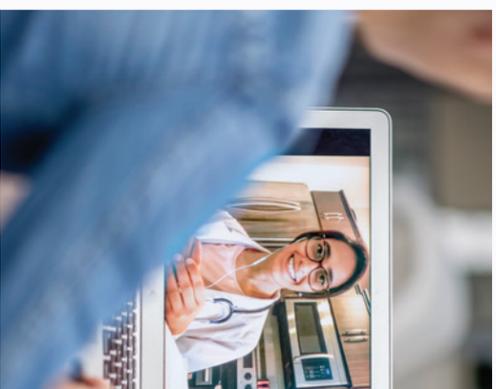


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