

Maine Medicine

a quarterly publication of the Maine Medical Association

OCTOBER/NOVEMBER/DECEMBER 2018

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

MMA CONCLUDES SUCCESSFUL 165TH ANNUAL SESSION

At the Annual Session held in Bar Harbor September 7-9, former Senate Majority Leader George Mitchell spoke of the role of the United States in the world and answered questions from the audience which ranged from health care reform to the impact of money in federal and state election campaigns.

Former White House Director of National Drug Control Policy, Michael Botticelli, updated members and guests on the current status of the drug epidemic in the nation and presented specific recommendations on what actions could be taken to address it. Mr. Botticelli currently directs the Grayken Center for Addiction at Boston Medical Center.

Following his talk, two panels of distinguished experts addressed several aspects of the opioid/heroin/fentanyl crisis in the state, facilitated by Dr. Lisa Letourneau from Quality Counts and Judiann Smith from the Hanley Center for Health Leadership respectively.

At the Annual Dinner on Saturday evening, the Mary Cushman, M.D. Award for Humanitarian Service was presented to Robert Chagrasulis, M.D. recognizing his voluntary medical missionary work in Haiti and the Dominican Republic. Dr. Chagrasulis was also recognized at the meeting for his nine years of service on MMA's Board of Directors. He will continue to serve as Chair of the Medical Professional Advisory Committee.

Current MMA President Robert Schlager, M.D. presented Distinguished Service Awards to Mary Dowd, M.D., and Noah Nesin, M.D. recognizing their exceptional commitment to and work with patients with substance use disorders. Dr. Dowd is Medical Director of the Milestone Foundation in Portland and addiction treatment physician at Catholic Charities and Discovery House in Portland and South Portland. Dr. Nesin serves as Vice President of Medical Affairs at Penobscot Community Health Care in Bangor. In gracious remarks made when accepting the awards, Drs. Dowd and Nesin both spoke of the need for all medical professionals to step up to address the drug epidemic.

At the General Membership meeting Saturday morning, MMA members approved a slate of officers and elected Amy Madden, M.D. as President-elect. Dr. Madden is a family physician/geriatrician practicing with Health Reach Community Health Centers in the Central Maine area. She resides in Belgrade with her husband Tim Pieh, M.D. and their two children. Dr. Madden will assume the MMA Presidency succeeding Dr. Schlager at the conclusion of the 2019 Annual Session on September 8, 2019.

Dr. Madden gives up her position as chair of the MMA Board of Directors, in which she is succeeded by Dr. Karen Saylor. Dr. Saylor is a geriatrician practicing with Southern Maine Geriatric Associates. She resides with her husband Steve and their two children in Cumberland.

For other information on the Annual Session, see the article on Resolutions in the Weekly Update and the report on the Sept. 7 Board meeting, also in this Update. Additional materials and photos will be placed on the MMA website at www.mainemed.com.

ANNUAL MEETING ADOPTS BY-LAW CHANGES, RESOLUTIONS ON DIABETES AND FIREARM VIOLENCE

At the 2018 Annual meeting, the MMA membership adopted changes to the Association's by-laws to create two new sections: a medical student section and a resident section. Members also voted overwhelmingly to support two resolutions.

The first resolution endorses the AMA's recent action on gun violence, as described in the AMA press release dated June 12, 2018. It also calls for the MMA to join with the AMA in seeking public policy responses to the problem at both the state and federal levels. One change was made at the meeting to the language originally proposed: the word "acknowledge" was changed to "endorse," to reflect the membership's support of the AMA action.

The second resolution, adopted unchanged, calls for the MMA to "employ its communications resources to raise awareness of the diabetes public health crisis, to emphasize the importance of primary and secondary prevention measures for diabetes, and the need for adequate funding for treatment of diabetes among policymakers at the state and federal level, including Maine candidates for elective office in the 2018 General Election on November 6, 2018." It also calls for the MMA to convene a meeting of diabetes stakeholders to begin crafting a response to the diabetes crisis.

The approved final versions of the Resolutions can be found under the Spotlight on the home page of the MMA website at www.mainemed.com.



- 1 Former United States Senator George J. Mitchell delivers Friday night Keynote address.
- 2 President Robert Schlager, M.D. presents Past President plaque to Charles Pattavina, M.D.
- 3 MMA Past Presidents.
- 4 Dr. Schlager presents President's Award for Distinguished Service to Noah Nesin, M.D.
- 5 Dr. Schlager presents President's Award for Distinguished Service to Mary Dowd, M.D.
- 6 From left, Board Chair Karen Saylor, M.D., EVP Gordon Smith, President-elect Amy Madden, M.D.
- 7 President Schlager and Lani Graham, M.D. present Mary Cushman, M.D. Award for Humanitarian Service to Robert Chagrasulis, M.D.
- 8 Michael Botticelli, Former White House Director of National Drug Control Policy.
- 9 Barbara Crowley, M.D. of MaineGeneral Medical Center.
- 10 Gary Smith and Gordon Smith finishing Edmund Hardy Road Race.
- 11 Gubernatorial candidates Terry Hayes, Janet Mills, and Alan Caron with Charles Pattavina, M.D., MMA Past President.
- 12 George Mitchell, Patricia Bergeron, and former MMA and AMA President Bob McAfee, M.D.

Sign up to serve as Doctor of the Day at the 129th Maine Legislature (insert enclosed)

NORTHERN NEW ENGLAND PRACTICE TRANSFORMATION NETWORK END OF YEAR 3 CELEBRATION: TOGETHER TOWARDS TOMORROW – EXCEEDING THE VISION

By Eleesa Marnagh, Lead Project Manager, Northern New England Practice Transformation Network

Northern New England Practice Transformation Network, a four year federally funded initiative led by Maine Quality Counts, held a celebration on September 13, 2018, from 5:30pm-8:00pm at the Frontier in Brunswick, Maine. The purpose of the event was to recognize the accomplishments of the practices enrolled in the Northern New England Practice Transformation Network (NNE-PTN) – cited by CMS as one of the most successful PTNs in the country.

NNE-PTN works with more than 2,300 providers across ME, NH, and VT, to help practices achieve the “Quadruple Aim” of improving health outcomes and quality while decreasing inappropriate utilization and to reduce burden for providers and their teams. NNE-PTN’s goal is to achieve \$86M in cost savings by September 2019 and we have reported \$92M to date.

The event included an awards ceremony, a guest keynote speaker followed by a panel discussion. Practices that received an award for their outstanding transformation to date:

- Mid Coast Hospital
- Calais Regional Hospital
- Sweetser
- Spurwink
- Health Affiliates Maine
- Crisis & Counseling Centers
- Maine Family Planning
- Community Health & Counseling Services
- Tri-County Mental Health Services
- Redington Fairview General Hospital

George DelGrosso, the keynote speaker, addressed the way practices can thrive as a business when they engage in value-based payment models as well as understanding how to assess their “risk” when participating in a value-based payment model.

The panelists that joined us for a discussion following the keynote speaker were Barbara Crowley, Chief Transformation Officer at MaineGeneral Health; Jamie Boyington-Rogers, Director of Community Care Services and Behavioral Health, Beacon Health; and Theresa Knowles, Vice President of Quality Improvement at Penobscot Community Health Center. The panelist discussion highlighted the value of participating in a commercial, Medicare, and/or Medicaid Alternative Payment Model or Advanced Alternative Payment Model.

More pictures can be viewed at <https://spark.adobe.com/video/0lzh4P0fc412d>

The NNE-PTN project – is supported by FONCMS – 1L1CMS331446-04-00 from the U.S. Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.



(L-R) Eleesa Marnagh, Lead Project Manager, Northern New England Practice Transformation Network at Maine Quality Counts, George DelGrosso, guest speaker, and Joan Orr, Deputy Director Maine Quality Counts

PRESIDENT’S CORNER

By Robert Schlager, M.D., President, Maine Medical Association



Physician wellness- Is there anything left to say?

In this President’s Corner, I wish to expand upon a message that I gave at the Maine Medical Association’s 165th Annual Session.

It is difficult to read a medical journal in 2018 without some topic on either burnout or wellness. Everyone seems to have the answer, and yet the statistics show over half of physicians throughout the United States are neither well nor satisfied with their life and suffer from burnout, depression, compassion fatigue or similar problems. Medical societies are among the leaders in trying to address physician wellness. There are major efforts from the AMA, many specialty and state medical societies as well as from major employers. In the May issue of the Ohio State Medical Association magazine, the President, Dr. Evangeline Andarsio, has selected physician burnout as the major focus of her one-year term as just one example.

The cost of a physician who is not well goes beyond their personal suffering; it allows for hindering optimal patient care, increasing medical errors, inappropriately inflating the cost of care, and affecting colleagues and co-workers adversely. Many of the articles addressing this problem talk about “work-life balance” as important to promoting wellness. In such a demanding profession as medicine, how can most physicians and other health care providers achieve such a goal, despite many attempting to achieve this repeatedly?

Anyone reading the articles on wellness can come up with many different techniques that will alleviate the symptoms for those fortunate enough to utilize them. Here are a few of them: mindfulness; exercise; adequate sleep; time management; teamwork; “Well-being Day”; peer coaching or mentoring; town hall meetings; EHR efficiencies and improvements; resilience and emotional intelligence; participating in one’s own schedule and work-flow; leadership with active listening; expressing

gratitude and self-reflection. Just one example of an organization that has been working on this issue for at least the last ten years is the Cleveland Clinic with emphasizing a “Well-being Day”; peer coaches; town halls; EHR efficiencies; and cultivating empathy. All have shown that the number of providers with burnout can be reduced substantially. But for most physicians, especially those who are independent and/or in rural settings, where are they to go for assistance and support?

The techniques are well known but from looking at the literature what may be missing is a collaborative approach across organizations within a state. I propose a major healthcare state-wide summit early in 2019 with the MMA taking the primary lead in gathering leaders and practitioners from multiple health care organizations, as well as individuals, who can collaboratively share, in a summit setting, ideas from different perspectives, potential joint resources, and a broader focus on keeping physicians and other healthcare workers here in Maine. Some organizations who have either expressed an interest or will be soon contacted are the Medical Professional Health Program, Maine Hospital Association, all the major healthcare systems in Maine, the State’s medical schools and residency programs, Medical Mutual Insurance Company of Maine, Quality Counts, various state medical and other specialty societies, the AMA, the Daniel Hanley Center for Health Leadership, Maine professional licensing boards, the Maine Chapter of ACHE and other various organizations who have an interest in health professionals’ wellbeing—even including financial health.

Bringing multiple healthcare resources throughout the State of Maine together to work in partnership is a daunting task, but one worth the effort. What is missing from any one individual organization attempting to confront this extremely difficult problem is the ability to obtain numerous perspectives as well as the capability of pooling resources that are too expensive for an individual group. It may not be possible to fully achieve success but continuing to move toward a goal of wellness for as many physicians and other healthcare workers in the State of Maine as possible is worthy of all of us. Are you willing to join in this pursuit? You can reach me at president@mainemed.com.

Visit the mma website:
www.mainemed.com



Report on MMA Board Meeting, September 7, 2018

The following are highlights from the Board meeting which was attended by twenty Board members.

- Karen Saylor, M.D., a geriatrician with Southern Maine Geriatric Associates was elected Board Chair for the coming year. Dr. Saylor is a resident of Cumberland where she lives with her husband Steve, a physician assistant and their two children.
- Two members completing three terms on the Board were recognized for their considerable contributions to the Board over the past nine years. Richard Flowerdew, M.D. and Robert Chagrasulis, M.D. received a modest gift from the board and accolades for their service. Dr. Flowerdew will continue to play a critical role in the Stred Building renovations and Dr. Chagrasulis will continue to serve as the Chair of the Advisory Committee to the Medical Professionals Health Program.

- Board members received an update on MMA and Maine Medical Education Foundation investments and a change in investment policy from James Jackson of RBC Wealth Management. RBC was also acknowledged as a Gold level sponsor of the Annual Session.
- The Board recommended the following individuals to serve as the Search Committee for the next Executive Vice President. President Robert Schlager then appointed the individuals to serve with Dr. Charles Pattavina who had previously been designated as the chair: Drs. Amy Madden, Maroulla Gleaton, Erik Steele, Karen Saylor, Michael Parker and Lisa Ryan. Scott Hanson was appointed to the Transition Committee and other members will be added this Fall.
- Directors re-elected Michael Parker, M.D. as Treasurer and Andrew MacLean, Esq. as Secretary.
- Directors received an update from EVP Gordon Smith relative to the existing strategic plan.

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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 165th Annual Session in Bar Harbor. The meeting

attracted the largest attendance in the last few years with members and their guests enjoying great weather and dynamic keynote presentations by former Senator George Mitchell and Michael Botticelli. Next year's meeting will again follow Labor Day weekend (Sept. 6-8, 2019) and will again be held at the Harborside Hotel and Marina in Bar Harbor. I hope you will note this in your long-range calendar.

Congratulations to Robert Schlager, M.D., Amy Madden, M.D. and Karen Saylor, M.D. who will lead the Association this year. These outstanding physician leaders and an active 7-member Executive Committee and 29-member Board (including two residents and three medical students) will set the general direction for our work in 2019 and beyond. I look forward to working with them.

Following the Annual Meeting, Janet and I had the pleasure of attending the 151th Annual General Membership Meeting of the New Brunswick Medical Society (NBMS) in Fredericton, NB. Former NBMS President Dharm Singh, MD, FACS, a practicing urologist from Campbellton, passed the leadership baton to Serge Melanson, M.D., an emergency physician at the Moncton Hospital. I found it very striking that MMA and the New Brunswick Medical Society share several concerns, including the opioid epidemic and

physician health and wellness. Earlier this year, the NBMS established a Physician Wellness Service to support physicians and their families coping with the demands of practice, relationships, addiction and other life challenges. The service is available free of charge to all members of the Society and their families. Readers will note from Dr. Schlager's article in this issue of *Maine Medicine* that MMA will sponsor a summit in 2019 to talk about the challenges that Maine physicians are facing. It is interesting that both societies are making a priority of physician health and wellness. 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.

By the time you read this article, the mid-term election will be history. We expect a very busy first session of the 129th Legislature and welcome your feedback and engagement. With a new Governor and many new legislators, it will be essential that medicine stand strong and that physicians and their professional societies work together to educate and inform the new administration and legislators. The MMA Legislative Committee will meet the evening of December 6 to hear from all the medical specialty societies about their priorities for the session. We are fortunate this year to have Jay Mullen, M.D. and Lindsey Tweed, M.D. co-chair the Committee. We owe a special thank you to previous co-chairs Steve Meister, M.D. and Katherine Pope, M.D. And thanks also to the many physicians who have joined us at the State House to serve as Doctor of the Day or provide testimony. I hope to see many of you at the State House in what will be my final year as your Executive Vice President. It will be an active session. I can be reached at 207-215-7461 or gsmith@mainemed.com.

MMC Medical Education Department Launches Medical Journal; Submissions Sought

Maine Medical Center's Medical Education Department is launching the state's only peer-reviewed medical journal dedicated to original research in the health sciences and is seeking submissions from all professionals working in a clinical healthcare and/or medical education setting.

The first issue of the open-access, web-based *Journal of Maine Medical Center* is set to be published in July 2019; all article submissions for this first issue will need to be provided by January 1, 2019. Full details and submission guidelines can be found at www.mmc.org/jmmc.

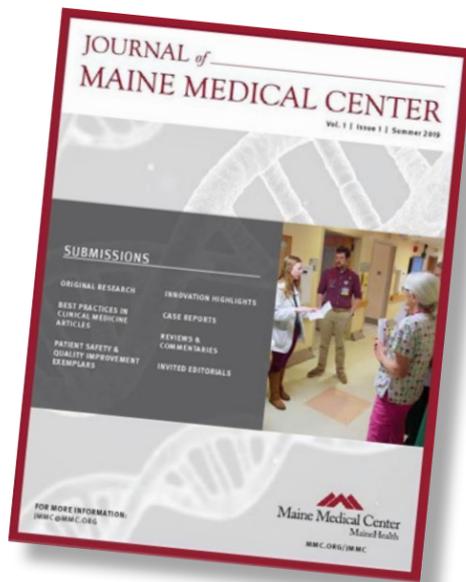
Maine's largest teaching hospital undertook this initiative to help develop early-career health care colleagues as published researchers, an important aspect of professional growth. The professional development, identity formation and continuing education that are all part of becoming a published researcher will also elevate clinician engagement throughout the region.

Submissions sought include:

- Original Research
- Best Practices in Clinical Medicine Articles
- Patient Safety and Quality Improvement Exemplars

- Innovation Highlights
- Case Reports
- Reviews
- Commentaries / Invited Editorials.

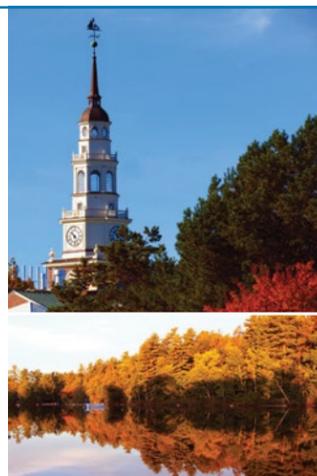
This opportunity is open to all professionals working or training in a clinical healthcare and/or medical education setting, regardless of geography, organization or discipline.



Family Medicine Medical Director

Elmwood Primary Care, a hospital-employed outpatient Family Medicine practice located in the lakes and streams region of Waterville, Maine, is recruiting for an experienced Family Medicine physician as the practice Medical Director. We are looking for an individual committed to providing care to an underserved population, with a strong interest in team building, mentorship and collaboration. The weekly schedule would involve 16 hours of direct patient contact, with the remainder of time dedicated to practice leadership and care coordination. Elmwood Primary Care has considerable behavioral health support, including a psychiatric nurse practitioner, a licensed clinical social worker providing counseling services, and social work services within the practice. We strive to improve the health and well-being of our patients and the community as a whole, and we wish to find someone who shares this desire.

Please contact Tiffiny Parker, Physician Recruiter, at tiffiny.parker@mainegeneral.org or call 207-621-4636 for more information.



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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.

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MAINE'S PHYSICIAN EXECUTIVE LEADERSHIP INSTITUTE - THE ADVANCED COURSE



Enrollment is now under way for the Hanley Center's sixth cohort of its Physician Executive Leadership Institute - The Advanced Course.

Physicians enrolling in the course are designated as McAfee Fellows, in honor of former AMA and MMA President Robert McAfee, M.D. Participants gain knowledge, skills and tools in the core competency areas of: systems awareness; strategic focus; key management/business skills; self-awareness; healthcare trends; and teamwork and collaboration, best enabling them to lead and transform our healthcare delivery system.



McAfee Fellows, Jenny Pisculli, M.D., Anand Rughani, M.D., Ganesha Santhyadka, M.D., FCCP, and Jonathan Torres, M.D., MPH, FACOEM.

Over the past 7 years, more than 150 physicians have participated in the Advanced Course. The sixth class will begin March 2019 at the Brunswick Hotel & Tavern in Brunswick and continue through January 2020. There are six two-day sessions, each running from Thursday evening through late Saturday morning. The class is expected to include 35 physician leaders from Maine, New Hampshire, and beyond.

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

Deadline for enrollments at a discounted price: November 30, 2018

Ready to accept the challenge? For more information about the Advanced Course, the nomination and the enrollment processes, please visit www.hanleyleadership.org, or contact Judiann Ferretti Smith at judiannsmith@hanleyleadership.org or Kathy Vezina at kathrynvezina@hanleyleadership.org.

To Enroll Go To: <https://www.hanleyleadership.org/leadership-programs/physicians-executive-leadership/Advanced-Course>



McAfee Fellows from Hanley's 5th PELI Advanced Class

INVITE A PHYSICIAN TO JOIN MMA

Encourage your colleagues to become an MMA member and take advantage of the benefits of membership. Contact Lisa in the MMA Membership Department at 622-3374 ext 221 or email lmartin@mainemed.com.

MAINE QUALITY COUNTS

By Lisa Letourneau, M.D., MPH, Associate Medical Director, Maine Quality Counts



Project ECHO: Rebuilding Specialist-Primary Care Relationships to Improve Management of Complex Conditions

The rapid evolution of treatment options and expectations for many chronic conditions, taken together with significant time pressures in most practices, can make it incredibly challenging for physicians and clinician teams to manage complex conditions. Treatment for these conditions, such as hepatitis C, dementia, diabetes, or substance use disorder, can be challenging and time-consuming; additionally, the relative scarcity of specialists and long wait times for specialty care in many areas of the state mean that we must find better ways to provide care and support primary care clinicians to provide high quality care for these conditions. Luckily, help is available.

Maine Quality Counts (QC) has identified the Project ECHO® (Extension for Community Healthcare Outcomes) model as a useful way to reconnect specialists and primary care clinicians and provide web-enabled, case-based learning and support the capacity for primary care teams to manage complex conditions, particularly in rural and underserved populations. This low-cost, high-impact intervention consists of linking expert inter-disciplinary specialist "Hub" teams with primary care "spoke" clinicians and teams through web-enabled "tele-ECHO" sessions to help build knowledge and skills through mentoring, guidance, feedback and didactic education. This enables primary care clinicians to strengthen their skills and knowledge to treat patients with common, complex conditions in their own communities, reducing travel costs and wait times for patients, and reducing avoidable complications of missed or delayed care. While Project ECHO uses web-based technology to connect specialists and primary care clinicians, it is not "telemedicine" in which specialists assuming the care of patients one at a time, but rather, is a guided practice model in which the primary care clinician retains responsibility for managing patients with complex conditions in their own community, while providing care with specialist support and increasing knowledge, skills, and self-efficacy.

The ECHO model was developed in 2003 by specialists and researchers at the University of New Mexico (UNM) and has now been "replicated" by hundreds of other organizations around the US and around the world.

QC staff have completed training with the UNM ECHO Institute, and QC is now a formal "ECHO Replication Site." Over the past year, QC has hosted several ECHO programs, including programs on compassionate tapering of opioids and improving care for patients with substance use during the perinatal period. Additionally, QC is currently running an 18-month "C4ME Clinician Leaders" program that brings together 35 clinicians from across the state to help them build critical leadership skills to address public health issues, with a focus on the opioid epidemic. This summer, QC also launched a 9-month ECHO session with 26 primary care teams in Maine and New Hampshire on improving skills for offering Medications for Addiction Treatment (MAT).

Most recently, QC has expanded the typical clinically-focused ECHO model to launch the "Community Opioid Overdose Response" (COOR) ECHO which brings together key leaders from 12 community coalitions across the state, to work collaboratively to decrease drug overdose deaths within their community and focus on collaborative efforts to decrease drug overdose deaths.

QC encourages providers interested in becoming involved in future ECHO programs to email Jonathan Church at jchurch@mainequalitycounts.org or visit the Project ECHO page of the QC website at <https://mainequalitycounts.org/initiatives-resources/echo-test/>.

Time for a checkup?
Physicians Need Protection Too.



Philip M. Coffin III



Abigail C. Varga

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



MMA Legislative Committee Prepares for the 129th Maine Legislature

The 186 members of the 129th Maine Legislature will be seated in early December 2018 and will begin the work of their First Regular Session on the first Wednesday in January 2019. The MMA Legislative Committee, now co-chaired by Jay Mullen, M.D., M.B.A. and Lindsey Tweed, M.D., has scheduled an organizational meeting in anticipation of the new legislature on Thursday, December 6, 2018 at the MMA headquarters in Manchester and any interested member is welcome to attend! **SAVE THE DATE: Physicians' Day at the Legislature is Wednesday, March 13, 2018 – please plan to join us at the State House!**

The MMA Legislative Committee members and staff thank the outgoing Co-Chairs, Stephen Meister, M.D. and Katherine Pope, M.D. for the past two years of excellent service to the Committee. Dr. Pope is an anesthesiologist and is a former member of the MMA Board of Directors and former Chair of the Legislative Committee. Dr. Meister served as Co-Chair while also contributing to the profession as the President of the Maine Chapter of the American Academy of Pediatrics (MAAP). Both physicians brought many years of public policy experience to the Legislative Committee and they guided the MMA's legislative advocacy efforts in a challenging political environment.

We welcome Jay Mullen, M.D., M.B.A. and Lindsey Tweed, M.D., M.P.H. as new Co-Chairs of the Committee. Dr. Mullen is an emergency physician and CEO of BlueWater Emergency Partners. He also serves as the President of the Maine Chapter of the American College of Emergency Physicians (Maine ACEP). Dr. Tweed is a child and adolescent psychiatrist with MaineGeneral Health – Edmund N. Ervin Pediatric Center. He is the President of the Maine Council of Child and Adolescent Psychiatry which is the facilitator of the Maine Coalition for the Advancement of Child & Adolescent Psychiatry.

As mentioned above, the organizational meeting of the MMA Legislative Committee for the 129th Maine Legislature will take place on Thursday, December 6, 2018 from 6:00 p.m. to approximately 8:30 p.m. (dinner available at 5:30 p.m.) at the Frank O. Stred Building,

30 Association Drive in Manchester. Because the Committee will be discussing the MMA's legislative agenda for the next two years, medical specialty societies are strongly encouraged to have one or more representatives at the meeting. Any interested member also is welcome. Please RSVP to Sarah Lepoff at slepoff@mainemed.com or 622-3374, ext. 213.

During the first session of each Maine legislature, newly elected legislators typically may submit any number of "legislative requests" (LRs) by a deadline for bill filing known as the "cloture deadline," usually a Friday afternoon between mid-December and mid-January. The current Legislative Council has set a tentative cloture deadline for Friday, December 21, 2018. The new legislature likely will conduct partisan caucuses to elect members to leadership positions when they organize in early December and the presiding officers usually make committee assignments before the Christmas holiday. During its first session, a new legislature usually addresses between 1500 and 2000 bills, including a biennial budget for the two state fiscal years beginning July 1, 2019.

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*. Also, the MMA Legislative Committee holds a weekly conference call to review bills and brief members on legislative action. The conference call information is published each week in the *Maine Medicine Weekly Update*. Look for these calls to begin again in mid-January 2019. Finally, we are always recruiting volunteers for MMA's *Doctor of the Day Program* at the State House. This is an excellent opportunity to participate in MMA's state legislative advocacy. Find out more about the program on the MMA web site: <https://www.mainemed.com/advocacy-policy/doctor-day-program-maine-legislature>.

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.

SIX NEW MEMBERS ELECTED TO MMA BOARD OF DIRECTORS

Six new MMA Board members were elected at the general membership meeting on September 8.

MMA congratulates the new board members and thanks the Committee on Nominations and the membership for completing the membership of our 29-member board (8 members serve on the Executive Committee). A special thanks to Committee Chair Ken Christian, M.D. who works yearlong to recruit MMA Board members and Committee chairs.

The new members are:



Geeta Godara, M.D.
a hospitalist practicing at MidCoast Hospital in Bath.



Samuela Manages, M.D.
a family physician practicing in Van Buren for Pines Health Services, affiliated with Cary Medical Center in Caribou.



Alexandra J. Barr, D.O.
a geriatrician residing in Portland and practicing with Southern Maine Geriatric Associates.



Verity Ramirez, M.D.
a second-year resident in internal medicine at Maine Medical Center, Portland.



Taylor Ouellette
a second-year medical student at the University of New England College of Osteopathic Medicine in Biddeford.



Jennifer Marsidi, APRN
a second-year medical student at the University of New England College of Osteopathic Medicine in Biddeford.

SPECIALTY SOCIETY MEETINGS

November 15, 2018

Maine Association of Psychiatric Physicians Executive Council Meeting

Maine Medical Center, Dana Center
6:00pm – 8:00pm

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

December 12, 2018

Maine Chapter of the American College of Emergency Physicians Meeting

Portland Regency Hotel – Portland, ME
5:00pm

Contact: Cathy Stratton at 207-592-5725 or cstratton@mainemed.com

February 1-3, 2019

Maine Gastroenterology Society Meeting

Sugarloaf Inn - Carrabassett Valley, ME

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

February 2-3, 2019

Maine & Rhode Island Urological Meeting

Sugarloaf Hotel & Conference Center
Carrabassett Valley, ME

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

February 9-10, 2019

Maine Society of Anesthesiologists Winter Meeting

Sugarloaf Hotel & Conference Center
Carrabassett Valley, ME

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

April 3-6, 2019

27th Annual Family Medicine Update & Annual Meeting

Atlantic Oceanside – Bar Harbor, ME

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

May 10, 2019

Maine Society of Eye Physicians and Surgeons Spring Educational Program & Business Meeting

Harraseket Inn – Freeport, ME
11:30am – 5:00pm

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

May 17-19, 2019

Maine Chapter, American College of Surgeons

Harborside Hotel and Marina – Bar Harbor, ME

Contact: Cathy Stratton at 207-592-5725 or cstratton@mainemed.com

May 18-19, 2019

Maine Chapter, American Academy of Pediatrics 2019 Spring Conference

Point Lookout – Northport, ME

Contact: Dee Kerry at 207-480-4185 or dakerry@aap.net

THANKS TO 2018 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

FISCAL FITNESS FOR LIFE

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

Physician Wellness - Healthcare's Emerging Crisis

At this year's September Annual Meeting in Bar Harbor; MMA President Robert Schlager, MD made a clarion call to the entire healthcare community to address the urgent need to address the wellbeing of Maine's physicians.

There is no denial that the practice of medicine has morphed into Healthcare, and patient care into population health and the patient-physician relationship into payor-controlled care. Whether you are a senior physician, a mid-career practitioner or a newly established physician, (fellow resident, intern or student) the expectation of a financially secure future based on a lifetime commitment to serving your patients wellbeing, is no longer a prescription for a financially secure future.

The Experian Innovation Network's 2016 study, Human Experience at The Forefront: Elevating Resilience, Well-being and Joy in Healthcare, which was presented at Quality Counts' 2017 conference shed light on the dark side of the increasing chaotic reality of practicing medicine today.

A sample of their research shows:

- Female physicians are 2.3 times more likely to commit suicide than females in the general population.
- Their male counterparts are 1.4 times more likely to take their own lives than the general male population.
- While 91% of study respondents (from C-suit, to frontline personnel) state that "Improving the well-being of physicians, nurses and staff is critical to organizational success," unfortunately 70% of respondents admit that institutions employing physicians are doing a poor or extremely poor job of supporting their physicians.

Even more telling is the physician's as well as nurse's and staff's well-being placement within the hierarchy of institutional priorities, are placing behind Financial Performance, Safety, Quality and Patient Experience. This reality is unfortunate because collaborating research reveals that "well-being is inextricably linked to other key performance indicators such as Surgical Errors, Medication Errors, Infections and Mortality Rates, all of which impact the higher rated priorities.

The precarious condition of physician financial well-being is no less troubling as The AMA Insurance Division's 2014 Report on Physicians' Financial Preparedness finds that employed physicians are poorly prepared for addressing the complexities of today's financial realities.

As the MMA leads the way in marshaling resources throughout the entire healthcare community to address physician well-being, it is important that the individual physician appreciates that, now more than ever, the MMA is the one organization within healthcare whose primary objective is to influence stake holders to understand and act upon the reality that the health of the entire system is dependent on the health of Maine's physician population. Baystate looks forward to continuing our work with the MMA to provide the education and planning resources to assist Maine's Physician community to successfully address their most pressing financial wellness needs.

MMA WELCOMES OUR NEWEST CORPORATE AFFILIATE:

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We appreciate their support!

SUBSCRIBE TO MMA'S MAINE MEDICINE WEEKLY UPDATE

Each Monday, *Maine Medicine Weekly Update* keeps physicians and practice managers in the loop with breaking news by email only. It's a free member benefit – call Lisa in the MMA Membership Department at 480-4201 to subscribe.

PUBLIC HEALTH SPOTLIGHT

By Peter P. Michaud, JD, RN, Associate General Counsel, Maine Medical Association



Maine Medical Association Passes Diabetes Resolution

In its Annual Meeting on September 8, 2018, the Maine Medical Association passed a resolution calling

on its staff to raise awareness of the public health crisis of diabetes in Maine. We are to use the Association's communications resources to encourage the public and state and federal policymakers to emphasize the importance of prevention, adequately fund treatment, and convene a meeting of stakeholders to develop a response to the crisis.

Where did this action originate? Dr. Daniel Oppenheim, an endocrinologist and co-chair of the MMA's Public Health Committee which proposed the resolution, offers a view of the problems facing both patients and health care practitioners in Maine on the issue of diabetes.

"Maine has approximately 115,000 adults with diabetes, a percentage of the population that is above the national average," he said, "and rates of newly diagnosed cases of Type 1 and Type 2 diabetes are increasing among people under the age of 20. Type 2 diabetes, which used to be known as "adult-onset," increased by 7.1% annually from 2003 to 2012. During that same period, the incidence of Type 1 diabetes in that age group increased 1.4% per year."

Diabetes care is highly time- and personnel-intensive, requiring a variety of health care professionals, frequent review of blood sugar measurements and medication adjustments, application of new technologies and medications, and management of complex psychosocial factors impacting glycemic control. Complications are both acute and chronic, complex and costly to treat, and diabetes is the seventh leading cause of death in the state, killing Mainers at a rate 14% higher than the national average. Diabetes death rates are highest in our rural counties, which are less likely to be served by specialists such as endocrinologists. Washington County residents

die of diabetes at a rate (35.3 per 100,000) twice that of Cumberland County residents (17.5 per 100,000).

Maine is understaffed with the necessary medical infrastructure to treat diabetes, both in primary and specialty care; we have fewer than half the number of endocrinologists recommended in the Lewin Group study of 2014, and a significant number of them are leaving the state or approaching retirement age. The problem is compounded by the immense costs related to the disease. In 2017, the American Diabetes Association estimates, diabetes cost the U.S. economy approximately \$237 billion in direct medical costs and \$90 billion in lost productivity. The Association says 25% of all health care dollars are spent on care for people with diagnosed diabetes, with half of that being directly attributable to diabetes.

In early February 2018, thousands of patients received letters from MaineGeneral Medical Center informing them that the hospital's Diabetes and Nutrition Center would be significantly reduced in size because of serious financial losses in the program, about \$500,000 per year. Dr. Dora Ann Mills, former director of the Maine CDC, acknowledges the serious problem. "What MaineGeneral is facing is, tragically, not uncommon across the country." Prevention, she says, is supported far less than is treatment of complications after the fact. The Maine Hospital Association reports that half of Maine's hospitals have operated at a loss in recent years and they face a variety of financial challenges, not the least of which is an average reimbursement rate of 72 cents on the dollar from MaineCare.

Between now and the end of 2018 the Maine Medical Association will be convening a meeting of stakeholders to develop a response to the diabetes crisis among those having an interest in diabetes, to include appropriate medical specialty organizations, hospital system representatives, and public health professionals. Those interested in participating should contact MMA Associate General Counsel Peter Michaud at pmichaud@mainemed.com.



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DFD Russell Medical Centers operates three community health centers in central Maine. We are seeking a full time Physician, for our Leeds location.

This position requires a high degree of flexibility, good clinical skills and commitment to team work and open lines of communication. It is full-time at 4 days per week. On-Call rotation, every 8 weeks.

DFD Russell is an equal opportunity employer committed to diversity in the workplace. If you want additional information about this position, e-mail your resume as soon as possible to Laurie Kane-Lewis, CEO. (Laurie.Kane-Lewis@DFDRussell.org)

Requirements: Current license to practice in the state of Maine. Proficiency with electronic medical records, (Centricity is a plus).

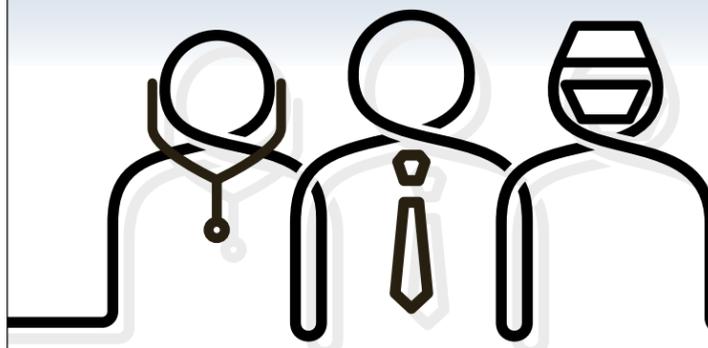
Benefits: Excellent benefit package including medical, dental, life, 401(k) retirement plan, flexible spending accounts and a generous paid time-off plan. Salary is commensurate with experience; there is also an incentive plan a CME reimbursement.

Education: Licensed

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Social Media Risk Management Considerations for Staff

The use of social media has expanded at astounding rates. An ECRI report on social media from 2014 stated that there are now 6 billion hours of YouTube videos uploaded monthly, 757 million daily Facebook users, and 500 million tweets a day. Your staff reflects this trend; surveys from 2011 found that approximately 80% of both doctors and nurses use some type of social media for personal or professional use. A comprehensive policy is a great way to get your arms around this new and expanding area. Interestingly, an article from AIS Health found that only one-third of healthcare organizations had social media guidelines.

Perhaps there were so few social media policies because in 2010 the National Labor Relations Board (NLRB) found that some social media policies, and disciplinary action taken against employees, violated federal labor laws. The findings from the NLRB added a layer of complexity to how employees were treated after an unfavorable social media post. In order to clarify their stance on social media, the NLRB created a sample policy for employers to use.

However, the NLRB sample policy was not designed with healthcare organizations in mind. Specifically, the NLRB sample did not address the HIPAA law. Legal experts felt that the NLRB policy was not specific enough for

the healthcare world. To that end, AIS Health posted a sample HIPAA and NLRB-compliant social media policy developed by Boston Medical Center (BMC). This sample policy while brief, was comprehensive and easy to understand, plus scalable for any size practice. State laws on patient privacy should be considered when creating a social media policy, because state laws can be more restrictive than federal HIPAA laws.

In addition to a social media policy, continuous education was recommended for staff on social media use. In regards to BMC's social media policy, Nickie Braxton, BMC's Privacy Officer, stated; "It's not just about what you can do and can't do, but why...it's trying to let people understand the reasoning behind the rules."

The two-page BMC sample policy covers key components of a social media policy:

1. General Behavior on Media Sites
2. Professionalism on Social Media Sites
3. Representing the Institution on Social Media Sites

Five Tips to Guide Your Hospital's Social Media Policy:

1. Keep it short
2. Keep it simple

3. Keep it encouraging
4. Keep it educational
5. Keep it transparent

References

ECRI: Embracing Social Media in Healthcare: Minimizing Risks and Protecting the Brand, July 2014.

National Labor Relations Board Social Media Fact Sheet: <https://www.nlr.gov/news-outreach/fact-sheets/nlr-and-social-media>

Health Leaders Media: Five Tips to Guide Your Hospital's Social Media Policy, May 2010. <https://www.healthleadersmedia.com/innovation/five-tips-guide-your-hospitals-social-media-policy>

AISHealth: Policy on Use of Social Media, May 18, 2015.

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.

5 Reasons Why Mobile Medication Management is Critical to Your Practice

By Liz Dears, Senior Director of Strategy and Regulatory Programs, DrFirst

The best prescribing decisions are those based on complete facts. But how can clinicians access completely accurate information when there are constant roadblocks to contend with like siloes, disconnected workflows, and incomplete medication histories? Stopping to log into a desktop e-prescribing system to access medication history can be inconvenient too, especially when the patient is in the room with the physician asking for a prescription.

Mobile medication management fixes these problems by putting comprehensive patient medication history directly into clinicians' hands, simplifying access to e-prescribing capabilities, and collapsing disconnected processes into a single, streamlined workflow that can be executed anywhere including in the office or while conducting hospital rounds.

With mobile medication management, clinicians have more data available to make more informed prescribing decisions. A single mobile solution integrates critical tools across the full lifecycle of medication management, simplifying interactions with patients and collapsing the time required to chart and document patient interactions as well as prescribe medications.

In-workflow e-prescribing, EPCS, medication history, trial adjudication, secure collaboration, price transparency, financial assistance, and medication adherence all come together in one mobile platform to allow physicians to be more informed while they are engaged with the patient.

Greater simplicity, improved efficiency, and ease of accessibility to quality patient data makes mobile medication management indispensable to medical practices. Here are the top five reasons why:

Reason #1: Patient Safety

- An estimated 1 million-plus individuals are seen in U.S. hospital EDs for adverse drug events each year. More than one-quarter of these patients need to be hospitalized for further treatment. Most of these ADEs could be avoided with the right information.
- Having complete medication history available at any time can alert a clinician to a patient with a potential ADE, 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, as well as medication history.

Reason #2: Patient Loyalty

- Satisfied patients are retained patients. Don't forget, it costs 90 percent less to keep a patient than attracting a new patient.
- Patient satisfaction is a precursor of patient loyalty.
- Patients that are more satisfied with their clinician experience are also less likely to file malpractice

lawsuits that drain provider time, energy, and practice resources.

Reason #3: Increased Physician Productivity

- About 70 percent of physicians who are not in a solo practice are paid based on volume.
- The Physicians Foundation, a nonprofit advocacy group, states that the average doctor spends at least 20 percent of their time on uncompensated tasks, equal to roughly \$60,000 a year in lost revenue—that number is even higher for medical specialties.

Reason #4: Practice Throughput

- Seeing one more patient a day can add \$25,000 in revenue to a primary care practice (assuming \$100 for a new patient visit) or \$50,000 to a specialist

(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 medical practices to reduce overhead.

Reason #5: Facility Evacuation

- When nature strikes, like a hurricane or earthquake, evacuations and rescue efforts force clinicians to see patients anywhere they can. With mobile medication management, patient health records are readily accessible.
- Patient medication history, and EPCS are all available to mental health providers in states that facilitate prescribing authority during emergencies.

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This position requires a high degree of flexibility, good clinical skills and commitment to team work. Responsibilities include:

- Making an assessment of mental health needs for children or adults
- Diagnosing mental health/psychiatric conditions
- Developing and executing treatment plans
- Providing primary health care

• Prescribing medication (Suboxone waiver, required)

It is full-time at 4 days per week.

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Requirements: Current license to practice in the state of Maine. Proficiency with electronic medical records, (Centricity is a plus).

Benefits: Excellent benefit package including medical, dental, life, 401(k) retirement plan, flexible spending accounts and a generous paid time-off plan. Salary is commensurate with experience; there is also an incentive plan and a CME reimbursement.

Education: Licensed

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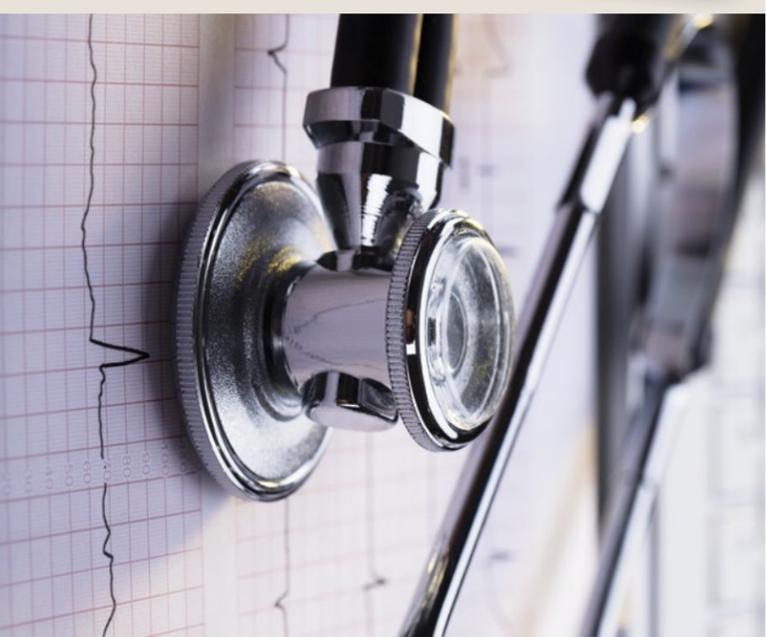
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Maine Independent Clinical Information Service

Fall 2018 Opioid Education
MICIS, the Maine Independent Clinical Information Service, has been providing evidence-based prescribing education since 2008.

Improving Opioid Prescribing and Patient Safety

This 3-hour presentation is an updated version of the broad, clinical and legal review of opioid prescribing in Maine first presented by MICIS in 2017.

- Monday, November 26, 2018 5:00-8:30pm at Fireside Inn & Suites in Portland *Free, registration required*
- How Did We Get Here?
 - Transforming Our Practices and Our Communities
 - Recent Legal Changes Affecting Opioid Prescribing in Maine
- Visit www.micismaine.org News & Events for online registration and program information.

Next Steps in Addressing Maine's Opioid Crisis

- Maine Quality Counts 1-hour webinars from 12:00-1:00pm, presented by MICIS**
- November 27: Opioid Use Disorder and Medication Assisted Recovery: Caring for Our Communities
 - December 11: Co-prescribing Benzodiazepines and Opioids: The Black Box of Increased Overdose Risk
 - December 20: Alternative Treatments for Chronic Pain
- Visit the *Calendar/Events* section at www.mainequalitycounts.org for webinar registration

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