



Maine Medicine

a quarterly publication of the Maine Medical Association

APRIL/MAY/JUNE 2021

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

UPDATE ON THE STATE'S RESPONSE TO THE OPIOID/DRUG EPIDEMIC

By Gordon Smith, J.D., Director of Opioid Response, State of Maine



Governor Janet Mills with Gordon Smith, J.D.

I very much appreciate, again, the opportunity to communicate with MMA members about the on-going opioid/drug epidemic in the state and the continuing efforts of the Mills Administration to address it. Since my last article three months ago, we have launched some new initiatives, as follows:

- Completed and released to the public an updated Opioid Response Strategic Action Plan with updated sections on Prevention and the role of law enforcement. The updated Plan continues to focus on the broad areas of Prevention, Treatment, Harm Reduction and Recovery Support. The introduction to the Plan also includes a list of the major accomplishments we have achieved since beginning this work on February 6, 2019.
- The OPTIONS initiative announced at the Second Annual Governor's Summit in 2020 is now operational in all sixteen counties. At least one behavioral health specialist is now co-responding to overdoses and providing outreach to persons using drugs who are at the greatest risk of overdosing. This "on the ground" work, complemented by a media campaign encouraging people to not use alone and to call 911 when a person overdoses, is aimed

at directly addressing the surge in fatal overdoses. The new knowyouroptions.me website has resulted in multiple positive connections and will continue to be a valuable resource. I encourage readers to review www.knowyouroptions.me and note the resources available in your county.

- In February, Attorney General Aaron Frey announced, for the first time, overdose data by month. Historically, the data has been presented quarterly and yearly, several months after the events. Given that we have been successful in now getting the data on all fatal overdoses and many non-fatal overdoses as they occur, it was our opinion that the information should be released to the public on a more timely basis and placed on the new data hub website, www.mainedrugdata.org. This new website is operated by the research team at the Margaret Chase Smith Center for Public Policy which is a non-partisan research and public service unit of the University of Maine.
- The new Opioid Data Sharing Committee (ODSC) is now receiving data from more than twenty-five sources and is responsible for analyzing the data and placing the most compelling data on the data hub noted above.

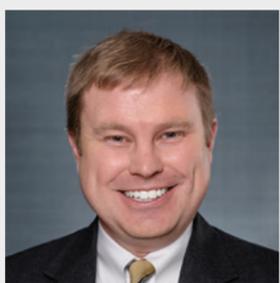
These initiatives are intended to address the increase in both non-fatal and fatal overdoses, the cause of which we

believe to be largely related to two factors: 1. The tendency now for PWUD (people who use drugs) to use alone and 2. The increasing lethality of the drugs getting into Maine. Our Opioid Response Clinical Advisory Committee advises that almost all the use today is polysubstance. Because the supply of illegal substances coming into the state is a moving target, our responses have to be nimble, and our data and our data analysis needs to be state of the art. We are getting there. Our partnership with the research team at the University and the increasing staff capabilities within the Office of Behavioral Health are moving us in the right direction.

Physicians continue to be valuable partners in our work. We have some real deficits in the treatment area, including residential care, medically supervised withdrawal (detox) and adolescent care. As we are more successful in connecting with those individuals at risk, we must do more to ensure that one of the options available to them, treatment, is accessible immediately and affordable. I hope those of you who have not received a waiver to treat patients with substance use disorder in your practice will consider doing so. It may become the most joyful part of your practice, as you see patients get well and start a journey toward active recovery. Thanks for all you do and please don't hesitate to reach me at any time with questions, comments or an idea. I can always be reached via e-mail to gordon.smith@maine.gov or via cell phone at 207-592-0859.

STATE RESPONSE TO ALARMING INCREASE IN DRUG OVERDOSES

By the Honorable Aaron Frey, Attorney General for the State of Maine and Gordon Smith, J.D., Director of Opioid Response for the State of Maine



Aaron Frey, Attorney General



Gordon Smith, J.D.

The announcement earlier this year that more than five hundred Mainers had died of drug overdoses during 2020 caught the public's attention and has resulted in the State doubling down our harm-reduction efforts. We appreciate this opportunity to share with Maine's physicians some of the activities we are engaged in that are intended to have a positive impact on this continuing epidemic. While the global pandemic has had some negative impact on the overdose situation, the more significant factors are the lethality of the fentanyl that is now involved in most fatal overdoses and the tendency of PWUD (people who use drugs) to use substances alone.

1. **Timely public reporting.** The Office of the Attorney General is now releasing the data on both fatal and non-fatal overdoses monthly, beginning with the release of the January 2021 data on February 18. The monthly reporting is intended to improve transparency and timeliness regarding the current epidemic of substance use morbidity and mortality. Year-to-date numbers will be updated with each new monthly report, as cases are finalized, and their overdose status is confirmed or ruled out. The reports also feature aspects of the State's response to the epidemic and the monthly reports are placed on the State's new data hub at <http://mainedrugdata.com>.

2. **OPTIONS initiative.** This initiative, Overdose Prevention Through Intensive Outreach, Naloxone and Safety, is a coordinated effort of the Maine Office of Behavioral Health and other state agencies to improve the health of Mainers using substances through harm reduction strategies, helping them on the road to recovery, and dramatically reducing the number of fatal and non-fatal drug overdoses. More information on OPTIONS can be found at <http://knowyouroptions.me>.



International Overdose Awareness Day 2020.

3. **Overdose Fatality Review Panel (OFRP).** Legislation authorizing the establishment of an OFRP has been filed in the 130th Legislature, introduced by MMA's former President, Representative Richard A. Evans, MD (D – House District 120 in the Dover-Foxcroft area). Thirty-three other states have similar panels including neighboring New Hampshire which established its panel last year. If this legislation is enacted, the panel will be put together immediately to begin reviewing a sampling of cases picked by the Office of the Chief Medical Examiner. We believe that there is something that can be learned from each and every overdose, whether fatal or non-fatal.



One year anniversary celebration of Journey magazine. (www.recovery-journey.com)

4. **Naloxone Distribution.** The Office of the Attorney General and the Office of Behavioral Health continue to purchase and distribute naloxone (most



Governor Mills with staff and volunteers at Portland Recovery Community Center, February 2020.

Continued on page 3

SPECIALTY SOCIETY MEETINGS

May 7, 2021

Maine Society of Eye Physicians and Surgeons
Spring Meeting

Virtual Meeting – 1:00pm – 4:00pm

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

May 21-22, 2021

29th Annual MAFP Family Medicine Update
& Annual Meeting

Virtual Meeting

Full brochure and registration available at www.maineafp.org

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

September 11, 2021

Maine Society of Anesthesiologists Fall Business
Meeting

(Held in conjunction with the Maine Medical
Association's Annual Meeting)

The Jordan Hotel, Sunday River Resort, Newry, ME
from 2:00pm – 5:00pm

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

September 24, 2021

Maine Society of Eye Physicians and Surgeons Fall
Business Meeting

(Held in conjunction with the 20th Annual
Downeast Ophthalmology Symposium)

Harborside Hotel & Marina – Bar Harbor, ME
from 10:30am – 11:45am

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

September 24-26, 2021

20th Annual Downeast Ophthalmology
Symposium

(Presented by the Maine Society of Eye
Physicians and Surgeons)

Harborside Hotel & Marina – Bar Harbor, ME

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

THANKS TO 2021 SUSTAINING MEMBERS

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

W. Gregory Feero, MD

BlueWater Emergency Partners

Coastal Women's HealthCare

Eyecare Medical Group

InterMed

Mid Coast Hospital

Maine Nephrology Associates

Portland Gastroenterology Center

Southern Maine Health Care

STAY INFORMED!

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

Email Lisa Martin at lmartin@mainemed.com.

COVID-19 RESOURCES

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

PRESIDENT'S CORNER

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



Now that it looks like 2021 is shaping up to be a better year pandemic-wise, we are all longing to get together with one another and enjoy common experiences again. One of the things I'm most looking forward to is this year's Annual Session the second weekend in September.

Ideally, we will all be vaccinated by then though it doesn't look like we'll be taking off our masks any time soon. Not only will it be amazing to meet with people in real life, but this year we're exploring a different venue, the Jordan Hotel at Sunday River. It will be a perfect setting to resume the in-person format: a big, secluded venue with lots of outdoor spaces and activities. There are hiking trails, a heated pool, a spa, golf, and s'mores around the fire. We will have all kinds of other activities to choose from as well. Oh, and some great content,

too. This year's theme will focus on health disparities and social determinants of health. We are lining up some excellent speakers and presentations that you won't want to miss.

Of course, we love Bar Harbor with its shops and restaurants. We will be back there again in the future, not to worry. However, this year a crowded tourist attraction might be a little more "in-personness" than anyone needs just yet. And, if the right amount of in-person socializing for your comfort zone is zero, or you just can't be there, you'll be able to access the content virtually. We are lucky to live during a time when we can be virtually connected despite distance and viruses. But, being physically together nurtures the soul like a hot slice of pizza after dieting for your 25th medical school reunion.

I can hardly wait to see you in September! In the meantime, feel free to reach out to me at president@mainemed.com or 207-402-0659.

BEYOND THE STETHOSCOPE: SAMUELA ALBERT MANAGES, M.D. EMBRACES WINTER IN "THE COUNTY"

Coming to the U.S. from Africa at age 11 and growing up in Maryland, Sam experienced a climate very different from northern Maine. But, since choosing to practice medicine in Aroostook County, Maine, she has become a winter outdoor enthusiast. Sam and her husband regularly pursue snowmobiling, downhill skiing, ice fishing, and snowshoeing as opportunities to enjoy the Maine outdoors during the long winter months. "I quickly developed an, 'if you can't beat 'em, join 'em' attitude about winter," says Sam. She had to model the behavior she urged in her patients when she counseled them to be creative in finding ways to be active outdoors during the winter months.



Upon her arrival in the County, Sam took the initiative to learn to downhill ski at Bigrock Mountain Ski Area in Mars Hill. She currently owns a pair of Fischer R10 skis and she and husband Scott visit Bigrock or Mont Farlagne Ski Resort in Edmunston, N.B., CA regularly. Her other

outdoor winter exercise activities include snowshoeing and cross-country skiing, though she acknowledges a certain amount of coordination is required for cross-country skiing!

Sam still identifies as a novice snowmobiler, but she does have her own "sled," a 2016 600 cc Ski-Doo Renegade ACE. While Scott will make 100+ mile trips with his friends, when they ride together, they stick to shorter trips in the 30+/- mile range closer to home.

Sam learned about ice fishing from Scott, a County native, and his family. The necessary equipment for ice fishing also was new to Sam – ice augur, the pole/flag combination known as a "trap" (a maximum of five are permitted), a propane heater, and some sort of shelter. She and Scott used to have an ice fishing cabin, but found that they preferred a portable "pop-up" shelter. Ice fishing typically involves live bait and salmon, trout, and perch are the common catch. They do enjoy cooking and eating the fish they catch, though the boney perch are not preferred!



"Winter weather doesn't bother me," says Sam, "and I'm a 'work hard, play hard' type of person." With a busy medical practice, Sam finds balance in her life through vigorous outdoor activities year-round.

Samuela Albert Manages, M.D. was born in Sierra Leone, West Africa but grew up in Maryland. She practices Family Medicine with Pines Health Services in Van Buren where she has been a member of the staff for twelve years. Sam also provides MAT with the Aroostook Mental Health Center (AMHC). She completed her residency at The Rutgers Robert Wood Johnson Medical School Family Medicine Program at the Robert Wood Johnson University Hospital in New Brunswick, N.J. She lives with her husband, Scott Albert, a U.S. Customs and Border Protection Officer in St. David. She is a past board member of the Maine Academy of Family Physicians and currently serves as a member of the Board of Directors and Executive Committee of the Maine Medical Association.

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NOTES FROM THE CEO

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



The MMA Annual Session Committee, chaired by Lisa Ryan, D.O., is planning for the 168th Annual Session of the Association scheduled for September 10-12, 2021 at the Jordan Hotel at the Sunday River Resort in the beautiful mountains of western Maine. Based on

current regulatory guidance and the resort's policies, the Committee believes that MMA can safely conduct a hybrid model meeting giving members the option of an in-person experience or remote participation in key parts of the meeting. I know that we missed being together in 2020 and I am looking forward to greeting members in September. Many of you also will look forward to reconnecting and networking with colleagues this year. The Committee still is developing the theme, CME content, and speakers for the meeting, but they will focus on health disparities and health care reform. I anticipate an important agenda item at the General Membership meeting will be proposed amendments to the MMA Bylaws to move the consideration of resolutions from the General Membership meeting to the Board of Directors and to address some technical

issues. Recreation options will include golf, hiking, and an adventure park including a "zip line" course. We also will offer some options for those who do not wish to participate in the outdoor physical activities. We plan a casual dinner (on the patio outside, weather permitting) on arrival Friday evening followed by a "smores station" and fire pit where I hope everyone will catch up after a challenging year. During the banquet on Saturday evening, Karen Saylor, M.D. will hand the President's gavel and medallion to Jeffrey Barkin, M.D. and MMA officers will present the President's Award for Distinguished Service and Mary Floyd Cushman, M.D. Award for Distinguished Humanitarian Service. I know that members have very much enjoyed our years at the Harborside Hotel & Marina in Bar Harbor and we will return to Bar Harbor soon. The Committee also is considering returning to the Samoset Resort in Rockport and a location TBD in York County in the next few years. I hope you will make your plans to join us at Sunday River this year!

Please contact me any time with your comments or suggestions about how we might serve you better – amaclean@mainemed.com; 207-480-4187 Direct; 207-215-7462 Mobile.

Continued from page 1...State Response to Alarming Increase in Drug Overdoses

frequently inter-nasal naloxone sold under the brand name Narcan) to law enforcement agencies, first responders, syringe service providers, recovery centers, treatment facilities, recovery residences and emergency departments across the state. Since the beginning of 2019, more than 65,000 doses of Narcan and additional doses of intra-muscular naloxone have been distributed at no cost to those receiving this life-saving drug.

Combatting drug deaths continues to be a priority of the Office of Attorney General and the administration of Governor Janet Mills. The 2020 numbers and the

continuing high number of deaths in the first three months of 2021 are a stark and tragic reminder of how pervasive and deadly the opioid epidemic is. We must urgently work to connect Mainers who are struggling with substance use disorder with the resources they need to protect themselves and help them advance in recovery. And, with the help of Maine's physicians, we must come together as a community to get the COVID-19 pandemic under control so that barriers to treatment and support are removed. Thank you for what all of you do to help take care of Mainers, those with SUD and all other illnesses as well. We appreciate your efforts.



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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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21-PD-00601 (03/21)

SAVE THE DATES

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



Free Individual Academic Detailing Sessions on Opioid Prescribing Topics

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

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

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

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

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

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

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

Time for a checkup? Physicians Need Protection Too.



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MEDICAL PROFESSIONALS HEALTH PROGRAM

By Guy R. Cousins, Director, MPHP



Hidden Gem

The Medical Professional Health Program conducts a substantial number of outreach and CME presentations. I often start a presentation with a picture of a Maine waterfall and ask people if they recognize it. There are a few well traveled people that recognize the waterfall and identify the location as Gulf Hagas. I introduce Gulf Hagas to the rest of the group by its other name, "the Grand Canyon of Maine." It is a wonderful hiking experience (part of the AT) and houses the Hermitage, a 150 yr. old pine growth. Gulf Hagas is one of the hidden gems of Maine.

I then take a bit of literary license comparing this hidden gem with the Medical Professionals Health Program.

Our mission is so very critical. MPHP promotes the health and well-being of Maine health care professionals by providing monitoring, resources, education, and advocacy for those challenged with substance use, mental health, and behavioral issues that may adversely affect their ability to practice safely. Our vision is to improve the health and well-being of Maine health care professionals in need of assistance.

Our outreach education is one of the ways we help health care organizations and professionals become aware of MPHP as a resource. We provide presentations on burnout, vicarious traumatization/compassion fatigue, and self-care that also provide CME credit.

In 2019, MPHP presentations reached more than 560 people. So far in 2021, using Zoom, we have had 4 outreach presentations and have already reached 500 medical professionals and students.

Please contact the MPHP if you are interested hosting an event. We can be reached at 207-623-9266.



Cathryn Stratton Earns Certification in Association Management (CAE®)

The American Society of Association Management (ASAE) recently announced that Cathryn Stratton of the Maine Medical Association has earned the Certified Association Executive (CAE®) designation. The CAE is the highest professional credential in the Association industry. Ms. Stratton is one of 4,500 certified association professionals worldwide, and the 4th in Maine. To be designated as a Certified Association Executive, an applicant must have experience with nonprofit management, complete a minimum of 100 hours of specialized professional development, pass a stringent 4-hour examination, and pledge to uphold a code of ethics.

Ms. Stratton is the Executive Director of four medical specialty societies - Maine Chapter of American College of Emergency Physicians (MEACEP), Maine Chapter of American College of Surgeons (MEACS), Maine Neurological Society (MNS), and the Maine Society of Orthopaedic Surgeons (MSOS) - and the Executive Director of the American Society of Medical Association Counsel (ASMAC), a national association of attorneys. She has worked for the MMA for the past thirteen years, beginning in 2008 as the Administrative Director of the Medical Professionals Health Program. She looks forward to continuing her work with professional associations helping build communities and helping associations find and fulfill their mission.

MAINE DHHS UPDATE

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



The Fight Continues: The Role of Physicians in Reversing Maine's Opioid Epidemic

In my role at Maine DHHS, I'm honored to work in close partnership with Gordon Smith, Maine's Director of Opioid Response, to support clinical issues related to Maine's response to the ongoing epidemic of substance use disorder (SUD) and overdose deaths, which sadly continues to take the life of two Mainers every three days. While multiple approaches clearly are needed to reverse this epidemic, it is critical that physicians and other clinicians recognize the unique role that we can take to help turn the tide on this ongoing challenge, including the following:

- **Encourage and offer treatment:** While the medical literature is very clear that treatment for SUD and opioid use disorder (OUD) can save lives, evidence-based treatment for these disorders is still significantly under-utilized, particularly medications for OUD including buprenorphine, naltrexone, and methadone. Many factors contribute to this gap, including persistent stigma related to the role of medications for treating OUD, and the belief by some that abstinence is the only acceptable path to recovery. As clinicians committed to using a scientific approach to the treatment of disease, we have an opportunity to educate ourselves about the science of addiction and the physiologic changes that result from chronic drug use and encourage patients to participate in life-saving treatments. Additionally, there are now many options for Maine clinicians to complete training to receive a DEA X-waiver to prescribe buprenorphine and to participate directly in treatment of individuals with OUD. For those not able to offer treatment directly, becoming aware of treatment options in your community can be helpful to refer patients and families directly to treatment. Additionally, Maine will soon be offering a "SUD Treatment Locator" that will offer phone and web-based resources for locating evidence-based treatment providers across the state.
- **Prescribe naloxone:** In addition to encouraging individuals with SUD to seek treatment, clinicians

can look for opportunities to prescribe naloxone (Narcan) to patients, friends, and family members of individuals at risk for opioid overdose. Naloxone rapidly reverses opioid overdose, and widespread distribution of naloxone has been shown to reduce overdose deaths in hard-hit communities. To help reduce the risk of drug overdose deaths, the FDA now recommends prescribing naloxone widely, including for (1) all patients who are prescribed opioid pain relievers who may be at increased risk of overdose, such as those who are also taking benzodiazepines, have a history of OUD, or a history of previous overdose; (2) patients who are prescribed medications for treatment of OUD; and (3) any other patients at increased risk of overdose, including those with a current or past history of OUD or overdose, as well as for family members of those individuals. Taking a few additional minutes to write a naloxone prescription can literally save a life.

- **Stop stigma and be a champion for recovery in your community:** Physicians can be powerful voices for change in our communities. Given that role, we can use our voices, individually and collectively, to help address stigma related to SUD/OUD and to the treatment of these deadly disorders. As part of the response to this epidemic, the state continues to encourage local community SUD coalitions and has also developed a new OPTIONS program (Overdose Prevention Through Intensive Outreach, Naloxone and Safety). Under this initiative, the State is contracting with local organizations to provide mobile response teams in every county to engage with communities that have high rates of drug overdoses to promote drug prevention and harm reduction strategies, connect people directly to recovery, harm reduction, and treatment resources, and targeted distribution of naloxone for overdose rescue. We encourage clinicians to learn more about local efforts in your community and to find recovery partners in your area to lend your voice to these efforts.

The MMA and Maine's clinician community clearly are important partners in these efforts to reverse the tide of this deadly epidemic; we greatly appreciate your efforts and encourage you to share any additional thoughts by contacting me directly at lisa.letourneau@maine.gov.

Maine Association of Psychiatric Physicians Receives the American Psychiatric Association's Assembly 2021 District Branch Best Practice Award

Assembly Speaker Mary Jo Fitz-Gerald, MD and James Batterson, MD, Chair of the Assembly Awards Committee informed the Maine Association of Psychiatric Physicians (MAPP) that it is the winner of the 2021 District Branch Best Practice Award in the small DB category (200 or fewer members).

The Assembly District Branch Best Practice Award recognizes a District Branch for exemplary standard practices and/or innovative programs in areas such as member services, communications, financial management, government affairs, and meetings/education, with a special interest in practices and programs that hold potential for replication by other District Branches.

The Committee was impressed by MAPP's DB leadership in the collaborative Maine Frontline Warmlines project that provided COVID-19 first responders psychological first aid.

Before the pandemic, the award would have been presented at the APA's Annual Meeting but since the meeting will be held virtually this Spring, all 2021 Assembly awardee names will be displayed on screen during a presentation at the virtual April Assembly meeting on Sunday, April 25, 2021.



Dianna Poulin, Executive Director, MAPP & Ed Pontius MD, DLFAPA, DNBPAS, Founding Director

"It will likely take us years to fully comprehend the emotional toll wrought by the COVID-19 pandemic. I do not use this term lightly but the truly heroic efforts of people like Dr. Ed Pontius, MD, DLFAPA, and Dianna Poulin, MAPP Executive Director, undoubtedly helped heal and bring a sense of companionship to our healthcare colleagues working tirelessly-and often isolated from loved ones and emotional supports-on the frontlines. I am pleased that the APA has chosen to recognize their efforts with this prestigious award and honored to accept it on their behalf."

Matthew J. Davis, MD, DFAPA, President, Maine Association of Psychiatric Physicians
Clinical Director, Riverview Psychiatric Center

By Dan Morin, Director of Communications and Government Affairs



Virtual Advocacy: Organized, Direct, Focused, and Measured Advocacy Works Again

The virtual world is certainly no secret to most physicians because of the ongoing pandemic. Clinicians saw the number of office visits decline dramatically drop or stop altogether. Telemedicine and telehealth made it easier for physicians to communicate and care for patients. It was a figurative, and perhaps literal, lifeline for some patients and some independent physician practices and the stressful business impact they faced.

The Maine Legislature also moved to the virtual world as COVID-19 made it too dangerous for public access to the Maine State House, let alone for lawmakers to convene in person. Legislators are now allowed to meet, debate, and vote remotely.

Communicating digitally on issues of importance for your patients and practice comes with some different challenges for professional lobbyists and volunteer advocates alike, but there are still ways to be effective. First, physician members who normally might have difficulty taking a day off to travel to Augusta now have an opportunity to testify on behalf of patients remotely. In the absence of those crucial physician to legislator hallway contacts through our Doctor of the Day Program, our public policy staff had to adopt new strategies to advocate.

A great example of effective virtual advocacy came in response to LD 295. Proposed by the Maine Nurse Practitioner Association, the bill would have allowed nurse practitioners in Maine to practice the functional and legal equivalent of medicine immediately after graduating from a nurse practitioner program, with no additional training or supervision. Currently, APRNs are required to practice, "for at least 24 months, under the supervision of a licensed physician or a supervising nurse practitioner" or must be employed by a clinic or hospital that has a medical director who is a licensed physician."

It was important to develop a strategy that gave the MMA an opportunity to give feedback in strong opposition to the legislation. Feedback from legislators on the committee hearing the bill revealed that initially nurse practitioners in Maine were contacting the committee with a voluminous amount of messaging in favor of the bill. Unfortunately, the deluge of comments was influencing some of them to favor the bill.

MMA staff worked closely with the MMA's Legislative Committee and MMA Board of Directors and through a coalition of Maine Osteopathic Association leaders and Spectrum Healthcare Partners on a strategy to stop the bill.

Rather than swamp committee members with messages from MMA members who may not be constituents, a strategy I have seen to be relatively ineffective in the long run, members who were constituents reached out to the committee of jurisdiction. Other MMA members were asked to reach out to their own state senator and/or representative to inform them of the potential negative impacts of passing the bill and asked them to directly contact their legislative colleagues on the committee to oppose the bill after hearing constituent physician concerns.

In early April, because of your advocacy efforts and interaction with state legislators, the bill sponsor appeared before the committee in April and asked them to vote "Ought Not to Pass" after what she called, "a disappointing report" on their late March vote. She spoke of a "difficult discussion" she had with the Maine Nurse Practitioners Association to end their advocacy for this legislative session.

While in person communication is often most effective, direct, and impactful when it comes to advocacy the still interpersonal phone calls and individual emails sent made the case for opposing the bill and protect public safety. It continues to be my opinion over two decades of government affairs experience that the precision of a direct and measured appeal succeeds at a much greater rate than volume and frequency.

We will continue to call MMA members and leaders to communicate with legislators and decision makers about the potential downstream impacts of health policy bills on your practice, both positive and negative. The best way to advocate for your patients is to establish or re-establish a connection with your locally elected leaders. Start by introducing yourself and thanking them for their public service through email by letting them know who you are and how your professional expertise may be of use to them relating to health care policy. You can then follow up on a somewhat regular basis while identifying some important issues for you and your patients with offers to provide helpful information and examples.

If you need help to sign up for our weekly e-newsletter, identify your local state legislators, or background on current MMA policy priorities, please give me a call directly at 207-480-4199 or email me at dmorin@mainemed.com.

BAYSTATE FINANCIAL FISCAL FITNESS FOR LIFE

By David Grebber, JD, LLM, LUTCF Agency Director – Advanced Markets



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A Plan to Avoid Chaos and Hardship ... an Estate Plan!

Our physician community has witnessed firsthand the chaos and hardship which occurs when well-thought-out plans are absent in the face of a global crisis. To a lesser extent, but equally as important on a personal level, is the need for a plan - an Estate Plan - if the chaos and hardship which so often accompany an unexpected death or serious incapacity is to be avoided.

Actions you can take today

At each stage of your life and career, meeting with professionals and taking time to draft and review your current financial and estate plan is an important part of ensuring that you get to enjoy the future you hope for.

Medical Students, Residents and Fellows

- Compile a list of your assets and debt liabilities.
- Consider refinancing your student loans.
- Draft a will, trust, healthcare proxy, and power of attorney naming the executor(s), trustee(s), guardian(s).
- Review account ownership designations of all assets including bank accounts, stock portfolios, life insurance policies, real estate, etc.
- Consider the purchase of life insurance and disability insurance.
- Ensure a trusted relative, friend, lawyer, or colleague retains copies of your estate plan documents.

New Physicians Entering a Practice

- Review medical malpractice and business insurance needs.
- Review partnership agreements, employment contracts, and worksite benefits.
- Consider practice structure to minimize tax and asset liability.
- Review existing Estate Plan or begin the process of drafting a plan.
- Review long term care, disability, and life insurance needs for income replacement, asset protection, business succession, and estate planning.

Seasoned Medical Professionals

- Review existing estate – inventory assets, liabilities, charitable gift obligations.
- Review your existing Estate Plan documents and make changes or modifications as desired. Add trusts to segregate and protect assets while minimizing probate time and costs and estate tax exposure.
- Review your practice corporate documents to ensure a smooth transition of ownership.
- Review current long-term care, disability, and life insurance policies.
- Consider retirement solutions and income tax minimization strategies as retirement becomes a reality.
- Consider gifting using the annual and lifetime gift exclusions to reduce overall estate taxation.
- Consider charitable giving strategies to reduce overall estate taxation.

As physicians who are focused on gaining knowledge, establishing your practices, raising and educating your children, and accumulating wealth for your retirement years, you need to embrace the thought that Estate Planning is not simply a process "to get around to sometime," but rather, it is integral to living a successful life, one that allows you the opportunity to ensure the realization of the hopes and expectations you have for your life and the lives of those you care most about.

David Grebber, JD*, LLM, LUTCF Agency Director – Advanced Markets, Co-Author Michael Genetti, CLU, ChFC
*Attorney but is not practicing on behalf MML Investors Services LLC. MML Investors Services, LLC is a securities broker-dealer. Member SIPC. Supervisory office located at 200 Clarendon Street, 19th & 25th Floors, Boston, MA 02116. 617-585-4500. CRN202303-280253

The MMA-CQI, with funding support from the Maine Board of Licensure in Medicine (BOLIM), developed and maintains online on demand learning modules available for CME credit at www.learninglab.org

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MMA – CQI NEWS NEW RESOURCES: HPV VACCINATION TOOLKIT AND MMA-CQI ONLINE LEARNING MODULE: INCREASING HPV VACCINATION RATES IN CLINICAL PRACTICE

By Jessica Reed, MSN, GNP-BC, Clinical Quality
Manager, MMA-CQI

The Maine Medical Association Center for Quality Improvement (MMA-CQI) is excited to announce the development of two new resources to help increase HPV vaccination rates in clinical practice - an HPV Vaccination Toolkit and HPV Vaccination Online Learning Module. These two resources were created from best practices and lessons learned from two successful large-scale HPV vaccination quality improvement projects: the HPV Vaccination Learning Collaborative (2017-2019) and the Maine HPV Project ECHO (2019-2020). Both HPV vaccination QI projects and the subsequent creation of these two HPV vaccination resources were funded by grants through the Maine Cancer Foundation. These resources will be available in May 2021.

The goal of the HPV Vaccination Toolkit and Online Learning Module "Increasing HPV Vaccination Rates in Clinical Practice," is to provide easily accessible, quality improvement resources for clinicians and medical staff, as well as other various healthcare professionals to increase HPV vaccination rates in their clinical practices and health systems. HPV and HPV vaccination educational resources, tools, and quality improvement methodology will be shared in each resource to provide a step-by-step guide to help increase HPV vaccination rates - thus preventing six different types of HPV-associated cancers. The HPV Vaccination Toolkit will also have practice workflows (created from the HPV vaccination QI projects) for the implementation of evidence-based interventions to increase HPV vaccination rates. HPV education and vaccinations can begin as early as age 9, and the American Cancer Society recommendations state that HPV vaccination works best when it is given to boys and girls between the ages of 9 and 12. Provider and clinical staff education is an evidence-based intervention, and education on HPV and HPV vaccinations and the change in messaging that HPV vaccination is cancer prevention will result in a positive impact on the number of strong, presumptive provider and clinical staff recommendations for HPV vaccinations and thus increasing HPV vaccination rates and preventing HPV-associated cancers.

The Online Learning Module, "Increasing HPV Vaccination Rates in Clinical Practice," can be accessed through the MMA-CQI Learning Lab (www.qclearninglab.org). The MMA-CQI Learning Lab link can also be found on the Maine Medical Association website (www.mainemed.com) in the MMA-CQI website section. The MMA-CQI Learning Lab has been designed to support clinicians, healthcare professionals, and practice teams with a wide range of continuing education offerings including online courses, webinars, and learning sessions. This HPV Vaccination Online Learning Module is self-paced and contains nine short (10-12 minute) units. There will also be one unit dedicated to HPV vaccination educational resources for patients, parents, and clinical staff. The HPV Vaccination Online Learning Module is available to any user who registers with the MMA-CQI Learning Lab. The estimated time to complete the module is approximately 90 minutes, and upon completion of the module participants will be eligible for 1.5 AMA PRA Category 1 Continuing Medical Education (CME) Credit (this CME credit is free because of the generosity of the Maine Cancer Foundation).

PUBLIC HEALTH SPOTLIGHT

By Daniel Oppenheim, MD, Co-Chair MMA Public Health Committee



MMA Joins Medical Society Consortium on Climate & Health

The Maine Medical Association has recently joined more than 30 Medical Societies and more than

50 Affiliate organizations that constitute the Medical Society Consortium on Climate & Health (MSCCH) – an organization focusing on the science behind climate change and public health. Whether it is extreme weather events, wildfires, food-related or insect-borne infection, or air and water quality, human-caused climate change has already harmed millions and threatens the health of all of us.

The mission of the MSCCH is to "organize, empower and amplify the voice of America's doctors to convey how climate change is harming our health and how climate solutions will improve it."

We often hear about the effects of climate change on infrastructure and the economy, but not so much about the effects of climate change on human health, and those effects are one of our greatest threats.

What can we do about it? The first step is to recognize that global climate change is a terribly important issue and that human health is being impacted at an ever accelerating pace. Education is key -- getting the word out that this is a crisis that affects human health, and that we, as physicians, scientists and people who care about public health, must care about climate change.

In addition, the effects of global climate change clearly are not equally distributed. Communities of color, poor, marginalized and disadvantaged communities suffer disproportionately. The MMA cares deeply about equality of health and health care, so this issue matters to us for this reason as well.

Once we understand this situation, then we have to think about what we can do. Physicians and their

family and friends can get involved in a host of ways to advocate for policy changes that will help to mitigate the progression of global warming. Some people will feel comfortable educating others. Some people will feel comfortable writing letters to the editor or opinion pieces in their local papers, or contacting their legislative representatives, either at the local, state or federal level, as specific issues arise.

With the recently released Governor's Climate Action Plan, "Maine Won't Wait," resulting from the work of the Maine Climate Council, we have a roadmap of the many directions we can pursue on this issue. In fact, the first bills stemming from the Action Plan are already scheduled to be heard in the Maine legislature.

Our hope is that as specific pieces of legislation or regulatory policy come up for public comment, we will be able to mobilize our membership and leadership to get the word to policymakers and legislators that we care about these issues as health care professionals. So, the more we know and the more we feel motivated to do something, the more we can involve our membership when specific issues arise.

Decision makers at all levels really do listen to physicians and scientists, and we have a degree of credibility that is unique. It is important for us to leverage this unique position, as a voice for public health, for science-based and data-based policy, and to use our voice to effect positive change in the world. The role of the Consortium is to work in the areas of education and advocacy around climate change on behalf of its member and affiliate medical societies who themselves have other more specific areas of focus.

The MSCCH can do that work on behalf of the MMA. It is a two-way street. The Consortium can provide the important educational materials and action alerts, and the MMA, both itself and through its members, can serve to raise the issue to a higher level.

Learn more about the work of The Medical Society Consortium on Climate & Health at medsocietiesforclimatehealth.org.

NAMI MAINE; SUPPORTING MENTAL HEALTH THROUGH THE PANDEMIC

By Greg Marley, LCSW, Clinical Director, NAMI Maine



One almost universally accepted truth about this pandemic year is that COVID-19 has been hard on the mental health of us all. Significant symptoms of depression and anxiety have risen from a base rate of 11% of adults in 2019 to above 41% in January of

2021 (US Census Bureau Household Pulse Survey). The most significant impact is among the youngest adults age 18-24 (56%) trending down with increased age to about 30% in adults over age 65. We are also seeing significant increases in substance use and disordered eating. These are some of the manifestations of stress, fear, and uncertainty on mental health as you are no doubt seeing in your practices.

During the past year, NAMI Maine has revised how we deliver the education, support and advocacy that is our mission to reach the needs of Maine people in this time of need.

NAMI Maine's core education programs and support groups are now available free to anyone in Maine virtually.

NAMI's support groups for people living with mental health challenges and groups for family members are offered most days of the week. We also offer groups for people in recovery from substance use. Find the full range of NAMI groups at www.namimaine.org/supportgroups.

Our signature **NAMI Family to Family education** program is offered on an ongoing basis with at least one new class beginning every month. Sign-up for the next class at www.namimaine.org/events.

Suicide Prevention Programming: NAMI offers a full range of training and technical support to address suicide prevention and management, working in partnership with the Maine Suicide Prevention Program and with the Maine Medical Association. This includes virtual offerings from a 1-hour program on suicide prevention in a healthcare setting to a full Suicide Assessment Training offered in 3 parts with CME credit. In addition, NAMI Maine staff are available to offer **Coping with Covid; Building Hope** presentations and discussions to a range of community and provider groups. Visit www.namimaine.org/sphealthcare or contact Susan Kring (skring@mainemed.com) for full details.

Our Teen Support Text Line began operation almost a year ago in response to the need to support teens and young adults isolated by pandemic restrictions. It is open noon to 10pm daily for youth age 14-20 seeking connection and support. Visit www.namimaine.org/teentextline or call 207-515-TEEN (8398).

Peer Support Programming and Recovery Programming: The importance of having a trained peer available to support recovery from mental health challenges and to support substance use recovery cannot be overstated. NAMI Maine provides peer supported recovery through our **Waterville Peer Recovery Center** (www.namimaine.org/peercenter) and in a new program providing peer support to women in the Windham Correctional Center. Having a peer available is truly making a difference in recovery and hope.

Now, more than ever, finding assistance in navigating the mental health support system is vital for people and families in need. **NAMI Maine's Helpline** offers connection to resources, educational material and support to individuals, family members and providers from 8:00am - 4:00pm daily at 1-800-464-5767 or by email helpline@namimaine.org. **Find Hope, Find Help, Find NAMI Maine.**

When Patients Hit Record in the Healthcare Setting

As technology advances, you may have more patients record their visits with or without your knowledge. Your first reaction may be to prohibit patients from recording any visit, but there is supporting evidence that it can be beneficial for recall and compliance. Since this is a growing issue, consider having a policy on video/audio recording in the healthcare setting. This tip will help you identify your state's laws regarding consent requirements and things to consider when developing a plan.

State Laws

Know your state's laws and requirements! Maine only requires one person to consent, and Vermont does not address it. Massachusetts and New Hampshire require all persons' consent before recording.

Maine

Maine law does not prohibit the recording of a conversation since only one consent is necessary, and it can be either the sender or receiver. <https://legislature.maine.gov/lawlibrary/what-is-maines-law-on-recording-surveillance-of-private-conversations/9488>

Massachusetts

Massachusetts law provides it is illegal to record an in-person or telephone communication without all parties' consent. <https://malegislature.gov/Laws/GeneralLaws/PartIV/TitleI/Chapter272/Section99>

New Hampshire

New Hampshire law provides that it is illegal to record an in-person or telephone conversation without

the consent of all parties § 570-A: 2. However, New Hampshire law does make an exception in cases where the person or people communicating are doing so in an environment where they should not be under the expectation of privacy. N.H. Rev. Stat. Ann. § 570-A: 1. <http://www.gencourt.state.nh.us/rsa/html/lviii/570-a/570-a-mrg.htm>

Vermont

Vermont law does not contain any provisions regarding the legality of recording or sharing any audio-based conversations.

Policy

When developing a policy on audio and visual recordings, you should ask the following questions: Will patients ever be allowed to record a visit?

Yes

- Under what circumstances?
- Will individual providers be permitted to opt-out of being recorded?
- Specify that the patient's device will be used.
- When will a provider mandate that recording stops, such as in OB, and the delivery is not going as planned?
- Will you require a copy of the recording to be provided to the health center to be stored with the medical record?
- How should patients notify the provider that they wish to record the visit?

- Where can recording take place?
- How will you protect another patient's privacy?
- Is signage posted that specifies all of the above?

No

- How will this be communicated to patients e.g., signage)?
- What if a provider wants to allow recording anyway?
- What will you do if you find a patient covertly making a recording?
- What will you do if you find a recording (known or unknown to you) posted on social media (Facebook, YouTube)?
- Who is responsible for enforcing all of the above?

Having a plan and sharing it with your staff will help you address this vital, growing issue.

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.



STOP. CHECK. PREVENT. LYME DISEASE IN MAINE

By Megan Porter, Maine CDC Public Health Educator



Health care practitioners in Maine reported 1,118 cases of Lyme disease in 2020 (as of March 17, 2021). While this is lower than the record number of cases reported in 2019, tickborne disease remains a serious threat in Maine.

Though ticks can be active at any temperature above freezing, most tick activity occurs in the warmer months. May is Lyme Disease Awareness Month in Maine and Maine CDC asks health care practitioners to stress the importance of tick education in the prevention of tickborne disease. The 2021 Lyme Disease Awareness Month theme, "Stop. Check. Prevent," reminds us to prioritize tick bite prevention. This includes:

- 1) Using caution in areas where ticks may be found;
- 2) Wearing light-colored clothing that covers arms and legs;
- 3) Using EPA-approved repellents; and
- 4) Performing daily tick checks on ourselves, all family members, and any pets and showering after being in tick habitat.

Important Reminders

- Tickborne diseases are preventable by avoiding contact with infected ticks.
- An infected deer tick (*Ixodes scapularis*) must be attached for 24-48 hours in order to transmit the bacterium that causes Lyme disease (*Borrelia burgdorferi*).
- Early symptoms of Lyme disease and other tickborne diseases are non-specific and similar to symptoms of COVID-19. These include fatigue, fever, headaches, myalgia, and arthralgia. Make sure to ask about a history of tick bites or time spent in tick habitat when patients exhibit these symptoms.
- The most common early symptom of Lyme disease is an *erythema migrans* (EM; "bull's-eye" rash) appearing 3-30 days after transmission (in about 50% of cases in Maine).
- Disseminated symptoms of Lyme disease include: arthritis (including joint swelling), Bell's palsy and other cranial neuritis, encephalitis, lymphocytic meningitis, radiculoneuropathy, and second- or third-degree atrioventricular block.
- Antibiotic therapy is effective for the treatment of Lyme disease. Clinical treatment guidelines are available at the Infectious Diseases Society of America's (IDSA) website.

Lyme disease is not the only disease that can result from a deer tick bite. Anaplasmosis, babesiosis, *Borrelia miyamotoi* disease, and Powassan virus disease are other tickborne infections found in Maine. In 2020, healthcare providers reported 443 cases of human anaplasmosis, 67 cases of human babesiosis cases, 12 human cases of *Borrelia miyamotoi* disease, and one case of Powassan virus disease (preliminary data as of 4/6/2021). The majority of tickborne illnesses occur during the summer and fall months when ticks and humans are active outdoors.

Thank you for your invaluable help in the prevention and early identification of tickborne diseases here in Maine.

Resources:

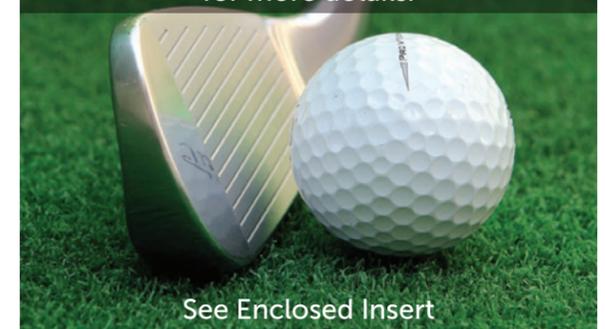
- IDSA treatment guidelines, including Lyme disease, available at www.idsociety.org/practice-guideline/alphabetical-guidelines/
- Lyme disease case report form available on the web at www.maine.gov/lyme under Resources for Physicians
- University of Maine Cooperative Extension Tick ID Lab submission instructions found at www.ticks.umaine.edu
- For additional questions, please call Maine CDC at 1-800-821-5821 or email disease.reporting@maine.gov
- Human Lyme disease data available through the Maine Tracking Network at <http://www.maine.gov/lyme> under "Maine Tracking Network: Tickborne Diseases" on the left-hand side of the page

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Contact Lisa Martin at 207-480-4201
or lmartin@mainemed.com
for more details.



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