



# Maine Medicine

a quarterly publication of the Maine Medical Association

JANUARY/FEBRUARY/MARCH 2024

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

## CARING FOR THE CAREGIVERS: BUILDING A RESILIENT WORKFORCE AND ORGANIZATION, MARCH 13, 2024 IN AUGUSTA



Bryan Sexton, Ph.D.

Kevin Hopkins, M.D.

Health care organizations around the country are devoting resources to promoting the health, wellness, and resiliency of their workforce. Please join colleagues at the Augusta Civic Center on Wednesday, March 13, 2024 to hear both national and Maine perspectives on this important topic. The keynote speaker is Bryan Sexton, Ph.D., from Duke University. Kevin Hopkins, M.D., of the American Medical Association will also present a national perspective on clinician wellness. Both Bryan and Kevin are experts in the field and are frequent speakers on the topic. Complementing these national speakers will be Maine health care organizations demonstrating efforts in their organizations to promote

clinician wellness. This one-day conference will be a great opportunity to network and learn about ways to promote and sustain wellness and resiliency in today's challenging health care environment. This conference is presented by the following professional organizations in Maine:

- Maine Hospital Association
- Maine Medical Association
- Maine Osteopathic Association
- Maine Primary Care Association
- Maine Health Care Association
- Home Care & Hospice Alliance of Maine
- Maine Association of Physician Assistants
- Organization of Maine Nurse Leaders
- Maine Nurse Practitioner Association

Conference registration information will be posted on the websites of each organization. For more information, please contact Susan Kring at MMA at [skring@mainemed.com](mailto:skring@mainemed.com).

## 1000 LIVES CAMPAIGN FOR MAINE LAUNCH ANNOUNCED 12/18/23



Erik Steele, D.O.

Representatives from health care professional groups and health care organizations gathered at the Greater Portland Health clinical site in the Bayside neighborhood on Monday, December 18, 2023 to announce to the people of Maine a new initiative aimed at reducing deaths from opioid drug overdoses by 1000 during a five-year period beginning on January 1, 2024.

Modeled on the Institute for Healthcare Improvement's "100,000 Lives Campaign" to address preventable medical errors in our hospitals, the campaign is a systematic, clinician-led, collaborative campaign to reduce the number of predicted opioid-related deaths in Maine by 1000 from current projections – in other words, to prevent 1000 drug overdose deaths in Maine during the next 5 years.

"Despite strong efforts, too many Mainers continue to die each year of opioid overdoses. It is time for the entire healthcare continuum to recognize substance use

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## DANIEL HANLEY CENTER FOR HEALTH LEADERSHIP'S ANNUAL NETWORKING EVENT

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



On December 4, 2023, the Daniel Hanley Center for Health Leadership's Annual Networking Event hosted 120+ health care leaders at the Harraseeket Inn in Freeport, Maine to celebrate its 2023 achievements and address challenges facing Maine's older adults.

During the past 20 years, the Hanley Center has shaped the state's health and health care system by training 1000+ health care leaders, including 500 physicians. Dr. Sean Hanley, the Center's Board Vice President and Executive Director Judiann Smith highlighted 2023 accomplishments and paid tribute to the late Dr. Jon Chilingirian for his impactful legacy as faculty who taught hundreds of Maine's clinicians.

A panel featuring experts Jess Maurer, Esq., Marilyn Gugliucci, MA, Ph.D. and Rebecca Boulos, M.P.H., Ph.D., delved into the critical issues of ageism, age equity, and

age-positivity in health care. The conversation provided insights and strategies to promote age equity, challenge stereotypes, and celebrate individual strengths at different life stages.

Looking forward, the Hanley Center unveiled "Age Equity in Healthcare" as the theme for its Spring 2024 Hanley Forum and six related projects led by the Center's Health Leadership Development 18<sup>th</sup> annual cohort. The initiative aims to foster a health care environment free from age-related biases, ensuring equitable care for all.

As the Daniel Hanley Center honors founder Dr. Daniel Hanley's legacy, the focus remains on inspiring collaborative leaders to tackle today's health challenges. The vision is a world where health leaders, driven by the values of Collaboration, Courage, Inclusion, Innovation, Hard Work, and Kindness, fortify the health of individuals and communities.

For more on the Daniel Hanley Center for Health Leadership, visit [hanleyleadership.org](http://hanleyleadership.org).

## BEYOND THE STETHOSCOPE: Michelle Harris, M.D., Ophthalmologist and Flight Surgeon



Dr. Michelle Harris' sense of adventure led her to choose the Air Force Academy for college. Her military affiliation throughout her career has fulfilled her desire to serve and has given her opportunities to satisfy her adventurous spirit.

Last Fall, Michelle participated in a 6-week deployment to Guam with the 101st Air Refueling Wing of the Maine Air National Guard. The unit, based in Bangor, flies the KC-135 in its mission to provide air refueling for USAF and NATO aircraft. "I truly appreciated the camaraderie and teamwork as an operational member on a flying mission," said Michelle. "And I was able to directly witness air refueling, a precision task. To be 30 feet away from a fighter jet while flying over the ocean is one of the most amazing experiences I've had," she added. Michelle found the Guamanian people to be welcoming and friendly during her interactions with the community. She earned advanced scuba certifications and dabbled in dive medicine, touring the U.S. Navy decompression chamber during the deployment.



Michelle has had a strong interest in Aerospace Medicine since medical school and she has received advanced training in the field throughout her military career. A Flight Surgeon is a physician who specializes in aviation medicine and is tasked with caring for military members serving in special roles such as aviation (e.g., pilots). Aerospace Medicine is also a type of occupational medicine, sometimes including board certification, but most are credentialed in another medical specialty. "I am very proud of the 101<sup>st</sup> mission," says Michelle, "and it is a privilege to support the health and welfare of the operational personnel in the Wing. They are the 'tip of the spear' in our national defense." The recent deployment reinvigorated Michelle's military passion and, as her schedule permits, she hopes to serve in future operations with the Wing. Michelle encourages colleagues with an interest to inquire about service as a Flight Surgeon because the Maine Air National Guard always welcomes new physicians.

Michelle and her family enjoy spending their leisure time being active and outdoors. She loves all forms of skiing and has pursued a new interest in surfing since moving to Maine. She loves finding "beach treasures," eating pizza and Maine oysters. She is most grateful to her family for their never-ending support while she is away from home.

*Michelle Harris, M.D. practices ophthalmology with Mid Coast Medical Group in Brunswick. She is also a Lieutenant Colonel in the Maine Air National Guard with*

*Continued on page 3*

## MMA WELCOMES THREE NEW MEMBERS TO OUR TEAM

The Maine Medical Association is pleased to introduce Janet Johnson, Carmen Rogers, and Anne Sedlack, Esq., MSW who joined our staff.

### JANET JOHNSON



Janet Johnson joined MMA's Center for Quality Improvement team in April 2023 as an Administrative Assistant. She joins CQI with years of experience in non-profit organizations, business management, and early childhood education. Janet has a B.S. in business management, and multiple certifications in

classes pertaining to office and business management. She provides basic support to all the Project Managers and CQI team. Janet is passionate about helping others in their quest to live their lives to the highest potential possible, the work at CQI, and finds it exciting working to help improve health care in Maine. She lives in Central Maine with her husband, as mostly empty nesters, and their two dogs. Janet enjoys cooking, reading and interior design and is grateful to live in the beautiful State of Maine.

### CARMEN ROGERS



Carmen Rogers joined MMA's Center for Quality Improvement team as a Quality Improvement Data Analyst effective November 13, 2023. She earned a B.S. in Health Information Management from Beal University in 2023, where she completed her practicum in Patient Safety, and currently holds a Registered

Health Information Technician (RHIT) credential with AHIMA. She will be primarily supporting the Patient Safety Organization, and Maternal and Child Health projects at CQI, working closely with other project managers and subject matter experts. Carmen is a Maine native currently residing in Bangor with her three cats. You can reach Carmen at [crogers@mainemed.com](mailto:crogers@mainemed.com).

### ANNE SEDLACK, ESQ., MSW



Anne Sedlack, Esq., MSW joined the MMA team effective January 2, 2024 as Director of Advocacy. In this role, she will be responsible for coordinating MMA's government affairs and public policy advocacy efforts at the Maine State House and with Maine's U.S. Congressional delegation.

Anne graduated from the University of Vermont in 2013 where she majored in Anthropology and minored in Classical Civilizations and Studio Art. After college, she served in AmeriCorps for two years at an alternative high school in Maine. She received her master's degree in social work from the University of Southern Maine in 2017 and her law degree from the University of Maine School of Law in 2020. After law school, Anne clerked for the Hon. Joseph M. Jabar at the Maine Supreme Court. And, before joining MMA, she worked in government affairs in a private practice in Maine. She is admitted to practice law in Maine.

Anne serves on the Public Arts Committee for the City of South Portland, the 4-H Camp & Learning Centers at Tanglewood & Blueberry Cove Board, and the Board for the Maine Child Welfare Services Ombudsman's office. She lives in South Portland with her husband. She enjoys cooking for family and friends, playing board games, and going on walks to the ocean.

You can reach Anne by email at [asedlack@mainemed.com](mailto:asedlack@mainemed.com) and you can meet her on the weekly Zoom meetings of the joint MMA/MOA Legislative Committee or at the State House.

## STAY INFORMED!

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

Email: Lisa Martin at [lmartin@mainemed.com](mailto:lmartin@mainemed.com).

## PRESIDENT'S CORNER

By Paul Cain, M.D., President, Maine Medical Association



As my wife and I settled in for what appeared to be a peaceful late fall night, a text came over my phone: "What's going on in Lewiston?" A seemingly innocuous question, but the terseness of it had an ominous quality. We turned on the TV for the local

coverage and saw the grim faces of the newscasters, struggling to complete their sentences. Then the reports trickled in. A shooting at the bowling alley where we used to have get togethers. Video of terror-stricken families running from the scene. Another shooting at a local gathering place where players at a corn hole tournament were gunned down. Scenes of families outside Central Maine Medical Center waiting for word on their loved ones. Finally, the casualty toll: 18 dead, 13 severely injured. In our hometown.

One of the positive observations we made during this tragedy was the courageous response of both law enforcement and the trauma system at CMMC. First responders ran into danger to treat and transport the injured. The mass casualty protocol at the hospital was activated and the injured were treated expeditiously. Once word spread about the crisis, medical volunteers showed up to offer their services. In the days following, as physicians, we concentrated on treating the injured and comforting the families involved. Their lives had changed forever.

The shootings in Lewiston painfully brought home the fact that we have a public health crisis in this country. This involves more than the horrific mass shootings we endure seemingly on a weekly basis. Death by firearms in the U.S. continue to increase; by 2020 firearms became the leading cause of death among children aged 1-19 years of age, surpassing motor vehicle accidents, cancer, drug overdoses, suffocations, and drownings. In our country, 77% of homicides are committed with guns and one half of women murdered are killed by a current or former intimate partner or spouse. Death by suicide has risen steadily in Maine; in 2021 it was the fourth leading cause of death among 15-54 year olds. 56% of these involved firearms. There are many factors that contribute to this phenomenon of gun violence, including social isolation, mental health, lack of access to health care and ready availability of firearms. We should address all these concerns.

The dead in Lewiston have been buried. The grief of the families and friends will live on, the absence of their loved ones will not go away. The MMA will do what it can to prevent these types of tragedies in the future. We will advocate with our state and federal lawmakers for meaningful gun safety legislation. We will work on reforming our health care system to improve access to health care, including treatment for mental health, and to address our social determinants of health. It is our mission as physicians not only to react to events like these, but to do what we can to protect our patients and neighbors from further violence. I can be reached at [president@mainemed.com](mailto:president@mainemed.com) or 207-233-7534.

## 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 my MMA friends and colleagues. I hope the new year has started out well for you and your families. Our state opioid response efforts are beginning to show signs of hope and we begin the year in a much better place than one year ago. As of the end

of the year, overdose mortality declined more than 15%, representing a difference of more than 100 lives from 2022. We are, of course, hopeful that the MMA's 1000 Lives Campaign for Maine will help us continue this positive trend. It is a bit too early to determine how our experience compares to other states and the nation as a whole. Although we are encouraged by the trend, there were slightly more than 600 deaths in the past year and that is still an unacceptably high number. Six hundred families impacted who experienced the holidays without a loved one. We can and must do better.

Another reason to be encouraged is the recent investments by the State and the Maine Recovery Council in more beds, more liaisons and recovery coaches, and more peer support specialists. Along with our existing naloxone saturation policy, these investments will be our best chance to reduce mortality and provide a pathway to treatment and recovery when an individual experiences substance use disorder. By the

end of 2024, there should be more than 100 additional beds for medically supervised withdrawal and for residential treatment following withdrawal. The 1000 Lives Campaign for Maine is expected to attract more primary care physicians who are trained and willing to treat SUD in their practices and also to enhance the services for SUD patients that hospitals and other health care facilities provide. Lowering the stigma associated with both the disease and the medication for it will be an important part of the Campaign.

I hope each and every MMA member will sign on to this effort and support Dr. Steele and the MMA leadership. I am eternally grateful for this brainchild of Dr. Steele (with due credit, of course, to Dr. Don Berwick and the IHI for its 100,000 lives campaign twenty years ago).

I will continue to report through *Maine Medicine* on our progress. And we will not forget that the most impactful action we can take is to prevent our adolescent sons and daughters from starting down this road. Accomplishing that means dealing effectively with the reason people use drugs, e.g., reducing trauma associated with child abuse and neglect, childhood poverty, housing and food insecurity, and unequal economic and educational opportunities. Solutions to these complex problems will require the assistance of the entire community. Thanks for your help and all you do for the population of this great state.

**FOUNDATIONS OF MOTIVATIONAL INTERVIEWING**

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By participating in a FREE brief 30 minute foundational course, where you'll learn what motivational interviewing is and why it's an essential skill and uncover how to communicate using effective approaches to discuss difficult and chronic health challenges with patients through a feedback loop. We are excited to share that following this introductory course, you'll have the opportunity to apply what you have learned by practicing. We are offering you sponsored access to learning community drop-in sessions through the Health Education Training Institute where you can use your newly honed skills to practice with colleagues.

To participate, visit our website and take the course then register for the learning community sessions.

The first cohort of this program ran from November through January with additional cohorts being scheduled for the rest of the year. Dates TBD.

→ <https://lunderdineen.org/app/themes/lunder-dineen/mi-course>

If you are interested in any of our no cost, evidence-based interprofessional education and training programs, contact us for more information: [doconnell3@mg.harvard.edu](mailto:doconnell3@mg.harvard.edu)

**21<sup>ST</sup> ANNUAL MMA GOLF TOURNAMENT**

**July 22, 2024**

**Augusta Country Club, Manchester, ME**

**CONTACT** Lisa Martin at 207-480-4201 or [lmartin@mainemed.com](mailto:lmartin@mainemed.com) with questions.

# NOTES FROM THE CEO

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



During my first year as CEO in the Fall of 2019, the Board of Directors undertook a strategic planning process concluding at the annual President's Retreat with development of a product. That strategic plan has been the basis for a series of "Action Priorities" for each year - the primary areas of focus for the MMA's annual plan of work. The Board has also reviewed the strategic plan each year and has made no changes in it since 2021. The Board adopted its 2024 "Action Priorities" at its regular meeting on January 17, 2023. These priorities include:

- A website re-design project with Compete Now Web Design;
- Testing a new "value proposition" document linked to a QR code for a quick overview of the MMA's structure and work.
- Implementing a new member dues structure adopted by the Board in October 2023;
- Convening a joint Steering Committee to provide strategic guidance for the MMA and its educational affiliate, the Maine Medical Education Trust as the two organizations work more closely together in pursuit of a leadership role in the state in health care quality improvement, health care leadership development, and health equity.
- In the second year following the completion of a merger between the Hanley Center and the MMET, we will work with a new MMET Governing Board to

build organizational capacity and a clear vision for the future of this part of the "MMA family."

- In collaboration with the Maine Hospital Association and other health care organizations in Maine, we will produce a statewide conference entitled, *Caring for the Caregiver: Building a Resilient Workforce and Organization* at the Augusta Civic Center on March 13, 2024 (see related article on page 1 of this issue);
- Continuing efforts to engage members in the health care reform debate guided by an Ad Hoc Steering Committee on Health System Reform to implement the revised *Statement on Reform of the U.S. Health Care System* adopted by the Board in June 2023;
- Focusing efforts of Maine clinicians in response to the opioid crisis through their professional organizations' participation in the 1000 Lives Campaign for Maine;
- Strengthening the physician voice in Maine through closer collaboration with the Maine Osteopathic Association on advocacy and communications;
- Completing several initiatives in non-profit organization governance "best practices," including updated descriptions of board member and officer roles and responsibilities and CEO succession planning.

I look forward to a strong staff/volunteer partnership as we pursue these "Action Priorities" this year!

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

## SUPPORTING MAINECARE ELIGIBILITY RENEWALS

By Emily Barson / Lisa M. Letourneau, M.D., M.P.H., Maine DHHS

Changes to federal rules with the end of the COVID-19 Public Health Emergency mean that every Mainer who has coverage through Maine Medicaid (MaineCare) will need to renew their coverage to ensure they are still eligible - a process known as the "unwinding" of the previous continuous Medicaid eligibility requirements.

Maine DHHS is working to inform MaineCare members about the need to renew their coverage and appreciates the opportunity to partner with Maine physicians and practice teams on communicating this change, with the primary goal of helping MaineCare members continue their coverage or transition to affordable coverage via

[CoverME.gov](https://www.coverme.gov), Maine's Health Insurance Marketplace.

Specific steps you can take to help your patients stay connected to stay covered include:

- Encourage your patients who have MaineCare to renew their coverage.
- Use DHHS resources to communicate this change with patients from the outreach toolkits ([www.maine.gov/dhhs/node/4125](https://www.maine.gov/dhhs/node/4125)), available in many languages.
- Post information in your waiting room and on your social media channels (toolkits include printable and digital materials).

Continued from page 1...**BEYOND THE STETHOSCOPE: Michelle Harris, M.D.**

19 years of service in the U.S. Air Force. She received her undergraduate degree from the US Air Force Academy and she obtained her medical degree from and completed her residency in ophthalmology at the University of Texas Health Science Center at San Antonio. She practiced ophthalmology on active duty

in the U.S. Air Force for 9 years before separating and joining the Maine Air National Guard as a member of the 101<sup>st</sup> Air Refueling Wing based in Bangor. She is the President-elect of the Maine Society of Eye Physicians & Surgeons. She lives in Yarmouth with her husband, Nate, a retired Air Force officer and their son, Toren.

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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.



## MAINE CME ACCREDITATION VICE CHAIR ELECTED TO ACCME ACCREDITATION REVIEW COMMITTEE

The Maine Medical Association would like to congratulate Steven Diaz, M.D., FAAFP, FACEP on his election to the ACCME Accreditation Review Committee (ARC). Dr. Diaz is an emergency medicine physician and the Chief Medical Officer for MaineGeneral Health. He has served as the Vice Chair of the MMA's Committee for Continuing Medical Education and Accreditation (CCMEA), a Recognized Accreditor, for 7 years and has been a valuable member of the accreditation review process for CME providers in Maine.

ARC members are CME professionals who are chosen for their in-depth knowledge of CME, the ACCME, and accreditation requirements. The members of the Accreditation Review Committee are responsible for reviewing accreditation information submitted by national CME providers that are directly accredited by the ACCME and making accreditation decision recommendations to the Decision Committee of the ACCME Board of Directors. Dr. Diaz began his role in the ARC in December 2023 and will continue his term through December 2025.

## SPECIALTY SOCIETY MEETINGS

March 1-3, 2024

Northern New England Urological Symposium  
Sunday River – Newry, ME  
Contact: Noelle Federico 207-480-4195  
or nfederico@mainemed.com

March 7, 2024

Maine Emergency Medicine Leadership Summit  
Register at [www.maineacep.org](http://www.maineacep.org).  
Hilton Garden Inn – Freeport, ME  
Contact: Cathryn Stratton 207-592-5725  
or acepmaine@gmail.com

March 15-17, 2024

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

March 22-24, 2024

Maine Chapter, American College of Surgeons  
Sunday River – Newry, ME  
Contact: Noelle Federico 207-480-4195  
or nfederico@mainemed.com

March 22-24, 2024

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

April 4, 2024

Maine Association of Psychiatric Physicians  
Spring Meeting  
Hilton Garden Inn – Freeport, ME  
5:00pm – 8:30pm  
Contact: Dianna Poulin 207-480-4194  
or dpoulin@mainemed.com

April 4-5, 2024

The Maine Academy of Family Physicians -  
32nd Annual Family Medicine Update &  
Annual Meeting  
Full brochure & registration at [www.maineafp.org](http://www.maineafp.org).  
DoubleTree by Hilton – South Portland, ME  
Contact: Deborah Halbach 207-938-5005 or  
maineafp@tdstelme.net

April 20, 2024

Maine GI Day  
Hilton Garden Inn – Freeport, ME  
7:30am – 3:00pm  
Contact: Noelle Federico 207-480-4195  
or nfederico@mainemed.com

May 3, 2024

Maine Society of Eye Physicians and Surgeons  
Spring Educational Program and Business  
Meeting  
Harraseeket Inn – Freeport, ME  
11:30am – 4:30pm  
Contact: Shirley Goggin 207-445-2260  
or sgoggin@mainemed.com

## MMA NECROLOGY

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

Brinton T. Darlington, M.D. (1922-2023)

Peter J. Leadley, M.D. (1938-2023)

Robert E. McAfee, M.D. (1935-2023)

Harold L. Osher, M.D. (1924-2023)

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

## STATE HOUSE NOTES

By Anne Sedlack, Esq., MSW, Director of Advocacy



### A Quick Introduction

I am Maine Medical Association's new Director of Advocacy, and I would love to grab a cup of coffee with you to talk more about my background. One of my main goals with this job is to make sure each of you knows how much your voice matters to

the legislative process and to help you be able to use it! So never hesitate to reach out to ask questions!

### Kick-Off Meeting

The inaugural joint legislative committee meeting for the Maine Medical Association and Maine Osteopathic Association took place on December 14<sup>th</sup> with a good mix of in-person and remote attendees. We reviewed the general framework for the legislative session, discussed important issues including firearm reform, and ended with an impressive presentation from State Representative Zager and State Representative Pringle. A highlight for me was being able to meet people in-person and learn more about the specialty groups.

### Legislative Priorities for the Second Session of the 131<sup>st</sup> Legislature

Before the 131<sup>st</sup> Maine Legislature convened, MMA came up with seven legislative priorities; however, this list was drafted before the tragedy in Lewiston. As such, we have added an eighth item to our priority list.

1. Reducing administrative burden by improving the Prior Authorization Process (L.D. 796), enforcing current law, and establishing a provider complaint process.
2. Reducing youth tobacco use by banning the sale of flavored tobacco.

3. Expanding access to behavioral and mental health services.
4. Protecting health data.
5. Supporting and expanding the rural health care workforce in Maine.
6. Increasing access to affordable and quality health care.
7. Improving access to Substance Use Disorder (SUD) treatment.
8. Protecting patients by passing sensible gun safety laws.

### Ways You Can Participate

There are multiple ways to participate in advocacy efforts like:

1. **Weekly MMA and MOA Legislative Committee meetings:** Join chairs, Kathryn Brandt, D.O., Kevin Fickenscher, M.D., Henk Goorhuis, M.D., and other committee members at 6:00 p.m. via zoom every Thursday to review and discuss important bills of interest.
2. **Weekly E-mail newsletter:** Sign up for the *Maine Medicine Weekly Update* at [www.mainemed.com](http://www.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.
4. **Testify:** Advocate on bills that impact your practice either by providing written or in-person testimony!

Contact me any time to get involved or with any questions, comments, or concerns at [asedlack@mainemed.com](mailto:asedlack@mainemed.com).

## Maine AAP Annual Conference

March 22-24th - Samoset Resort

### Talk Topics Include:

- Antimicrobial Resistance in Pediatrics
- A Misdiagnosis of Child Abuse
- Gun Violence: A Public Health Crisis
- Pediatric Emergency Preparedness
- Resilience and Trauma Informed Care
- Supporting Patients During Disasters
- Oral Health Updates & SDF
- Simulation of Pediatric Emergencies

### Features:

- Welcome Pizza Party & Games
- Resident Poster Session & Reception
- Discounted Room Block
- Exhibit Hall
- Kids' Recreation Room
- Saturday morning YOGA session

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

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



Evidence-Based Prescribing Education  
Winter/Spring 2024 Topics

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

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

**Meet with an Academic Detailer: Sessions for Individual Prescribers**

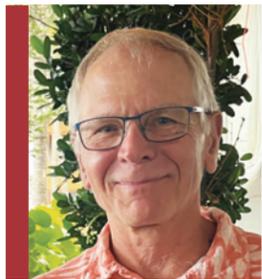
- Diagnosing and Treating Opioid Use Disorder (OUD)
- Maine Controlled Substance Prescribing: 2024 Update
- Level 2 Diabetes Update Focusing on GLP-1s and SGLT-2s
- Level 2 Simplified Treatment of Hepatitis C in Primary Care Settings
- Level 2 Adult & Pediatric Asthma: Evidence-based Prescribing Update

For more information, visit [www.micismaine.org](http://www.micismaine.org).  
MICIS is a program of the Maine Medical Association.

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



By Paul R. Potvin, M.D., MMA Public Health Committee member, gun owner, and avid sportsman



### Firearm Injury and Death Prevention Initiatives

Thank you to all who participated in the Gun Safety Day of Action on January 3<sup>rd</sup> at the State House in Augusta. Medical

professionals joined hundreds of Maine people to express the views of not only the MMA<sup>[1]</sup>, but also of our patients and residents of Maine. With the legislature now in session, and the NRA promising to be there every day to oppose any gun legislation, our voices become all the more important.

In Maine, we have the highest gun death rate in New England<sup>[2]</sup> and the U.S. gun death rate far exceeds other high income countries.<sup>[3]</sup> A poll conducted last June showed that 72% of Maine voters supported both universal background checks and a 72-hour waiting period.<sup>[4]</sup> Those simple measures, which do not infringe on law abiding citizens' right to own a gun, would allow for better detection of people at risk for harming themselves or others, and allow for a cooling off period for angry or suicidal individuals (70% of gun deaths in Maine are suicides). Such sensible gun laws are indeed effective at saving lives (State-level gun laws passed in 40 states between 1991 and 2016 showed strong consistent reductions in both firearm homicides and suicides and saved an estimated 4297 lives in 2016 alone.<sup>[5]</sup>)

As with any complex problem, a multi-faceted approach is needed. Enhancing mental health is an essential component. Social ills such as poverty, bullying, childhood exposure to violence in media and video games, lack of housing and employment, drug addiction, hate speech, isolation, and loneliness all need to be addressed. Medical practitioners can screen for gun safety awareness, safe storage of firearms, domestic violence, and mental health. Better access to and affordability of mental health services is

a must. However, people with serious mental illness are responsible for only 4% of violent crimes and 1/3 of mass murders.<sup>[6]</sup> Addressing their mental health is an important piece but insufficient as a stand-alone intervention.

Our current "yellow flag" law should be strengthened to facilitate restricting people in crisis from access to guns. A "red flag" law with direct access to a judge by family or friends and mandatory reporting to the national background check system would help. These laws provide for due process and a full hearing so that individual gun rights are not unduly restricted while other people's right to life and pursuit of happiness are also protected.

A ban on assault weapons and high-capacity magazines, the weapons of choice in mass shootings, can limit the number of casualties<sup>[7]</sup>. In 1993, Presidents Ford, Carter, and Reagan wrote to Congress in support of an assault weapons ban and 77 percent of Americans supported it. It expired in 2004 and Congress has incredulously failed to re-instate it despite the increasing frequency of their use in mass shootings. This shouldn't be such a politically divided issue.

It is unfathomable that we have laws that restrict the CDC from conducting any firearm research amidst an epidemic of firearm injury and death. Regardless, we don't really need more research, we need more action. Advocate for it, call your legislators, talk with your patients, talk with everyone, vote accordingly, run for office, and add your name to this letter ([www.maineprovidersforgunsafety.com](http://www.maineprovidersforgunsafety.com)).

[1] <https://www.ama-assn.org/press-center/press-releases/ama-recommends-new-common-sense-policies-prevent-gun-violence>  
 [2] <https://www.governing.com/policy/maine-has-some-of-the-least-restrictive-gun-laws-in-the-nation>  
 [3] <https://www.healthdata.org/news-events/insights-blog/acting-data/gun-violence-united-states-outlier>  
 [4] [https://static1.squarespace.com/static/61a8f23cef08d75677e0f092/t/6488f11fbc89f616de57b02/1686696223603/Maine+Poll+Shows+Broad+Support+for+Background+Checks,+72+Hr+Waiting+Periods+\(4\).pdf](https://static1.squarespace.com/static/61a8f23cef08d75677e0f092/t/6488f11fbc89f616de57b02/1686696223603/Maine+Poll+Shows+Broad+Support+for+Background+Checks,+72+Hr+Waiting+Periods+(4).pdf)  
 [5] <https://pubmed.ncbi.nlm.nih.gov/37732847/>  
 [6] [https://en.wikipedia.org/wiki/Mass\\_shootings\\_in\\_the\\_United\\_States#cite\\_note-pewtrusts.org-70ASD](https://en.wikipedia.org/wiki/Mass_shootings_in_the_United_States#cite_note-pewtrusts.org-70ASD)  
 [7] [https://en.wikipedia.org/wiki/Mass\\_shootings\\_in\\_the\\_United\\_States#cite\\_note-pewtrusts.org-70](https://en.wikipedia.org/wiki/Mass_shootings_in_the_United_States#cite_note-pewtrusts.org-70)

### RECOGNIZING EXCELLENCE IN EMERGENCY MEDICINE

By Cathryn Stratton, CAE

In response to the 2023 shooting in Lewiston, the Maine Chapter, American College of Emergency Physicians (ACEP) recognized the Central Maine Medical Center (CMMC) emergency physicians and clinicians for their exemplary response to the crisis. Sheldon Stevenson, D.O., FACEP, an emergency physician at CMMC, was one of the physicians called in on October 25, 2023 following the violent tragedy. He states, "Many people offer help in situations like these, few have the ability to immediately provide that help. This is a tragic situation for our community and will doubtless have lasting effects. I have never been more proud to call myself an emergency physician." Dr. Stevenson was hosting a journal club that evening with ten physicians in attendance. The group was discussing medical journal articles when they received a call from on-duty attending physicians. Within the hour, many were covered in PPE and taking care of patients. "I am quite confident any one of your living rooms would have emptied with the same alacrity, should the situation have landed in your shop instead of mine," said Dr. Stevenson.

National ACEP and the Maine Chapter combined forces to recognize Dr. Sheldon Stevenson and other clinicians in the CMMC Emergency Department that evening. The organizations contributed healthy snacks and purchased beverages through the hospital coffee shop – it was a huge hit! We appreciate the opportunity to work with such caring and talented physicians.



L-R: Garreth Debiegun, M.D., FACEP (MEACEP Past President), Sheldon Stevenson, D.O., FACEP (MEACEP President Elect), Cathryn Stratton, CAE (MEACEP Executive Director)

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### MMA-CQI NEWS

#### Perinatal Quality Collaborative for Maine (PQC4ME) Attended the National Network of Perinatal Quality Collaboratives (NNPQC) 2023 Annual Meeting

The National Network of Perinatal Quality Collaboratives recently convened in Denver, Colorado on December 5 - 6, 2023, for its annual meeting, "Putting the Network to Work: Building Capacity and Collaboration." In attendance were representatives from 49 of 50 states, including Ashlee Crowell-Smith (MMA-CQI Project Manager) and Dr. Anne Marie Van Hengel (Retired Obstetrician), who represented the Perinatal Quality Collaborative for Maine (PQC4ME). The conference aimed to achieve three objectives:

- Provide a platform for PQC networking and connection.
- Develop crucial skills for the PQCs.
- Strengthen Quality Improvement/Implementation Science skills and capabilities for PQCs.

Throughout the two-day conference, participants attended breakout sessions that addressed areas of interest, successes, and challenges among PQCs. During the "Maternal Cardiac, Hypertension, and Hemorrhage Initiatives" session on the first day, PQC4ME presented on the AIM Severe Hypertension in Pregnancy bundle work being carried out in Maine. Additionally, Ashlee Crowell-Smith shared results from "Mothers' Experiences, and Ideas for Improving Perinatal Care in Maine," which focused on pregnant and postpartum mothers representing populations experiencing disparities in health care throughout the state.

The conference provided an excellent opportunity for PQC4ME to collaborate with other PQCs and gain further insight into improving health care quality in Maine through Quality Improvement projects. To find out more about PQC4ME's ongoing initiatives with partners, completed projects, or current projects, please visit the official website at [www.PQC4ME.org](http://www.PQC4ME.org).



PQC4ME Poster Board during Day 1 Poster Session at NNPQC Annual Conference



Conference attendees

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

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

- Northern Maine Medical Center
- Pines Health Services

## MMA HAPPENINGS

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

### MARCH 6

5:00pm – 7:00pm  
MMA Board of Directors (Hybrid)

### APRIL 17

11:30am – 1:30pm  
MMA Senior Section

### MAY 1

5:00pm – 7:00pm  
MMA Board of Directors (Hybrid)

### JUNE 5

5:00pm – 7:00pm  
MMA Board of Directors (Hybrid)

### JUNE 11

8:00am – 4:00pm  
Spectrum Healthcare Partners

## ROBERT E. MCAFEE, M.D. (AUGUST 25, 1935 – DECEMBER 16, 2023)



### MAINE'S ONLY PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION (AMA)

Dr. McAfee received many awards and honors during his illustrious career in medicine, but in this issue, we will focus on his career in organized medicine. Active in medical professional organizations throughout his career, Bob served as President of the Cumberland County Medical Society, the Maine Medical Association, and the American Medical Association. He served as the AMA's 149<sup>th</sup> President from June 1994 to June 1995. Prior to his election as AMA President, Bob served in many other leadership positions within the AMA from 1986 through 1993. While other AMA Presidents might have had connections to our state, Bob is the only AMA President elected as a practicing physician and AMA Delegate from the State of Maine.

Bob took an active role in health care and public health issues, focusing much of his attention on family violence. He used the "bully pulpit" of his national position as AMA President to draw attention to the public health threat of family violence. Bob's national leadership roles addressing family violence included:

- Member of the American Bar Association's Commission on Domestic Violence;
- Member of the Advisory Committee to the U.S. Attorney General and the Secretary of the U.S. Department of Health & Human Services in the Clinton Administration;
- Member of the U.S. C.D.C.'s Advisory Committee for Injury Prevention & Control as well as its Subcommittee on Violence;
- Member of the National Advisory Committee of the Family Violence Defense Fund; and
- The founding Chair of the Physician's Coalition against Family Violence representing 23 physician specialty organizations.

Bob's strong leadership skills were the basis for his long involvement with the Daniel Hanley Center for Health Leadership. In April 2012, the Hanley Center recognized Bob for his "lifetime of extraordinary leadership in Maine and the nation" by announcing that the graduates of its advanced Physician Executive Leadership Institute will be declared "McAfee Fellows." MMA's current AMA Delegates, Richard Evans, M.D. and Maroulla Gleaton, M.D., will submit a resolution honoring Dr. McAfee at the 2024 Annual Meeting of the AMA House of Delegates in Chicago in June. MMA remains in communication with Bob's family and we hope to publish information about a celebration of life event for him in the next quarterly issue of *Maine Medicine*.

## MAINE DHHS UPDATE

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



### Mandated Reporting of Abuse and Neglect Among Adults and Children

It is important for physicians to understand their role in helping to protect the health and safety of patients, including state requirements for mandatory reporting for both adults and children.

#### • Adults

Adult abuse is a significant problem, with the National Council on Aging estimating that one in ten Americans 60 years or older experience some type of abuse, including physical, sexual, and emotional abuse, as well as neglect and financial exploitation. Recognizing the seriousness of the issue, Maine law requires that physicians and other mandated reporters immediately report to Adult Protective Services (APS) when they know or have reasonable cause to suspect that an incapacitated or dependent adult has been or is likely to be abused, neglected, or exploited. Reporting can be done by calling APS at 1-800-624-8404 (line staffed 24/7). Physicians who are uncertain about whether to report a case may call "A Helping Voice" at 207-805-5555. A Helping Voice is a confidential phone-based service offering guidance and support to help professionals determine whether their concern constitutes abuse and their role as a mandated reporter in reporting abuse.

Additionally, Maine physicians should be aware that legislation passed in 2023 (LD 35) now requires physicians and other mandated reporters to complete a DHHS-approved training on required reporting for adults at least once every four years. Maine APS, overseen by the Office of Aging and Disability Services (OADS), has information on its website ([www.maine.gov/dhhs/oads/get-support/aps/mandated-reporters](http://www.maine.gov/dhhs/oads/get-support/aps/mandated-reporters)) that includes Frequently Asked Questions, as well as an online educational PowerPoint module for providers (expected to take less than 30 minutes to complete); the website also

includes a link to request an in-person or Zoom training (typically 50-90 minutes), both of which meet the requirements of this new law.

#### • Children

The Office of Child and Family Services (OCFS) oversees Maine's Child Protective Services and recognizes mandated reporters as a critical part of Maine's child protection system. Reporting concerns can help identify suspected child abuse or neglect and if done promptly, can help avoid serious and long-term harm to a child. Physicians caring for children are well positioned to recognize and report suspected child abuse and neglect and are required by law to do so. In addition to mandated reporting of suspected child abuse or neglect, Maine law also requires mandated reporters to report injuries to any child who is less than six months old, or who is otherwise non-ambulatory.

OCFS operates a statewide hotline for child abuse and neglect at 1-800-452-1999 that is available 24/7. Highly trained staff are available to guide callers through the process of making a report of suspected abuse and neglect. Mandated reporters can also make non-emergency reports of suspected child abuse and/or neglect using an online system (<https://som01.my.site.com/mrps/>).

The OCFS website also includes a link to a downloadable "Mandated Reporter Worksheet" that outlines information that will be requested or required at the time a report is made: [www.maine.gov/dhhs/ocfs/provider-resources/reporting-suspected-child-abuse-and-neglect/mandated-reporter-information](http://www.maine.gov/dhhs/ocfs/provider-resources/reporting-suspected-child-abuse-and-neglect/mandated-reporter-information).

OCFS has developed an online training program on mandatory reporting of child abuse and neglect at <https://mainemandatedreporter.org/#/>. Maine law requires physicians and other mandated reporters to complete this training at least once every four years (and some organizations may require it be taken more frequently).

While reporting abuse and neglect of both adults and children can present challenges, physicians play a key role in the early identification of these issues, offering a critically important opportunity for interventions that can save lives.

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- be board certified

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## Medical Records: Protecting Patient Confidentiality

### Protecting Health Information in Your Practice

Health care organizations (and other “covered entities”) must institute practices to protect their patients’ health information from unauthorized disclosure. Specific requirements are outlined in the HIPAA privacy and security rules and enforced by the U.S. DHHS Office of Civil Rights (OCR). Failure to comply with these requirements can result in significant civil and criminal penalties. Covered entities should conduct a risk analysis to identify the potential risks and vulnerabilities in their organization and make any necessary corrections.

To protect patients’ privacy, organizations should:

- Evaluate office space and work areas. Do they provide privacy for patients? Can conversations be overheard by others? Are computer screens visible to others?
- Develop policies and procedures to guide staff in the handling of protected health information (PHI).
- Provide staff with education on maintaining the privacy of PHI.

### Minors

Under certain circumstances, minors can consent to their health care (see our practice tip, Minors and the Right to Consent to Health Care Treatment). Ensure that this protected health information is not released without the minor’s authorization and plan for when the minor reaches 18 years of age and is able to control

access to all their health information. If a minor requests treatment and presents their parent’s insurance card, the minor should be informed that their parents will receive notice of the visit. The practice can offer the option to pay out of pocket for a visit, thus avoiding notification to their parents.

### Requests for Records

Regulations allow for disclosure for treatment, payment, or health care operations, and other purposes such as public health and safety and law enforcement. Other uses and disclosures of PHI, not permitted by law, require the patient’s written authorization. Organizations should use an Authorization to Release Protected Health Information ([https://www.medicalmutual.com/assets/pdf/forms/authorization\\_release\\_phi.pdf](https://www.medicalmutual.com/assets/pdf/forms/authorization_release_phi.pdf)).

Information regarding mental health and substance use disorders is subject to more stringent privacy protections. The patient has the option to restrict the release of this information. The Authorization to Release Protected Health Information must specify whether the release of such information is permitted.

### Breach Notification

U.S. DHHS has specific requirements for notification of breaches, depending upon the type of information wrongfully disclosed and the number of patients affected. In addition, organizations must provide a

notice to the Secretary of U.S. DHHS. This is completed electronically on the U.S. DHHS website (Submitting Notice of a Breach to the Secretary: <https://www.hhs.gov/hipaa/for-professionals/breach-notification/breach-reporting/index.html>).

It is important to note that monetary penalties imposed by OCR for non-compliance are largely influenced by the extent to which a covered entity can demonstrate attempted compliance and established policies, practices, and safeguards.

### Resources:

U.S. DHHS Guidance on Risk Analysis: <https://www.hhs.gov/hipaa/for-professionals/security/guidance/guidance-risk-analysis/index.html>

U.S. DHHS Breach Notification: <https://www.hhs.gov/hipaa/for-professionals/breach-notification/index.html>

U.S. DHHS.Gov HIPAA: <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

*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.*



## FINANCIAL EDUCATION FOR PHYSICIANS

By Michael Genetti, CLU, ChFC

### Decisions: Entering the Danger Zone

In our continuing exploration of the challenges to making informed decisions, we build upon the previously addressed impact of direct marketing to our patients and clients by the producers of pharmaceutical and financial products and the reliability of information provided by those companies to both medical and financial professionals. We now turn to the actual process of deciding.

Two basic categories of influences impact our decision making - those influences which we are aware of, and those that we are not.

Some components of decision making which we are aware of:

- Gathering accurate information.
- Understanding how your values impact how you prioritize things.
- Your articulated purpose, which provides the necessary focus and call to action.

- Knowledge of your available resources.
- Knowing what you want to accomplish.

The danger: while you are aware of what you should do, you do not do it, either thoroughly enough to make an intelligent decision, or more often than not, you procrastinate and make no decision at all!

The second, and more insidious, or hidden danger to productive decision-making, is what you are unaware of!

The catalyst for this article comes from a book authored by Michael Lewis, “The Undoing Project.” This is a captivating story of two Israeli psychologists, Dan Kahneman and Amos Tversky, whose collaborative work, first at the Hebrew University in Israel, and later at the Oregon Research Institute, provided ground-breaking insights into the errors in human judgment and decision-making. Their work was published in the journal, *Science - Judgment Under Uncertainty: Heuristics and Biases* (Science, 1985, (1974) 1124–31). Their work uncovered three distinct ways individuals make decisions when they do not know the answer for sure.

They identified these techniques as heuristics:

- Representativeness – estimating the probability of an event based on how similar it is to a known parent population of knowledge.
- Availability – the more easily people can call some scenario to mind, the more available it is to them, and so, the more probable they believe it to be.
- Anchoring – the realization that individuals place a

higher value on information provided early in the decision-making process.

Each of these heuristics was shown to interfere with an individual’s ability to assess probability and accurately judge the risk associated with a decision.

Armed with their research results, the challenge became how to apply their discoveries to practical use. The answer came with the entrance of Donald Redelmeier, M.D. and economist David Thaler. Their collaboration with Kahneman and Tversky led each of them to prominence in their respective fields - Redelmeier with his work in diagnosis error, hospital safety protocols, as well as physician conflict in treating individual patients and meeting concerns for population health; Richard Thaler’s work with Kahneman, led to his receiving the Nobel Prize in Economics for his work in Behavioral Economics and Finance.

The takeaway: For the benefit of their patients and clients, both physicians and financial advisors need to become aware of what actually influences their decision-making.

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[Continued from page 1...1000 Lives Campaign For Maine Launch Announced 12/18/23](#)

disorder for the chronic illness that it is, to embrace every opportunity to treat this disease when patients are ready, and to provide harm reduction treatment and support for those who continue to use substances,” said Renee Fay-LeBlanc, M.D., Medical Director of Greater Portland Health.

The Campaign seeks to prevent OUD deaths by implementing a set of health care site- and clinician-specific interventions to improve the treatment of substance use disorders (SUDs), with particular attention to improving treatment for opioid use disorder (OUD). The interventions will be chosen based on their ability to reduce deaths, and tailored to different parts of the health care delivery system. This campaign will be led by Maine’s physician and other clinician leadership, partnering with the State of Maine, opioid treatment providers, outpatient and residential treatment centers, patients, and other key stakeholders. Health care

organizations and clinicians will assume the leadership role that this effort requires, and take the lead in convincing health care organizations and clinicians to sign on to these increased efforts.

Erik Steele, D.O., Immediate Past President of the MMA conceived the Campaign during his year as President of the physician group. “Our goal is the expansion of access to lifesaving OUD care into every corner of Maine, and engage every part of the healthcare delivery system in this lifesaving work – we want you to be able to walk in to any emergency department, your doctor’s office, any hospital, and get this help,” said Dr. Steele.

“These are 1000 of our fellow Mainers – people we know, work with, love. We are committed to trying to prevent the loss of the equivalent of a small Maine town during the next 5 years,” added Dr. Steele.

Governor Mills applauded this effort when Dr. Steele described it during the Governor’s 5<sup>th</sup> Annual Opioid Summit in July and State government is a partner in the campaign. “We welcome the leadership of Maine’s medical community in combatting the opioid epidemic and strongly support the goal of the 1000 Lives Campaign,” said Gordon Smith, the state’s Director of Opioid Response. “Although overdoses in Maine have lessened this year, Maine people are still losing too many friends and family members to substance use disorder and highly lethal drugs like fentanyl. This effort announced today is a welcome step to helping more individuals enter treatment, find recovery supports, and most important, stay alive.”

We welcome other organizations to join the effort! For more information, please contact Erik Steele, D.O. at [erik.steele@martinspoint.org](mailto:erik.steele@martinspoint.org) or MMA CEO Andrew MacLean at [amaclean@mainemed.com](mailto:amaclean@mainemed.com).



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The Bourget Family:  
(l to r) Bob, Lori,  
Robyn and Jill (on  
video conference  
from Florida)

Because of genetic testing,  
they're all breast cancer survivors.

After two breast cancer diagnoses in the family, including Patty, the matriarch, Robyn, Lori, Jill and Bob Bourget all got genetic testing. Surprisingly, Bob—not Patty—turned out to be the carrier of the offending BRCA II gene. Sadly, Patty lost her battle in 2013.

Three more individual diagnoses later and the rest are all breast cancer survivors because of early detection and a prophylactic surgery.

Genetic testing saves lives.

If you have a patient with a family history of cancer, encourage them to visit [NewEnglandCancerSpecialists.org/High-Risk](http://NewEnglandCancerSpecialists.org/High-Risk) or scan the QR code at right to learn more. It could very well save their life.



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