



Maine Medicine

a quarterly publication of the Maine Medical Association

OCTOBER/NOVEMBER/DECEMBER 2020

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

MMA-CQI

By Kayla Cole, Director, Center for Quality Improvement



Many of you have seen the press release from the MMA on October 5, 2020 announcing the creation of the Maine Medical Association Center for Quality Improvement. In this issue of *Maine Medicine* we wanted to share a little more background about the MMA-CQI team and the services that they offer to clinicians, health systems, and community based organizations in Maine.

The MMA-CQI staff are all original staff from the days of Maine Quality Counts before the merger with Qualidigm. Maine Quality Counts served as a neutral convener committed to transforming health and health care in Maine and had launched multiple statewide, innovative clinical

improvement initiatives, some of which still exist today like Caring for ME, which was developed in partnership with the MMA to help address the Opioid Epidemic. The MMA-CQI team will be continuing this mission through several of its current projects which focus on an array of topics such as improving care coordination and access to resources to address opioid/substance use disorder, improving the rates of HPV vaccinations, integrating oral health into overall health services for children, and the development of online, on demand learning modules for clinicians which can be accessed at www.qclearninglab.org. "Being able to continue the legacy of serving as a neutral convener for multi-sector stakeholder collaboration in Maine was critically important to both the MMA leadership and the CQI team members as we explored this partnership," commented Kayla Cole.

For more than a decade, Maine Quality Counts and then Qualidigm focused on providing support to clinicians and health systems in Maine as we all navigated the waters of Patient Centered Medical Homes, the Opioid Epidemic, and quality of care metrics spanning the continuum of care. "MMA can't give up on the excellent work done by Quality Counts/Qualidigm with Kayla and her team",

said R. Scott Hanson, M.D., M.P.H., a member of the MMA Executive Committee. "The Opioid Collaborative was crucial in supporting physicians and practices all over Maine as we responded to the crisis in overdose deaths and opioid use disorders. I'm looking forward to continuing the focus on quality medical care with CQI leadership. It's a great partnership!" added Dr. Hanson.

The team members of the MMA-CQI bring various experience to the Center for Quality Improvement and can provide support in the following areas: Data Visualization, Facilitation, Project Management, Quality Improvement (both small and large scale), education content creation and delivery, webinar creation and delivery, ECHO programs, technical assistance for both planning and implementation activities, workflow development, and process review to name a few. The services and projects we offer span the continuum of care from perinatal to older adult initiatives.

The MMA-CQI team members have worked together for four years now in various roles at both Maine Quality Counts and then Qualidigm. The team members also have previous experience in direct care, public health, and policy implementation. "We see this as a homecoming back to our Maine Quality Counts roots. All of the MMA-CQI staff have had the privilege to work with many of you on quality improvement initiatives and we couldn't be more grateful for the support from all of you that we have received throughout the years," added Kayla Cole.

If you would like to learn more about MMA-CQI please do not hesitate to reach out to either the MMA-CQI group via email at mmacqi@mainemed.com or to any of the staff directly at the emails listed. The MMA-CQI team is looking forward to our continued work together to help improve the overall health of Mainers.



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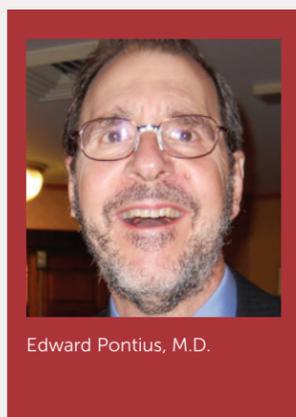
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KAREN SAYLOR, M.D. IS INAUGURATED PRESIDENT OF MMA DURING 167TH VIRTUAL GENERAL MEMBERSHIP MEETING

Because of the COVID-19 pandemic standards, the MMA's 167th Annual Session originally scheduled to be held at the Harborside Hotel & Marina in Bar Harbor was converted to a virtual format with the General Membership meeting held from 5:30 p.m. – 7:00 p.m. on Wednesday, October 14, 2020, and the CME part of the Annual Session offered as "enduring material" available on demand. Richard Evans, M.D., Moderator and John Garofalo, M.D., Vice Moderator, presided at the annual business meeting of the MMA membership which had better than average attendance in the virtual format. Edward Pontius, M.D.,

physicians as *2020 Public Health Heroes* for their outstanding leadership in the State's response to the COVID-19 pandemic. The five physicians identified as *2020 Public Health Heroes* with the *President's Award for Distinguished Service* are Nirav Shah, M.D., J.D., Stephen Sears, M.D., M.P.H., Siiri Bennett, M.D., Dora Anne Mills, M.D., M.P.H., and Laura Blaisdell, M.D. In addition to these awards, the meeting featured the inauguration ceremony during which outgoing President Amy Madden, M.D. turned the gavel over to President-Elect Karen Saylor, M.D.

Dr. Saylor is a geriatrician who is a founding member of Coastal Maine Direct Care in Falmouth. The membership also adopted a Resolution presented by the MMA Public Health Committee emphasizing an urgent need for consistent support (financial and public policy) for public health at the federal, state, and local levels of government. Finally, the membership accepted a series of annual reports of MMA committees, sections, and individual leaders. MMA hopes to present its 168th Annual Session as a live event during the weekend of September 10-12, 2021.



Edward Pontius, M.D.

a long-time member of the Maine Association of Psychiatric Physicians (MAPP) and MMA, was recognized with the *Mary Floyd Cushman, M.D. Award for Distinguished Humanitarian Service*. Dr. Pontius conceived of and was a principal advocate for development of the Maine FrontLine/WarmLine to assist Maine's clinicians on the front lines of the pandemic who

are struggling with the stress created by the novel coronavirus. Amy Madden, M.D. honored five Maine



Outgoing President Amy Madden, M.D. passes the gavel to incoming President Karen Saylor, M.D.



Karen Saylor, M.D. recognizes Amy Madden, M.D. for her work over past year as MMA President

Continued on page 4

167TH MMA ANNUAL SESSION CME AVAILABLE NOW!

Because of pandemic concerns, MMA converted its 167th Annual Session to a virtual format with two components. The first component was the General Membership meeting (usually held on Saturday morning of the Annual Session) which took place on Wednesday, October 14, 2020 from 5:30 – 7:00 p.m. (see front page article on this meeting). The second component is the CME portion of the Annual Session. Because we offered 6 CME credits for the meeting planned for Bar Harbor in September, we decided it was important to offer the same in a virtual format. We decided to defer the keynote presentation featuring Governor Mills and her COVID-19 response team to the 2021 Annual Session which we hope to offer in person at Sunday River in Newry, Maine the weekend of September 10-12, 2021. For this Annual Session, we are offering six individual one-hour modules on relevant topics as “enduring material” available online which you may access at your convenience. However, this Annual Session enduring material is only available until December 31, 2020. Please see the enclosed insert for more details. If you have further questions about the CME portion of the Annual Session, please contact Gail Begin at gbegin@mainemed.com.

KELLY MEEHAN-COUSSEE, M.D. TO SERVE ON MAINE EMS MEDICAL DIRECTION AND PRACTICE BOARD



The **Maine EMS Medical Direction and Practice Board** recently approved the Maine Chapter – ACEP nomination of Kelly Meehan-Coussee, M.D. to serve a 2-year term on the Board. The fourteen-member Board, chaired by J. Matthew

Sholl, M.D., is comprised of physician, prehospital, and clinical pharmacist representatives from each region of the State. The Board is legislatively authorized to oversee the State’s prehospital medical operations, including management of the Maine EMS Prehospital Protocols. The Board plays an important role in developing Maine’s emergency medical service’s statewide protocols and fostering positive working interactions between the state’s emergency physicians and EMS clinicians. Dr. Meehan-Coussee is an EMS and Emergency Medicine Physician at MaineGeneral Health in Augusta and Waterville, Maine. She received her medical degree from the University of New Mexico School of Medicine, completed her Emergency Medicine residency at Maine Medical Center, and received her Fellowship training in Emergency Medical Services at Brown University Department of Emergency Medicine in Providence, Rhode Island.

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PRESIDENT’S CORNER

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



Greetings members! It is an honor to be part of this organization and I am grateful to the Board of the Maine Medical Association for its confidence in having me as the face of the organization this year. It’s also a little daunting to be following in the footsteps of Dr.

Amy Madden, who has held the position this past year with such grace and professionalism. Especially in the midst of the dramatic changes that the pandemic has thrust upon all our lives, both personally but especially professionally. For the coming year, I’d like to continue building upon the themes of my predecessors: physician wellness and finding joy in medicine. I think one of the most important ways to do this is by staying connected with one another. This is particularly salient when we are having to remain socially distant from each other and from our patients, and of course especially challenging for the same reason.

Connecting with others is central to well-being and is at the heart of what brings us joy in medicine. It is also critical to understanding each other, to identifying with others, and to finding common ground, something that seemingly is not so common these days. Being connected with and understanding others, particularly people who are different from us, is also vital to eradicating prejudice and racism. As Dr. Martin Luther King, Jr. famously said, “People fail to get along because they fear each other; they fear each other because they

don’t know each other; they don’t know each other because they have not communicated with each other.”

Racism is toxic not only at a societal level but also within our own profession. Health care disparity resulting from inherent bias is well documented. You need look no further than the current pandemic to see evidence of glaring health care disparities. We are all familiar with the statistics: Black Americans with COVID-19 symptoms are less likely to get tested and treated, with the result that the death rate among Black Americans is more than twice that of Whites. And this statistic can be repeated for many other chronic diseases as you well know.

And so that is why I’d like to focus on communication and connection with one another and with our patients, specifically as a tool to help address the implicit biases we all possess. This will be particularly challenging not only because of the pandemic but also because we live in one of the least diverse states in the nation. But I think that makes this work that much more important; the fewer opportunities we have to interact with and connect with people across the diversity spectrum, the harder it is to eliminate our implicit biases. Toward this end, we are forming a new ad hoc committee on race, ethnicity, and healthcare disparity which you will be hearing more about in the coming weeks and months.

So, I’d like to invite you to connect with me and share your ideas about this or any other topic including how the MMA can best serve you. You can email me at president@mainemed.com or call my cell phone at 207-402-0659. In the meantime, stay connected with one another, be joyful, and stay well.

DOUBLING DOWN ON OVERDOSES

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



Greetings to my MMA friends. I appreciate the continuing opportunity to share regularly with you the work we are doing in my office to respond to the continuing epidemic of Substance Use Disorder. As I noted in my last column, the global pandemic has

had a negative impact on our response to the opioid epidemic. Many Mainers continue to struggle with SUD and increasingly the problem is one of polysubstance use. Many physicians on our Opioid Response Clinical Advisory Committee report that they rarely see a patient who is abusing only a single substance, be that heroin, cocaine or meth. Alcohol continues to be a serious problem as well. The result is an increased risk of overdose, with the restrictions brought on by the pandemic also a causative factor. We are responding aggressively to the increases in both non-fatal and fatal overdoses:

1. We are making a \$2 million investment to provide behavioral health professionals in each county to respond to overdoses and to provide outreach services to the patient and his or her friends and family. These “co-responder” programs have been successful in some areas of Massachusetts and Connecticut and there is a growing evidence-base supporting their use.
2. We have beefed up the data collection and analysis and our new Opioid Data Committee is now collecting nearly twenty sources of opioid-related data and analyzing that data so that our policy decisions are data driven. Much of this work is performed by the research team at the Margaret Chase Center at the University of Maine, led by the very capable Marcella (Marci to us) Sorg, PhD. I am very indebted to the group for providing the data from multiple sources on a very timely basis.
3. In response to the problem that many persons use drugs alone, we are providing information and services through a dozen syringe service programs, programs which we have been able to increase from seven to potentially as many as 14 by the end of the year.

4. In far too many instances, overdoses are occurring when others are present and no call is placed to 911. When Narcan is available and successfully used, we may never learn of the overdose, making it impossible to reach out to the individual to provide services. The call to 911 is likely not made because of distrust of law enforcement and ignorance of the Good Samaritan law which was enacted in 2019 and protects meaningful protection to the caller from prosecution from possession or trafficking charges. We are preparing appropriate media campaigns to deliver the message of not to use alone and to call 911, and informing PWUD (People Who Use Drugs), their friends and families of the Good Samaritan law.

In other significant activities, we held a mini-retreat (virtually) of nearly thirty partners to review the existing Opioid Response Strategic Action Plan which was developed one year ago. Given the pandemic, the increase in overdose fatalities and the passage of time, it was the right time to see if the Plan still hits the mark given the current situation. Some amendments have been suggested and will be presented to Governor Mills for her final review and decision. The Clinical Advisory Committee, chaired by Alane O’Connor, DNP and Lisa Letourneau, M.D., MPH, continues to provide us with valuable clinical feedback. We are in the process of reviewing recommendations for the treatment of stimulant use disorder and these guidelines will be placed on appropriate websites for your use. This will be the third set of clinical guidelines developed by the Committee. Many of you serve on the Committee and I am very appreciative of your time and effort in this work.

As many of you know, our Strategic Action Plan is comprehensive and focuses on the four areas of Prevention, Treatment, Harm Reduction and Recovery Support. We are making progress, but this issue has been with us a long time and there are no proverbial “silver bullets” that are going to solve it. But we certainly can harness the resources of government to address the problem effectively and provide critically important services to so many Mainers who continue to struggle. They deserve no less. Thank you for your work.

Let’s all hope for a better 2021.

NOTES FROM THE CEO

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



I am honored to serve as CEO of the Maine Medical Association and I have thoroughly enjoyed my first, very unusual, year in the role. I will summarize our work on behalf of Maine physicians and their patients during the past year for the General Membership

meeting of the MMA's 167th Annual Session. My report to the membership at last year's General Membership meeting focused on transitional matters relating to my succession from Gordon Smith and anticipation of the Board of Directors' planned strategic planning process. Like all organizations in the current environment, MMA has experienced a busy and tumultuous year, one marked by a series of unusual events.

The following is a list of brief bullet points addressing the noteworthy aspects of the MMA's activities during the past year.

- **Celebrating 165 Years of MMA Leadership Gala.** MMA family members and friends enjoyed a delightful evening in late October 2019 at Brick South in the Thompson's Point area of Portland reminiscing and celebrating the leadership of Daniel C. Hanley, M.D., Frank O. Stred, and Gordon H. Smith, Esq.
- **Board of Directors Strategic Planning Process.** The Executive Committee and Board devoted many hours during the last quarter of 2019 developing and refining its strategic plan to ensure that MMA is prepared to serve the needs of the next generation of Maine physicians, residents, and medical students.
- **AMA Practice Transformation Initiative (PTI)/MHA Collaboration on Clinician Wellness Initiatives.** Efforts to achieve physician health and wellness, and to foster "joy in medicine" remain a priority for MMA. As President, Dr. Bob Schlager brought together leaders of our medical community for a "Wellness Summit" in the Spring of 2019. In the Fall of 2019, MMA was selected as one of four state medical societies (along with our counterparts in NY, OH, and SC) to participate in Cohort II of the Practice Transformation Initiative (PTI), a clinician wellness project sponsored by the AMA and the Physicians' Foundation. MMA also is collaborating with the Maine Hospital Association to support clinician wellness initiatives.
- **New Director of Communications & Government Affairs Dan Morin.** On January 1, 2020, we welcomed Dan Morin to the MMA staff as Director of Communications & Government Affairs. Dan is a Lewiston native who has substantial experience in communications, public relations, and government affairs. Before joining MMA, Dan served in communications and government affairs roles with MaineHealth, the Maine Turnpike Authority, and the Kansas Medical Society. Dan also worked in the Honolulu City Council and the Hawaii Legislature while his wife, family physician and Maine native Jessika Morin, M.D., served there in the Army.
- **"No on 1" Vaccine Campaign (March 3, 2020 primary election ballot).** Under the guidance of retired MMA General Counsel Peter Michaud, J.D., R.N., a coalition of medical and public health organizations pursued a successful campaign in the 129th Maine Legislature to eliminate religious and philosophical exemptions to vaccination requirements. Then, the coalition successfully defended the new law from a "People's Veto" referendum campaign with a 73% "no" vote. Peter

played an important strategy role in the campaign and Laura Blaisdell, M.D. was a persuasive spokesperson.

- **Abbreviated 129th Maine Legislature Second Regular Session.** The Second Regular Session of the 129th Maine Legislature came to an abrupt close as the pandemic spread in early March. The session adjourned with many bills unresolved on the Appropriations Table or on the House and Senate calendars. The legislature is unlikely to return at this point in the year, so many of the proposals reflected in the unfinished business, along with COVID-19-related bills, are likely to be considered in the 130th Maine Legislature. The new legislature will be seated in December and should begin work on the first Wednesday after New Year's Day, though the legislature's schedule and format in the pandemic circumstances remains to be determined.
- **COVID-19 Response and Support for Members.** Supporting MMA members and the health care community in Maine has been the focus of our work since the pandemic emerged in early March. The scope of work has been wide, from the "big picture" of advocacy at the state and federal level and communicating critical information and messages to members and with the media, to direct 1:1 assistance for individual members with issues or questions specific to their practices. The key topics have included clinical and public health resources (PPE, testing supplies), new practice supports such as telemedicine, financial assistance, behavioral health support, and professional liability concerns, among others.
- **Formation of the MMA Center for Quality Improvement ("MMA-CQI").** While MMA was disappointed to lose a valued partner when Wethersfield, CT-based health care quality improvement consulting organization Qualidigm dissolved on October 1, 2020, we are pleased to welcome five Maine employees of Qualidigm to the MMA team. Through the opportunity presented by the Qualidigm leadership, MMA has established the MMA Center for Quality Improvement (MMA-CQI) to continue the Maine Quality Counts and Qualidigm legacy in providing a wide range of health care quality improvement consultation and support for the health care community in Maine.
- **MMA Initiative on Race, Ethnicity, and Health Disparities.** During the Summer of 2020, the MMA issued a *Statement on Systemic Racism*, following a wide-ranging board discussion of the issue in mid-July: https://www.mainemed.com/sites/default/files/content/Systemic%20Racism%20Statement_Maine%20Medical%20Association_20-0609.pdf https://www.mainemed.com/sites/default/files/content/Systemic%20Racism%20Statement_Maine%20Medical%20Association_20-0609.pdf. The MMA also committed to exploring its own experience with implicit bias and to developing a plan to address issues of race, ethnicity, and health disparities in our society. At its September meeting, MMA board members established an *Ad Hoc Committee on Race, Ethnicity, and Health Disparities* with a charge to provide guidance to the board in this effort. The board will continue work on this initiative during its annual President's Retreat scheduled for Saturday, November 7, 2020.

I and my 21 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.



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Information in this newsletter is intended to provide information and guidance, not legal advice. Since exact language and definitions of key terms are critical to understanding the requirements of legislation, rules or laws, we encourage you to read each carefully. Articles submitted to Maine Medicine represent the views of the author only and do not necessarily represent MMA policy.

THANKS TO 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.

Michael Curran, MD

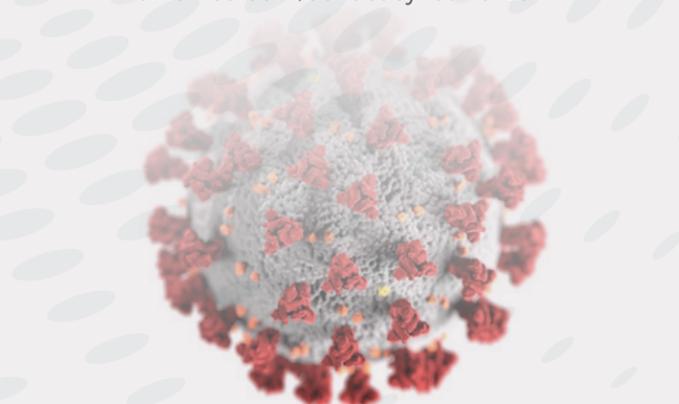
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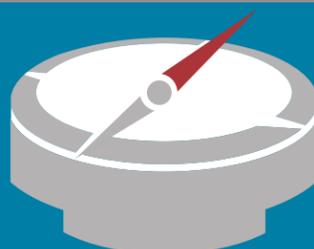
Update your email address with MMA to stay current on communications from the Maine Medical Association.

Email Lisa Martin at lmartin@mainemed.com.

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



Visit the mma website:
www.mainemed.com



Resolution #1 RE: A Call For Permanent On-going Support for Public Health Work in Maine and Nationally

Submitted by the MMA Public Health Committee
Approved October 14, 2020

NOW, THEREFORE, BE IT RESOLVED that the Maine Medical Association and physician community strongly and urgently recommend a full commitment at the national and state levels to assure on-going financial support for public health;

BE IT FURTHER RESOLVED that the Maine Medical Association prioritize those health care coverage options that provide strong financial support for on-going policies specifically designed for public health;

BE IT FURTHER RESOLVED that the Maine Medical Association collaborate with the efforts of the American Public Health Association, the Maine Public Health Association and other public health organizations to assure solid, on-going support for public health;

BE IT FURTHER RESOLVED that the Maine Medical Association will advocate for strong financial and policy support for public health by our elected representatives at both the state and federal levels;

BE IT FURTHER RESOLVED that the Maine Medical Association will send a copy of this resolution to members of Maine’s Congressional delegation and State of Maine leadership.

SPECIALTY SOCIETY MEETINGS

January 29-31, 2021

Northern New England Annual Urology Program
Sunday River Resort
Contact: Dianna Poulin 207-480-4194 or dpoulin@mainemed.com

February 27-28, 2021

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

April 15-16, 2021

Maine Association of Psychiatric Physicians Spring Meeting
Theme: Sleep Disorders
Hilton Garden Inn – Freeport, ME
Contact: Dianna Poulin 207-622-7743 or dpoulin@mainemed.com

May 7, 2021

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

May 19-22, 2021

29th Annual MAFP Family Medicine Update & Annual Meeting
DoubleTree by Hilton Portland, South Portland, ME
Full brochure and registration available after January 15, 2021 at www.maineafp.org
Contact Deborah Halbach at 207-938-5005 or maineafp@tdstelme.net

By Lani Graham, M.D., M.P.H.



Full Support for Public Health: Now is the Time

As we look toward Maine’s next Maine legislative session as well as actions in the next U.S. Congress, it appears that there is an overwhelming

array of issues to be addressed. But, thanks to the tragic mismanagement of COVID-19 at the federal level, as well as the years of declining commitment to public health at all levels of government, there is one issue that must surely be considered at the top of the list. That would be on-going, solid financial support for public health in this state and across the nation.

Fortunately, in Maine the medical community and public health has been well supported during the pandemic by our Governor and the very hard, almost miraculous, work of the Maine CDC Director, Dr. Nirav Shah, and his team. Nevertheless, public health in Maine was at a low point when Dr. Shah took over his position, and despite his work, it is hard to catch up in the middle of a pandemic. Much remains to be done. The Maine Centers for Disease Control and Prevention needs to be rebuilt to adequately address the public health needs of Maine people.

We in the Maine Medical Association (MMA) Public Health Committee have established support for public health as our number one priority at both the state and federal levels and submitted a resolution to that effect for the general membership and the Board to consider. Resolution #1 received strong support and enactment at the General Membership meeting. Here are some of the points we used to support our resolution:

- MMA policy specifically mentions the importance of public health to the well-being and safety of Maine people as one of its four “core values” in its health care reform statement of 2017 – “the health of populations;”
- it is widely acknowledged that chronic federal and state underfunding of public health is one of the reasons for the lack of preparedness for COVID-19 as well as its spread;
- health care spending in the United States tops 3.5 trillion dollars every year despite the fact that significant numbers of people have no access or poor access, and according to a 2017 report from the Trust for America’s Health, public health funding represents just 2.5% of that figure;
- insufficient support for public health has not only left our state and nation vulnerable to an infectious disease pandemic, but has also resulted in the neglect of all public health services, including a failure to control other epidemics such as opioid addiction, vaping, obesity, firearm trauma;
- a strong, well-funded public health system is needed to develop and maintain high quality surveillance data to determine the on-going status of the public’s health as well as the response to various interventions aimed at improving health.

The resolve asks the MMA and the physician community to strongly and urgently recommend a full commitment at the federal and state levels that will assure on-going support for public health, and that the MMA prioritize those health care coverage options that provide such support with the emphasis on policies specifically designed for public health. If we don’t act now to support strong, on-going financial support for public health now, it seems likely we never will. See enacted Resolution to the left of this article.

Continued from page 1...Karen Saylor, M.D. Is Inaugurated President of MMA During 167th Virtual General Membership Meeting

2020 Public Health Heroes Presented with the President’s Award for Distinguished Service



Nirav Shah, M.D., J.D.



Stephen Sears, M.D., M.P.H.



Siiri Bennett, M.D.



Dora Anne Mills, M.D., M.P.H.



Laura Blaisdell, M.D.

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By Dan Morin, Director of Communications and Government Affairs



Political Participation: A Must

The Maine Legislature will meet again in January 2021. When, how, and for how long is still in question during the pandemic. But

it will happen. Throughout my professional political career, I have often reminded members and employers of a few immutable political quotes:

"Just because you do not take an interest in politics doesn't mean politics won't take an interest in you." – Pericles

"Those who do not do politics will be done in by politics." – French Proverb

"All politics are based on the indifference of the majority." – James Reston

Most Americans participate in limited ways, only discussing politics with family and friends or following political events through the news. Most are not at all civically or politically engaged, a little over one-third are modestly engaged, and only one in five are highly engaged. That means members of an active professional organization can be quite effective.

It is certainly not news that the public has grown more pessimistic about our ability to bridge political differences and address important policy issues. People are consistently more likely to rank health care as important than any other issue and there are surprisingly few generational differences in issue priorities on opposite ends of the demographic spectrum. Young Americans and seniors are each about as likely as the other to say that health care is a priority issue.

With today's ever-shifting landscape of patient needs, the regulatory environment, and downward cost pressures, physician leadership is required outside the system, as much as inside, to meet the changing demands of health

care. The problem is that many physicians are not at all engaged. In fact, physicians have the lowest engagement across the health care workforce. Some of you are simply too busy or may also be skeptical of the ability to effect change, feel isolated from elected officials, and be overwhelmed by the extent of change required in the system. However, you can have an enormous impact on public policy. The key is to understand the process and that is where the MMA comes in.

Having been observers and participants in the political process for more than five decades combined, MMA CEO Andy MacLean and I have been constantly amazed at how effective volunteer advocates can be. And while the public is increasingly skeptical of and disenchanted with politics, public polling confirms they still trust physicians. This has become especially evident during the COVID-19 pandemic, despite the well-identified skeptics and outliers who choose to ignore recommended safety measures and actions to help contain the pandemic.

Political participation is imperative and can help physicians preserve autonomy in a profession increasingly encroached upon by external factors such as laws, regulations, metrics, and payment changes. Health care reform is more than just theoretical when your patients struggle to get needed care. It is not an abstract concept when a patient cannot take a day off work to see you for an illness or cannot afford a needed medication. Patient constituents can also be a tremendous help in advocating for legislation since they are ultimately affected by its enactment. Stories are more memorable than data because they include both facts and emotion. They can be the most effective impetus for change. With widespread member participation, all it may take from you is only a few emails or a couple phone calls a year to make an actual difference in a policy outcome.

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.

MEDICAL MUTUAL INSURANCE COMPANY OF MAINE RISK MANAGEMENT PRACTICE TIP

Telephone Triage Systems for the Office Practice

Telephone triage, when done effectively, can improve access to the appropriate level of care, practice efficiency, patient satisfaction, and patient/provider communication. However, it is not a replacement for medical care. Staff and patients need to be aware of the limitations of telephone communication.

Triage systems that involve screening of patient symptoms and subsequent clinical advice should use registered nurses with the appropriate background, training, and clinical experience. Written clinical protocols should be in place to guide this process.

Triage systems for practices solely staffed by medical assistants should have protocols in place that guide how questions are handled and addressed, both clinical and non-clinical.

Because the provider is responsible for any information staff provide to patients, written protocols, for nurses and medical assistants, should be reviewed and approved annually by the providers in the practice.

Improve Telephone Communication

The following recommendations will assist in the development of a structured telephone triage system.

- Establish a written policy that defines the telephone triage system to include the following:
 - Define Scope: Describe what the program will cover.
 - Define Purpose: State the intent of the program.
 - Define Personnel: Define required staff qualifications and duties.
 - Define Hours of Operation.
 - Define Program Components: Telephone call management process, written clinical protocols, documentation process and quality review.
- Provide staff education annually and as needed.
- Standardize documentation through the use of a telephone encounter form or EMR template.
- Practice consistent management of patient telephone communications.
- Monitor the program regularly; educate staff on findings.

Minimize Professional Liability

A telephone consultation poses the same level of professional liability risk as an office visit. The duty to provide care is legally established from the moment the patient seeks advice. Minimize professional liability by practicing the following:

- Use written protocols as an adjunct to, not a replacement for, critical thinking and clinical decision making.
- Document an explanation when deviation from written protocols occurs.
- Return patient calls in a timely manner according to defined parameters, inform patient when to expect a call back.
- Require provider review of triage documentation as defined by policy, including time, date of the review, and provider signature. In the EMR, assure the system reflects provider acknowledgment of the triage documentation.
- Document telephone communications immediately; use standard encounter form or EMR template.
- Document patient understanding of advice given. Advise the patient on steps to take if symptoms worsen.

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.

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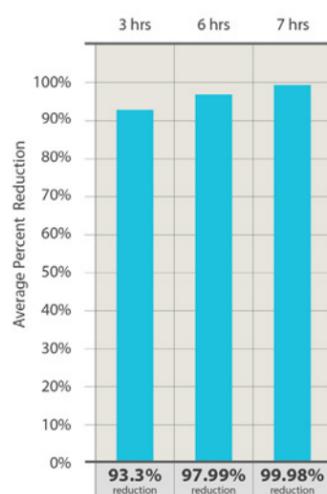
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MEDICAL PROFESSIONALS HEALTH PROGRAM

By Guy R. Cousins, LCSW, LADC, CCS, Director MPH

Physical Distancing - Socially Connected

I attended Governor Mills' second opiate summit in July, virtually. The theme of the summit was "Compassion, Community, and Connection" reflecting the personal and societal challenges of substance use disorder and the conditions needed to advance and support recovery/wellness."

Dr. Vivek Murthy, the former Surgeon General of the United States in the Obama administration was the keynote speaker. Murthy recently authored a book entitled, *Together, The Healing Power of Human Connection in a Sometimes Lonely World*.

Even before the COVID-19 pandemic, Murthy believed that we were facing another health crisis: loneliness. Loneliness is a serious social issue - not just an elderly issue (myth). Loneliness is a subjective feeling about how we feel about the quality of our connections. It's the gap between the social connections we **need** and the ones that we **have** in our lives. Loneliness is a natural signal that our body sends us that we need social connection to meet our needs.

From an evolutionary perspective, humans are hard-wired to be physically and socially connected. It has ensured the survival of our species, that there is safety in numbers, and we can watch over each other to be safe. Historically, when we were separated from our tribes/clan/groups, we experienced stress because our survival was in jeopardy. Murthy suggests that separation (and loneliness) activated our stress response. Moving that idea forward to today's world, our separateness and loneliness still have those effects on our minds and bodies. Paradoxically, when individuals are feeling lonely, they tend to isolate and stay to themselves, which often perpetuates loneliness further and creates shame. When loneliness is chronic, then there are patterns that develop physically and psychologically.

Studies around the world show that more people have been feeling a greater sense of social isolation which has many negative effects on our health. They include higher blood pressure, depression, anxiety, dementia, heart disease, and fragmented sleep, which impacts overall health. Loneliness is more common and consequential to our health than we ever realized. Murthy recommends that everyone take more seriously the idea of loneliness and focus more on fostering authentic connections face-to-face and virtually to address it head on.

The challenge: Loneliness has a stigma associated with it and there is often an internal dialogue generated. Admitting you are lonely may be admitting that you are not likeable, socially deficient, or broken in some way. Often shame is a part of that and because of the power of those feelings they are often hidden, even though others may be having similar feelings.

In our world today with the current pandemic, Dr. Murthy introduces an important mantra: to **physical distance** while remaining **socially connected** with people.

Dr. Murthy who authored the 2016 landmark report on addiction has said if he could rewrite his surgeon general report on addiction, he would put more of an emphasis on the role of social supports and preventing substance use disorders.

So, let's take some simple steps from Dr. Murthy: as we continue to work on the opioid epidemic within the COVID-19 pandemic, work toward and support others to practice physical distancing while remaining socially connected with others.

You can reach out to the Medical Professionals Health Program at 207-623-9266 or learn more at www.mainemph.org.



MAINE DHHS UPDATE

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



Addressing the Challenges of Rural Health and Health Care in Maine

As Maine physicians work to respond to the challenges of providing health care while also responding to new and emerging issues such as the COVID-19 pandemic, many face additional challenges of providing care in our highly rural state: according to the 2010 US Census data, Maine is the most rural state in the nation, with more than 60% of Mainers living in rural areas. Additionally, many challenges of providing care are amplified in rural populations, which have higher levels of poverty and uninsurance, and higher rates of chronic disease and advanced age. At the same time, many rural providers and hospitals experience financial stressors that can threaten their very existence. Given the challenges, it's no surprise that on measures of health risks and outcomes, many of Maine's most rural counties rank as highest for health risks and lowest for health outcomes 2020 County Health Rankings (<https://www.countyhealthrankings.org/reports/state-reports/2020-maine-report>).

Given those challenges, Maine DHHS has identified rural health as one of its key priorities for action and has launched a rural health initiative that seeks to bring innovative and collaborative approaches to transforming rural health and health care services in Maine. Key elements include the following:

- **Engage communities and key stakeholders:** To ensure input from rural stakeholders, Maine DHHS conducted a foundational series of Rural Health Listening Sessions across the state in 2019 and summarized those findings in a summary report (<https://www.maine.gov/dhhs/mecdc/public-health-systems/rhpc/hwf/documents/Final.pdf>) that is being used to guide its efforts. Additionally, DHHS has convened a multi-stakeholder Rural Health Transformation Team to provide input and guidance, bringing together representatives from a wide range of sectors. Information on these efforts is shared on the DHHS Rural Health Transformation webpage (<https://www.maine.gov/dhhs/mecdc/public-health-systems/rhpc/hwf/meetings.shtml>).
- **Strengthen telehealth:** Recognizing telehealth as an essential component of care in rural communities, Maine DHHS is working to remove policy and payment barriers to providing

telehealth services. While much progress has been made during the COVID-19 emergency, we are committed to finding ways to make these changes permanent wherever possible and providing additional support to providers to make telehealth a routine part of care into the post-pandemic period.

- **Strengthen primary care:** Primary care is often the first point of contact with the health care system in rural communities, but the current fee-for-service payment system creates significant challenges to its viability, particularly in rural areas. Maine DHHS is working to promote alternative payment models for primary care, including participation in the upcoming CMS Primary Care First model (<https://innovation.cms.gov/innovation-models/primary-care-first-model-options>), as well as modernizing the MaineCare primary care payment program.
- **Support the rural workforce:** In addition to providing more support for the existing workforce, DHHS is committed to developing new and innovative workforce models needed in rural communities, such as Community Paramedicine and Community Health Workers.
- **Support regional care models:** Recognizing that high-need services can be increasingly challenging to support in rural communities, we are working to identify creative regional approaches to care, beginning with a focus on supporting appropriate access to maternity and perinatal care in rural communities.
- **Advance innovative payment change:** Maine DHHS is eager to identify innovative opportunities to test new payment models that can better meet the needs of rural communities. Noting the new CMS CHART model (<https://innovation.cms.gov/innovation-models/chart-model>) for transforming rural hospital payment, we are currently seeking rural hospitals and communities that are interested in partnering with the State to develop a Maine application to participate in this effort.

While the need to improve health and health care in our rural communities presents significant challenges, we recognize that Maine providers are innovative, hard-working, solution-oriented, and up to the task. By working together, we can improve health and health care across the state to create opportunities and build a hopeful future for generations to come.

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Academic Detailing is peer-to-peer educational outreach designed to improve prescribing practices. Prescribers may request an individual 1-hour Academic Detailing session, and sessions can be scheduled for any time of day. There is no charge for the session.

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.

BAYSTATE FINANCIAL FISCAL FITNESS FOR LIFE

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

Accessing the Advice You Need

With the ever-increasing complexity of the financial world, it has never been more vital to have access to reliable financial advice. The challenge which many physicians face is gaining an understanding as to how financial professionals are allowed to provide advice. These various relationships can be characterized by one of three service models.

- 1) Financial Product Solutions.** You are acquiring various insurance products, variable annuities or investments – purchased through a Brokerage Account. In this model, the financial professional will be acting in their capacity as an **Insurance Agent** or **Registered Representative** and their compensation is provided in the form of commissions received from the product sponsor. The advice provided is limited to advice specific to the product or investment being purchased.
- 2) Asset Management.** Involves providing you with investment advice specific to the assets under the Financial Advisor's management. Quarterly or annual reviews are required. You will pay a fee; traditionally it is a percentage of assets being managed. The paying of a fee for advice establishes a relationship between you, the **Financial Advisor** and the institution responsible for supervising your advisor.
- 3) Financial Planning.** Distinct from the first

two models in that, while in the first two relationships the advice provided is limited to the specific products being acquired or assets being managed, with Financial Planning, the advice provided is intended to cover all aspects of your financial life. With this model, you pay a fee to a **Financial Planner** to access Education, Analytics, Data Collection and Evaluation and Financial Modeling, designed to position you to make informed decisions in all areas of your financial life. The planning fee is based on the level of complexity of your situation and the range of services you choose to access. Here again, the fee establishes a relationship. It should be noted that any insurance products and/or investment services acquired as a result of plan implementation are acquired outside of the financial planning relationship and are covered under one of the prior two service models.

Each model for receiving "Financial Advice" has its place in helping you create a financial infrastructure to support the realization of the future you hope for. The seriousness of this important endeavor calls for more than simply finding a competent "vendor of service." Rather, it calls for finding an "Ally," someone who is trustworthy, like-minded, and able to provide you access to the talent and resources you need to create and maintain your fiscal well-being.

Unfortunately, the third option only tends to be sought out by physicians when their situation becomes too complex for them to feel comfortable managing themselves, causing a sense of urgency to bring order to the chaos; or if they face an overwhelming problem which needs professional expertise to address properly.

The time-honored adage in medicine is also true in financial planning. "An ounce of prevention is worth a pound of cure." Just as when maintaining your physical well-being there are benefits for being proactive, rather than reactive, so it is true regarding your fiscal well-being. Why not decide to treat your family's fiscal well-being with the same standard of care you provide for your patients' physical well-being?

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



BEYOND THE STETHOSCOPE: RYAN BEST, M.D. BALANCES LOVE OF MEDICINE AND MUSIC



Ryan Best is an audiophile and music has been a focus in his life since age 5. He has extensive experience performing in choirs and choral groups since his early life in Texas. Ryan earned a B.A. in music as an undergraduate at Texas A&M with concentrations in both voice and sound engineering. He then spent several years working in sound engineering and information technology in Colorado before returning for a B.S. in biology at the University of Colorado, Colorado Springs. During medical school at the

University of Colorado, he further developed his interest in vocal performance through participation with the campus choir, the *Arrhythmias*.

While his busy practice schedule at this stage of his career has not permitted him to sing with local choirs or choral groups, music remains a central part of his daily life. He plays the acoustic guitar and hammered dulcimer. He has designed and built a sophisticated home audio system, including a half dozen sets of speakers which he has built from scratch. Ryan has a "moderate" vinyl collection and appreciates the nostalgia of phonographs and records, but also likes the convenience and varied content available in digital format. Of the current streaming services, he prefers Spotify for its large catalog and ability to build one's own personalized playlists. Ryan describes his musical taste as eclectic and wide-ranging, but he leans towards acoustic singer/songwriters and folk artists, recently including the acoustic vocal quintet *Darlingside* and singer/songwriter Henry Jamison, though he still

proclaims James Taylor to be his favorite musician. Before the novel coronavirus pandemic, Ryan and his wife, Cora, enjoyed the local live music scene, especially at smaller venues like One Longfellow, the Port City Music Hall, and Blue. Ryan embraces the contrasting "right brain/left brain" aspects of the humanities and sciences through his passions for both music and medicine. "Music is life," says Ryan. "Practicing medicine can be incredibly stressful, but music helps me to process and appreciate my experiences while reminding me of what is important in life," he added.



Ryan Best, M.D. completed his residency in internal medicine at the Maine Medical Center and now is a post-doctoral fellow in pulmonary and critical care medicine at the Maine Medical Center. He served as a resident member of the Maine Medical Association Board of Directors and still serves as an at-large member of the 30-member Board. Ryan and his wife, attorney Cora Best, live in Westbrook. Cora served a legal externship with MMA while a student at the University of Maine School of Law.

NEW REGULATORY FRAMEWORK FOR PHYSICIAN ASSISTANTS IN MAINE

Following two years of deliberations, the 129th Maine Legislature enacted and Governor Mills signed legislation making substantial changes in the regulation of physician assistants in Maine. The legislation, L.D. 1660, An Act to Improve Access to Physician Assistant Care (P.L. 2019, Chapter 627) may be found on the web at: http://www.mainelegislature.org/legis/bills/bills_129th/chapters/PUBLIC627.asp. Since enactment of the legislation, the two physician licensing boards have been drafting and taking public comment on amendments to Joint Rule Chapter 2, Regarding Physician Assistants. While these rule amendments likely are near final, the Boards' deadline for public comment is late October after this issue has gone to press. You can find the proposed amendments on the Board of Licensure in Medicine's home page here: https://www.maine.gov/tools/whatsnew/index.php?topic=Med_Law_Update&id=3356004&v=article2019. The new regulatory framework eliminates the delegated authority of physician assistants and the direct 1:1 supervisory relationship between a single physician and a single physician assistant. The new framework is based on a continuing obligation for a physician assistant to be in "consultation" and "collaboration" with one or more physicians as part of a health care team. MMA attorney Andrew MacLean is available to assist members with compliance questions (amaclean@mainemed.com; 207-215-7462). MMA also will be exploring opportunities to provide compliance assistance in collaboration with the Maine Hospital Association, Maine Osteopathic Association, Maine Primary Care Association, Maine Academy of Family Physicians, the state's medical specialty organizations, and others with an interest in the new laws.

MAINE FRONTLINE WARMLINE NOW AVAILABLE TO SUPPORT MAINE SCHOOL TEACHERS & STAFF

The "Maine FrontLine WarmLine" is now expanding its services to include Maine's educators and school staff. The Maine FrontLine WarmLine is a phone support service that provides Maine's essential health care workers, first responders, and now school staff with help in managing the stress of providing essential services during our fight against the COVID-19 pandemic.

MFLWL launched in April as a joint effort of the ME Medical Assoc., ME Assoc. of Psychiatric Physicians,

ME Dept. of Health and Human Services., ME Dept. of Public Safety's EMS, Opportunity Alliance, ME Psychological Assoc., the ME Chapter of the National Assoc. of Social Workers, the ME Dept. of Education, and the ME Education Assoc.

The FrontLine WarmLine is available from 8 AM to 8 PM, 7 days a week by calling (207) 221-8196 or texting 898-211





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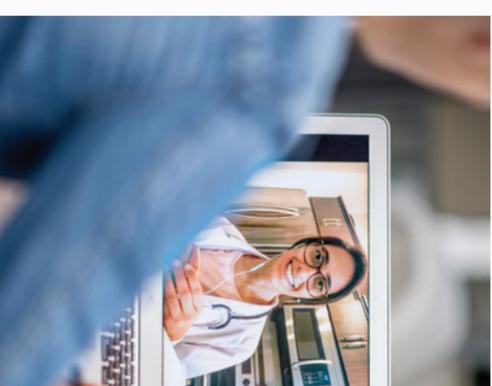
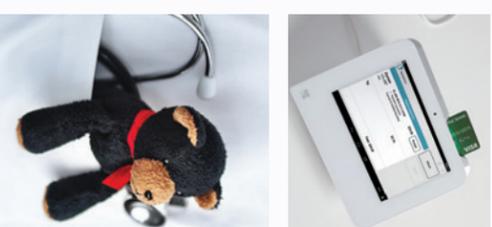
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