



# Maine Medicine

a quarterly publication of the Maine Medical Association

JULY/AUGUST/SEPTEMBER 2023

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

## MMA2023 170<sup>TH</sup> ANNUAL SESSION – DON'T MISS T.R. REID, COMPARATIVE HEALTH SYSTEMS, AND MORE!

It's not too late to register, [www.mainemed.com/170th-annual-session](http://www.mainemed.com/170th-annual-session)! The MMA's 170th Annual Session will be at the Holiday Inn by the Bay in Portland during the weekend of September 8-10, 2023. The keynote presentation on Saturday will be by author, lecturer, and documentary filmmaker T.R. Reid, <https://www.trreid.net/>. Mr. Reid's address on the status of health care reform in the U.S. will be accompanied by an opportunity for members to have a dialogue with physicians who practice in other countries' health care systems. The MMA's recent health care reform initiative will also be a topic of the General Membership meeting during lunch on Saturday. The weekend agenda will also include meetings of the Independent Practice Section, the Medical Student Section, and the Maine Society of Anesthesiologists. Recreational and social offerings will include golf (Friday), yoga (Saturday), a group walk (Sunday); receptions (Medical Student Section poster session at opening reception on Friday); and dining and shopping in downtown Portland. You will have plenty of time to network with colleagues! The Awards & Inauguration Dinner on Saturday evening will feature

presentations of the Mary Floyd Cushman, M.D. Award for Outstanding Humanitarian Service, the President's Award for Distinguished Service, and recognition of Maine physicians on the 50<sup>th</sup> anniversary of their graduation from medical school. During the Inauguration Ceremony, President Erik Steele, D.O. will pass the gavel to Paul Cain, M.D. as he becomes the 171st President of MMA. For more information, please contact Lisa Martin, Director of Membership, at [lmartin@mainemed.com](mailto:lmartin@mainemed.com) or 207-480-4201.



## BEYOND THE STETHOSCOPE: Dr. Lisa Letourneau Gains Perspective Through Active, Adventure Travel

Many readers may have followed Lisa's social media on her most recent adventure, a cross country bicycle trip with husband Lee Chick, pedaling 3400 miles in 49 days, crossing the US from Los Angeles, CA to Revere Beach, MA. "It was an amazing trip of a lifetime, and we feel so fortunate, both physically and financially, to be able to take time out of our professional lives for these adventures," says Lisa. In 2002, Lisa and Lee took their first big adventure, packing up their two children, Abby and Sam, for an eight-week RV trip touring 10 national parks in the Western U.S., a trip that continues to bring back family memories many years later. Lisa and Lee then took a year-long "Gap Year for Grown-ups" in 2017 to pursue active, adventure trips "while we still could," she notes, and enjoyed bicycling, hiking, and paddling in locations around the world, including New Zealand, South America, Ireland, Scotland, and Europe. She points out that adventures may be big or small and need not be expensive, but ideally offer a substantial break from professional commitments and regular routine to allow for reflection and different perspectives. "Think about what you love doing, and just do it. Don't wait - make a plan, and do it now!" Lisa encourages colleagues. "We know far too many friends and family members who



put off their lifetime dream of travel and adventure, only to find that they were no longer able to do it by the time that date had come." On the recent cross country bicycle trip, Lisa rode a Scott Contessa Addict road bike and Lee rode a Trek FX4 performance hybrid bike. They packed light and found that they really only needed one or two sets of clothes and layers for changing weather conditions.



An iPhone was the only technology they brought on the trip, using it for both GPS navigation and communication, including posting to social media (and always carrying a spare phone battery!). Lisa used a flexible cycling shoe with clip-pedal combination to allow for easier walking. For hiking, Lisa and Lee embrace the trend towards lightweight hiking shoes or trail running shoes, rather than traditional, heavy leather hiking boots. "We're fortunate to be at a similar level of fitness so we can enjoy these adventures together," says Lisa of the couple. "Luckily we're both more fit today than we were when we were raising a family," she adds, so aging does not have to mean a decline in fitness. In the year ahead, Lisa is planning biking trips to Spain or Greece, as well as the Blue Ridge Parkway or Natchez Trace Parkway, as well as aspiring to an ascent of Mount Kilimanjaro in Tanzania, noting "We're not done yet - at 63, I figure we have about 15 more years of big adventures ahead, so we need to get them in now!"

*Lisa Letourneau, MD, MPH is a native of Winslow, ME. She received her undergraduate degree at Brown University and obtained her medical degree from the Brown-*

## MAINE DELEGATION ATTENDS 2023 AMA ANNUAL MEETING

Members of Maine's AMA Delegation attended the 2023 Annual Meeting of the House of Delegates of the American Medical Association at the Hyatt Regency hotel in downtown Chicago from June 9-14, 2023. The Maine Delegation includes Richard Evans, M.D. and Maroulla Gleaton, M.D., MMA Delegates; Kenji Saito, M.D., J.D., Delegate from the American College of Occupational and Environmental Medicine; Kaye Dandrea, UNECOM '25, Delegate representing Region 7 of the AMA Medical Student Section (AMA-MSS); and Erik Steele, D.O., President of MMA. Among the highlights of the meeting, Dr. Evans was elected President of the Organization of State Medical Association Presidents (OSMAP). On Tuesday, June 13<sup>th</sup>, Jesse Ehrenfeld, M.D., M.P.H. became the 178<sup>th</sup> President of the AMA.



(L-R) Richard Evans, M.D., Andrew MacLean, J.D., Maroulla Gleaton, M.D., Erik Steele, D.O.

Dr. Ehrenfeld is an anesthesiologist from Milwaukee, WI and is the first openly gay individual to be elected to the AMA's highest office, an indication of the progress on LGBTQ+ recognition and rights within the AMA. The key policy topics considered by the AMA House of Delegates included:

- Prior authorization;
- Artificial Intelligence;
- Regulation of Kratom;
- Accommodation of wheelchairs on airplanes.

The Maine Delegation participates in the New England Delegation caucus and also enjoyed an opportunity to network with members of the New Hampshire and Vermont Delegations with whom Maine has much in common.

You can find more information about the 2023 AMA Annual Meeting on the web: <https://www.ama-assn.org/about/events/2023-annual-meeting-ama-house-delegates#:~:text=The%202023%20AMA%20Annual%20Meeting%20of%20the%20HOD%20is%20being,June%209%2D14%2C%202023>. The 2023 Interim Meeting of the AMA House of Delegates will take place in National Harbor, MD from November 10-14, 2023. You can conduct a key word search of all AMA policy statements and the Code of Medical Ethics through the AMA Policy Finder tool: <https://policysearch.ama-assn.org/policyfinder>.

- Medicare physician payment;

## AMA ANALYSIS OF THE 2024 MEDICARE PHYSICIAN PAYMENT SCHEDULE

In July, the Centers for Medicare & Medicaid Services (CMS) released the proposed rule for the calendar year (CY) 2024 Medicare Physician Payment Schedule. While undertaking analysis and development of a summary of the nearly 2,000-page rule, the advocacy staff of the American Medical Association (AMA) highlights a handful of key provisions.

First, the 2024 Medicare conversion factor is proposed to be reduced by 3.36 percent from \$33.8872 to \$32.7476. The CMS Press Release states the decrease is 3.34 percent, but this likely is an error. Similarly, the anesthesia

conversion factor is proposed to be reduced from \$21.1249 to \$20.4370. These cuts result from a reduction in the temporary update to the conversion factor under current law and a negative budget neutrality adjustment stemming, in large part, from the adoption of an office visit add-on code, discussed below. Unfortunately, these cuts coincide with ongoing growth in the cost to practice medicine as CMS projects the increase in the Medicare Economic Index (MEI) for 2024 will be 4.5 percent. Physician practices cannot continue to absorb these increasing costs while their payment rates dwindle. This is why the AMA and our partners in organized medicine

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## MEDICAL PROFESSIONALS HEALTH PROGRAM

By Guy Cousins, LCSW, LADC, CCS, Director, MPHP

### It's All About Relationships

In January, I wrote about self-care resolutions using the SAMHSA pillars of wellness and recovery (home, health, purpose, and community). I suggested that you can use these pillars to see where your resolutions fit and how their connections may help not only implementing them but sustaining them. Since we are halfway through the year, it seems appropriate to check in to see how you're doing. Let's focus on the community pillar.

I was recently back in northern Maine for a family reunion. My father's side of the family created a tradition they called "The Gathering." It started 38 years ago and occurs every three years (the pandemic altered that a bit). The location has changed over the years but its purpose has been steadfast. We gather together to catch up as best we can and enjoy each other's company, have meaningful conversations about our lives, our families, our jobs, and our communities.

In the early days of this tradition, "The Gathering" was more about tasks and activities that we did that had our focus and attention. Now we talk, play, and tell old and new family stories. Since many of us grew up near each other, we have many shared memories and experiences throughout our lives.

Relationships can be powerful, protective factors for us. Years ago I began considering relationships like bank accounts and I began reflecting at how I invested in them. I also experienced the fact that they can stagnate when they are neglected. The power of reaching out and connecting with another individual can be such a powerful experience for both people.

The African proverb "it takes a village to raise a child" conveys the message that: it takes many people in the community to provide a safe, healthy environment for children; a place where children are given the safety they need to develop and flourish and to be able to realize their hopes and dreams. They need a place where their voices are heard and where multiple people care for them (parents, siblings, extended family members, neighbors, teachers, professionals, community members, and policy makers).

What's not acknowledged enough in the proverb is the impact it has on the village/community members being those protective factors for these children. Dr. Vivek Murthy in his book *Together* speaks to the healing power of human connection and our innate need to feel connected. Healthy communities work from that same belief that it takes an entire village to be a healthy and balanced village. From this perspective, everyone has a part of the solution: a true win-win scenario. Explore your communities.

### THANKS TO THE MMA'S RECENT SUSTAINING MEMBERS

Thank you to the following members and hospitals/practices who have shown support for the MMA's long-term growth by renewing at an additional sustaining membership level since our last publication.

Michael Curran, M.D.  
Robert Paoletta, M.D.  
Michael Parker, M.D.  
Houlton Regional Hospital  
Mid Coast Hospital  
Mount Desert Island Hospital

### FOR YOUR MEETING NEEDS

If you are looking for space to conduct a meeting, MMA has a nicely renovated high-tech Conference Room available for rent.

Please contact Lisa Martin at [lmartin@mainemed.com](mailto:lmartin@mainemed.com) or 207-480-4201.



## PRESIDENT'S CORNER

By Erik N. Steele, D.O., President, Maine Medical Association



### Holy Cow, What A Year!

Years ago, I was returning from a street-side emergency outside my hospital, slipped, fell, and slid on my rear about 30 feet down a rain-slicked hill. The past 9 months as President of the Maine Medical Association has felt like that wild ride, minus the grass stains.

During that time the MMA has had your back in Augusta, tracking more than 400 proposed bills in the Maine legislature to ensure the interests of Maine physicians are represented, and those of our patients as well. Staff and MMA leaders provided written or in person testimony on more than 50 of those bills. The MMA was pivotally involved in legislative debates about the reproductive rights of women in Maine, efforts to roll back malpractice protection in Maine, and lobbied in Washington to prevent Medicare fee reductions. We fought in Augusta for health hotline funding, improved access to contraception and immunizations, and breast cancer screening coverage, among many other things.

The MMA has been on the front lines of the opioid epidemic, fought COVID-19 misinformation, added the Daniel Hanley Center for Health Leadership as an affiliate to the MMA, and grew its role as a resource for health system improvement in Maine through the MMA Center for Quality Improvement (MMA-CQI). Our Ad Hoc Committee on Health System Reform has developed a new, important and likely impactful MMA position statement on health system reform that will be presented at our Annual Meeting.

Our Annual Meeting (see article on front page) will feature an outstanding program on health system reform, teed up by noted health policy author T.R. Reid and including a panel of physicians from different

health systems around the world. Also on the education agenda – the MMA and the Maine Hospital Association will host Maine's first statewide conference on clinician wellbeing and burnout on March 13, 2024, and a statewide conference in 2025 on diversity, equity, and inclusion in health care.

Behind all of that work are the MMA's busy committees, including:

- our Legislative Committee meeting weekly to help determine our positions on bills before the Legislature;
- Our planning committee for the Annual Session (have you signed up yet?);
- Our Committee on Physician Quality has helped more than 10 large health centers improve their quality programs and is looking for new members such as you;
- Our Public Health Committee, perhaps the most active and impactful public health committee in the state.

Here's the point of all this – the MMA is a beehive of activity on behalf of you and your patients. You, as a member, should know about all of this, and feel the impact of the MMA on your work in Maine. You should see the MMA for the learning, leadership, and participation in health system improvement opportunity that it is for you personally. You should advocate for support for your membership in it, be an active member of it, and help make it even better. I can be reached at [president@mainemed.com](mailto:president@mainemed.com) or 207-799-8596.

### 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](mailto:lmartin@mainemed.com).

**Maine Neurological Society**  
**Annual Meeting**  
**November 10, 2023**  
**5:00 – 8:30 p.m., Senator Inn, Augusta, ME**  
**&**  
**November 11, 2023**  
**7:30 – 2:30 p.m., Augusta Civic Center**

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- have graduated from an accredited medical school & completed a residency in Family Practice or Med/Peds,
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- have certificate & at least 5 years' experience in the practice of family or internal medicine.
- be board certified

**Submit Resume/Vitae** to [dadams@brhcme.org](mailto:dadams@brhcme.org) or [bensworth@brhcme.org](mailto:bensworth@brhcme.org)

# NOTES FROM THE CEO

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



I appreciate Dr. Steele's reflections on his year as MMA President in his President's Corner in this issue. Non-profit organizations function best in pursuit of their mission and goals when a strong staff-volunteer partnership exists; MMA has been fortunate

to have had an excellent staff-volunteer partnership throughout its history. I have enjoyed a close collaboration with Erik Steele, D.O. as MMA President this year, and with Jeffrey Barkin, M.D. last year. I look forward to working with Paul Cain, M.D. who will become MMA's 171st President in September, and with Scott Hanson, M.D., MPH who will soon complete a year of service as Chair of the Board of Directors and will succeed Dr. Cain in 2025. These officers are part of the larger governance framework of MMA, including its 8-member Executive

Committee and 30-member Board of Directors. I want to acknowledge the service of three retiring members of the Board – Charles Pattavina, M.D.; Elisabeth Wilson, M.D., MPH; and Susan Woods, M.D., MPH – and to welcome three new members of the Board who will be elected during the General Membership meeting at the Annual Session in Portland in September – Dora Anne Mills, M.D., MPH; Christopher Mutter, D.O.; and Elizabeth Pearce, M.D. The Board of Directors will elect a new Chair and likely two new members of the Executive Committee at its next regular meeting on October 4, 2023. The Board will hold its annual President's Retreat at the Rangeley Inn during the weekend of October 20-22, 2023 when it will have time to reflect on the MMA's recent accomplishments and to plan for the year ahead.

*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.*

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

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



Summer greetings to MMA members and affiliates. I always appreciate the opportunity to report on the state's opioid response. It has been a very busy year culminating with Governor Mills' 5<sup>th</sup> Annual Opioid Response Summit in Portland on July 20. More than 1200 people

attended the Summit this year and heard MMA President Erik Steele, D.O. announce the *1000 Lives Campaign* which is intended to prevent 1000 overdose deaths between January 1, 2024 and December 31, 2028 (five years).

We have seen a modest decline in fatal overdoses during the first six months of this year, compared to the same period a year ago – a decline of approximately 7%. But the 306 suspected and confirmed deaths this year are still much too high for a state our size and we continue to double-down in our response. Our updated Opioid Response Strategic Plan was released at the Summit and includes new initiatives designed to keep Mainers alive and to decrease barriers to treatment. We simply must make it easier to enter treatment than it is to buy drugs and that is not always the case today. I encourage all of you who can provide care, including medication, to patients with substance use disorder, to do so and to encourage your colleagues to do the same. Too often,

patients with substance use disorder seeking treatment or medication face stigma and shame when they seek care. And this is the primary reason that fewer than 20% of such individuals even seek care.

Our updated Strategic Plan continues its focus on the pillars of Prevention, Treatment, Harm-Reduction, and Recovery Support. But new sections have been added focusing more attention on the infrastructure required to implement the many activities in the Plan and on the activities of our Public Safety partners. While we focus primarily on the demand side, by emphasizing the importance of primary prevention, we cannot ignore the supply side and need to support our law enforcement partners as they seek to reduce the supply of lethal drugs and to arrest those individuals trafficking in them.

Through the efforts of Attorney General Aaron Frey, we do have more resources available to continue this fight. In 2022 alone, \$28 million was received as part of the opioid litigation settlements, with 30% paid directly to 39 counties and municipalities, 20% to the office of the Attorney General, and 50% put into the Maine Recovery Fund which is controlled by a 15-member Recovery Council. There are two outstanding physicians on the Council, Paul Vinsel, D.O. of West Bath and Kinna Thakarak, M.D. of Portland. While I can't speak for the Council, I do believe that funds will start flowing by Fall. Help is really on the way.



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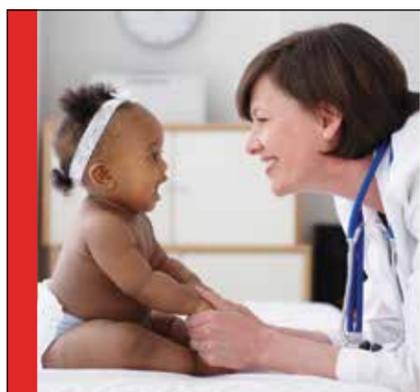
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Information in this newsletter is intended to provide information and guidance, not legal advice. Since exact language and definitions of key terms are critical to understanding the requirements of legislation, rules or laws, we encourage you to read 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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## AMERICAN MEDICAL ASSOCIATION ANNUAL MEETING 2023 – STUDENT PERSPECTIVE

By Kaye Dandrea, Incoming OMS-IV, UNE COM

My name is Kaye Dandrea and I am an incoming OMS-IV at UNE COM. In June, I was able to represent medical students across the country after I was re-elected to my position as a medical student delegate to the American Medical Association (AMA) House of Delegates (HOD). Medical student delegates serve as a liaison between the Medical Student Section (MSS) and the larger AMA HOD, made up of practicing physicians and trainees. Medical student delegates represent the voice of the MSS and advocate for a variety of issues.

Important issues brought forward by the MSS, and advocated for by section delegates, included policies regarding the use of BMI as a sole clinical measure, addressing medical student burnout, medical advice and content generated by artificial intelligence, increasing access to naloxone, and more. It is important that students have a voice in these conversations and I am grateful to have learned from many amazing physicians involved in advocacy and policy.

Medical students can find out how to get involved with the policy cycle; see the link to the AMA-MSS posted at [www.mainemed.com/mss](https://www.mainemed.com/mss). I am looking forward to all that the AMA-MSS and larger AMA will accomplish at the Interim meeting this fall!

## Registration is Now Open!

Friday, September 29, 2023 / 8-4:30 p.m.

**Advances in Understanding Trauma:**

**Translating Neuroscience to Therapy**

University of Southern Maine, Hannaford Hall

88 Bedford St, Portland, ME

Registration available at [www.mainepsych.org](https://www.mainepsych.org)



The Maine Association of Psychiatric Physicians is proud to announce that the esteemed **Bessel van der Kolk MD**, trauma expert, co-founder of the Trauma Research Foundation (TRF), and best-selling author of the **Body Keeps the Score** is returning to Maine! He has spent his career studying how children and adults adapt to traumatic experiences and has translated emerging findings from neuroscience and attachment research to develop and study a range of treatments for traumatic stress in children and adults. **The focus of the symposium will be on a comprehensive understanding of the neuroscience and impact of psychological trauma and advances in its treatment including with psychedelics.**

## SPECIALTY SOCIETY MEETINGS

September 9, 2023

Maine Society of Anesthesiologists Meeting  
(Held in conjunction with MMA's Annual Session)  
Holiday Inn by the Bay – Portland, ME  
from 2:00pm – 5:00pm  
Contact: Lisa Montagna 207-620-4015  
or mesahq@gmail.com

September 15-17, 2023

2023 Maine Chapter ACP Annual Scientific Meeting  
*Nephrology: Filtering Out What the Internist Needs to Know*  
Atlantic Oceanside Hotel & Event Center –  
Bar Harbor, ME  
Contact: Warene Eldridge 207-215-7118  
or mainechapteracp@gmail.com

September 28-29, 2023

Maine Association of Psychiatric Physicians  
Symposium  
University of Southern Maine, Hannaford Hall –  
Portland, ME from 8:00am – 4:30pm  
Contact: Dianna Poulin 207-480-4194 or  
dpoulin@mainemed.com

September 29, 2023

Maine Society of Eye Physicians and Surgeons  
Fall Business Meeting  
(Held in conjunction with the 22nd Annual  
Downeast Ophthalmology Symposium)  
Harborside Hotel – Bar Harbor, ME  
from 10:30am – 11:45am  
Contact: Shirley Goggin 207-445-2260 or  
sgoggin@mainemed.com

September 29 - October 1, 2023

22nd Annual Downeast Ophthalmology  
Symposium  
(Presented by the Maine Society of Eye  
Physicians and Surgeons)  
Harborside Hotel – Bar Harbor, ME  
Contact: Shirley Goggin 207-445-2260 or  
sgoggin@mainemed.com

November 10-11, 2023

Maine Neurological Society Annual Meeting  
The Senator and Augusta Civic Center – Augusta, ME  
Contact: Dianna Poulin 207-480-4194 or  
dpoulin@mainemed.com

March 22-24, 2024

2024 Maine AAP Spring Conference  
and Members Meeting  
Samoset Resort – Rockport, ME  
Contact: Dee Kerry 207-480-4185 or  
dee.kerry@maineaap.org

## MMA HAPPENINGS

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

AUGUST 30

11:30am – 1:30pm  
MMA Senior Section Meeting

SEPTEMBER 8-10

MMA's 170th Annual Session  
Holiday Inn by the Bay, Portland, ME

OCTOBER 4

5:00pm – 7:00pm  
MMA Board of Directors

OCTOBER 18

11:30am – 1:30pm  
MMA Senior Section Meeting

OCTOBER 20-22

MMA's President's Retreat  
The Rangeley Inn, Rangeley, ME

## PUBLIC HEALTH SPOTLIGHT

By Mikenzie Dwyer, Public Health & Government Affairs Associate



### Public Health Messaging and Advocacy

As you will read from my colleague Dan Morin in this edition, the legislative session has ended for the year. Public health is at the forefront of many policies, especially recently. As we move forward into upcoming legislative sessions, we consider how our messaging and advocacy emphasize your interest in maintaining and promoting public health.

#### Vaccines and firearms and funding, oh my!

This legislative session encompassed several public health issues ranging from vaccines to reproductive health care to firearm safety.

**Vaccines:** Several bills to re-establish religious and philosophical exemptions for children in school and college students were introduced. Additionally, bills were introduced to lift the health care worker COVID-19 vaccine mandate and forbid COVID-19 vaccination from being included in the Childhood Immunization program. Each bill failed passage.

**Firearm Safety:** Maine's suicide rate is higher than the national average. In 2021, 178 people died in Maine by firearms, and 158 were suicides. Bills relating to firearm safety included a 72-hour waiting period and enhanced criminal background checks. Both bills failed passage. However, several bills seeking to expand firearm access were successfully stopped, including a bill to allow armed security at schools. Various policies were passed by the Legislature to enhance mental health care and treatment availability, including the creation of stakeholder groups to evaluate policy actions and additional funding to essential programs such as the Maine Pediatric and Behavioral Partnership.

## NAMI MAINE

By Greg Marley, LCSW, Senior Clinical Director; Suicide Prevention, NAMI Maine



### Training and Support Available for Suicide Prevention and Management in Health Care

In 2021, following a significant decline in the first pandemic year, suicide rates in Maine continued to rise in a trend that began in 2006. Suicide rates in Maine are significantly above the U.S. and generally the highest in the Northeast U.S. Suicide is the 9<sup>th</sup> leading cause of death overall and the 2<sup>nd</sup> leading cause of death for Mainers from age 15-34. There are 13 suicides in Maine for every homicide. We support the belief that most suicides are preventable if we are able to intervene with someone in crisis.

Suicide prevention and intervention to stop a suicide loss rely on the informed and caring concern of everyone involved in the life of the person struggling. For the past decade NAMI Maine and the Maine Suicide Prevention Program, working with the Maine Medical Association (MMA), have collaborated to provide evidence-based suicide prevention and management training in health care settings. As we all emerge from the epicenter of pandemic risk and stress, the opportunity to access or renew suicide prevention and management training presents itself. This is also a time to ensure that the practice processes are in place so that screening and assessment of need result in appropriate referrals and follow-up.

Reach out to NAMI Maine or work with Susan Kring at the MMA to arrange for site-based training or to register

**Funding and Access:** A significant hurdle to any policy is funding. Maine requires efficient and designated resources for public health. MMA advocated for a collaborative effort to identify the necessary public health funding requirements and expenses to facilitate streamlined public health funding. It is crucial to work to improve public health spending and infrastructure. Another highlight is a new law that improves access to needed screening AND follow-up diagnostic insurance coverage for breast imaging.

"Public health depends on winning over hearts and minds. It's not enough to just have good policy, you have to convince people to follow it." – Dr. Leana Wen

Framing public health issues within the context of medical care is essential. We can create comprehensive strategies that prioritize prevention, education, and equal access to medical services by acknowledging the interdependence of our health and the overall well-being of the population.

Equitable access to medical care is a central component of this process. Addressing public health issues involves ensuring that marginalized populations have fair and affordable access to health care services. This includes improving health care infrastructure, expanding health insurance coverage, and reducing barriers to care, such as geographic, financial, or cultural obstacles. By adopting a medical perspective, we can effectively address public health concerns and enhance health outcomes for individuals in Maine by providing support both in and out of health care settings. MMA's priorities and advocacy depend heavily on these components, as they are absolutely crucial. I can be reached at mdwyer@mainemed.com or 207-651-0181.

*Thank you to all our members who testified, contacted their legislators, or shared their time with us during this session. Your voice and support are instrumental to the process.*

for the range of education and support offered through NAMI Maine. Health care related trainings include:

- **Suicide Prevention & Management in Health Care Practice Settings:** A dense 60-minute in-person or virtual presentation for practitioners and clinicians. CME credits provided.
- **Suicide Prevention and Management site-based Lunch and Learn:** A 1 to 2-hour presentation addressing critical elements of suicide safer care in a practice setting. CME credits provided.
- **Death With Dignity: Supporting Patient needs at the End of Life:** A 90-minute in-person or 60-minute virtual presentation and discussion on Maine's Death with Dignity Act and ramifications in health care. CME credits provided.
- **Suicide Assessment and Management Training:** A full-day training for clinicians working on risk assessment and management skills.
- **Collaborative Safety Planning and Counseling on Access to Lethal Means:** This 3 to 4-hour training supports the use of safety planning in primary care and specialty practices.
- **Non-Suicidal Self Injury Assessment and Management in Health Care Settings:** This 4-hour training focuses deeply on the rising issue of NSSI and the relationship to suicide risk.

For more information or to arrange a site-based training for your group or practice contact:

- Susan Kring, MMA Outreach Director & Grants Manager skring@mainemed.com 207-480-4190
- Julianne McLaughlin, NAMI Maine Suicide Prevention Training Coordinator mspp@namimaine.org 800-464-5767 ext. 2318

VISIT THE MMA WEBSITE: [www.mainemed.com](http://www.mainemed.com)

By Dan Morin, Director of Communications & Government Affairs



**Plus ça change, plus c'est la même chose**

As far back as I can remember, it has been the hubris of many a political candidate to think they will change the legislative process for the better by increasing transparency and pass better laws. Many issues have been debated, voted on, and defeated yet they keep coming again, and again, and ... Alas, "The more things change, the more they stay the same." (Jean-Baptiste Alphonse Karr, 1849)

A new Maine Legislature arrived in Augusta in January. Because of Maine's term limits law, party leadership changes more frequently than in states without term limits. It's akin to not winterizing a lawnmower and leaving it unused for many months and trying to start it for the first spring cut. It takes preparation, time, frustration, and even then, you may need an expert. Many of the more than 2,000 bills introduced during the 2023 session that apply to medical care and access are often decided by people with no, or very limited knowledge of providing care. In fact, slightly more than a dozen of the 186 part-time legislators have any medical background. Only two are physicians. Neither physician is in the Senate.

The MMA has been fighting for medicine in Augusta, and thanks in large part to the constituent relationships MMA staff helps physician members build, we are delivering results. Here are highlights of our teamwork. The MMA:

- Helped stop attempts to reintroduce religious and philosophical immunization exemptions for entry to schools and daycare facilities.
- Partnered with Maine's pediatricians to continue a critical state-run pediatric behavioral health hotline for primary care clinicians.

- Vigorously and successfully opposed a bill to extend the statute of limitations which would have added years to the window available to trial lawyers filing medical liability lawsuits.
- Continued to fight against outside intrusion into the exam room by successfully pushing back against attempts to define what conditions are allowed to qualify for abortion care.
- Emphasized critical health care staffing shortages across the state that either delay or prevent needed care. As a result, legislators partly funded scholarships/repayments, including the Doctors for Maine's Future program in the state budget.

**It's a marathon, not a sprint.**

There are always more policies to make life better for Mainers:

- Despite passing in the state Senate by a hair (18-16), the amazing coalition of public health experts will be back in 2024 to get a bill banning the sale of flavored tobacco products in Maine passed through the House of Representatives.
- Bills to reduce the administrative burden of utilization review and prior authorization remain alive.
- Firearm safety legislation continues to be an uphill battle – seemingly vertical in such a rural and independent state. A bill requiring a 72-hour waiting period on gun purchases failed to pass.

Your support has helped pave the way for effective and successful advocacy. We will need more moving forward to better influence health policy in a politically contentious post-pandemic world. We're here to join you in working with your legislators to protect patients and your practice. I can be reached at [dmorin@mainemed.com](mailto:dmorin@mainemed.com) or 207-838-8613.

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**Perinatal Quality Collaborative for Maine**

The Perinatal Quality Collaborative for Maine (PQC4ME) held a daylong conference on June 7, 2023, at Maple Hill Farm Inn and Conference Center in Hallowell, Maine. About 100 attendees joined for the day consisting of health care workers both in the hospital and community-based organization setting. The agenda focused on collaboration between hospitals and community-based organizations to help improve the health care of birthing people and their neonates. Commissioner Lambrew kicked off the day by acknowledging the hard work of Maine's health care workers throughout the pandemic. Ann Borders, M.D., MSc, MPH, Executive Director, and Obstetric Lead of the Illinois PQC, our keynote speaker, drove home the importance of having a PQC to lead quality improvement initiatives and specifically about Illinois' experience with the current AIM Severe Hypertension in Pregnancy Bundle that Maine is working to implement. A key takeaway of her presentation reinforced that the brain does not care why a person's blood pressure is high, it just needs to be treated. Amy Belisle, M.D., MBA, MPH, Chief Child Health Officer at Maine DHHS, and Patricia Hart, MS, CPH, founder of Hart Consulting, discussed the Maine Perinatal Health Disparities Needs Assessment that is currently being conducted. This assessment will guide the development of programming to reduce the disparities and support health equity within the Maine perinatal population. Another focus of the day was to learn how to help women share their pregnancy, birth, and postpartum experiences, and how those stories can shape our quality improvement efforts, led by Bekah Bischoff, BS, Program Manager at MoMMA's Voices Coalition. Her organization, MoMMA's Voices, assists both patients and family members to share their birth story with individual providers or organizations in their maternal health process improvement efforts. To wrap up the day, roundtable discussions were held to allow regional hospital and community-based organization teams to talk together about how to improve maternal and child health care in Maine.

This event was made possible by our funders, Maine Medical Association-Center for Quality Improvement (MMA-CQI), Alliance for Innovation on Maternal Health (AIM, Maine Department of Health, and Human Services (DHHS), and Hannaford. Additionally, we would like to recognize those who supported us with their in-kind support: Maine AAP, In Her Presence, AWHONN, Maine Association of Certified Professional Midwives, Maine Primary Care Association, New Mainers Public Health Initiative, Maine Hospital Association, and Maine State Breast Feeding Coalition. We greatly appreciate your support and making this day possible. Please visit our new PQC4ME website to learn more about the PQC4ME and perinatal quality improvement initiatives happening here in Maine.

**ANNOUNCEMENT**

PQC4ME Website is Live!  
<https://www.PQC4ME.org>



**HELP NEEDED?**

If you have a position you are trying to fill, MMA would like to help get the word out.

MMA posts job openings in our e-newsletter, on our website, and in *Maine Medicine*. Contact Shirley Goggin at 207-445-2260 or [sgoggin@mainemed.com](mailto:sgoggin@mainemed.com) for more details.



**ENROLL TODAY!  
HANLEY CENTER FALL 2023  
LEADERSHIP DEVELOPMENT  
OFFERINGS**

By Judiann Smith, Esq., Executive Director, Daniel Hanley Center for Health Leadership

The Daniel Hanley Center for Health Leadership is pleased to announce that it is accepting enrollments for the following leadership development courses and programs:

- Physician Executive Leadership Institute Advanced Course – New England’s premiere physician and senior APP leadership development. (residential, in-person)
- Rural Physicians and Providers Leadership and Wellness Seminar Series – developed to deliver the distinct critical leadership skills for rural physicians and providers. (virtual)
- Women in Health Leadership Seminar Series – 3 virtual sessions that provide learning, community and networking.
- Nursing Leadership Institute Course – 5 virtual sessions aimed at emerging and new nursing leaders, aligns with AONL competencies.

The time is now to re-engage in your “why” of getting into a health care career. Each of these offerings enables the time and space away from the day-to-day to pause, learn, reflect, and re-energize. Time is running out to participate as these initiatives all commence this fall.

To discuss any of the options, please contact Judiann Smith, Executive Director (207-615-6253)

To enroll: [www.hanleyleadership.org](http://www.hanleyleadership.org)

**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.qclearninglab.org](http://www.qclearninglab.org)

**MMA NECROLOGY**

MMA has learned of and mourns the passing of the following physicians since our last publication:

Thomas J. Bosma, M.D. (1964-2023)

Richard C. Dillihunt, M.D. (1935-2023)

Bruce J. Hebda, M.D. (1948-2023)

If you are aware of the passing of a Maine physician, please notify Lisa Martin, Director of Membership, at [lmartin@mainemed.com](mailto:lmartin@mainemed.com) or 207-480-4201.

**PLANNING WELL**

By Michael E. Genetti, CLU, ChFC, Baystate Financial



**The Challenge Continues | Validating Information, both Medical and Financial**

In last issue’s column, “Planning Well,” we focused on the challenge patients and clients face when gathering information to make informed decisions regarding their physical and fiscal health in an environment where pharmaceutical and financial companies allocate their marketing dollars to direct patient/consumer advertising. Now we move on to the challenge of validating the accuracy of that information, more specifically, the challenge that physicians and advisors face in trying to validate that information prior to prescribing or recommending.

Just as my attention then was drawn to the *USA Today* syndicated column from March 12, 2023 (“Study: Drugs in ads no better than others”), for this article my attention was drawn to the published remarks by Dr. John Abramson, a 22-year veteran of Family Practice, who also spent 16 years on the faculty at Harvard Medical School and authored several books, including *Sickening: How Big Pharma Broke American Health Care and How We Can Repair It*, from a talk delivered at Hillsdale College on March 5, 2023 during a Center for Alternatives Conference on the impact of “Big Pharma.” His comments were quite sobering regarding events in the 1980’s:

- A reduction of research grants from the National Institute of Health and National Science Foundation
- The increased funding of academic research by commercial interests
- The allowing of universities and other non-profit institutions to retain profits and patents on pharmaceuticals, the impact of which was universities being “absorbed” into the “academic industrial complex!”

- Research data being owned (and controlled) by the drug companies.
- Medical journals’ growing dependence on the revenue from the sale of reprints back to the drug companies for their use as a marketing tool.

The purpose of research morphed from the pursuit of knowledge to the commercialization of that knowledge. The ultimate result is that physicians are finding it difficult to get full disclosure of the raw data as industry controls published article content.

If one is willing to liken the use of reprints of medical journal articles for marketing purposes to the sales materials created by designers of financial products for use in marketing those products, you can appreciate that financial advisors have a responsibility to their clients to fully understand how those products are designed: both their attributes and limitations.

Just as with the requirement for medical professionals to disclose conflicts of interest when presenting Continuing Medical Education, the recently instituted Regulation Best Interest (Reg BI), not only instructs Financial Advisors on how to fully disclose costs and risks associated with a product, but also to accurately communicate alternatives for meeting a client’s identified needs.

As mentioned in our last article, it is the physician’s and financial advisor’s responsibility to provide access to information. It is also our responsibility to validate that information. Doing so with professional integrity is the cornerstone of patient/client well-being.

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**Evidence-Based Prescribing Education**

**Summer/Fall 2023 Topics for Group Education Outreach & Academic Detailing**

**Schedule a presentation at your medical practice, hospital or conference:**

- Diabetes Update Focusing on GLP-1s and SGLT-2s
- Using Data to Improve Opioid Prescribing
- Simplified Treatment of Hepatitis C in Primary Care Settings
- Adult & Pediatric Asthma: Evidence-based Prescribing Update

**Meet with an Academic Detailer:**

- Diabetes Update Focusing on GLP-1s and SGLT-2s
- Level 2 Simplified Treatment of Hepatitis C in Primary Care Settings
- Level 2 Adult & Pediatric Asthma: Evidence-based Prescribing Update
- Opioid prescribing topics available

[www.micismaine.org](http://www.micismaine.org)

MICIS is a program of the Maine Medical Association.

## Practice Tip: Biopsy Specimen

Mismanagement of biopsy specimens in the office practice setting can lead to claims of delay in diagnosis. Factors contributing to these claims are:

- Mis-labeling of the specimen(s).
- Failure to:
  - Track receipt of the results.
  - Notify the patient in a timely manner of the biopsy results.
  - Provide treatment planning options, including specialty referral.
  - Document biopsy results and treatment plan.

Recommendations for improving biopsy specimen management in the office practice setting:

- **Establish a written, standardized specimen collection process.**
- **Use two patient-specific identifiers when performing biopsies.**
  - Request the patient state their full name and date of birth at check-in.
  - Use the same two patient identifiers to confirm the correct medical record is obtained for the patient.
  - Prepare labels with the patient-specific information and use them to identify all specimens and patient forms specific to the biopsy. Printed labels are preferred.
- **Prepare for biopsy.**
  - Prepare equipment/supplies needed for the procedure.
  - Take only the necessary biopsy tray(s) into the treatment room.

- Label specimen containers and forms in front of the patient in treatment room
- Do not pre-label specimen containers and forms.
- **Implement a double-check system that includes a “time out” for biopsies.** In the treatment room:
  - Have patient review the labels for accuracy.
  - Have provider review the labeled requisitions and specimen containers.
  - Have provider confirm the specimen information, including the specific origin of the specimen and laterality.
  - Place the specimen containers and the requisition slips in the transport packaging provided by the pathology lab, document appropriate information on the specimen pick-up log, and place the specimen in the pick-up area for transport.
- **Track the specimen.**
  - Establish a manual or electronic system to track specimens. Establish a timeframe for receipt of result report. Reconcile results not received within this timeframe.
  - Require providers to review, initial, and date reports upon receipt.
  - Establish a process to assure the provider documents review of biopsy reports.
  - Establish a process to address STAT biopsy results.
  - Assure covering providers review biopsy results.
- **Follow-up with the patient.**
  - Notify patient of normal and abnormal biopsy results.

- Document patient notification and any discussion/recommendations.
- Schedule follow-up appointments for treatment or further testing if needed, and document.
- Assure patient completes any necessary follow-up or document an explanation regarding why recommended follow-up/treatment was not completed. For more information, please see Appointment Management: Missed and canceled appointments, referrals not completed ([www.medicalmutual.com/risk/practice-tips/tip/appointment-management/36](http://www.medicalmutual.com/risk/practice-tips/tip/appointment-management/36)).
- **Monitor for patient safety improvement opportunities.**
  - Track all specimen labeling errors.
    - Identify opportunities for improvement.
    - Implement system changes as necessary.

### Resources

WHO Collaborating Center for Patient Safety, May 2007. Joint Commission Two Patient Identifiers March 2021. Who are my patients and what am I doing to them? [www.wapatientssafety.org](http://www.wapatientssafety.org)

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.



## Continued from page 1...AMA Analysis of the 2024 Medicare Physician Payment Schedule

strongly support H.R. 2474, the Strengthening Medicare for Patients and Providers Act, which would provide a permanent, annual update equal to the increase in the MEI and allow physicians to invest in their practices and implement new strategies to provide high-value care. Visit the AMA's Fix Medicare Now site and join the fight for financial stability for physician practices to preserve access to care for Medicare beneficiaries.

Second, in response to AMA advocacy, CMS proposes to mitigate anticipated cuts because of the budget neutrality impact of adding the new evaluation and management (E/M) add-on code, G2211, which was finalized in 2021 but then delayed for three years by Congress. Specifically, CMS has lowered the estimated utilization assumption of the add-on code from 90 percent in its 2021 rule to 38 percent when initially implemented in 2024 and 54 percent once the code has been fully adopted. The AMA had highlighted several likely barriers to implementing this code, including ambiguity about when to use it and how to document it, as well as concerns about patient cost-sharing obligations. Unfortunately, as noted above, although the utilization assumption has been greatly reduced, the add-on code will still lead to an additional across-the-board cut to the conversion factor because of the budget neutrality requirements. The AMA is strongly urging Congress to pass common sense modifications to the statutory budget neutrality requirements to reduce the severity and frequency of payment cuts stemming from these rules.

In last year's Final Rule, CMS finalized updated MEI weights for the different cost components of the MEI for CY 2023. However, CMS also noted that they postponed implementation of the MEI changes until time uncertain, referencing the need for continued public comment because of the significant impact to physician payments. If the implementation of the MEI weights was budget neutral, overall physician work payment would be cut by 7 percent and PLI payment would be reduced severalfold. These large shifts are principally the result of a substantial error in CMS' analysis of the US Census Bureau's Service Annual Survey (SAS), which omitted nearly 200,000 facility-based physicians. After correcting for this major omission, the physician work MEI weight would instead increase and PLI would experience a much smaller reduction.

In the CY 2024 proposed rule, CMS announced that they will continue to postpone implementation of the updated MEI weights, referencing the AMA's national study to collect representative data on physician practice expenses, the AMA Physician Practice Information (PPI) Survey. The PPI Survey launched at the end of July, 2023 and data is anticipated to be shared with CMS in early 2025.

*"In light of the AMA's intended data collection efforts in the near future and because the methodological and data source changes to the MEI finalized in the CY 2023 PFS final rule would have significant impacts on PFS payments, we continue to believe that delaying the implementation of the finalized 2017-based MEI cost weights for the RVUs is consistent with our efforts to balance payment stability and predictability with incorporating new data through more routine updates. Therefore, we are not proposing to incorporate the 2017-based MEI in PFS ratesetting for CY 2024."*

CMS also proposes to increase the performance threshold to avoid a penalty in the Merit-based Incentive Payment System (MIPS) from 75 points to 82 points. CMS estimates this would result in an increase in the number of MIPS eligible clinicians who would receive a penalty of up to -9 percent. The AMA will strongly oppose increasing the threshold and is alarmed that CMS would propose an increase that results in a significant increase in physicians being penalized by MIPS, as the program has been largely paused since 2019 because of the significant disruptions caused by the COVID-19 pandemic. Research continues to show that MIPS is unduly burdensome; disproportionately harmful to small, rural, and independent practices; exacerbates health inequities; and is divorced from meaningful clinical outcomes. The AMA is also urging Congress to make statutory changes to improve MIPS and address these fundamental problems with the program.

Finally, because of AMA advocacy, CMS proposes to delay mandatory electronic clinical quality measure (eCQM) adoption by Medicare Shared Savings Program (MSSP) participants who may continue to use the CMS Web Interface in 2024. As finalized in previous rulemaking, MSSP participants would have been required to report their quality measures electronically starting in 2024. We are very glad to see CMS recognize the lack of maturity

with health information technology (HIT) standards to seamlessly aggregate data from electronic health records from physicians who practice at multiple sites and/or are part of an Accountable Care Organization.

The text of the proposed rule can be accessed at: <https://public-inspection.federalregister.gov/2023-14624.pdf>.

Additional links include:

- CMS Press Release: <https://www.cms.gov/newsroom/press-releases/cms-physician-payment-rule-advances-health-equity>
- CMS Fact Sheet on the 2024 Medicare Physician Payment Schedule proposed rule: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-proposed-rule>
- CMS Fact Sheet on 2024 Quality Payment Program proposed changes: [https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2481/2024%20QPP%20Proposed%20Rule%20Fact%20Sheet%20and%20Policy%20Comparison%20Table%20\(2\).pdf](https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2481/2024%20QPP%20Proposed%20Rule%20Fact%20Sheet%20and%20Policy%20Comparison%20Table%20(2).pdf)
- CMS Fact Sheet on Medicare Shared Savings Program proposed changes: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-proposed-rule-medicare-shared-savings-program>

## Continued from page 1...BEYOND THE STETHOSCOPE:

Dartmouth Joint Program in Medicine. She completed her residency in internal medicine at the Maine Medical Center, and later earned a Master's in Public Health degree from the Harvard School of Public Health. She has had a varied clinical and executive career, initially practicing emergency medicine before moving into clinical improvement and public health roles. She was the founding Executive Director of Maine Quality Counts, and currently serves as Senior Advisor, Delivery System Change in the office of Maine DHHS Commissioner Jeanne Lambrew, as well as consultant to the MMA-CQI. She also is a Trustee of the Maine Medical Education Trust. Lisa lives in Portland with her husband, Lee Chick, an emergency medicine nurse.





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