



Maine Medicine

a quarterly publication of the Maine Medical Association

JANUARY/FEBRUARY/MARCH 2023

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

MAINE MEDICAL EDUCATION TRUST AND DANIEL HANLEY CENTER FOR HEALTH LEADERSHIP MERGE EFFECTIVE JANUARY 1, 2023

Two of Maine's premier health professional organizations unite to advance common goals of training health care leaders and improving the health of Maine people.

Recognizing that today's health care challenges require developing effective leaders and cohesive teams who can collaborate to promote the health of all Maine people, the **Maine Medical Education Trust (MMET)** and the **Daniel Hanley Center for Health Leadership** announced plans for a merger during the Hanley Center's Annual Meeting and Networking Event on December 5, 2022, effective January 1, 2023.



Erik Steele, D.O., MMA President addresses the audience at the Hanley Center's Annual Meeting and Networking Event.

The Hanley Center is Maine's premier health leadership development organization with more than twenty years of experience in the field. The mission of the Hanley Center is to inspire and grow collaborative leaders to solve today's health challenges. The Maine Medical Education Trust (MMET) is the educational and charitable affiliate of the Maine Medical Association (MMA), the state's largest physician professional organization with more than 4,300 members. The mission of the MMA and its affiliates is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people.

"I am proud that the Maine Medical Education Trust has merged with the Daniel Hanley Center for Health Leadership," said Erik Steele, D.O., President of the MMA. "It's an



L-R: Erik Steele, D.O., MMA President and Sean Hanley, M.D., Hanley Center Board Chair.

incredible opportunity and the perfect time to formally combine our organizations' strengths to better prepare Maine's health care leaders with the information and

training they need to navigate the complex layers of our healthcare system."



Some of the event attendees enjoying the December 5th event.

Sean Hanley, M.D., Chair of the Board of Directors of the Hanley Center, and one of its founders, said, "this merger will bring exciting opportunities to deepen our impacts at a time when the sustainability of our healthcare workforce continues to be challenged. We need creative, strategic, smart innovations to lead our healthcare delivery system and that cannot happen without skilled, trained physician and non-physician leaders alike."

The Hanley Center for Health Leadership will continue its operations under the Hanley Center name, as an assumed name of the MMET. A multi-disciplinary Advisory Committee of committed partners and alumni of the Hanley Center's programs will continue to assist in guiding the work of the organization. The governing Board of Trustees of the "new" MMET is comprised of 11 individuals, 4 appointed by the Hanley Center and 7 selected through the MMA Nominating Committee process and elected by the MMA membership at the Annual Session. The initial board of trustees will include:

1. Sean Hanley, M.D.
2. Catherine Ryder, L.C.P.C.
3. Toho Soma, M.P.H., M.S.
4. Suzanne Spruce, A.P.R.
5. Jeffrey Barkin, M.D.
6. Jo Linder, M.D.
7. Mylan Cohen, M.D., M.P.H.
8. Lisa Letourneau, M.D., M.P.H.
9. Sue Woods, M.D., M.P.H.
10. Dora Ann Mills, M.D., M.P.H.
11. Lisa Ryan, D.O.

The board will conduct an orientation and initial business meeting during this first quarter of the new year.

MAINE DHHS UPDATE

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



Ending of Continuous Eligibility Requirements Associated with the COVID-19 Public Health Emergency and Plan for Resuming Normal MaineCare Eligibility

While individuals covered by Medicaid typically need to submit information annually to qualify for continued coverage, the federal

government in January 2020 declared a COVID-19 Public Health Emergency (PHE), which required states to adjust eligibility rules and provide continuous Medicaid

coverage for members without a need for annual proof of eligibility, in exchange for state receipt of enhanced federal match. **The federal government recently announced that those adjusted eligibility rules will be de-linked from the PHE and will end on April 1, 2023.** States have 12 months from April 1, 2023 to initiate redeterminations for all Medicaid members, a period

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BEYOND THE STETHOSCOPE: Minda Gold, M.D. Enjoys An Active Life On The Maine Coast

Minda chose a residency program in Portland rather than Rochester, NY and she's never regretted her move to Maine. She and husband Jack settled in Damariscotta, raised two sons, and embraced the community. Minda is passionate about outdoor pursuits along the Maine coast, including hiking, snowshoeing or cross-country skiing, kayaking or sailing her Sunfish sailboat. "I spend as much time as possible outside," she says, "because it helps clear my head and I can take in the beautiful scenery of Maine." Minda and Jack live on three acres adjacent to woodlands and Muddy Pond (Paradise Pond) and they have cleared trails for adventuring right from their yard. To family and friends, their yard is known as "Camp Jack and Minda" because it has become outdoor living space with a pond, waterfall, natural stone sculptures, a fire pit, and even an archery range.

Minda also feels a strong spiritual connection to the Jewish community of Maine. She is a member of the Adas Yeshurun Synagogue in Rockland and participates in cultural events of the "Small Town Jewish Life" program at Colby College. A music lover with a lifelong interest in the guitar, Minda is involved in the music programs of the Temple. Minda also has the distinction currently of being the only "mohelet" certified to perform the "bris" ritual circumcision in Maine.

Beyond her own property, Minda's favorite local venues include Dodge Point within the Coastal Rivers Preserve, the Damariscotta River Trail, and the Laverna Preserve which has trails leading to ocean cliffs with spectacular views north of Pemaquid. "Depending on the weather conditions, it's a different experience each time," says Minda, "and I usually see eagles, seals, and other wildlife." Minda is also part of a women's book club that plans an annual retreat of winter hiking or snowshoeing/skiing in the Maine Huts & Trails system in the western mountains. "I feel incredibly lucky to live in Maine," says Minda, "where I do think one can achieve balance in life." She acknowledges that it wasn't easy to be a young, female physician even when she entered the profession, "but, I was determined to be a good parent, partner, and community member in addition to being a competent and committed physician. I was determined to be a mom first during that time of my life. I made it work and I hope younger physicians feel empowered to chart their own career course."



Minda Gold, M.D., F.A.A.F.P., is the owner of Full Circle Direct Primary Care in Damariscotta where she has lived and practiced family medicine for nearly 30 years. She is a graduate of UMass-Amherst and received her medical degree from the UMDNJ-NJMS in Newark, NJ. She completed her residency in family medicine at the MMC-Mercy Family Medicine Residency Program in Portland. Minda is a Past President of the Maine Academy of Family Physicians Foundation and is currently a member of the Board of Directors and the Executive Committee of the MMA.

MMA WELCOMES KELLY ROBERTS, MSN, RN, TO OUR TEAM

KELLY ROBERTS



Kelly Roberts joined the MMA Center for Quality Improvement in November 2022 as Project Manager for CQI’s maternal, perinatal, and child health improvement work. She is excited to help equitably improve health outcomes for all birthing people and families in Maine. Kelly has nursing experience in midwifery, reproductive endocrinology and infertility, and vulvo-vaginal disorders, and advocates for reproductive justice and health equity. She lives with her husband and dog in a nearly empty nest and enjoys cycling, exploring, foraging, and being with her three adult kids.

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.

- Sarah Holland, M.D.
- Blue Water Emergency Partners, LLC
- InterMed, P.A.
- Kennebec Anesthesia Associates
- MaineGeneral Medical Center
- New England Cancer Specialists
- Oxford Hills Internal Medicine
- Pediatric Associates of Lewiston
- Plastic & Hand Surgical Associates
- Portland Gastroenterology Center

MMA NECROLOGY

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

- Frederick C. Goggans, M.D. (1950-2022)
- Charles (Tom) McHugh, M.D. (1937-2022)
- William H. Maxwell, M.D. (1939-2023)

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

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

PRESIDENT’S CORNER

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



This Is Not Your Grandfather’s MMA

The practice of medicine in Maine was once a little like the Klondike Territory of the 1952 Bugs Bunny cartoon, where, as the cartoon sign said, “men are men and women are women – a darn good arrangement.” Doctors were white men who were all in private practice and beholden only to themselves and their patients. Hospitals were hospitals. Advocating for physicians was comparatively straightforward for the Maine Medical Association (MMA): better reimbursement for physicians, minimize competition from other kinds of professionals, malpractice reform, etc.

My, how things have changed. Currently, 40% of MMA’s physician members are women, and 160 are residents. About 70% of Maine physicians are employed by hospitals or health systems, and many of the others belong to 4 or 5 big private groups or FQHCs. The few physicians remaining in solo practices are often doing direct primary care. Nurse practitioners and other health care professionals have dramatically expanded their scopes of practice and have become both competitors and partners in the modern health care delivery system.

These changes, and others, mean advocating for physicians involves walking a progressively complex path for the MMA. The viability of physician practice in Maine now requires the viability of hospitals, health systems, and large physician groups. That means the MMA must find ways to partner and advocate for the viability of those organizations while still maintaining its independence, support for small private practices, and advocacy for health system reform.

Today’s physicians need MMA support for diversity, equity, and inclusion in medical practice and patient

care. They need help with professional burnout, access to COVID-19 vaccines, and other things our grandfather’s MMA never dreamed about.

In order to help meet these more complex needs of Maine’s physicians, the MMA has had to remake itself. We have added resident and student physicians to the MMA Board to enhance the leadership voice of the next generation of physicians. We’ve helped conduct a burnout study in some Maine practices. We have an Independent Practice Section of the MMA as a forum for dialogue and advocacy about preserving a place for independent practice in Maine. The MMA and its charitable and educational affiliate, the Maine Medical Education Trust (MMET), is now Maine’s premier health system improvement organization that is not hospital-based, having formalized a relationship between the Hanley Center for Health Leadership and the MMMET effective January 1, 2023, and established the MMA Center for Quality Improvement (MMA-CQI) as a successor to Maine Quality Counts in 2020. The MMA and its affiliated medical specialty societies, including the Maine Osteopathic Association and Maine Academy of Family Physicians, are arguably Maine’s most important public health advocacy block.

These changes mean communicating differently with a generation of physicians that has never been to a county medical association meeting. The MMA will roll out a new modern and accessible website to engage physicians of all generations. I’ll be on Twitter later this year, and doing podcasts, for gosh sakes! That’s the new MMA for you.

To make all of this work, we need another change: the engagement of many more of you Maine physicians in this work. Step up, tell us what you think, find a role, or an issue to advocate for, within the MMA. Then take on the work of making this your MMA. Your grandfathers would be proud! I can be reached at president@mainemed.com or 207-799-8596.

MEDICAL PROFESSIONALS HEALTH PROGRAM

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

A Menu for Self-Care Resolutions

With holiday celebrations in our rearview mirror, New Year’s resolutions have been made and some of them have already been broken. Many of them address areas in our lives that we would like to change.

We have been writing about wellness in this column for some time. Consider thinking about these ‘resolutions’ in a different way. We have written about the pillars of wellness and recovery being Home, Health, Purpose, & Community. Consider how these resolutions fit into this framework of wellness and how their connection not only helps in implementing, but also sustaining them. It is easily recognized how these ‘resolutions’ often span more than one pillar.

Home

- **Reduce/eliminate negativity in your life** - Negativity spreads and it *will* impact you.
- **Stay in touch with the people who matter** - A quick call, text, or email can make a world of difference for both of you.
- **Identify your needs versus your wants** - Too often we love to spend money even if it’s for no good reason. We need to be able to differentiate between need and want.

Health

- **Work out to feel good** - Exercise whenever/ wherever you can. Take the stairs, or park further away from an entrance for the walk. Incorporate stretching - we spend a lot of time sitting and staring at our phones/computers/work, all hunched over. Loosen up those tight muscles with even just five minutes of stretching each day.
- **Practice gratitude daily** - Identify one thing you’re grateful for every day. Gratitude exercises positivity.
- **Stop multitasking** - Research shows that it can

lead to memory problems. It reduces the brain’s grey matter, affecting productivity and efficiency, and it can even increase stress, anxiety, and depression. Prioritize and focus on one thing at a time.

- **Talk to yourself with kindness** - We are often nice to others but then criticize ourselves relentlessly. Think nicer things about yourself.

Purpose

- **Write down your goals for the year** - Research has shown people who write down their goals are more likely to achieve them. Whatever you want in 2023, commit it to paper.
- **Practice random acts of kindness** - Doing something small for others can make a big difference in the world.
- **Talk less, listen more** - Stephen Covey’s habit of seeking first to understand, then be understood is a wonderful habit to develop. You can learn so much when you spend more time listening.

Community

- **Volunteer** - It is good for both your mental health and physical health. You’re also doing something kind and selfless for others.
- **Pay it forward** - Did someone do something nice for you recently? Now is a great time to do something nice for another. Receive good things and spread them as soon as you can.
- **Consider donating clothes you never wear** - Help make a difference in someone else’s world.

The connection of any of these changes to more than one pillar of wellness creates important benefits to the quality of your life. This menu offers suggestions for people to self-select and see what works for you with your home, health, purpose, and community.

NOTES FROM THE CEO

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



In his President's Corner column in this issue ("This is Not Your Grandfather's MMA"), Dr. Steele comments about the physician demographic factors and health care system structural changes that have affected the MMA in pursuit of its mission "to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people." The COVID-19 pandemic is a more recent factor that has impacted the environment in which Maine physicians practice and the MMA's priorities in service to its members. During the annual MMA Board of Directors retreat (the "President's Retreat") in October 2022, the Board reviewed and confirmed its current strategic planning framework (first developed and adopted in 2019) through which the MMA is trying to anticipate environmental changes and adapt our operations to meet members' needs. The Board continued its discussion of its strategic plan and current "action priorities" at its regular meetings in December 2022 and January 2023. This Board work has produced an annual plan of work for 2023. The plan includes membership initiatives (complete revision of the MMA web site; finalize the MMA "value proposition" project; and review the MMA dues structure); new business development

(pursue a joint enterprise role for the MMA and the Maine Medical Education Trust (MMET) in health care quality improvement, health leadership development, and health equity); MMA/MMET organizational development (build governance and management capacity in the MMET following the mergers of the Daniel Hanley Center for Health Leadership and the Maine Medical Education Foundation (MMEF)); promote clinician wellness and resiliency (produce with the Maine Hospital Association and perhaps other groups, a statewide conference in 2023 or 2024 to feature efforts in Maine health care organizations to promote wellness and address burnout among clinicians); and health policy development (conclude the work of the Ad Hoc Committee on Health System Reform to produce a revised health care reform policy statement). While we will be engaged in these important strategic initiatives aimed at maintaining MMA's relevance to its members in a dynamic health care environment, we will remain committed to MMA's advocacy with the state and federal governments, routine legal services and compliance support, continuing medical education, and other services in support of members in their daily practice of medicine.

Please contact me at 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



Happy New Year to MMA members, staff, and corporate affiliates. I miss you all dearly but appreciate the opportunity to communicate with readers of *Maine Medicine* and keep you informed of the work of the Mills' Administration. Although we are now three years from the inception of the global pandemic, its impact continues to be seen in all aspects of behavioral health. While both outpatient and residential treatment is more available for individuals with a substance use disorder who are interested in finding a pathway to recovery, we have not been successful in reducing the number of overdoses, either fatal or non-fatal. While the numbers for 2022 are just being completed, we anticipate that fatal overdoses will again increase by about 15% over 2021. And while that increase is significantly less than the 23% increase in the previous year, it still means that nearly 90 more Mainers died in 2022 than in 2021. Losing approximately 720 Mainers is a public health crisis even though 93% of individuals survive the overdose. Our OPTIONS program is intended to reach out to these individuals, making sure they have harm reduction supplies or referring them for treatment. As I have written previously, the cause of our high overdose mortality is the lethality of fentanyl (found in nearly 80% of toxicology deaths), individuals using alone and the difficulty of first responders arriving in time. Among our responses are the establishment of the Overdose Review Panel, community saturation of

naloxone and the OPTIONS initiative. The plan for 2023 is to continue these activities and to make them more robust and effective.

But responding to overdoses is just part of a comprehensive opioid response strategy. Prevention must play a role with the goal of fewer individuals, particularly adolescents, starting down the road that so frequently leads to addiction. Treatments of all kinds should be immediately available to individuals when they are ready and the treatment needs to provide a continuum of services from detox through appropriate treatment and discharge to a certified recovery residence. Finally, recovery support needs to be available and, to that end, Maine has invested in recovery community centers, recovery coaches, recovery friendly workplaces and recovery ready communities. While our Opioid Response Strategic Action Plan has recently been updated, the pillars of Prevention, Treatment, Harm Reduction, and Recovery Support remain.

Recent federal legislation removing the requirement of an X-waiver to prescribe medication for addiction will enhance this effort. Although the number of waived providers in Maine doubled between 2019 and 2023, there are still parts of the state where additional prescribers are needed. If you did not get a waiver but now would be willing to treat patients with an active addiction, I encourage you to participate in the SUD Learning Community which has become an excellent source of training and education. With your help, 2023 can be a better year for Mainers struggling with substance use disorders.



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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.

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 for more details.

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SAVE THE DATES

SEPTEMBER 8-10, 2023

MMA's 170th Annual Session

Holiday Inn by the Bay in Portland





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SPECIALTY SOCIETY MEETINGS

February 11-12, 2023

Maine Society of Anesthesiologists Winter Meeting
Sugarloaf Mountain Hotel – Carrabassett Valley, ME
More information at <https://maineanesthesia.org/events/mesa-events>
Contact: Lisa Montagna 207-620-4015
or mesahq@gmail.com

March 3-5, 2023

Maine Urological Association Winter Conference
Sunday River – Newry, ME
Contact: Noelle Federico 207-480-4195
or nfederico@mainemed.com

March 17-19, 2023

Maine Society of Orthopedic Surgeons
Sugarloaf Mountain Hotel – Carrabassett Valley, ME
Contact: Noelle Federico 207-480-4195
or nfederico@mainemed.com

March 22, 2023

Richard Engel, MD Primary Care Symposium
Dana Center, MMC – Portland, ME
8:00am – 12:00pm
Contact: Warene Eldridge 207-215-7118
or mainechapteracp@gmail.com

April 27, 2023

Maine Association of Psychiatric Physicians Annual Spring Meeting
Hilton Garden Inn – Freeport, ME
5:30pm – 8:30pm
Contact: Dianna Poulin 207-480-4194 or dpoulin@mainemed.com

April 28-30, 2023

Maine Chapter, American Academy of Pediatrics Spring Conference and Members Meeting
Samoset Resort – Rockport, ME
Contact: Dee Kerry 207-480-4185
or dkerry@mainemed.com

WE NEED YOUR HELP:
BE A KEY CONTACT

The most effective way for state legislators to understand important issues concerning medical care, access, and public health is to receive input from the physicians they represent.

Building strong relationships with our state legislators is an important supplement to the efforts of MMA staff and critical to the MMA’s legislative and political effectiveness. Being an MMA Key Contact is an easy way to give back to the profession and help shape laws that will benefit your patients, communities, and colleagues for years to come.

Key Contacts reinforce to legislators that the views expressed by MMA lobbyists are representative of the views of their members.

Key contacts localize and personalize the political impact of state legislation.

The responsibilities can include:

- Supporting the position of the MMA on legislation affecting medical care and public health
- When requested by MMA staff, contact the legislator(s) about issues of importance
- Report to MMA staff when communication occurs

Even a single letter, email, or call from a local physician the legislator knows and trusts can make a huge difference in an issue’s outcome, as can several from physicians they may not personally know.

We carefully watch the process for you, and when a ‘hot topic’ arises for which local physician support is needed, we activate our Key Contacts. We supply the details to provide the necessary background so you can easily call or write.

Visit our website, www.mainemed.com and fill out a Key Contact form or contact Dan Morin at (207) 838-8613 or dmorin@mainemed.com.

MMA-CQI NEWS



Maine Medical Association, Center for Quality Improvement launched three new BOLIM learning modules. To access, visit www.qclearninglab.org.

Title: PMP Features to Enhance Patient Safety

Presenters: Elizabeth Fowlie Mock, MD, MPH, FAAFP

This module is intended to provide clinicians with information on features of the PMP. At the end of this module, users should have an understanding of the available tools in the PMP and a basic understanding of interpreting risk scores.

1 AMA PRA Category 1 Credit(s)[™] available with this module.

This activity qualifies for 1 credit(s) of the 3 CME credit requirement for opioid medication education found in P.L. 2015, Chapter 488, Maine’s legislation to address the opioid drug crisis

Title: Benzodiazepine Use and Opioid Use: A Deadly Combination

Presenters: Stephanie Nichols, Pharm.D., BCPS, BCPP, FCPP

This module is intended to address the opioid-specific education requirements under Maine Public Law Chapter 488. At the end of this module, users should understand the appropriate use of benzodiazepine, alternatives to benzodiazepine use, why prescribing opioids and benzodiazepines is a deadly combination.

1.5 AMA PRA Category 1 Credit(s)[™] available with this module.

This activity qualifies for 1.5 credit(s) of the 3 CME credit requirement for opioid medication education found in P.L. 2015, Chapter 488, Maine’s legislation to address the opioid drug crisis

Title: Social Determinants of Health, Intersectionality, and Implicit Bias: Addressing Substance Use Disorder

Presenters: Deena Murphy, Ph.D.

This training will explore how social determinants of health create differential impacts around substance use disorder, the opioid epidemic, and the current COVID-19 pandemic and how implicit bias can impact healthcare systems. Participants will be encouraged to reflect on examples from their own experiences and discuss not only challenges, but also ways to overcome these challenges individually, and as an organization.

1.5 AMA PRA Category 1 Credit(s)[™] available with this module.

This activity qualifies for 1.5 credit(s) of the 3 CME credit requirement for opioid medication education found in P.L. 2015, Chapter 488, Maine’s legislation to address the opioid drug crisis

Funding Statement

Funding for these modules has been provided by the Maine Board of Licensure in Medicine.

CCMEA Accreditation Statement

The Maine Medical Education Trust is accredited by the Maine Medical Association’s Committee on Continuing Medical Education to provide continuing medical education (CME) to practicing physicians.

AMA Designation Statement

The Maine Medical Education Trust designates each of these enduring materials for the number of AMA PRA Category 1 Credit(s)[™] indicated in the module description. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Joint Sponsorship

These activities have 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 Maine Medical Association, Center for Quality Improvement. 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.



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bensworth@brhcme.org

Candidates must:

- have graduated from an accredited medical school & completed a residency in Family Practice or Med/ Peds,
- have a current State of Maine Medical License and D.E.A.
- have certificate & at least 5 years’ experience in the practice of family or internal medicine.
- be board certified

STATE HOUSE NOTES

By Dan Morin, Director of Communications & Government Affairs



New Year - New Advocacy Agenda

Members of the 131st Maine Legislature returned to work on January 4th. Because 2023 is the first year in the legislative biennium, or two-year cycle, no legislation from last session remains under consideration.

MMA Government Affairs staff reviews and evaluates legislative recommendations each even-numbered year with the Legislative Committee and Board of Directors. Here is the MMA’s new Legislative Priority Plan of health policy issues. Maine’s physicians call on the Legislature to promote and support the following legislation:

Prior Authorization & Utilization Review – Eliminate care delays and potential patient harms by reducing the unnecessary administrative burden on practices. Prior authorizations were the top regulatory burden for clinicians in 2021 and just one part of the utilization management process which includes requests for voluminous amounts of information and patient records to determine ‘medical necessity’ after the fact.

Substance Use Disorder – Support policies to improve and expand evidence-based and effective treatment and recovery services for people with substance use disorders and bolster prevention efforts. These include harm reduction, therapeutic interventions, and addressing social determinants of health that greatly impact recovery.

Clinician Well-Being – MMA calls on the legislature to strongly support adequate funding of health care professional wellness programs for physicians, nurses, and other health professionals suffering from substance use, psychiatric, medical, behavioral, or other potentially impairing conditions. The MMA’s Medical Professionals Health Program is working with stakeholders to develop sustainable funding sources.

Update CME Requirements for Opioid Prescribing – Since 2017, physicians, nurse practitioners, physician assistants, podiatrists, dentists, and veterinarians have been required to complete 3 hours of CME every two years on the prescribing of opioid medications. The law has been in place for three licensing cycles and recent data show nearly two-thirds of all pain reliever misuse starts with people using medication that was not prescribed.

Public Health Funding – The MMA will advocate for transformative public health reform and increased funding to a sustainable and predictable level while modernizing and improving infrastructure. MMA, with the help of MMA’s Public Health Committee, is anxious to work with the Governor’s Office, the State Legislature, and stakeholders to explore how best to strengthen public health across Maine on issues including immunizations, infectious diseases, and climate change, among others.

Three Ways You Can Participate
Because we know your time is limited, there are multiple ways to participate in MMA advocacy efforts.

- 1) Weekly Legislative Committee meetings: Join chairs, Kevin Fickenscher, M.D., Henk Goorhuis, M.D., and other committee members at 6:30 p.m. every Wednesday to review and discuss important bills of interest.
- 2) Weekly E-mail newsletter: Sign up for the *Maine Medicine Weekly Update* at mainemed.com for a weekly summary of state legislative action and MMA advocacy work.
- 3) Doctor of the Day: Join MMA staff in Augusta, meet your local state senator and representative, and possibly observe policy committee work on bills.

Contact me any time to get involved or with any questions, comments, or concerns at (207) 838-8613 or dmorin@mainemed.com

NAMI MAINE
Support Following a Traumatic Loss or a Suicide

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



Loss happens; grief follows. We cannot escape loss: loss of things, loss of people we love, loss of hope. In the wake of each loss, grief is the natural and inescapable response. The pandemic brought losses anticipated and those unexpected. The loss of a loved one early in

the pandemic made the grief process challenging as many of the traditional memorial gatherings could not happen; closure was more challenging. Some losses in the pandemic were sudden, unexpected, traumatic and self-inflicted. Whether a suicide death or an accidental overdose, these are among the most complicated and challenging losses to grieve for family and also challenging for providers and practices.

Healthcare providers form close connections with patients and experience grief like everyone else. Providers offer resources and support for their patients and families experiencing grief but may not easily address their own grief needs following the death of a patient. In the aftermath of a loss that impacts staff, consider a debrief session to process the grief as a practice and always prioritize your own self-care as you work through the strong emotions. Consider your Employee Assistance Program as a resource in these times. Though there may be a need to explore changes in service delivery to lessen the likelihood of future losses, it is imperative to lead with compassion and support first.

For many people, grief needs a witness, a place and caring people to hear the story of the loss and to assist in processing the painful questions and emotions that follow. Many loss survivors find such support in their family and social/community connections. Others may seek to grieve alone and use journaling and time in

nature to process the pain of a loss. Formal grief supports may be helpful. We know that grief unaddressed does not easily resolve and will be there when you are ready. Consider accessing the resources below, for your patients, for their families or for your own professional needs.

Resources to support those grieving a traumatic loss:

Maine Center for Grieving Children;
www.cdcmaine.org 207-775-5216

- Resources and groups for youth and families in grief.
- Cumberland & York Counties

Grief support groups: a partial listing: look for a hospice program near you

- 2nd & 4th Mondays at Maine Medical Center - Desiree Lawrence dezlawrence12@gmail.com 207-653-4627
- 1st & 3rd Wednesday 6:00 PM - Beth Rovnak brovnak@gmail.com (207) 233-3069
- CHANS Home Health and Hospice in Brunswick - Andy Sokoloff (207) 721-1357 asokoloff@midcoasthealth.com
- Androscoggin HH & Hospice Auburn: Amy Dulac <https://androscoggin.org/health-services/bereavement-support/>
- Other online groups on the AFSP website: <https://afsp.org/find-a-support-group/?radius=15&zip=04101>

NAMI is working with the state suicide prevention program to develop more infrastructure for grief support, but it will take time. Contact NAMI MSPP@namimaine.org for resources in your area. If you experience a loss in your program, reach out to Greg Marley, LCSW at NAMI Maine for guidance, resources and support options at gmarley@namimaine.org or 622-5767 ext. 2302.

MMA HAPPENINGS

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

MARCH 8

4:00pm – 6:00pm
MMA Board of Directors Meeting

APRIL 11

8:00am – 3:30pm
Spectrum Health Partners

APRIL 19

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

APRIL 26

4:00pm – 6:00pm
MMA Board of Directors Meeting

MMA MEDICAL STUDENT SECTION VOLUNTEERS

In November, the MMA Medical Student Section Community Service Chair Kelsey Pelletier organized a volunteer opportunity for medical students at the Ronald McDonald House. Eight medical students from University of New England College of Osteopathic Medicine volunteered to provide dinner for families at the Bangor and Portland locations.



Bangor volunteers (L - R): Laura Horowitz, Anthony Mueller, Kelsey Pelletier



Portland volunteers (L - R): Brigita Ulevicius, Angus Fung, Tien Dang, Katie Cawley, Kayla Zentmaier

Evidence-Based Prescribing Education
www.micismaine.org/education-topics/

Schedule a presentation at your medical practice, hospital or meeting:

- 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 for an individual session on one of these topics:

- Opioid prescribing in Maine
- Medications for Opioid Use Disorder
- Deprescribing benzodiazepines & opioids
- Simplified Treatment of Hepatitis C
- Adult & Pediatric Asthma

MICIS is a program of the
Maine Medical Association.

Winter/Spring
2023

MEDICAL STUDENT REPRESENTS MAINE AT INTERIM MEETING OF THE AMA HOUSE OF DELEGATES

By Kaye Dandrea, OMS-III, University of New England College of Osteopathic Medicine, AMA-MSS Delegate, AMA-MSS CSI Policy Co-Chair

In November, I had the pleasure of serving as a Medical Student Delegate to the American Medical Association (AMA) at the Interim Meeting of the House of Delegates (HOD) in Honolulu, Hawaii. Through this role, I represented medical students from across the country as well as medical students and physicians in Maine. I also served as a Delegate from the University of New England College of Osteopathic Medicine during the AMA Medical Student Section meetings just prior to the HOD.

The AMA HOD consists of physician delegates from state medical societies as well as medical specialty societies, and delegates from the Resident and Fellows Section and the Medical Student Section. Ultimately, a well-rounded House of Delegates is created consisting of practicing physicians and trainees alike. This diverse House of Delegates raises perspectives from all areas of medicine and sparks meaningful debate.

The Interim Meeting of the AMA HOD has a primary focus on advocacy related topics and timely or urgent matters. Important policies were passed this year regarding abortion access, leave policies for medical students and physicians, and addressing firearm deaths throughout the nation. It was truly a privilege to witness and participate in such important discussions. I have been re-elected to my position as Medical Student Delegate and look forward to all that the Medical Student Section and larger AMA will accomplish during this next policy cycle and at the Annual Meeting in June.

I also participate in leadership roles within the AMA Medical Student Section itself. Leading up to the Interim meeting, I served as Policy Co-Chair for the Committee on Scientific Issues (CSI), a subcommittee of the Medical Student Section (MSS). Subcommittees of the Medical Student Section not only serve as interest groups, but also guide policy in particular areas. The aim of CSI is to create evidence-based policy that is supported by recent literature. MSS policies are not only internal but are often sent to be passed as larger AMA policy. It is vital that these policies are supported by recent literature as they guide allocation of larger AMA resources and can result in significant impacts throughout the country. See how you can get involved with the AMA as a medical student at www.ama-assn.org/medical-students/medical-school-life/medical-student-leadership-opportunities.



L - R: Kaye Dandrea, AMA delegates Maroulla S. Gleaton, M.D. and Richard A. Evans, M.D., and MMA CEO Andrew MacLean.

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 or 207-480-4201.



PUBLIC HEALTH SPOTLIGHT

By Lani Graham, MD, MPH



L-R: Representative Melanie Sachs from Freeport and her constituent, Dr. Lani Graham in the Maine Legislature, March 2022.

Better Public Health Is The Answer To Many Health Problems

A couple of days ago, I was asked to write a quick column on the public health issues of 2023, as well as the work of the Maine Medical Association's (MMA) Public Health Committee (PHC). A tall order I couldn't resist.

Undoubtably, one of the biggest public health challenges of our time is the need for a better health care payment system. Our country still does not offer health care to all its citizens and our health indices reflect that by placing us 37th in the world. Meanwhile, physicians are struggling to meet business metrics that frequently are at odds with good patient care. This must change. The MMA has turned its attention to a new statement on this issue. If you haven't yet, you can comment here on that statement: <https://www.mainemed.com/adhoc-committee-health-system-reform>.

Meanwhile, there are plenty of other public health issues that beckon.

COVID-19 continues and has become an abiding lesson of the many flaws in our health care delivery, our public health system, and our society. Biases and entrenched forms of discrimination--racial, gender, age, were starkly revealed. Intertwined with poverty, these problems are increasingly discussed as the underlying causes of poor health--social determinants of health.

Our national public health system showed itself poorly equipped for an adequate response to the pandemic because of decades of insufficient support. Furthermore, within Maine, as elsewhere, the cultural divide that caused some to reject common sense public health

recommendations (masks, social distancing, vaccines) was deadly in its consequences. Tragically, rejection of science by some remains a problem.

Of course, all the "old" public health issues continue to fester and worsen. Leading that list are substance use disorders (including alcohol and tobacco) and the failure of adequate mental health services. Both disasters have led to a further unmasking of the criminal "justice" system. We claim that substance use disorders and mental health problems are illnesses, but we continue to criminalize and incarcerate those so affected.

Gun tragedies, traffic fatalities (now worsening in Maine), lead contamination, vaccine refusal, cancer, and chronic diseases remain on this list of "old" but deadly problems.

Lastly the "newer" public health problems, led by the colossal challenge of climate change, and direct environmental contamination with toxins like PFAS (per and poly fluoro alkyl substances), must also be addressed.

Considering all this, the PHC decided to put funding support for public health in all its forms first on our priority list of recommendations for the MMA's legislative agenda for the 131st Maine Legislature. Maine needs a fully supported public health system to be effective in addressing these challenges.

In support of better public health, physician voices are significant; they can be leaders in their communities and the Maine legislature, moving the state forward toward better health for all Mainers.

The PHC currently meets on the **second Wednesday** of the month from **4-6PM** and is led by Daniel Oppenheim, M.D. and Ted Walworth, M.D.. Come to a meeting and accept the faith. We would welcome you.

To learn more about the MMA Public Health Committee contact Sarah Lepoff at slepoff@mainemed.com or 207-480-4191.

Continued from page 1..Maine DHHS Update

and process broadly referred to as the PHE "unwinding".

The end result is that, starting April 1, 2023, Maine Medicaid (MaineCare) members will again need to demonstrate their eligibility for Medicaid services annually, and members who do not respond or do not submit qualifying eligibility information will be disenrolled and no longer be covered by MaineCare. DHHS is working to support MaineCare members impacted by this significant upcoming change.

The Department's primary goal is to maximize continuity of coverage by helping MaineCare members understand the need to maintain up-to-date contact information and submit eligibility information, as it is likely that many individuals will still be eligible for coverage once they contact MaineCare to verify their eligibility. Additionally, DHHS will connect any individuals who become disenrolled with Maine's state-based Health Insurance Marketplace (CoverME.gov) to promote continued health insurance coverage.

DHHS has taken several actions to streamline its outreach and enrollment processes, and to alert members of the upcoming changes and the need for them to renew their information. DHHS has also published online resources for MaineCare members and stakeholders, including Frequently Asked Questions, available at www.mainehealth.gov/phe.

Beginning in April 2023, the Maine Office for Family Independence (OFI) will begin a process for redetermining eligibility of all MaineCare members based on the month of their renewal date. OFI will send MaineCare members three mailings:

1. **Renewal Reminder Notice:** OFI will send a reminder notice in the quarter prior to the

member's scheduled renewal date to alert them of their upcoming renewal requirement and to encourage them to update their contact information.

2. **Renewal Form:** OFI will mail a pre-populated paper renewal form in a blue striped envelope at least 30 days prior to the member's renewal due date. Messaging will highlight, "If it's blue, it's time to renew!"
3. **Notice of Decision:** OFI will send members a notice explaining their ongoing coverage, if eligible, or if the member no longer qualifies, a notice stating that their coverage will end, which will be sent at least 15 days before their coverage is set to end. If the member does not complete their renewal by the due date, a closure notice will be sent on the first day of the month following the month that their renewal was due. Coverage will then end on the last day of the month following the month that the renewal was due. For example, for members who are due for their annual renewal in June, a notice will be sent in May 2023. If a member with a June renewal does not return their required renewal information by May 31, 2023, MaineCare will end their coverage effective June 30, 2023.

Key resources:

- Information for MaineCare members about this change is available online: www.mainehealth.gov/phe
- DHHS is developing a communications toolkit that will be available on the above website
- DHHS will also hold stakeholder information sessions for partner and provider organizations

VISIT THE MMA WEBSITE: www.mainemed.com

BAYSTATE FINANCIAL FISCAL FITNESS FOR LIFE

By Michael E. Genetti, CLU, ChFC

New Year.... Same Challenge! Tending to Your Wellbeing

"Wellbeing is the experience of health, happiness and prosperity." (Tchiki Davis, Ph.D. *Psychology Today Blog* January 2, 2019)

For our purposes we might easily substitute Physical Health, Emotional Health and Financial Health for health, happiness and prosperity.

It has been 3 years since the onset of the COVID-19 pandemic. While the "crisis response mode" has eased, its impact will be felt for years to come. The concept of wellbeing has been at the forefront of our conversations and has impacted our behaviors as we integrate it into our daily lives. It became evident that our physical health, our mental (emotional) health, and our financial health are interconnected in more ways than we may have appreciated. In each of these areas of our lives there has been a need to gain a better understanding of risk, not only as it pertains to our "systems" - Medical, Social, and Financial - but also to each of us as individuals.

As 2023 unfolds, there is a need to gain a clearer understanding of Financial Risk and how it impacts your overall wellbeing and your ability to bring to reality the future you hope for.

The critical first step to addressing your financial health is creating a perspective for informed decision making. The following actions will help you do just that:

Rearticulating your values - By clarifying the values you hold most dear, you will improve your ability to allocate your financial resources to best live out, on a daily basis, those values you hold most dear.

Planning for what you cannot control - While we all like to plan and gain a sense of control in our lives, upon reflection, it is often happenings beyond our control that most greatly impact our lives.

Developing a system - In your practices you have *Policies, Procedures, and Protocols* (the three "Ps") to provide direction in your decision making and for your actions. By incorporating these three P's into your daily financial decision making you'll be amazed at the progress you can make.

The next step is to gain an understanding of, and addressing, the underlying financial risks you face. Those risks to your financial health may include:

- Lack of access to financial liquidity
- Lack of sufficient income to maintain your lifestyle in the event of a long-term disability
- Lack of sufficient assets to pay off debts and provide survivorship income
- Lack of a strategy to protect your retirement

account investments in the event of a prolonged stock market decline

- Lack of a strategy to address potential long-term care expenses
- Living beyond life expectancy
- Lack of legal documents to manage end of life and estate planning responsibilities

If you commit to articulating your values, gain an appreciation for the personal impact of happenings beyond your control, and apply a system of the 3 P's to your financial decision making and behavior, you will be well along your way to building the infrastructure for supporting the "prosperity" element of your wellbeing in 2023!

Source: <https://www.psychologytoday.com/us/blog/click-here-happiness/201901/what-is-well-being-definition-types-and-well-being-skills>

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MEDICAL MUTUAL INSURANCE COMPANY OF MAINE RISK MANAGEMENT PRACTICE TIP: APPOINTMENT MANAGEMENT Missed And Canceled Appointments, Referrals Not Completed

Policy: Practices should develop a written policy outlining their appointment management process. Educate staff on the process and the importance of appointment management to assure patient safety and the practice's financial stability. Include the following steps in the process.

Appointment Reminders: Ask patients to sign a statement agreeing to receive appointment reminders. Reminders should not contain protected health information. Phone calls, automated messages, text messages, or the patient portal can be used to send reminders. Schedule reminders 1-2 days prior to the appointment.

Patient Follow-up: If the patient is unable to schedule their follow-up appointment at check out, continue contact with the patient until the follow-up appointment has been scheduled.

No-Shows: When a patient does not keep their appointment, take the following steps:

- Notify the provider of patients who miss or cancel appointments, so they can direct additional follow-up activity.
- Follow up with the patient as directed by the provider and make at least three attempts to contact the patient.
 - The initial attempt can be a phone call.
 - The second attempt may also be a phone call or a letter sent by first-class US mail.
 - Because receipt of voicemail messages by the patient cannot be verified, proceed to send a written notice if the second phone call does not result in direct contact.
 - Document all attempts in the patient's medical record.
- For missed or canceled appointments where serious consequences could result because of lack of follow-up, the letter sent in the third attempt should outline the possible medical issues that may arise from not returning for treatment. This should be sent certified, return receipt requested mail.
- If the patient refuses a certified letter:
 - Note the refusal in the patient's medical record.
 - Place the unaccepted letter in the envelope in the medical record, or scan a copy of the unaccepted letter and place in the patient's electronic health record.

- Make a copy of the letter.
- Send the copy back to the patient in a plain envelope with no office practice identifiers.

Cancellations without Re-Scheduling an Appointment: When a patient cancels an appointment without re-scheduling another appointment, notify the provider and follow the steps outlined above for no-show patients.

Referred Patients Who Fail to Schedule or Miss Initial Appointments: If a referred patient fails to schedule an appointment or does not keep their initial consultative appointment, the specialist should notify the referring provider.

Patient Portal and Appointment Management: A patient portal offers options designed to facilitate appointment management. When using a patient portal:

- Verify the patient's appointment view is enabled. Verify the patient's referral appointments are listed in the patient's appointment view.
- Enable a standard patient response to their attempts to schedule, reschedule or cancel an appointment via the patient portal.

Medical Mutual Insurance Company of Maine's "Practice Tips" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.



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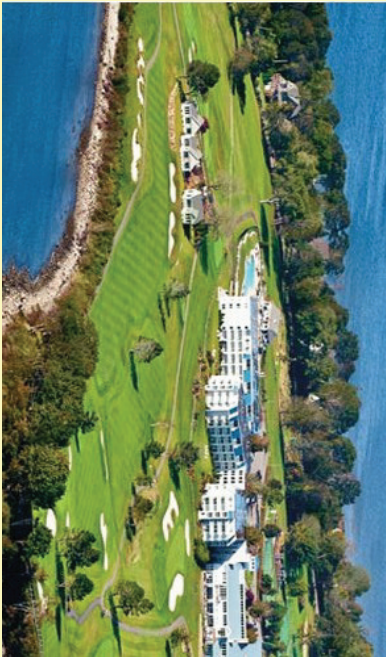
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2023 spring conference

advocacy awareness prevention

april 28-30 | samoset resort | www.maineaap.org



Features:

- ★ Welcome Pizza Party/Swim
- ★ Mentor and Poster Session Reception
- ★ Exhibits and Speaker Presentations
- ★ Advocacy/Legislator Awards
- ★ AAP Excellence Awards
- ★ Member Meeting

Talk topics include:

- ★ Youth mental health and substance use
- ★ School Health
- ★ Infectious Disease - Focus on Streptococcal infections
- ★ AAP's New guidance on Obesity Recommendations
- ★ Many causes of Malnutrition


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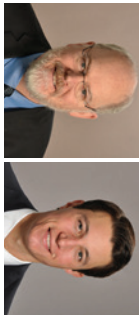
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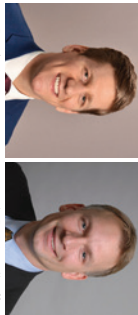
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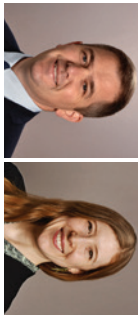
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