



Maine Medicine

a quarterly publication of the Maine Medical Association

APRIL/MAY/JUNE 2022

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

CLINICIAN WELLNESS: MMA Partners with the AMA and the Physicians Foundation on the Practice Transformation Initiative (PTI)

In 2020, Maine Medical Association partnered with the American Medical Association and the Physicians Foundation on the Practice Transformation Initiative (PTI) to advance research and promote evidence-based solutions that improve patient care by enhancing professional well-being and reducing physician burnout.



While the frequency, causes and impact of professional fatigue and burnout among physicians have been well researched, actionable solutions have had much less rigorous analysis. As a result, information on effective interventions remains limited. The mission of the PTI is to fill the knowledge gaps regarding effective interventions to reduce burnout.

"The Practice Transformation Initiative was positioned to help lead the medical community to activate systemic change in order to reduce burnout and promote joy in medicine," said Nancy Nankivil, Director of Practice Transformation at the AMA. "We applaud the commitment of these organizations in using data to drive measurable, system-level change. We have learned much in the last two years on the importance of committed, transparent leadership in supporting workforce well-being and look forward to continued learnings from organizations committed to the practice transformation journey."

Six Maine practice sites participated in the PTI:

- Health Access Network: Katie Adams, M.D., Chief Medical Officer and Chris Muffett, Data and Communications Officer
- HealthReach Community Health Centers: Amy Madden, M.D., Medical Director and Constance Coggins, President & CEO
- Martin's Point Health Care: Erik Steele, D.O., Vice President of Provider Staffing and Danielle Floyd, Provider Engagement Specialist
- Northern Light Seabasticook Valley Hospital: Robert Schlager, M.D., Vice President and Senior Physician Executive and Paul Arsenault, Vice President of Primary Care and Specialty Services
- Penobscot Community Health Care: Noah Nesin, M.D., Innovation Advisor and Andrew Fletcher, M.D., J.D., Director of Walk-In Care
- Spectrum Healthcare Partners: Herb Cushing, M.D., Chief Medical Officer, Julie Wheeler, Chief Human

Resources Officer, Marianne Roy, Consultant, and Andrew Mancall, MD, Resilience and Well Being Committee Chair



Noah Nesin, MD

Practice sites used the Mini-Z Assessment to assess professional well-being and burnout, then implemented an intervention, and collected baseline and post-intervention data on the impact of the intervention. The MMA convened meetings with Maine PTI participants to discuss the Mini-Z assessments, interventions and outcomes, and ideas to support wellness and practice transformation. "The PTI project has helped to advance our efforts to address burnout and increase joy in our work at PCHC," said Noah Nesin, MD, Innovation Advisor at Penobscot Community Health Care. "The surveys helped us to create focus, and conversations with other PTI practices across Maine helped to create context and generate new ideas."

"I have long been worried about the wellness of our medical staff," said Paul R. Arsenault, Jr., Vice President of Primary Care and Specialty Services at Northern Light Seabasticook Valley Hospital. "The responsibility and expectations for this group continue to grow and change without any end in sight as U.S. health care continues to evolve. Participation in this transformation project not only allowed me to gain some new ideas and tools to help this vital group of experts, but most importantly it helped me to look at this opportunity differently. I truly believe my work with the Maine PTI and provider wellness will make me a better executive and a more empathetic leader."



Paul R. Arsenault, Jr.

The Practice Transformation Initiative (PTI) launched in 2019 with state medical associations in New Jersey, North Carolina, and Washington in its first cohort. In 2020, the Maine Medical Association joined state medical associations in Ohio, New York, and South Carolina as the second cohort.

Physician well-being is essential for high-quality patient care. The Maine Medical Association is dedicated to reducing physician burnout across the state so that all physicians—and their patients—can thrive. For more information, visit www.ama-assn.org/practice-management/sustainability/practice-transformation.

BEYOND THE STETHOSCOPE: Nate Meyer (TUSM '22) Appreciates Nature in Maine's Four Seasons

Throughout his life, Nate Meyer has developed and cultivated an appreciation of nature. Nate remembers being curious about the natural world from an early age growing up in rural Maine. One summer internship with the Maine DEP during college placed him on a team in the Maine woods documenting aquatic insects found under rocks in streams as indicators of water quality. Between college and medical school, he spent nine years in a series of jobs at the intersection of environmental education and advocacy, including periods with Green Corps, Environment Maine, and Corporate Accountability, an advocacy group based in Boston focused on the human right to water, among other things. He also fed his wanderlust with stints in the ski industry in Colorado, as a rafting guide and naturalist in Moab, Utah, and as a rainforest and marine ecology educator in Costa Rica. While in Boston, Nate's interests shifted from environmental advocacy and education toward social determinants of health inequity. In this transition, he began working as a medical scribe at Massachusetts General Hospital. Nate decided that medical school could provide an avenue to combine his commitment to the mission-oriented work and systems change of his early career with his passion for people and the intricacies of biology.



In his leisure pursuits, Nate has gravitated toward outdoor activities that facilitate his interest in nature "in broad strokes," depending on the season. "I didn't grow up in a home organized around religion," says Nate, "but spending my formative years in rural Maine gave me a very strong spiritual connection with our natural world." In the Spring, Nate might be paddling on a canoe adventure, such as the Moose River Bow Loop, or on a stroll in search of salamanders while listening to the peepers. During Maine's sweet summer months, he might seek out less popular beaches for boogie boarding or tide pool exploration. He has done some backpacking, and when life calls for a shorter outing he finds himself choosing day hikes, citing the Fore River Preserve, Tumbledown, and Old Speck as among his favorites. He finds summer sunsets are a captivating reminder to take an extended pause of appreciation. Nate loves the "fireworks" of trees as they change colors in the Fall while hiking, canoeing, camping, or floating down a Maine river in an inner



Continued on page 4

SAVE THE DATE

MAINE MEDICAL ASSOCIATION 169TH ANNUAL SESSION

September 9 - 11, 2022

The Harborside Hotel & Marina
Bar Harbor, Maine

Mark your calendar for our 169th MMA Annual Session at the Harborside Hotel. We welcome you to this event in September on the scenic coast of Maine. We look forward to you joining us!

Visit the MMA website at www.mainemed.com for additional information as it becomes available.

10 educational credits pending

Questions can be directed to Diane McMahon, dmcMahon@mainemed.com or 207-480-4188.

MMA MEDICAL STUDENT SECTION HOSTS PANEL WITH MEDICAL SPECIALTY SOCIETIES

On December 15, 2021, the MMA Medical Student Section (MMA-MSS) hosted a virtual Medical Specialty panel for medical students from the University of New England College of Osteopathic Medicine and Tufts University School of Medicine-Maine Track about medical specialties in Maine. Hamish Haddow, MD and Henry Skinner, MD of the Maine Association of Psychiatric Physicians, Christopher Beeler, MD of the Maine Society of Anesthesiologists and Jonathan Fanburg, MD of the Maine Chapter, American Academy of Pediatrics talked about their experiences and answered questions from medical students about medical specialties, residency, research, and typical schedules.

The panel was coordinated by MMA-MSS Student Engagement Chair Anthony Mueller (OMS-III). “I think a lot of us had struggled with organizing shadowing experiences during the COVID-19 pandemic and this event helped to fill that gap. With many different choices for our future, it is helpful to hear the advice and experiences of current physicians in the specialties, especially those practicing in Maine since many of us plan to stay here. I can’t thank our panelists enough for their time and I look forward to hopefully continuing these panels in the future.” Anthony and committee members Laura Knapik (OMS-IV), Kelsey Pelletier (OMS-III) and Tyler Lang (M22) led discussions with physicians and medical students.

The next Medical Specialty panel for medical students will take place on April 13, 2022 with physicians from the Maine Society of Orthopedic Surgeons, the Maine Chapter of the American College of Emergency Physicians, and the Maine Academy of Family Physicians.

MMA Medical Student Section (MMA-MSS) General Council

The MMA-MSS recently held elections for 2022-2023 General Council positions.

MSS Co-Chairs:

UNECOM - Amelia Keane, OMS-III;
Tufts Maine Track - Aidan Peat, M25

Legislative Chair:

Austin Vaughn, UNECOM OMS-I

Community Service Chair:

Kelsey Pelletier, UNECOM OMS-III

Student Engagement Chair:

Tal Tsafnat, UNECOM OMS-II

General Members:

Katie Cawley, UNECOM OMS-III
Claudia Maynard, UNECOM OMS-II
Lexi Schneider, UNECOM OMS-II
Brigita Ulevicius, UNECOM OMS-III

2022 MARY CUSHMAN, MD AWARD NOMINATIONS

The Maine Medical Association presents the Mary F. Cushman, MD Award for Exceptional Humanitarian Service as a Medical Volunteer each year to recognize the service of medical volunteers who serve in Maine, the US or abroad. The award was established in 2003 in recognition of the MMA’s 150th anniversary. Priority consideration for this award is given to:

- the nomination of a Maine physician who is a member of the Maine Medical Association;
- nominations submitted by members of the Maine Medical Association;
- nominations that, for international volunteering, include training people in other countries to provide care in their own communities.

The award is announced at the MMA Annual Session in September and includes a \$1,000 donation to the institution or organization of the recipient’s choice. The nomination form is available at www.mainemed.com/annual_session, and nominations are due by July 29, 2022. For more information, please contact Susan Kring, Outreach Director & Grants Manager at skring@mainemed.com.

PRESIDENT’S CORNER

By Jeffrey Barkin M.D., DFAPA, President, Maine Medical Association



As I write this column, we are bombarded with terrifying news. Though the pandemic case counts and deaths have decreased markedly, both in Maine and nationally, allowing many of us a renewed path to being together in person more safely, we are now confronted with the horrors abroad. The raging war in Ukraine shows catastrophic devastation, 24 hours a day, 7 days a week, on our social media, print and broadcasting outlets. It is an absolute wonder how connected we all are globally, and this war is a reminder of the preciousness of human life. We are all bearing witness to the death and destruction of many innocent civilians. Additionally, as doctors, we especially cringe at images of hospitals and health care facilities being crushed to rubble, killing newborns and their mothers.

Doctoring and caring for patients knows no borders, and our hearts go out to our colleagues who are directly facing this catastrophe. We also all know that Ukraine is not alone and that a “side effect” of global connectivity, as we all know, is that it can get worse, even here at home. So scary is the current situation that Peter Berezin, the chief global strategist at BCA research, noted that the risk of a “civilization-ending global nuclear war (in the next year) is at an uncomfortably high 10%.” That’s really scary and keeps me up at night.

Put simply, we are all struggling with persistent and collective trauma which is ongoing. There have been no breaks in more than two years now. So many lives have been lost to COVID-19 that it will take many years to recover, whatever that even means. Our personal and work lives have been disrupted and changed faster than

we could ever imagine. In my role as a psychiatrist, I am honored to work with many physicians and healthcare workers in many capacities. Also, a good number of my patients are physicians, so I am keenly aware of the issues we face as a profession, both personal and work related.

In the context of the above, I have been thinking about the role of a physician. Actually, we have many roles which we need to fulfill. First and foremost is personal care. If we burn out and don’t take care of ourselves, we risk becoming battlefield casualties. We must care for family, friends, and our colleagues, many of whom are in severe distress. Obviously, we must care for our patients, frequently under unbelievably stressful situations brought about by external circumstances we have never encountered. We must, through the stress of it all, practice with compassion, skill, and knowledge. Empathy, like gasoline, is at a premium, and is precious, especially in these hyperpolarized times.

Physicians are natural teachers and educators, but our efforts extend beyond the patient directly in front of us. In addition to looking out for each other, we must be mindful that we are ambassadors and emissaries who must win and maintain the hearts and trust of those we serve. More than ever, working with our non-medical colleagues in the business, legal, and media professions, amongst others, is critical and high up on the treatment plan. My own personal journey continues to evolve, and I am using this time to do what I believe to be most critical: connect, communicate, collaborate, and create. If we do so with compassion, we may come out of all of this collective strife even stronger.

Feel free to reach out to me at 207-775-2244 or president@mainemed.com.

Election 2022 and Medicine Moving Forward

State governments have the biggest impact on our day-to-day lives. In fact, almost all statutes and regulations that determine how you practice medicine are determined by the Maine State Legislature and enforced by the Executive branch of government.

Maine looks to have one of the more competitive races for governor as incumbent Governor, Janet Mills will face her predecessor, former two-term Governor, Paul LePage. All 186 state legislative seats in Maine will also be on the ballot.

The website fivethirtyeight.com, which uses data-driven analyses for election previews and results recently recognized, “Maine has one of the most competitive legislatures in the country.” They added, “Although it’s a light blue state overall, both the state Senate and state House have small Republican median-seat biases.”

Democrats currently hold relatively slim majorities in both the state Senate (21-13, 1 vacant) and state House (80-64, 3 Independent, 4 vacant).

Right now, you’re thinking this will be a pitch to vote, or donate to our political action committee (PAC), the Maine Physicians Action Fund (MPAF). While contributing to your PAC is a great idea and voting should be a given, there’s a more effective way to be a strong advocate for your patients and the practice of medicine. Build legislative relationships. Now is the time to start.

Visit MMA’s website (www.mainemed.com) and look for the *Maine Voter Information Lookup Service* link and the *Candidate List for the Maine Legislature* link under the MMA Spotlight section. It’s important to first confirm the

number of both your new state Senate and House district because of redistricting, before opening the candidate list to search for your local candidates.

It’s easy to say we still have months to go before Election Day in November, but the Primary Election is just over one month away on June 14th. Now is the time to engage candidates, establish yourself as a go-to trusted local source for important public policy decisions well before 2023.

While the next two-year state legislative session doesn’t formally begin until January 2023, bill proposals are due in December. Potential legislators get ideas for legislation from a variety of sources, often from the campaign trail. Sometimes it’s a specific constituent problem, sometimes it comes from another professional association, or sometimes they read about legislation from another state or learn about it at a conference.

Introduce yourself by sending candidates an email. Thank them for running. Let them know you live in their district, offer yourself as a medical resource, and ask for their thoughts on health care policy or let them know yours.

It is imperative that physicians have an advocacy role before each legislative session. Ultimately, the goal should be to create an environment in which legislators automatically look to local physicians for expertise before planning to introduce bills. MMA government affairs staff are here to help you build ongoing relationships with your legislators before they take office and well before a crisis or policy proposal is addressed. Contact Dan Morin at dmorin@mainemed.com or 207-480-4199.



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NOTES FROM THE CEO

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



We have all missed face-to-face, personal interaction in our personal and professional lives since the COVID-19 pandemic emerged in March 2020. This disruption in our natural way of interaction has had a significant impact on trade or professional associations like the MMA or our affiliated medical specialty organizations because our most important offerings to our members – advocacy, communications, networking, and connections – are best accomplished through direct, personal interaction. Like most organizations, MMA adapted quickly to the new environment and succeeded in doing business by remote technology such as Zoom. This excellent remote technology platform certainly has improved our efficiency and has made it more convenient for members who live a great distance from the Frank O. Stred Building, and has ensured accessibility for individuals like me who are coping with vision loss or other disability. But, as our ability to manage meetings safely (i.e. when the novel coronavirus with all of its variations is a regular part of life), we will return to our essential function as a forum for interaction among members of the physician community in Maine, and between the physician community and other health care organizations, as we seek “to improve the health of all Maine people.” MMA has a state-of-the-art

conference room in Manchester (completed in 2019 just before the pandemic) that is available to support and promote meaningful collaboration. The MMA Senior Section has returned to in-person meetings in this room and other groups of MMA members are gathering in this comfortable and technology-capable space. The MMA Board of Directors will hold its first meeting in hybrid format (meaning we aim to make the meeting experience of the same quality whether participating in person or remotely) since the beginning of the pandemic on April 27, 2022. Annual Session Planning Committee Chair Lisa Ryan, D.O., Committee members and staff, are planning the agenda for the 169th Annual Session of the Association at the Harborside Hotel & Marina in Bar Harbor during the weekend of September 9-11, 2022. This venue is a favorite of MMA members and we will offer 10 CME credits, including 3 credits for opioid drug prescribing as required by state law, as well as the opportunity to network with colleagues, to participate in the governance of the MMA, and to enjoy the outstanding recreational activities of Mount Desert Island. I also hope to return to regional gatherings of MMA board members and staff with local members later this year and next. I look forward to seeing you in person at one of these events soon!

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.

MEDICAL MUTUAL INSURANCE COMPANY OF MAINE RISK MANAGEMENT PRACTICE TIP: Termination of the Physician-Patient Relationship



A physician’s improper termination of the physician-patient relationship may put the physician at risk for a claim of abandonment. Following the guidelines below may mitigate this risk.

Policy

- Identify common causes of termination such as non-payment, excessive missed or canceled follow-up appointments, failure to follow the agreed-upon treatment plan, and the refusal of a patient to maintain acceptable behavior.
- Formalize your termination process in a policy and procedure.
- Provide all patients (active and new) with the termination policy.

Considerations

- Don’t act hastily in making a decision.
 - For “patient noncompliance,” facilitate a face-to-face conversation with the patient to clearly communicate expectations. Clarify any misunderstandings or misperceptions. Develop and document a mutually agreeable plan.
- Review the patient record to determine if the documentation supports termination.
- Review payer network participation agreements to determine if termination is permitted.
- For disabled patients or those in a protected class, consult an attorney before terminating.
- Threats of violence, actual violence, or criminal acts may necessitate verbal and immediate termination. Follow up with a termination letter.

Do not terminate if:

- Similar medical care is not locally available.
- The patient is being treated for an acute condition requiring continuing care.

Process

- Author a termination letter signed by the patient’s physician that contains the following:
 - Notification that the relationship is being

terminated. In a group practice, specify if the termination involves only one or all physicians in the practice.

- Stating the reason for termination in the letter is optional. If stated, the reason should be clear, concise, and objective.
 - A deadline. Thirty days is a general guideline, longer may be necessary based on patient circumstances.
 - Clarification that the physician is available to provide care during the transfer period.
 - Resources to assist in locating another physician.
 - The need for ongoing care and the consequences of forgoing continued care and treatment (as appropriate).
 - A statement that the office will facilitate a transfer of records at the patient’s request. Include an authorization for the release of records.
- Send the termination letter certified mail, return receipt requested.
 - If the certified letter is returned, resend it in a plain envelope.
 - Document the termination process in the patient’s record. Include copies of letters, receipts, and refusals. Advise staff not to schedule the patient after the termination effective date.
 - For complex situations, consult with your professional liability insurance carrier or an attorney.

Patient Dismisses a Physician

- Send a letter to the patient confirming that the relationship has been terminated.

Physician On-call to the Emergency Department

- When a physician is on ED call, the physician must respond to requests to treat a patient even if the patient has been terminated from the practice.

Medical Mutual’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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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.

SAVE THE DATE!

JULY 18, 2022
19th Annual MMA Benefit Golf Tournament
Augusta Country Club
Manchester, ME

Contact Lisa Martin at 207-480-4201 or lmartin@mainemed.com with questions.

See Enclosed Insert!

VISIT THE MMA WEBSITE: www.mainemed.com

MMA WELCOMES THREE NEW MEMBERS OF OUR TEAM

The Maine Medical Association is pleased to introduce Marshall McLaughlin, Elizabeth Ciccarelli, and Tabitha Lanning who have joined our staff during the past several months.

MARSHALL MCLAUGHLIN



Marshall McLaughlin joined the Center for Quality Improvement team as a Project Coordinator at the beginning of the year. Marshall is from Augusta, Maine and received a B.S. in Finance from the University of Maine in 2019. In this role, he works closely with several project managers, assisting on an assortment of Quality Improvement projects in various capacities depending on the current needs. You can reach Marshall at mmclaughlin@mainemed.com.

ELIZABETH CICCARELLI



Elizabeth Ciccarelli is the Continuing Medical Education Coordinator, effective February 7, 2022. With roles in both the MMA and the Maine Medical Education Trust (MMET), Elizabeth is responsible for CME activity approvals and for CME provider accreditation. She will be able to assist providers and planners in adjusting to the new Core Criteria for Accreditation and the Standards for Integrity and Independence and other new requirements of the Accreditation Council on Continuing Medical Education (ACCME). For the last fifteen years, Elizabeth has been a science educator for the Maine public school system and also spent a year as an instructional coach. She received a B.S. degree in Animal Ecology from Iowa State University and later earned a secondary life science teaching certificate and M.Ed. degree in Secondary Education from the University of Maine. Elizabeth is a native of Farmingdale, Maine and currently resides there with her husband and three children. You can reach Elizabeth at eciccarelli@mainemed.com.

TABITHA LANNING



Tabitha joined Maine Medical Association in March as a Specialty Society Administrator. Most recently, she worked as a Practice Manager with two primary care practices of Waldo County General Hospital in the MaineHealth system, and prior to that she worked in the hospital's Quality Department with Patient Relations. She graduated from Husson College in 2017 with her MBA in Healthcare Administration, and undergraduate degree in Healthcare Studies. She completed an internship with the Project Management department at Eastern Maine Medical Center in 2017. She resides in Lincolnville with her husband, one year-old son, and their two dogs. You can reach Tabitha at tlanning@mainemed.com.



MMA – CQI NEWS

The MMA-CQI, with support from Maine DHHS, will be hosting monthly "Office Hours" as an opportunity for ED clinicians and staff to bring questions and discuss issues related to initiating Medications for Opioid Use Disorder (MOUD) in the Emergency Department.

Please see the insert located in this newsletter for more information. For questions, please contact Amy acarter@mainemed.com or visit us at www.mainemed.com/mma-center-quality-improvement.

MAINE DHHS UPDATE

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



Strengthening Maine's Health Care Workforce

It's no news to physicians that Maine's health care workforce needs help. While the health care sector faced challenges before COVID-19, it was especially hard hit by the pandemic: health care represented 12% of net job losses in-state, at the same time that needs were rapidly growing, leading to critical staffing shortages that had disproportionate impacts on women, immigrants, and people of color. In response, the Mills Administration has taken action on several fronts:

- Addressing acute needs:** In response to shortages created by the pandemic, the Maine Department of Health and Human Services (DHHS) leveraged federal and state funding to immediately support the health care workforce. This included nearly \$60M in 2020 to provide one-time payment increases to a broad range of health care providers; \$40M in summer 2021 to behavioral health providers, hospitals, and nursing homes; \$123M in fall 2021 in Medicaid supplemental payments to Maine nursing facilities, residential care facilities, and adult family care homes to support workforce recruitment and retention; and \$23M in fall 2021 for one-time supplemental payments to Maine's hospitals.
- Growing the health care workforce:** The State is investing in public-private partnerships to encourage people to pursue health care jobs in Maine, and to make it easier to advance in their careers once they do. This effort is particularly focused on encouraging people to pursue direct care and behavioral health roles that are acutely needed, aiming to connect high school students to health care career opportunities and promoting these roles as a steppingstone to health care careers. The work includes a \$35M investment in community college programs to expand free coursework and credential programs, plus new tuition support and student loan relief to attract and keep health care professionals in Maine. Additionally, funding will support health

care career navigators to work directly with individuals to help them understand the complex landscape of health careers and credentialing requirements and connect them to required training and credentialing programs. The state is also launching a marketing campaign to attract people to healthcare job opportunities in Maine.

- Helping retain frontline workers by advancing their careers:** To help attract and retain frontline health care workers, the State has launched "Healthcare Training for ME" (www.maine.gov/healthcaretrainingforme/) a partnership among the Departments of Labor, Education, Health and Human Services, the Maine Community College system and the University of Maine system. This initiative helps frontline workers access training needed to advance their career at no or limited cost. It also provides opportunity to earn credentials while on the job and advance their careers within their current organization or health care-related field. Examples include helping CNAs advance to LPNs, or EMTs to paramedics. It also offers health care employers a resource to navigate training opportunities across the state and apply for funds to upskill their health care workforce. Current and future employees of physical, behavioral, emergency, and dental health providers are eligible for these training funds.
- Attracting providers to rural areas:** Several elements of this effort are targeted at attracting and retaining providers to work in rural Maine. This includes bolstering student loan forgiveness and repayment through Finance Authority of Maine (FAME) programs, the Doctors for Maine's Future program, and the Maine Health Care Provider Loan Repayment Pilot Program, which offers loan forgiveness for certain health care professionals who commit to living and working in Maine for at least three years. Additionally, an upcoming funding opportunity will support expansion of clinical education, preceptors and training programs in rural communities.

The MMA and Maine's clinician community clearly are important partners in these efforts; we encourage you to share any additional thoughts by contacting me directly at lisa.letourneau@maine.gov.

Continued from page 1...BEYOND THE STETHOSCOPE: Nate Meyer, TUSM '22 Appreciates Nature in Maine's Four Seasons



tube. He notes that the soundscapes of the Winter season are otherworldly, and he is refreshed by the crisp quiet of early morning and breaths that are so shocking they almost hurt. "These winter sensations pop me out of the haze of daily life and make me grateful for my body," says Nate. While he grew up downhill skiing and today enjoys snowshoeing and winter

hiking, he's not a "diehard" about these activities and can find joy in a snowball fight, sledding, pond hockey, or a lucky distance skate if the Royal River or a local lake has fresh, unblemished ice.

Nathaniel Flaschner Meyer, TUSM '22, recently matched with the MMC Family Medicine Residency Program. He grew up in Readfield, Maine and graduated from Maranacook High School. He earned his undergraduate degree from Oberlin College where he studied biology with an emphasis on ecology and environmental studies. Nate currently serves as a student member of the MMA Board of Directors and recently handed off his role as Co-Chair of the MMA Medical Student Section.

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STATE HOUSE NOTES

By Dan Morin, Director of Communications & Government Affairs, MMA



It was a pleasure working with the MMA Board of Directors, MMA Legislative Committee, dozens of additional MMA members, and numerous state specialty societies during the two years of the 130th Maine State Legislature (2021-2022).

Despite pandemic challenges, the MMA was successful in promoting and advancing legislative priorities as well as amending or defeating bills seen as a threat to optimal patient care and safety. The successes would not have been possible without active physician members and supportive legislators.

MMA Legislative Priorities:

Maintaining Pandemic Telehealth Gains (LD 791)

The new law includes clarifying the definition of telehealth and telemonitoring, prohibits insurance carriers from implementing more restrictive requirements for telehealth prescriptions and requires insurance carriers to provide coverage through telehealth if the provider is acting within the scope of license.

Spending Investments for Primary Care and Behavioral Health (LD 1196)

After the MMA convened a late 2021 stakeholder group on the original bill to mandate increased spending on primary care and behavioral health, lawmakers pared down the bill in 2022 to require the Maine Quality Forum to submit annual reports for behavioral health care spending, require insurance carriers to make all credentialing decisions on a completed application within 60 days with certain allowable exceptions, and directs the Bureau of Insurance to review existing carrier credentialing requirements under state law.

Tobacco Tax Increase and Flavors Ban (LD 1423 and LD 1550)

The tobacco tax increase bill (LD 1423) was amended to remove cigarette and tobacco tax increases to instead focus on increasing and retaining future Tobacco Prevention and Control Program funding to recommended levels.

At print, the flavors ban bill (LD 1550) for all nicotine delivery products, including electronic cigarettes and vapes was still pending floor votes before the state House of Representatives and state Senate.

Drug Sentencing Reform, Harm Reduction Policies for Opioid Use Disorder

Maine has a new law that removes possession of a residual amount of a scheduled drug from being a crime of unlawful possession and hypodermic apparatuses are no longer considered illegal drug paraphernalia. (LD 994) Governor Mills signed LD 1909 into law. This bill attempted to address the current 1:1 syringe exchange program limit. It was amended to launch a rulemaking process by Maine CDC to allow receipt of up to 100 syringes, or an amount up to what a person returns, whichever is greater.

Additional Legislative Issues

The MMA helped defeat a bill that would have removed a requirement that newly licensed advanced practice registered nurses (APRNs) must practice for at least 24 months under the supervision of a physician or an experienced supervising nurse practitioner.

The MMA was instrumental in protecting Maine’s primary enforcement seat belt law from an attempt to reduce the threshold to secondary enforcement. (LD 1479)

Visit www.mainemed.com for a complete bill tracker and a more detailed MMA Legislative Summary. Please contact me about MMA’s public policy advocacy at dmorin@mainemed.com or 207-480-4199.

BAYSTATE FINANCIAL FISCAL FITNESS FOR LIFE

By Michael Genetti, CLU®, ChFC®

When the time comes, will you be prepared to answer the BIG THREE?

In our most recent article titled, *How Prepared Are You for a Second Honeymoon*, we leaned on the work of the MIT AgeLab to focus your attention on those actions necessary to prepare yourself for a successful transition from “career life” to “retired life.” In this article, we will focus on the second phase of retirement they call “The Big Decision Phase.”

As you think about post career living, you risk being overwhelmed by too many questions with too few answers! The AgeLab suggests starting with finding answers to The Big Three:

- 1. **Where** will I live?
- 2. **How** will get around?
- 3. **Who** will I be spending time with?

MIT AgeLab
Four Phases of Retirement

- 1. The Honeymoon Phase
- 2. **The Big Decision Phase**
- 3. The Navigating Longevity Phase
- 4. The Solo Journey Phase

Your answers to these questions will provide the framework for addressing many of those questions with too few answers.

Where will I live?

One of the realizations that retired clients awaken to is that their current “place” of living has been dictated by their careers. Now that they are post career, the place has lost much of its purpose and meaning. The question becomes, “now what?” Early planning will ensure that these emotional decisions are not constrained by financial considerations.

How will I get around?

The “taking away the keys” conversation is a difficult and potentially relationship changing conversation that many of us have had with our parents. Taking away the keys to the car is, in fact, taking away one’s sense of independence and control. Someday, someone may be having that conversation with you! Maintaining that sense of control and independence for yourself will require forethought and planning. Despite significant innovation in the sphere of personal transportation (MIT AgeLab has a multi-million dollar driving lab housed inside a Volkswagen Beetle), you will likely still need to have a transportation plan in place.

Who will I spend time with?

Retirement means you no longer have daily interactions with work colleagues. Grown children mean the end of socializing around their activities. Therefore, one needs to create a new foundation for meaningful relationships. While our retired clients “enjoy” their time for travel and hobbies, they find “joy” in relationships, especially those founded on purposeful activity.

When you choose to begin your quest to find answers the BIG THREE retirement questions, you will come to understand why the folks at the AgeLab use the term “EXPLORING” to describe post-career living - you are entering unknown territory. Creating a financial infrastructure prior to reaching this stage of retirement will allow you to explore with confidence.

For a copy of the MIT AgeLab 8000 Day white paper, please contact Lisa Martin, Director of Membership, at lmartin@mainemed.com.

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SPECIALTY SOCIETY MEETINGS

May 6, 2022
Maine Society of Eye Physicians and Surgeons
Spring Educational Program & Business Meeting
Harraseeket Inn – Freeport, ME
11:30am – 5:00pm
Contact: Shirley Goggin 207-445-2260 or
sgoggin@mainemed.com

September 10, 2022
Maine Society of Anesthesiologists Meeting
(Held in conjunction with MMA’s Annual Session)
Harborside Hotel – Bar Harbor, ME
2:00pm – 5:00pm
Contact: Lisa Montagna 207-620-4015 or
mesahq@gmail.com

September 23-25, 2022
Maine Chapter, ACP Annual Scientific
& Chapter Meeting
Atlantic Oceanside Hotel & Conference Center
– Bar Harbor, ME
Contact: Warene Eldridge 207-215-7118 or
mainechapteracp@gmail.com

October 7, 2022
Maine Society of Eye Physicians and Surgeons
Fall Business Meeting
(Held in conjunction with the 21st Annual
Downeast Ophthalmology Symposium)
Harborside Hotel – Bar Harbor, ME
10:30am – 11:45am
Contact: Shirley Goggin 207-445-2260 or
sgoggin@mainemed.com

October 7-9, 2022
21st 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


MMA NECROLOGY

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


James F. Butler, III, MD (1932 – 2022)

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.

Time for a checkup?
Physicians Need Protection Too.



Philip M. Coffin III



Maureen Sturtevant

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PUBLIC HEALTH SPOTLIGHT

By Olamide Sobowale, MD, MBiotech, FACOG, FRCSC, Medical Director, Women’s Health Service Line, Northern Light Health



Addressing Maternal Health Equity in Maine

Poor maternal health outcomes, a clinician shortage, and increased awareness of racial inequities within the field has brought discussions about maternal morbidity and mortality to the forefront. Indeed, the risk of maternal death, defined by the Centers for Disease Control as “the death of a woman while pregnant or within 42 days of termination of pregnancy [. . .] from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes” is estimated at 17.2 deaths per 100,000 live births in the United States, as of 2018.¹ Note that in other countries like the Netherlands, Norway, and New Zealand, that rate drops to 3 or less per 100,000 live births.^{1,2} A more nuanced view of this data reveals that black patients face an even greater risk of death during or after pregnancy than white patients, and black patients with a college degree are five times more likely to face an increased risk of maternal morbidity or mortality than their white counterparts. Ultimately, the medical field is still reckoning with the difficult historical precedent that continues to contribute to negative outcomes for black patients. For example, knowledge from the “Fathers of Gynecology,” advanced our understanding of vesicovaginal fistula repairs and cesarean sections, but that insight was only due to experimentation performed on unconsenting, unanesthetized female slaves like Anarcha, Lucy and Betsy, and such studies only serve to perpetuate the unfounded belief that black women possess a higher pain tolerance.³ Such unsupported views result in harmful treatment methods, as confirmed by studies showing black women are less likely to receive epidural analgesia in labor, or inpatient opioids postpartum, even when complaining of pain.⁴

You may wonder whether we are seeing a similar impact on maternal health in Maine. Indeed, a report to the Maine State legislature from the Permanent Commission on Racial, Indigenous and Tribal Populations revealed

that between 2016 and 2020, a black patient’s rate of death was 176% higher during hospital deliveries as compared to white patients.⁵ Approximately 5% of Maine’s residents are non-white, and we can assume half of that population is female. Of that population, 60% of black women received prenatal care when needed as compared to 90% of white women. To address these racial inequities, we can work to eliminate unscientific racial stereotypes, employ standardized protocols to improve outcomes and reduce disparities, and address limited racial diversity in the physician workforce with new public policy efforts to address inequities.⁶ Some current advancements include: concerted efforts to include increased numbers of non-white patients in clinical trials, and the Society for Maternal-Fetal Medicine’s current validation of a vaginal birth after a cesarean delivery algorithm without a race correction. The hope is that each of these advancements ultimately contributes to a foundation for less biased, equitable care for patients.

References:

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<https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>
2. Roosa Tikkanen et al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries*. (Commonwealth Fund, Nov 2020).
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MEDICAL PROFESSIONALS HEALTH PROGRAM

By Guy Cousins, Director, MPHP

Reboot 2.0

I was working with a Computer Technician last month. I imagined that each of us has had an experience of some type where we had trouble with an electronic device, whether it be a TV, cell phone, laptop computer or tablet. You probably found yourself, like me, trying to troubleshoot the problem without success. The more I did, the more frustrated with each attempt to the point I considered slamming the device down. You may have even called someone asking for help like I did.

On so many occasions, I have been told “reboot it.” So, I’ve followed the instruction and shut the device down and restarted it. Miraculously, it nearly always works, and it operates like it’s new. The reboot. It is amazing how effective that simple step is.

What about us as service providers? What do we do to help us reboot? With the COVID-19 Pandemic and the Opioid Epidemic, our medical and behavioral health professionals have been significantly challenged by the volume of patients and the chronicity and complexity of their needs. Our workforce has been pulled in so many different directions that it has been overwhelming. These circumstances have significantly affected the numbers of professionals working in our fields and have created limits to the services that we can safely provide. I have spoken to medical providers who share that they have been overwhelmed and exhausted by their work, physically, emotionally, & spiritually. Yet these dedicated professionals keep working in order to provide services because if they didn’t, who would? We know that time away will be essential in order to reboot.

Many of us think that vacations and time off are the breaks that we need to reboot ourselves. How do our

workforce and work settings support the use of those benefits? I know that I’ve worked in organizations in the past where it felt like I was getting punished for taking time away and was immediately overloaded and overwhelmed when I came back to work. I am an active supporter of time away from work that allows a person an opportunity to recharge (reboot) ourselves and return with a fresher outlook and perspective along with renewed energy.

What about smaller reboots? What can we do on a daily/ weekly/monthly basis to help us in the time between vacations? Author Julie Cameron suggests in her book, *The Vein of Gold* to take what she describes as an “artist date.” She describes it as “a once-weekly, festive, solo expedition to explore something that interests you. It does not need be overtly artistic (think mischief more than mastery). She states that these activities fire up the imagination. They spark whimsy. They encourage play. Since art is about the play of ideas, they feed our creative work by replenishing our inner well of images and inspiration. When choosing an Artist Date, it is good to ask yourself, “what sounds fun?” and then allow yourself to try it. These activities can be done within any interval you choose as it is intended to replenish the well.

What do you do to help yourself reboot? It is interesting to hear what each of us do to help reset ourselves. Consider asking your colleague, partner, friend, family member, or acquaintance what they do to reboot.

The Artist Way- A Spiritual Path to Higher Creativity by Julie Cameron; 1992; Penguin Putnam Trade.

FENTANYL CONTINUES TO KILL

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



Greetings from the State House to all my MMA friends. As of this writing, the COVID-19 nightmare appears to be less of an ominous presence in our lives, but we must remain vigilant. And as we resume our lives, I am sorry to report that the impact of drug use in the state continues to affect thousands of Mainers and their families despite precedent-setting investments in prevention, treatment, harm-reduction and recovery support. The biennial budget, the supplemental budget, and the so-called “change package,” collectively include \$230 million in NEW spending to meet the needs of Mainers struggling with behavioral health disorders, including substance use disorder. But, in truth, we are up against a very tough opponent: fentanyl and its new partner, P2P meth. The entire nation is caught up in a global drug supply that is unlimited now that synthetic opioids are available everywhere. While at one time, demand may have been driving the supply of street drugs, now the cheap synthetic opioids are driving that demand. And they are deadly. While most accidental overdoses are successfully reversed, if we are unsuccessful in connecting the survivors with services and they continue to use, it is all too likely they will end up in the fatal numbers in a coming week.

Governor Mills recently hosted award-winning journalist and novelist Sam Quinones who authored *Dreamland* and *The Least of Us*, both of which chronicle the devastation that the opioid epidemic has had on American communities. During an event in Portland on April 6th, Quinones emphasized that the epidemic of fentanyl requires a re-examination of many of our approaches to the drug problem in America. The extreme lethality of the drug supply today demands that we do all we can to encourage individuals with an opioid use disorder to seek immediate treatment. The progressive harm reduction philosophy of meeting people where they are and having treatment immediately available when they are ready, today is a death sentence if individuals continue to use. I see the evidence of this all too vividly

every Monday when I receive the overdose data from the previous week. I grieve for every single one of these individuals (and their families!) caught up in a cruel global drug market which is set up to maximize profit for the drug dealer who cares little whether his or her customer lives or dies. Fentanyl is 80 times more potent than morphine and it is now cut into virtually every illicit drug coming into Maine including heroin, cocaine and meth. Pressed pills are a new risk. The DEA media effort around the message, *One Pill Can Kill*, needs to get to every person over the age of 10.



Award winning journalist and author Sam Quinones with Governor Janet T. Mills in Portland on April 6, 2022.

We need your help. Primary care physicians need to get their X-waiver and treat patients with SUD in their practice. Specialists can contribute by not overprescribing and by supporting their primary care colleagues, addiction specialists, and counselors. Retired physicians can train as a recovery coach or mentor a youth at risk. This is a war and one that we must win for the sake of our children, grandchildren and communities. Author Quinones called for a massive effort similar to the Marshall Plan that rebuilt Europe following the devastation of WW II. Let’s do it.

MMA HAPPENINGS

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

JUNE 1

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

JULY 13

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

JULY 18

19th Annual MMA Benefit Golf Tournament – Augusta Country Club, Manchester, ME

AUGUST 17

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

SEPTEMBER 9-11

MMA’s 169th Annual Session – Harborside Hotel, Bar Harbor, ME

OCTOBER 19

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

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.

- Sidney Block, MD
- Michael Szela, MD
- EyeCare Medical Group
- Penobscot Community Health Care
- Pines Health Services
- St. Joseph Hospital
- Southern Maine Health Care

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Email Lisa Martin at lmartin@mainemed.com.

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:

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