



Maine Medicine

a quarterly publication of the Maine Medical Association

OCTOBER/NOVEMBER/DECEMBER 2017

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

MMA CONCLUDES 164TH ANNUAL SESSION

Current President Charles Pattavina, M.D. will continue to serve as President until Feb. 1, 2018 at which time President-elect Robert Schlager, M.D. will assume the Presidency. Dr. Schlager is a family physician practicing in Pittsfield and serves as Chief Medical Officer of Sebasticook Valley Hospital. At the Board meeting on Friday, Sept. 8, Amy Madden, M.D. of Belgrade was elected chair of the Board for the coming year. Dr. Madden is a family physician associated with the Belgrade Regional Health Center and recently completed a fellowship in geriatrics.

Five hours of CME were presented on the topics of Professionalism and Advocacy with expert panels moderated by Judiann Smith of the Hanley Center for Health Leadership. These topics attracted the largest attendance in the last few years.

On Saturday evening, Richard Corbin, M.D. was presented with the Mary Cushman Award for Humanitarian Service, recognizing his exemplary voluntarism with the Oasis Free Clinic in Brunswick. The award also includes a \$1,000 contribution to the free clinic from the Maine Medical Education Trust. Kenneth Christian, M.D. of

Holden was presented with the President's Award for Distinguished Service, recognizing his continuing role as Chair of MMA's Nominating Committee and his dedicated previous service as Chair of the Board of Directors.

During the business meeting Saturday morning, members elected Drs. Susan Woods, Erik Steele, Kenneth Christian, and medical student Madeleine Wetterhahn to the Board of Directors. Michael Parker, M.D. was re-elected as Treasurer and Andrew MacLean, Secretary.

Governor Paul R. LePage spoke during the Friday evening opening reception. After thanking members for their work on the opioid crisis, the Governor expressed his strong opposition to the ballot question requiring the state to expand Medicaid and discussed his talks in Washington regarding the ACA repeal and replace efforts.

Resolutions can be found on the MMA website at www.mainemed.com. There were four resolutions, all relating to various aspects of public health.

SUCCESSFUL MMA/MHMC SYMPOSIUM WAS HELD ON OCTOBER 11TH

The Maine Medical Association and the Maine Health Management Coalition successfully presented the 2017 Symposium on October 11 at the Abromson Center at the University of Southern Maine in Portland. The event was the third collaboration in an educational symposium sponsored by the two organizations in an attempt to bring the purchasers of health care and the providers of that care together in an educational setting. More than three hundred attendees registered to hear a keynote presentation by Dr. Elisabeth Rosenthal and to participate in eight breakout sessions.

Following welcoming remarks by MMA President Charles Pattavina, M.D. and MHMC Interim CEO Michael DeLorenzo, Spectrum Healthcare Partners President Daniel Landry, M.D. introduced Dr. Rosenthal, currently the editor-in-chief of Kaiser Health News and the author of *An American Sickness*, published earlier this year. In the book, Dr. Rosenthal expanded on her previous reporting for *The New York Times* to take a hard look at the history and current state of our nation's healthcare. At this moment of sweeping political change, Dr. Rosenthal exposes the limitations of our healthcare and calls upon all the segments of the healthcare industry to reduce costs and to be more transparent to patients.

In introducing Dr. Rosenthal, Dr. Landry stated that, "we are all to blame for the healthcare system we have created - and we must be the catalyst for reform." In her keynote remarks, Dr. Rosenthal continued this theme.

Dr. Rosenthal spared no punches in engaging the audience with stories of patients ill-served by the current system. She called upon participants in the system to move from business interests to medical values which she defined as patient-centered, evidence-based care. She noted that there are concrete steps that can be taken to improve the system and reduce costs and that much can be done without Congressional action (which she noted is unlikely to happen).

All attendees received a copy of *An American Sickness*. MMA and the MHMC want to acknowledge and thank all of the sponsors and participants of the conference but especially want to thank Spectrum Healthcare Partners, who made the keynote presentation possible, the law firm of Norman, Hanson & DeTroy for sponsoring the pre-symposium dinner and Aetna, Harvard Pilgrim, Novo Nordisk, Anthem Blue Cross Blue Shield and Johnson and Johnson Health Care Systems, Inc., who all contributed significantly. We look forward to future collaboration among those parties purchasing, paying for, and delivering healthcare in our state. Our joint mission is to foster the important conversations that need to take place in order to build the healthcare system that all patients deserve, both in Maine and across our nation.

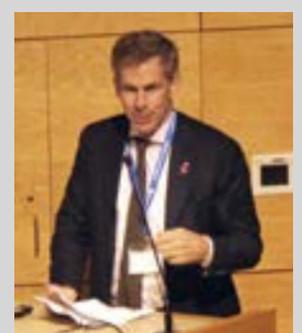


- MMA Past Presidents (L-R): Charles Pattavina, M.D.; Tom Shields, M.D.; Larry Mutty, M.D., MPH; Guy Raymond, M.D.; Maroulla Gleaton, M.D.; Dave McDermott, M.D., MPH; Lisa Ryan, D.O.; John Garofalo, M.D.; and Michael Parker, M.D.
- Patty Bergeron presents 50-year pin to Roger Wilson, M.D.
- Gordon Smith, Esq. and Patty Bergeron with 50-year pin recipient Richard Swett, M.D.
- Bob Schlager, M.D., Tess Scannell and Laura Jett, M.D. at Road Race.
- Road race participants Cora Best, Esq. and Garreth Debiegun, M.D., road race winner.
- Ryan Best, M.D.; Gordon Smith, Esq.; Janet Smith; Charles Pattavina, M.D.; Terri Marchiori; Dean Wilkerson, J.D.; and Pam Wilkerson.

- Medical Students (L-R): Front: Hannah Martin; Kimberly Dao and Back: Jackie Royal; Brianna Philbrick; Corey Johnson; Josh Torrey; Marina Stevanov; and Nick Knowland.
- Kate Garofalo, John Garofalo, M.D.; Lani Graham, M.D., MPH; Susan Woods, M.D., MPH; and Cat London, M.D.
- Bea Cox, D.O. addresses attendees at General Membership Meeting.
- Attendees listen to remarks by Maine Governor Paul R. LePage.
- Maine Governor Paul R. LePage addresses Friday night reception.
- Bob Schlager, M.D.; Rich Hines, Lisa Ryan, D.O.; and Tess Scannell at Saturday night banquet.



Keynote Speaker Elisabeth Rosenthal, Editor-in Chief of Kaiser Health News.



Spectrum Healthcare Partners President Daniel Landry, M.D.

Sign up to Serve as Doctor of the Day for the 2nd Session of the 128th Legislature (Insert Enclosed)

5 REASONS WHY MOBILE MEDICATION MANAGEMENT IS CRITICAL TO YOUR PRACTICE

By Gregory Tennant, Vice President, DrFirst

The best decisions are typically the most informed decisions, but physicians struggle with siloed data, disconnected workflows, and incomplete information on a daily basis. Physicians also find the multi-step process of logging into their office computer-based e-prescribing system to be tedious and time-consuming, but that is where the patient medication history can be found. Mobile Medication Management (M³) changes that, putting the most comprehensive patient medication history in the palm of your hand, simplifying the steps to accessing e-prescribing capabilities, and collapsing disconnected processes into a single streamlined workflow that can be executed while the physician is conducting rounds.

M³ enables physicians and prescribers to simplify their interactions with patients and collapse the time required to chart and document patient interactions, whether they are in or out of the office. Integrating critical technologies that encompass the full lifecycle of medication management, M³ brings a comprehensive range of patient-centered technologies into the palm of your hand. Critical medication management tools—such as e-prescribing, EPCS, PDMP, medication history, trial adjudication, secure collaboration, price transparency, financial assistance, and medication adherence—allow physicians to be more informed while they are engaged with the patient.

The greater simplicity, improved efficiency, and accessibility of patient data makes M³ indispensable to your medical practice, and here are the five reasons why.

Reason #1: Patient Safety

- An estimated 1 million-plus individuals are seen in hospital emergency departments for adverse drug events each year in the United States. More than one-quarter of these patients need to be hospitalized for further treatment.
- Having complete medication history available at any time can prepare your practice to deal with a patient ADE at any time, during office hours, or after.
- Prescribing while you are with the patient allows you to directly engage patients with questions arising from allergy and interaction alerts, and medication history.

Reason #2: Patient Loyalty

- It costs 90 percent less to get current patients to return for future care than it does to attract new patients.
- Patient satisfaction is an antecedent of patient loyalty.
- Patients more satisfied with their experience are also less likely to file malpractice lawsuits that drain provider time, energy, and practice coffers.

Reason #3: Physician Productivity

- Physicians pay based on individual productivity is common, affecting about 70 percent of physicians who are not in a solo practice.
- The Physicians Foundation, a nonprofit advocacy group, stated that the average doctor spends at least 20 percent of his time on uncompensated tasks, equal to roughly \$60,000 a year in lost revenue—even higher for medical specialties.

Reason #4: Practice Throughput

- If a practice can see one more patient a day, it can add \$25,000 in revenue for primary care (assuming \$100 for a new patient visit) or \$50,000 for specialty care (assuming \$200 for a new patient visit),” according to Michael O’Connell’s MGMA Connexion article.
- Efficient practice design, including the wise use of technology and improved workflow, reduces staffing needs and enables ideal medical practices to reduce overhead.

Reason #5: Facility Evacuation

- When Hurricane Harvey hit the Houston area recently, evacuations and rescue efforts forced patients to seek treatment anywhere they could. Most of the time, their health records didn’t go with them.
- Some states facilitate mental health care providers’ prescribing authority during emergencies.

PRESIDENT’S CORNER

By Charles Pattavina, M.D., President, Maine Medical Association



I am happy to be writing my first column since the highly successful Annual Session and annual meeting in Bar Harbor last month. As usual, we had great weather and some wonderful guests and speakers - and in addition, the attendance and participation were much greater than in recent memory. The themes of professionalism and advocacy really resonated with those in attendance and I know they resonate well beyond that, far into the membership and medical community. While I already knew my colleagues find professionalism to be a very important topic, it was apparent there was a great deal of interest in advocacy as well. We had a great panel on professionalism on Saturday, following a great talk about leadership from Brian Zink, M.D. The group discussed wellness, mindfulness, meditation, and the need for collegiality and kindness. On Sunday, people found a panel on advocacy to be equally engaging, given the fine people who participated as panelists.



Brian Zink, M.D.

Other highlights of the weekend included the annual meeting itself, at which the membership considered and passed several resolutions to be forwarded to our board of directors for review and action. Fortunately, the annual meeting itself was run very well and on time so we could devote the planned hour to an open forum on the very important topic of physician-assisted

death. We garnered a good sense of your views on the topic and in the coming months we plan to have another open forum or two and the task force will continue its work after we get the results of a more comprehensive and scientific member survey.



President Charles Pattavina, M.D. and his wife, Katie.

And speaking of professionalism, on the Friday following the annual session, I was welcomed as a guest at the meeting of one of our surgical subspecialty societies and we had a very productive discussion about the need to provide better on-call coverage for our neighbors who sometimes have urgent needs, whether in an emergency department or a PCP office, even if all they need is follow up. I look forward to doing further work with that specialty, in hopes of developing a model for on-call services and follow up care which could be used by other specialties.

In the coming weeks, please watch for that survey on physician-assisted death and please also watch for the next listening session which likely will be in Portland in early December. These listening sessions are great opportunities for you to come out to meet the officers and directors of your association as well as senior staff and we very much value the opportunity to learn what’s on your minds. Finally, please accept my gratitude for your membership and your participation - and for the opportunity you have provided me to serve the medical community in this way. Please feel free to reach me at 207-907-3350 or by email to president@mainemed.com.



Professionalism Panel (L-R): Louisa Barnhart, M.D.; Maroulla Gleaton, M.D.; Charles Pattavina, M.D.; and State Senator Geoffrey Gratwick, M.D.

THE PRESIDENT’S AWARD AND MARY CUSHMAN AWARD ARE PRESENTED AT THE MMA’S 164TH ANNUAL SESSION

Two awards were presented at the Maine Medical Association’s annual banquet in Bar Harbor on September 9, 2017.

MMA President Charles Pattavina, M.D. presented the 2017 President’s Award for Distinguished Service to Ken Christian, M.D. Dr. Christian served as Chair of both the MMA Board of Directors and the Nominating Committee, and recently rejoined the MMA Board to serve an interim term as President-elect in 2018. He retired last year after practicing internal medicine and then emergency medicine in Hancock for over 30 years and recently came back from retirement to serve patients with Opioid Use Disorders, a very needed service throughout the state. The MMA is proud to recognize Dr. Christian for his dedication to the MMA as a service-oriented individual and a generous leader. In presenting the award, Dr. Pattavina referred to Dr. Christian as “the nicest guy in the world,” a sentiment shared by many.

Dr. Pattavina presented the 2017 Mary Cushman, M.D. Award for Exceptional Humanitarian Service as a Medical Volunteer to Richard P. Corbin, MD, Medical Director at the Oasis Free Clinic. Dr. Corbin has been a volunteer physician at Oasis since 2011, was appointed Medical Director in 2012, and in 2014 took on the additional role of Board President, overseeing an expansion of Oasis to incorporate on-site dental services, all while continuing to see patients weekly. The Mary Cushman Award is presented annually by the MMA to recognize the humanitarian service of Maine medical volunteers.



Ken Christian, M.D., 2017 President’s Award for Distinguished Service Recipient.



Charles Pattavina, M.D. presents Richard Corbin, M.D., with 2017 Mary Cushman M.D. Award for Exceptional Humanitarian Service.

NOTES FROM THE EVP

By Gordon H. Smith, Esq., Executive Vice President, Maine Medical Association



Greetings MMA members and other readers. I hope you had a great summer and that you are looking forward to a healthy and productive winter as well. A special thank you to those of you who attended the 164th Annual Session in Bar Harbor. The meeting and

theme of Professionalism and Advocacy attracted the largest attendance in the last few years. We appreciated the Maine Chapter of the American Academy of Pediatrics co-hosting the meeting with MMA. Next year's meeting will again follow Labor Day weekend and will again be at the Harborside Hotel and Marina in Bar Harbor. I hope you will note this in your long range calendar.

Congratulations to Drs. Charles Pattavina, Robert Schlager, and Amy Madden who will lead the Association this year. These outstanding physician leaders and an active 7-member Executive Committee and 29-member Board will set the general direction for our work in 2018 and beyond. I look forward to working with them. A strategic planning retreat has been scheduled for March, 2018.

Following the Annual Meeting, Janet and I had the pleasure of attending the 150th Annual General

Membership Meeting of the New Brunswick Medical Society in Moncton, NB. Former NBMS President Lynn Murphy-Kaulbeck, MD, MSC, FRCPC passed the leadership baton to Dharm Singh, MD, FACS, a practicing urologist from Campbellton. Dr. Murphy-Kaulbeck is a maternal-fetal medicine specialist practicing in Moncton. I found it very striking that MMA and the New Brunswick Medical Society share several concerns, including the opioid epidemic and the difficulty of recruitment of physicians to the province. I was also pleasantly surprised to see them roll out the "Choosing Wisely" initiative. That the materials are in both French and English is impressive and in fact all of the presentations were given in both English and French. We will look for additional opportunities to work with our neighbors to the north. While the payment systems are very different, once the physician and the patient are in an exam room or operating room together, the experience is the same. We have a lot to share with each other.

If you are trying to reach me this Fall, you will learn that I am on a three-month sabbatical until Jan. 15, 2018. While you might run into me at a conference or event, I am not working in the office until the end of this period. It is my third sabbatical in 38 years and I am very much looking forward to it. I look forward to working with you all in 2018.



From left, incoming NBMS President Dham Singh, M.D., outgoing President Lynn Murphy-Kaulbeck, M.D. and Anthony Knight, Executive Director.



SAVE THE DATE
SEPTEMBER 7-9, 2018

▶ **Maine Medical Association's 165th Annual Session**
The Harborside Hotel & Marina, Bar Harbor, ME

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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 2017 SUSTAINING MEMBERS

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

Coastal Women's Healthcare
Dahl-Chase Pathology
Maine Eye Center

Time for a checkup?

Physicians Need Protection Too

Philip M. Coffin III

Licensing Issues
Employment Agreements

Jonathan T. Harris

Estate Planning

Lambert Coffin

attorneys at law

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MMA HAPPENINGS

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

- NOV 13**
4:00pm – 6:00pm
Medical Professional Health Program
- NOV 14**
8:00am – 3:30pm
Spectrum Medical Group
- NOV 14**
4:00pm – 6:00pm
MMA Committee on Physician Quality
- NOV 15**
12:00pm – 2:00pm
BayState Financial
- DEC 6**
4:00 pm – 6:00pm
MMA Board of Directors Meeting
- DEC 12**
8:00am – 3:30pm
Spectrum Medical Group
- DEC 13**
4:00pm – 6:00pm
MMA Public Health Committee
- 2018**
- JAN 8**
4:00pm – 6:00pm
Medical Professional Health Program
- JAN 9**
8:00am – 3:30pm
Spectrum Medical Group
- JAN 17**
4:00pm – 6:00pm
MMA Board of Directors Meeting

MAINE CENTER FOR DISEASE CONTROL AND PREVENTION ANNOUNCES NEW DIRECTOR

By Ricker Hamilton, Acting Commissioner

I am pleased to announce that Dr. Bruce Bates will be joining the Department as our new Director of the Maine Center for Disease Control and Prevention. Dr. Bates brings with him more than 40 years of clinical and teaching experience, including over 30 years of practicing in Maine. He has also served in a number of administrative capacities, working with inter-professional teams and stakeholders to form productive, strategic partnerships.

After attending Bangor High School and Bates College in Lewiston, Dr. Bates went on to graduate from the Kirksville College of Osteopathic Medicine, in Kirksville, Missouri. He is certified in Osteopathic Family Medicine with Certificates of Added Qualification in both Geriatric Medicine and Hospice & Palliative Care. As the Associate Dean for Clinical Affairs at the University of New England College of Osteopathic Medicine, he played an integral role in shaping the program, including the establishment of clinical training centers and the formation of a postgraduate consortium. Dr. Bates also served as the Senior Vice President of the National Board of Osteopathic Medical Examiners where he oversaw the development and implementation of computer-based licensing examinations for osteopathic medicine and related health professions.

Dr. Christopher Pezzullo will remain the Chief Health Officer of Maine DHHS and the Medical Director for MaineCare, while increasing the time he spends in pediatric clinical practice. Sheryl Peavey will serve as the Director of Strategic Reform for the Department—a key role within the Commissioner’s office. I’d like to thank Sheryl for her hard work and efforts at the Maine CDC.

We are incredibly excited Dr. Bates is joining the team—his appointment fulfills the Department’s long time goal of having a physician lead the Maine CDC. We look forward to working with him in this new capacity, as he will be an essential addition to the Maine CDC.

PUBLIC HEALTH SPOTLIGHT

By Stephen Meister MD, MHSA, FAAP



The Canaries in the Coal Mine

Coal miners brought canaries into coal mines as an early-warning sign for toxic gases. The birds, being small and more sensitive, became sick before the miners; it was a sign that

there was a problem in the air the miners were breathing.

In 2008, Maine’s pediatricians noticed a dramatic rise in babies exposed to narcotics and experiencing withdrawal symptoms at birth. The Maine Chapter of the American Academy of Pediatrics and then State Representative Pat Flood presented a resolution to study this problem and in January 2010 the Maine CDC produced a report entitled LD 1291, Resolve, Establishing a Study Commission on In Utero Narcotic Drug Exposure. The study showed that of the 13,604 infants born in Maine in 2008, 2.5% were known to be exposed to substances in utero and 1.6% experienced symptoms of withdrawal. The following graph depicts the number of infants showing withdrawal symptoms after birth and as a percentage of all infants discharged from their birth hospital.

Nine years later the problem is so much worse: last year, 2016, more than a thousand babies born in Maine were exposed to narcotics before birth. Now we see the problem of narcotic addiction in so many young adults, and so many are dying from overdoses. But, the problem showed in our babies first; Maine’s babies were the proverbial canary in the coal mine. Through the efforts of the Maine Chapter of the American Academy of Pediatrics, the Maine Medical Association, and the Maine CDC, we worked hard to improve the lives and health of these babies. Because of these efforts, care is provided consistently throughout Maine’s hospitals, the babies are screened early and often for withdrawal symptoms and developmental disorders, getting early intervention to help improve their lives. The state is funding the Maine Enhanced Parenting Program, a forward-thinking 2-generation treatment model that works to help the adult parents beat their addiction while they also receive parenting training so their addiction doesn’t become a generational problem. We’re not out of the woods with this problem, but it’s being addressed.

Now, our infants and children face a new challenge: edible marijuana. Made to look like gummies or other tasty treats, we are already seeing toddlers admitted to hospitals in our state because of ingestion of these “edibles.” Wait, isn’t marijuana safe? You can’t be harmed by these things, can you? Children are the collateral victims of changing trends in adult marijuana use. Marijuana intoxicated children are more frequent, are younger, and have intoxications that are more severe. This is a serious public health problem.

A scientific paper from France, published in *Pediatrics* this month shows that between 2004 and 2014 emergency visits for marijuana intoxication in young children increased 133%, and marijuana exposure-related calls to French Poison Control Centers increased 312%. Calls for other toxic exposures increased by only 45%. Of the 235 children included in the study, 38 children presented in a COMA! Fourteen of the children stopped breathing (respiratory failure) and 8 had to be intubated and ventilated. Most of these children were under a year and a half old and most of the children encountered these substances in their parent’s home.

Colorado has had the same experience, including 1 death in an 11-month-old whose urine drug screen results were positive for THC and confirmed on autopsy. To address this problem, Colorado passed a law on October 1st prohibiting the sale of edible marijuana products in the shape of fruit, animals, or people. Our legislature needs to ban the sale of edible marijuana products in Maine, plain and simple. When it comes to edible marijuana products, children are the canaries in the coal mine.

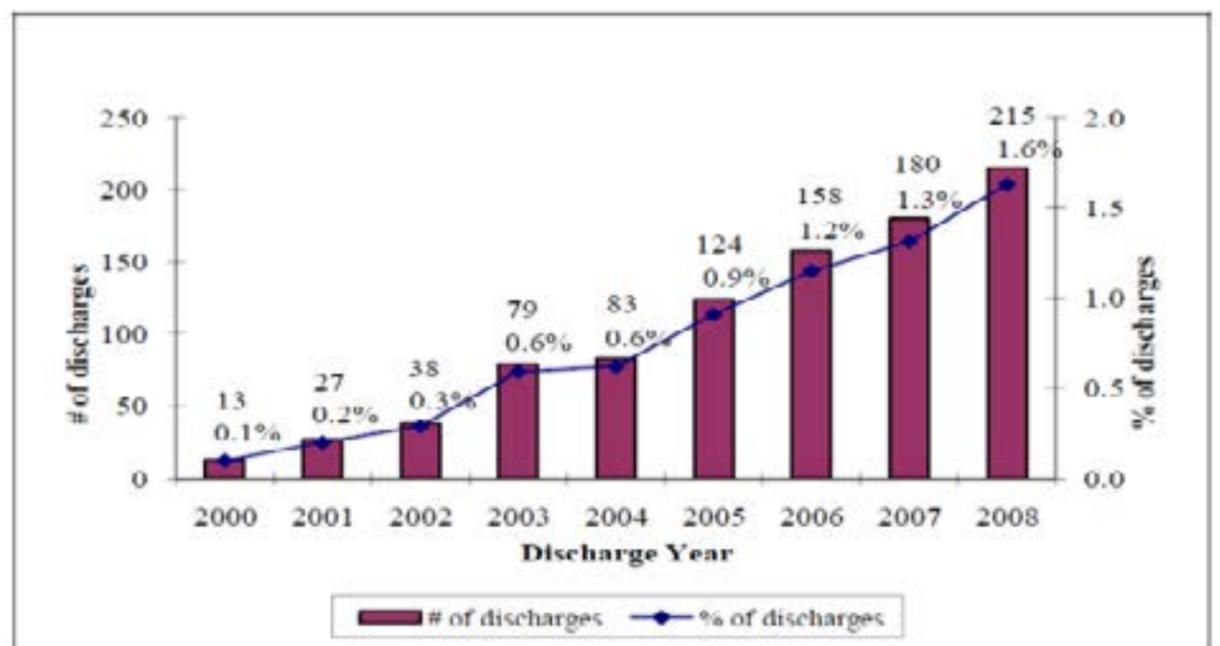
Dr. Meister is the Medical Director of The Edmund N. Ervin Pediatric Center at MaineGeneral Medical Center. He is also President of the Maine Chapter of the American Academy of Pediatrics.

Public Health Committee Meetings for 2018

MMA Public Health Committee Meetings will take place from 4:00pm – 6:00pm on the following Wednesday’s in 2018.

- | | |
|-------------|-------------|
| February 14 | August 15 |
| April 11 | October 10 |
| June 13 | December 12 |

Newborns Experiencing Drug Withdrawal Symptoms in Maine



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By Andrew MacLean, Esq., Deputy Executive Vice President, Maine Medical Association



Legislative Update: 128th Maine Legislature Will Convene Second Regular Session On Wednesday, January 3, 2018

The Second Regular Session is scheduled to conclude in mid-April and by then the political focus will turn to the 2018 election campaigns for Governor, the U.S. Senate seat now held by Angus S. King, Jr., Maine's two seats in the U.S. House of Representatives, and all 186 seats in the 129th Maine Legislature. MMA Legislative Committee Co-Chairs Katherine Pope, M.D. and Stephen Meister, M.D. encourage any interested physician or physician staff member to attend the Committee's organizational meeting for the 2018 session scheduled for Monday, December 11, 2017 – see details below!

The MMA Legislative Committee will hold an organizational meeting in anticipation of the Second Regular Session of the 128th Maine Legislature on Monday, December 11th from 6:00 p.m. to 8:30 p.m. at the MMA headquarters in the Frank O. Stred Building in Manchester. Dinner will be available at 6:00 p.m. Any MMA member or practice management staff person who is interested in our advocacy work is welcome to attend. Medical specialty societies are strongly encouraged to have a representative at the meeting to ensure their members are aware of policy initiatives that may affect their specialty. For our meal planning, please RSVP to Sarah Lepoff (slepoff@mainemed.com; 622-3374, ext. 213) if you plan to attend.

The MMA advocacy team monitors or influences hundreds of bills affecting the practice of medicine in Maine each legislative session. Our PowerPoint summary of the highlights of the First Regular Session and the Annual Report of the Legislative Committee are available on the MMA web site under the Advocacy Spotlight: <https://www.mainemed.com/advocacy/legislative-regulatory>.

In its Second Regular Session, the legislature will consider bills carried over from the First Regular Session (approximately 5-10 per committee), bills resulting from interim studies or work groups, executive branch agency requests, and legislative requests (LRs) approved by the 10 members of legislative leadership known as the Legislative Council. The Constitution requires the legislature to consider only new bills of a fiscal or "emergency" nature during the second session. You can find the lists of agency and individual legislator requests

on the legislature's web site: <http://legislature.maine.gov/lto/legislative-information-publications/9087>. Not all the individual legislator requests will prevail through the Legislative Council screening process, but this list will give you a sense of the issues to be considered in 2018. You can see the key bills on the MMA's tracking list carried over from the first session in the PowerPoint summary mentioned above.

In the months of Summer and Fall between the first and second sessions, the MMA has been involved in the work of the Task Force to Address the Opioid Crisis in the State whose members include MMA EVP Gordon Smith, Steve Diaz, M.D., and Vernon "Tripp" Gardner, M.D. A health care reform study group entitled, the Task Force on Health Care Coverage for all of Maine is expected to begin work soon.

Finally, the MMA continues its advocacy in favor of the Medicaid expansion opportunities for the state under the ACA. During its meeting on Wednesday, October 4, 2017, the MMA Board of Directors voted to support Question 2 on the November General Election ballot regarding Medicaid expansion and you can find MMA's press release on the web site here: https://www.mainemed.com/sites/default/files/content/press_release_mma_bod_vote_10_10_17.pdf.

During the legislative session, the MMA staff provides links to bills for review and comment, updates on the legislature's work, and calls-to-action through our weekly electronic newsletter, *Maine Medicine Weekly Update*. The Legislative Committee conducts conference calls to review new bills and to provide updates on legislative activity every Tuesday evening at 8:00 p.m. during the session. Any interested member or staff person is welcome to participate. Please see each week's *Maine Medicine Weekly Update* for conference call information.

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

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

SPECIALTY SOCIETY MEETINGS

November 9, 2017

Hilton Garden Inn, Freeport ME
– 5:00 pm – 8:30 pm

Maine Association of Psychiatric Physicians
Fall Program

Visit www.mainepsych.org for brochure and registration

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

November 10, 2017

Spectacular Events Center, Bangor, ME
– 8:00 am – 4:00 pm

Maine Gastroenterology Society GI Day

Contact: Gail Begin at 207-588-6619 or gbegin@mainemed.com

November 16, 2017

6:00 pm – 8:00 pm – via Go-to-Meeting
Conference Call only

Maine Association of Psychiatric Physicians
Executive Council Meeting

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

December 13, 2017

Portland Regency Hotel – Portland, ME
– 5:00 pm

Maine Chapter of the American College of
Emergency Physicians Meeting

Contact: Maureen Elwell at 207-512-6108 or melwell@mainemed.com

January 18, 2018

6:00 pm – 8:00 pm – Location TBD

Maine Association of Psychiatric Physicians
Executive Council Meeting

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

February 2-4, 2018

Point Lookout, Northport, ME

Maine Gastroenterology Society Winter Meeting

Contact: Gail Begin at 207-588-6619 or gbegin@mainemed.com

February 3-4, 2018

Sugarloaf Hotel & Conference Center,
Carrabassett Valley, ME

Maine Urological Association Meeting

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

February 10-11, 2018

Sugarloaf Hotel & Conference Center,
Carrabassett Valley, ME

Maine Society of Anesthesiologists Winter Meeting

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

March 7, 2018

Sugarloaf Mountain Hotel–
Carrabassett Valley, ME – 7:00 pm

Maine Chapter of the American College of
Emergency Physicians Meeting

Contact: Maureen Elwell at 207-512-6108 or melwell@mainemed.com

March 15, 2018

6:00 pm – 8:00 pm – Location TBD

Maine Association of Psychiatric Physicians
Executive Council Meeting

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

March 23-25, 2018

Sugarloaf Hotel & Conference Center,
Carrabassett Valley, ME

Maine Section ACOG Meeting

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

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SAVE THE DATE

MAPP's 12th Annual Spring Program

April 27, 2018

Hilton Garden Inn, Freeport, Maine, 8:00 – 4:00 p.m.

**Psychotherapy of Borderline Personality Disorder:
Good Psychiatric Management**

**This program is open to psychiatrists, primary care physicians
psychologists, therapists, PNP's**

For more information contact
dpoulin@mainemed.com or go to www.mainepsych.org.

Maine Association of Psychiatric Physicians

MAINE MEDICAL STUDENTS ATTEND THE AMA MEDICAL STUDENT SECTION MEETING

In June, three medical students from the Tufts University School of Medicine Maine Track program and MMA's Medical Student Section attended the AMA Medical Student Section meeting in Chicago. As the alternate delegate for Region 7 representing CT, ME, MA, NH, NY, RI, and VT, [Kimberly Dao](#) participated in policy making and provided testimony with other students and doctors, and attended her first AMA-House of Delegates meeting. [Corinne Carland](#) co-authored two resolutions and was elected as co-membership chair for Region 7. This was the second national AMA meeting that [Nabil Saleem](#) has attended.



"I think the most important thing that I have taken away from the AMA-HOD meetings is that everyone is there because they care. Although they may have a different idea of how to effect positive change, the AMA is filled with individuals looking to improve the country's health. They encouraged the medical students, residents, and fellows to continue our involvement in the AMA as we are the future. I am thankful to have had yet another opportunity to converse with other students and doctors, grow my professional network, and build my knowledge base. I believe these experiences of attending the AMA meetings are a vital component of my professional development." – Kimberly Dao, TUSM Class of 2018



"Two resolutions that I co-authored were presented to the Medical Student Section and passed! One resolution was about protecting the rights of transgender individuals to use the public facility (restroom, locker room, etc.) in accordance with their gender identity, and our language and support used with the House of Delegates and passed to become official AMA policy. The second resolution was on training physicians about the importance of and disparity in cervical cancer screening for female-to-male transgender patients. It passed in the student section and will go before the AMA House of Delegates in November. One of my favorite parts about attending the AMA meeting was being surrounded by such focused, thoughtful, and passionate people. We were there because we care deeply about the state of healthcare and are committed to ensuring the best for our patients. I'm grateful to have had this experience." – Corinne Carland, TUSM Class of 2020



"My love for these AMA meetings is driven by the opportunity to speak on issues I feel passionate about. This year I delivered testimony for a resolution on healthcare reform in immigrant detention centers, and ran for a regional chair position to help mentor first-time resolution writers. Everyone grows in different ways through these meetings, in ways far deeper than writing health care policy. While much of the weekend pertained to matters such as discussing and voting on resolutions, perhaps the best part about these meetings is the sense of belonging one feels. It might strike you when you realize you and hundreds of others found common ground on more than 50 pieces of legislation within the span of a few hours. It's a feeling that I can't help but think motivates and excites all of us for these AMA gatherings." – Nabil Saleem, TUSM Class of 2020

MMA WELCOMES OUR NEWEST CORPORATE AFFILIATES:

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MAINE QUALITY COUNTS

By Larry Clifford, Executive Director, Maine Quality Counts



Leveraging Collaboration and Success

Like many healthcare/quality improvement organizations across the country, Maine Quality Counts is looking to build on past success as they look to the future. Just one example of that success is the work they're doing via the Northern New England Practice Transformation Network (NNE-PTN) – a collaborative effort of trusted organizations in Maine, New Hampshire, and Vermont that is helping clinicians pursue large-scale, health transformation in both primary and specialty care practice settings.

Funded by the Center for Medicare & Medicaid Innovation, NNE-PTN is a four-year initiative that supports sites as they strive to achieve the "Quadruple Aim" of healthier people, better patient care, smarter spending, and enhanced joy in the work performed by provider teams. These sites are attempting to navigate five phases of transformation with the ultimate goal of participating successfully in an Advanced Alternative Payment Model. To date, more than 75% of clinicians have moved to using data that helps drive progress on those aims, while reporting almost \$1M dollars in savings for their patients and practices. There has also been some progress around timely access to claims data (we already have access to Medicaid & Medicare data, but with significant lag times); including how to better leverage our state's robust health information exchange (HealthInfoNet) to improve access to readmission and ED data, in order to better identify high risk individuals and provide improved follow-up care that will result in reductions in unnecessary utilization. Other work has revolved around identifying essential components that will calculate "future cost avoidance" (i.e., "cost savings without claims"), including the development of consistent approaches to and for various metrics.

In the next year, NNE-PTN will be providing claims data on cost/utilization that leads to maximum benefit

through the Merit-based Incentive Payment System or "MIPS." In addition, the group has discussed furthering collaborative opportunities with Johns Hopkins University's Applied Physics Lab and the U.S. Department of Defense – leveraging both entities' world-class capabilities to develop, test, and scale our PTN activities. Finally, there has also been renewed focus on addressing the burgeoning opioid epidemic through NNE-PTN, which aligns nicely with the Caring for ME program co-sponsored by QC and MMA – a joint effort that supports Maine clinicians in improving their management of chronic pain and safety of opioid prescribing, and improve the identification of addiction and referral for substance use disorder treatment services.

Caring for ME was formalized in the spring of 2016 as an offshoot of the work being performed by cohorts of the Maine Chronic Pain Collaborative and Improving Medication Assistance in Primary Care. The group was formalized to align efforts across the state to address the opioid epidemic and support safe opioid prescribing. So far, participating clinicians and practice teams have:

- Conducted a series of webinars, full/half-day meetings, and monthly calls to align efforts around safe opioid prescribing
- Used funding from the Maine Health Access Foundation to pursue strategic planning and alignment activities around compliance with P.L. 2015, Chapter 488 prescribing rules
- Worked with the Maine Board of Licensure of Medicine to develop six, web-based learning modules that support the Caring for ME goals
- Worked on improving medication-assisted treatment in primary care with two cohorts of practices (funded through a grant from the Harvard Pilgrim Quality Grants Foundations)
- Worked with UNE School of Pharmacy to provide lunch-and-learn webinars that focus on the educational needs of the pharmacy community
- Developed a Chronic Pain Playbook and Medication Assisted Treatment (MAT) Playbook

BAYSTATE FINANCIAL: FISCAL FITNESS FOR LIFE

By Lawrence J. Perry, CLU, ChFC, CLTC, Financial Advisor, Financial Planner, Baystate Financial

The Art & Science: What It Means To You

One of the challenges all physicians face in treating patients is not only to accurately diagnose the conditions of their patients, but to fully understand the impact this verdict has on an individual. While the former may be likened to the *science of medicine* it is the latter that forms the basis for the *art of medicine*.

The *Art* and the *Science* of medicine must both be present in order to improve (and safeguard) the physical and emotional well-being of Maine's citizens, but also that of the fiscal well-being of Maine's medical community.

From the cost of care to the unsettled methodology of delivery and reimbursement for medical services, both Maine's citizens and Maine's medical practitioners feel the ill effect of the system's evolution towards a value-based healthcare. This begs the question, "what is value?"

The Merriam Webster dictionary defines *value* as "the amount of money that something is worth, usefulness or importance." It seems the money aspect of *value* has become the greatest common denominator when factoring the "usefulness or importance" of things pertaining to the practitioner.

As a practitioner, one must strategize to give the patient the best care regardless of the shortcomings of the system. However, this does not need to be the case for your financial well-being.

We at Baystate Financial have worked diligently during these past years, alongside the Maine Medical Association, to give financial support and guidance to the physician community as you face the everchanging world of medicine. With our joint initiative with the MMA, Fiscal Fitness for Life, we strive to be a true financial ally of Maine's medical professionals.

For more information, please feel free to contact Larry at 207-770-2021 lperry@baystatefinancial.com.



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OSHA Regulations – Part I

The following information is part I of a brief overview of OSHA requirements in the physician office practices. Part I will cover the standards for Bloodborne Pathogens, Hazard Communications, Ionizing Radiation, and Exit Routes. Please note that regulations change frequently so ongoing evaluation of the OSHA site (applicable to state and federal sites) to determine most up-to-date regulations is paramount. The overview is not exhaustive and is to be used to segue into the detailed regulations found at the OSHA website www.osha.gov. Most common citations issued by federal OSHA for physician practices were in the bloodborne pathogen, hazard communication standards, as well as operational features for exit routes, and portable fire extinguishers.

Overview

The following brief overview is directly quoted from the Medical & Dental Offices: A Guide to Compliance with OSHA Standards OSHA 3187-09R <http://www.osha.gov>.

Bloodborne Pathogens Standard (29 CFR 1910.1030)

This is the most frequently requested and referenced OSHA standard affecting medical offices. Basic requirements of this standard include:

- A written exposure control plan, to be updated annually
- Use of universal precautions
- Consideration, implementation, and use of safer, engineered needles and sharps
- Use of engineering and work practice controls and appropriate personal protective equipment (gloves, face and eye protection, gowns)
- Hepatitis B vaccine provided to exposed employees at no cost

- Medical follow-up in the event of an “exposure incident”
- Use of labels or color-coding for items such as sharps, disposal boxes and containers for regulated waste, contaminated laundry, and certain specimens
- Employee training
- Proper containment of all regulated waste

Hazard Communication (29 CFR 1910.1200)

Sometimes called the “employee right-to-know” standard as it requires employee access to hazard information. The basic requirements include:

- A written hazard communication program
- NOTE: Employers must update their written hazard communication program, any alternative workplace labeling, and provide additional employee training for newly-identified physical or health hazards no later than June 1, 2016
- A list of hazardous chemicals (such as alcohol, disinfectants, anesthetic agents, sterilants, mercury) used or stored in the office
- A copy of the Safety Data Sheet (SDS) for each chemical (obtained from the manufacturer) used or stored in the office
- Employee training

Ionizing Radiation (29 CFR 1910.1096)

This standard applies to facilities that have an x-ray machine and requires the following:

- A survey of the types of radiation used in the facility, including x-rays

- Restricted areas to limit employee exposures
- Employees working in restricted areas must wear personal radiation monitors such as film badges or pocket dosimeters
- Rooms and equipment may need to be labeled and equipped with caution signs

Exit Routes (29 CFR Subpart E 1910.35, 1910.36, 1910.37, and 1910.38 and 1910.39)

These standards include the requirements for providing safe and accessible building exits in case of fire or other emergency. It is important to become familiar with the full text of these standards because they provide details about signage and other issues. OSHA consultation services can help or your insurance company or local fire/police service may be able to assist you. The basic responsibilities include:

- Exit routes sufficient for the number of employees in any occupied space
- A diagram of evacuation routes posted in a visible location

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.



MEDICAL PROFESSIONALS HEALTH PROGRAM (MPHP)

When Health Issues Impact Professional License

The stated responsibility of each professional licensing board is to protect the public. While the Medical Professionals Health Program (MPHP) shares that responsibility, it also has the added responsibility of helping professionals to identify and address issues that are impacting their own health and have the potential to impact their ability to practice with safety and skill. As questions on applications for licensure and re-licensure cast a wider net, the Medical Professionals Health Program is seeing many more board referrals for assessment in advance of approving re-licensure applications.

Honesty is the best policy

Questions on applications look retrospectively at your history of mental health and substance use. It is important that you consider the questions carefully, answer honestly, and explain all answers for which you responded ‘yes.’ If you are unsure about any question, call the board and ask for clarification.

Know the questions NOW

Be proactive about addressing any mental health, substance use, or legal issues that you will need to disclose on your application. If depression, stress, mental illness, or substance use is impacting your health and ability to work, find and use the resources available to

you. You may be required to provide an explanation as part of the re-licensure process, so document your efforts to address any of these health issues and inform the providers who were part of your wellness and treatment so they can advocate on your behalf if necessary.

Health is your first priority

Though answering “yes” to licensure renewal questions may complicate the renewal process, your health and your professional license are two distinct issues that need to be addressed. If mental health and/or substance use issues are impacting your health and wellbeing, you should get the help that you need.

“The mere fact of treatment for medical, mental health or substance misuse is not, in itself, a basis on which an applicant is ordinarily denied licensure when he/she has demonstrated personal responsibility and maturity in dealing with these issues.”

(“The Reinstatement Application” for The Maine Board of Licensure in Medicine.)

The MPHP provides a free, confidential assessment to all medical professionals who are interested in addressing and documenting their efforts to address mental health and/or substance use illnesses. Whether a professional is self-referred, referred by the licensing board, or an

employer, the MPHP is able to help determine critical next steps in addressing the issues that may have an impact on someone’s ability to renew or obtain a professional license in Maine. Our ‘Evaluation and Treatment Agreement,’ ‘Monitoring Agreement,’ and sobriety challenges are appropriate and respected methods of demonstrating personal responsibility.

Whether the issue is a private or a public matter, such as an OUI, consulting with the MPHP is a good way to begin the process of addressing issues that could be revealed as part of the re-licensure process.

“There is no greater demonstration of courage, strength and professionalism than to take care of one’s own health.”

- Dr. Lani Graham, MD, MPH

NOVEMBER 13TH – 19TH IS ANTIBIOTIC AWARENESS WEEK

This year, Antibiotic Awareness Week will be November 13th–19th. Antibiotic resistance (AR) is one of the world’s most serious health threats. You can help by familiarizing yourself with evidence-based treatment guidelines for appropriate antibiotic prescribing and educating patients on how AR can impact them. You can also encourage patients to practice good hygiene to avoid infection. You can find AR resources for both healthcare providers and patients at the following website:

<https://www.cdc.gov/getsmart/community/index.html>



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