

Maine Medicine

a quarterly publication of the Maine Medical Association

JANUARY/FEBRUARY/MARCH 2022

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

MMA REVIEWS ITS POSITION ON HEALTH CARE REFORM

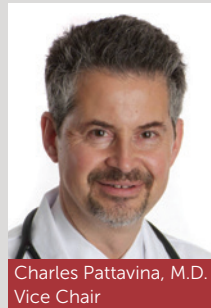
Among its strategic priorities for 2021, the MMA Board of Directors established an Ad Hoc Committee on Health System Reform to review MMA's *Statement on Reform of the U.S. Health Care System*, <https://www.mainemed.com/maine-medical-association-statement-reform-us-health-care-system> adopted in January 2017 and to advise the Board on related health care reform matters. Under the leadership of Maroulla Gleaton, M.D., Chair, and Charles Pattavina, M.D., Vice Chair, the Committee will continue its deliberations this year and MMA will offer opportunities to engage members in this important public policy discussion. MMA has a history of support for health care reform initiatives at the state and federal level, and adopted a policy statement in support of universal health care coverage for all people at the 2002 Annual Session. MMA advocated health insurance market reforms at the state level in the early 1990s prior to the enactment of HIPAA in Congress, Governor Baldacci's *Dirigo Health Program* in the early 2000s, and the *Patient Protection & Affordable Care Act* (the "ACA") later in that decade. Our history reflects our members' dissatisfaction with the status quo of our health care system and consistent support for incremental change. But, MMA has stopped short of endorsing a "Medicare-for-all, single payer" model of health care reform at either the federal or state level. The Committee will once again discuss and debate this and other difficult questions of health care reform and MMA looks forward to your participation in the conversation. The Committee also will make a recommendation to the Board about a Citizen's Initiative entitled, *Resolve, Directing the Development of Legislation Establishing a Publicly Funded System of Health Care Coverage for All Maine Residents*, <https://www.maine.gov/sos/cec/elec/citizens/fund.pdf> likely to be considered by Maine voters in the next few years. MMA members have strong and varied opinions about reform of our health care system, but MMA has a vital role in providing a forum for conversation among members and to give Maine physicians a voice in one of the most important public policy debates of our time. If you, as an individual member or on behalf of a medical practice, would like to provide input for consideration by the Committee, please contact Andrew MacLean, CEO, at amaclean@mainemed.com.



MMA AD HOC COMMITTEE ON HEALTH SYSTEM REFORM



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BEYOND THE STETHOSCOPE: Lisa Ryan, D.O. Takes to the Links



From early Spring through late Fall each year, Lisa Ryan, D.O. devotes some of her leisure time to playing golf on one of the beautiful courses near her home in Naples or her camp in Otisfield. She often plays with her partner, Rich Hines, an accomplished golfer and their friends Chris and Maureen Harriman. Growing up in New Jersey, Lisa had no exposure to the game in her family, but during summer breaks from Albright College in Reading, PA, Lisa and a friend found serving jobs at a nearby country club. As an employee benefit, Lisa and her friend were able to play on Mondays when the course was closed. Lisa practiced, took some lessons, and found that she had a bit of natural talent for the game. She continued to play through college and during medical school at the New York College of Osteopathic Medicine on Long Island. As an early career physician and mother of two, Lisa did not play much. Then, approximately 15 years ago, she developed a relationship with Rich, an avid golfer, and he helped to renew her interest in the game. "Rich has always been very encouraging in my development as a golfer, even when I'd get frustrated," says Lisa. "He'd help me focus and not be intimidated, even when being matched in a foursome with strangers." Through the years, they have invested time and energy on golf and enjoy playing as a couple.



While they do not belong to a club, they purchase multi-play cards at Point Sebago Resort in Casco and Norway Country Club in Norway. They also play once during the winter at their time share property in Aruba. Lisa currently plays a set of Callaway clubs she really likes and cites her driver and 5 iron as her favorite clubs. A natural leader in her personal and professional life, Lisa chairs the fundraising golf tournament for her local Rotary Club and now chairs the MMA's annual tournament to benefit the Maine Medical Education Trust following Brian Jumper, M.D. who has chaired the MMA tournament since its inception 18 years ago. Lisa says with enthusiasm that her golf game is a relaxing diversion from her busy medical practice. "I'm outside for an extended, leisurely amount of time," she says, "and golf courses are quiet, peaceful, and beautiful." Lisa and Rich have found golf also to be an important escape and means of coping with the limits imposed by the COVID-19 pandemic.



Lisa D. Ryan, D.O. is the Chief of Pediatrics and founding member of the Harry E. Davis Pediatric Center at Northern Light Mercy Hospital. She completed a 1-year osteopathic residency program at St. Michael's Hospital in Newark, NJ, followed by a 3-year pediatric residency program at the University of Vermont College of Medicine. Lisa is a Past President of both the Maine Chapter of the American Academy of Pediatrics and the Maine Medical Association. She lives in Naples with her partner Rich Hines.

MMA - CQI NEWS

By Amy Carter, BSHA-M, Director,
Center for Quality Improvement

The Maine Medical Association Center for Quality Improvement Caring for ME launched three new BOLIM Learning Modules – to access, visit www.qcllearninglab.org.

Title: Responding to Intimate Partner Violence in the Medical Setting

Presenters: Alane B. O'Connor, DNP; Eric Haram, LADC; and Francine Garland Stark

This module is intended to provide clinicians with tips on how to respond to and discuss Intimate Partner Violence. At the end of this module, users should have an understanding of what domestic violence is, who is impacted, the signs and health risks of domestic violence, and talking with patients about domestic violence, including screening tips and how to connect to community resources.



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

Title: Boundary Crossing – Professional and Legal Implications

Presenters: George Dreher, MD and Steven Johnson, Esq., MA, JD

This module is intended to provide clinicians with information and tips on what boundary crossing in

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COST-RELATED MEDICATION NONADHERENCE

By Martha Morrison, MedHelp Maine, 207-793-4462 or medhelpmaine@gmail.com

Decades ago, I completed my graduate training in hospital and health services administration. Many years later, I am now a University of Southern Maine public health student. Whenever possible, I apply academic research to increasing my knowledge about the impact on institutions and community health of patients who can't afford their medicines.

Last semester, I used 2020 Maine-specific BRFSS data to analyze cost-related medication nonadherence. Although the survey did not specifically ask about the affordability of medicines, because it did ask if respondents had forgone a doctor visit because of cost, I used that variable as a reasonable proxy for the ability to afford medicines. Extrapolating the survey sample's responses to the state's total adult population, I found that 73,000 Mainers were likely unable to afford a needed doctor visit (and therefore their medicines) in the previous year – and that nearly 53,000 of them were insured!

Having insurance, therefore, does not always ensure affordable access to needed medicines. Misunderstood coverage, increasingly high policy deductibles, and unaffordable copays are among the causes of patient nonadherence and compromised health. One recommendation resulting from this research is that practitioners ask every patient every time if they can obtain their medications. A second recommendation is that every Maine hospital relieve area practices of the medication access burden by creating efficient and cost-effective centralized prescription assistance programs for the benefit of their medical staff members and these practitioners' patients.

MedHelp Maine is committed to increasing Mainers' access to unaffordable medicines. It offers hospitals free guidance in prescription assistance program start-up or in enhancing current efforts.

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.

- Patrick Killoran, MD
- Blue Hill Memorial Hospital
- BlueWater Emergency Partners
- Central Maine Healthcare
- Dahl Chase Pathology
- InterMed
- Kennebec Anesthesia Associates
- MaineGeneral Medical Center
- New England Cancer Specialists
- Oxford Hills Internal Medicine
- Pediatric Associates of Lewiston
- Plastic & Hand Surgical Associates
- Portland Gastroenterology Center
- Spectrum Healthcare Partners
- Waterville Pediatrics

PRESIDENT'S CORNER

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



As I write this today, I am enjoying the beautiful view of this season's white snow falling from the sky. Though cold out, I found myself feeling warm with this winter wonderland vision.

As you can imagine, I was shocked and physically affected when I learned of Dr. Jonathan Shenkin's death by suicide this past August. A visionary in pediatric dentistry, Dr. Shenkin was a Past-President and board member of the Maine Dental Association, and member of the board of the American Dental Association, the national advocacy organization for dentists. I have been fortunate to meet Dr. Shenkin on a number of occasions; he was a gem of a person.

Dr. Shenkin's death threw me back, not unlike my response to a strong electrical shock. The news hurt, a lot, especially with my being your President and board member for years now. The suicide made me realize just how vulnerable and fragile we all are. Dr. Shenkin was an individual who exuded confidence as he worked tirelessly to improve the practice of dentistry in Maine. So, how can we understand his death? Apparently, and this is from publicly available sources, Dr. Shenkin advocated for Governor Mills' efforts to prevent the spread of COVID-19. He, like so many MMA members, "toed the line," setting an example for Maine dentists. Initially, with the support of his board, he went on record supporting mitigation strategies proposed by the Maine CDC. What happened next is unclear.

As a dentist - a doctor - a large part of Dr. Shenkin's identity existed with his identification as a medical professional. He no doubt was aware of his contributions and their impact on Mainers' improved access to dental care, a career vision of his. Being a psychiatrist, I can only imagine the psychological devastation of losing this core part of his identity. His suicide in the parking lot was the tragic outcome.

What can we learn? I believe this tragedy is an example of what happens when one who is clearly "in group" is cast out, becoming "out group," feeling alienated, punished, ashamed, and alone. These feelings are corrosively destructive to even the healthiest individual and we must learn from this tragic suicide. No doubt the stress of COVID-19 did not make the situation easier. Though apparently invincible, this tragedy is a wake-up call of all of our fragility. With the stress on health care workers, we must make every effort possible to be inclusive, to make sure our members never find themselves alone and isolated. Rather, this is a reminder of how we must strive to be inclusive, kind, always demonstrating non-vindictive listening skills. Though we may be fully-trained to listen attentively to our patients, we must extend the same open inquiry and empathy to all of our colleagues. We cannot afford to have a tragedy like this happen to any MMA members. Let's connect and check in on each other. Let's say hello to each other. Let's enjoy this beautiful snow, together.

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

Looking Back and Looking Ahead: Opioid Policy in Maine in 2022

By Gordon H. Smith, J.D., Director of Opioid Response, State of Maine, and Marcella H. Sorg, PhD, D-ABFA, Research Professor at the University of Maine's Margaret Chase Smith Policy Center



Greetings MMA friends, and I hope 2022 has started positively and strong for you and your families. Here at the State House, we find ourselves working remotely for a third year and the Legislature finds itself meeting virtually, as well. Perhaps by the time this issue of *Maine Medicine* gets into your hands, COVID-19 will be a bit further behind us and the road ahead will look more promising. I sincerely hope that 2022 also is a better year for Mainers struggling with substance use disorders. The past year has been particularly difficult and in this article, I will share with you our data and what experts in Maine and across the country are telling us about the data.

While fatal overdoses in our state increased by 23% in 2021, fatalities as a percentage of all overdoses continued to decline to 7%. As of the end of November 2021, 578 individuals had died of a drug overdose. But during the same period, 8619 individuals survived an overdose, largely the result of widespread distribution and administration of naloxone, truly a miracle drug if administered in time.

As many of you are well aware, the rising overdose deaths in Maine are being driven by fentanyl lethality and international drug trafficking combined with the lingering effects of the pandemic on PWUD (people who use drugs). These are all national and international issues, so it is no surprise that our experience in 2021 pretty much mirrored the national experience. With more than 100,000 deaths from overdoses annually, our nation is reeling from the intersection of the SUD epidemic and the global pandemic which threaten to overwhelm both our health care and social service capacity. The proportion of deaths in Maine because of fentanyl has increased every year beginning in 2013, to the point where in 2021, fentanyl was directly linked to 77% of fatal overdoses. Overdose death toxicology reports in Maine show that fentanyl is being mixed with other potent illicit drugs, especially:

- 46% with cocaine or methamphetamine or both.
- 16% with pharmaceutical opioids (most not prescribed).
- 10% with xylazine (new in 2021).

As most of you know, fentanyl is a synthetic opioid manufactured in China and shipped to drug cartels in Mexico for distribution. It is easier to manufacture than to grow poppies for heroin. And because it is so much more potent than heroin, it is easier to ship because much smaller amounts are required to achieve the same effect.

In addition to the drug supply currently being so lethal, the pandemic has also contributed to this perfect storm. The treatment work force has been reduced, many services have moved to tele-health while marginalized populations may not have access to devices and computers and internet access for telehealth services. The combination of the lack of available and immediate treatment, social isolation, a lethal drug supply, and even the reduction in resources available for interdiction are the causes of the spike in overdoses.

What are we doing about it? In 2021, the Maine Naloxone Distribution Initiative and the Office of the Attorney General distributed 77,480 doses of naloxone. We expanded our syringe service locations to eighteen sites. The Office of Behavioral Health launched the OPTIONS program placing a behavioral health liaison in each county to connect persons surviving an overdose with harm reduction or treatment services. And with legislative approval, a new Overdose Review Panel meets monthly to take a "deep dive" to review one or two overdose cases in order to inform the direction of policy. Three physicians are on this 16-member group. In short, we are not giving up; in fact, we are doubling down. In 2022, we will continue these initiatives and announce new ones, as well. Thanks for your help and interest. I am confident this will be a better year for all.



NOTES FROM THE CEO

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



In early 2022, the Board of Directors and staff are engaged in the translation of the Board’s strategic planning work undertaken at the President’s Retreat in late October and continued at the December meeting of the Board to an operations plan for 2022. The Board focused on this translation at its January meeting. Our strategic planning framework includes on the “y axis” our core functions: Connect; Educate/Communicate; Advocate; and Sustain. The “x axis” includes our three focus areas or constituencies: Physicians; Patients, Public, Communities; and the Health Care Delivery System. Within the framework, the Board has established a series of Objectives and Goals. While influenced by the pandemic environment, the Board confirmed most of its Objectives and Goals during the President’s

Retreat. Among our operational priorities for this year are engaging members in the health care reform debate through the work of the Ad Hoc Committee on Health System Reform (see front page article); completing the redesign of the MMA web site; integrating the Committee on Physician Quality with the Center for Quality Improvement; launching the Independent Practice Section; planning the next phase of our work on clinician wellness and resiliency upon the conclusion of the AMA Practice Transformation Initiative (PTI); and developing a process for board and organizational performance assessment. We have some exciting initiatives before us and I look forward to working with many of you on them!

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

Continued from page 1...MMA - CQI News

practice can be and situations to avoid. The module provides further detail on Maine Board of Licensure in Medicine (BOLIM) rules and how boundary crossing can impact you both professionally and legally. In addition, this module will provide deidentified real life professional case examples for you to consider as you watch the presentations. This module was developed to educate clinicians on professional boundaries in an effort to help clinicians avoid crossing boundaries with patients as well as colleagues and subordinate staff.

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

Title: Clinician Burnout and Practical Wellness Approaches

Presenters: Kerri Palamara, MD

This module is intended to provide clinicians with information on how to identify risk factors and symptoms of clinician burnout, compassion fatigue, and how to work through them. At the end of this module, users should have an understanding of what clinician burnout and compassion fatigue are, the risk factors and symptoms to be aware of, and the role of post-traumatic growth as a possibility after the COVID-19 pandemic. The module will identify strategies, best practices, and resources to support growth and well-being of clinicians.

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

AMA Designation Statement

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

Funding Statement

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Information in this newsletter is intended to provide information and guidance, not legal advice. Since exact language and definitions of key terms are critical to understanding the requirements of legislation, rules or laws, we encourage you to read each carefully. Articles submitted to Maine Medicine represent the views of the author only and do not necessarily represent MMA policy.

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How Prepared Are You for a Second Honeymoon?

In our last article, *Aging – Your Last Frontier*, we hoped to open your minds to the idea that retirement is not just an event, but rather, as the authors of MIT AgeLab’s white paper on aging called it, “an entire life stage waiting to be written.” It divides the first three stages of our lives into approximate 8,000-day periods labeled *Learning, Growing and Maturing*. Their last stage, which begins with retirement and is labeled *Exploring*, may very well extend beyond 8,000 days.

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

The first phase of retirement, the Honeymoon Phase, is well described in the *8,000 Days* white paper.

“Everything Has Changed. Nothing Has Changed. The Honeymoon Phase is characterized by resources and well-being comparable to life during full-time work. Shifting responsibilities, desire to pursue existing and new interests, and additional healthy life years often allow for more freedom. **It is also the opportune time to anticipate and safe-guard against potential decreases in resources in the future through planning.”**

This safeguarding of resources, providing income which will last a lifetime (or two!) is one of the great challenges for clients in the pre and early stages of retirement. This challenge is complicated in that decisions made during this Honeymoon Phase will greatly impact how successful you are at meeting this challenge.

Taking this “Honeymoon” concept a step further, think about the act of retiring as you would a wedding. Today’s weddings are detailed affairs, which often call for the help of a professional planner to ensure that all those details are attended to and that a successful event is enjoyed by all! Likewise, accessing professional planning support is critical if you want to enter your retirement with the confidence that the joy and happiness you experience during your early years of retirement will be the reality in your later years.

Here are just a few of the financial details that require informed decision making on the part of pre and early retirees:

- How do you coordinate the timing of retirement when both spouses have careers?
- How do you transition from employee provided medical insurance to private market and Medicare-based coverage?
- How do you maximize your Social Security benefits both for income and tax purposes?
- How do you recalibrate your spending habits when every day becomes a “Saturday?”
- How do you transition from an “accumulation” investment strategy to an “income” producing one?
- How do you create a foundation for addressing potential long-term care needs?

Addressing these details (and many others!) at the beginning of the Honeymoon phase will provide you confidence that there will be the financial resources to enjoy your later years!

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

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MAINE DHHS UPDATE

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



MaineCare Rate System Reform: Improving MaineCare Payments to Support Access to Care

MaineCare, Maine’s Medicaid program and the state’s largest health care insurer, provides benefits for more than 320,000 adults and children in the state, including a wide array of medical, behavioral health, and pharmacy services. By providing health care benefits to individuals experiencing poverty, chronic illness, and serious mental illness, MaineCare provides access to critically important health care services for many Mainers at highest risk for poor health.

Maine physicians, along with hospitals, clinics, therapists, nursing facilities, and others, are important partners in the MaineCare program and serve as a key component of Maine’s “safety net” for many individuals who might otherwise have limited access to care. At the same time, physicians have had understandable concerns about MaineCare payment rates, which can be difficult to understand and many of which historically have not been regularly updated. Through the years, MaineCare has used varying methods to determine reimbursement rates to providers resulting in a fragmented and outdated rate system.

Given those challenges, the Mills Administration and DHHS have made a commitment to reviewing and updating the MaineCare payment system, starting with an evaluation of the rates and rate setting system, and with the goal of creating a comprehensive, streamlined, and coherent system that supports the ability of its members to access high-value services. This evaluation has included all MaineCare services, with the exception of pharmacy and non-emergency transportation services, as these reimbursement rates are determined by the federal government.

This initial evaluation has resulted in a legislative proposal for a new MaineCare Rate Reform system and budget

that reflects the Department’s approach to implementing its first phase of investment in MaineCare’s rates and rate system. This proposal would formalize MaineCare provider reimbursement rate system reform efforts by establishing standard rate development principles and processes; specifying rule-making requirements for rate adjustments; ensuring access to funding, as needed, for associated rate adjustments; and establishing an expert technical advisory panel to assist the DHHS Commissioner on MaineCare rates and payment models. The budget proposal aims to increase provider payment rates for dozens of services; takes the first step toward rationalizing, updating and simplifying how MaineCare pays for services; and dedicates resources to conduct service-specific rate reform studies for services identified as top priorities in the need for near-term development of data-driven, value-based payment rates.

As part of this effort, MaineCare has committed to benchmarking its payment rates to Medicare where available and appropriate, and establishing payment as a consistent percentage of Medicare, using current Medicare rates and updating rates at least annually. For services where Medicare rates are not available, MaineCare proposes to use a non-Medicare payer source, including commercial health plans or Medicaid rates from other states where available and appropriate. MaineCare proposes to review and update payment rates and benchmarking non-Medicare sources at least once every two years, and to transparently sharing a list of covered services and rates on its publicly accessible website. MaineCare also proposes to conduct a comprehensive benchmarking report every four years that would compare MaineCare rates to those paid by Medicare, other state Medicaid plans, and Maine commercial plans. The bill codifies a rate study process for which there is no appropriate benchmark rate, including annual cost-of-living adjustments and rebasing every five years.

Maine DHHS greatly appreciates the commitment of Maine physicians to participate in the MaineCare program and looks forward to a continued partnership as it moves forward to update its payment systems.

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



2022 Maine State Legislative Preview

Maine’s 186 legislators convened at the State House for the Second Regular Session of the 130th Maine Legislature on January 5, 2022. While legislators met in person twice in January and the Maine State House remains open to the public, like last year, all policy committee meetings (public hearings and work sessions) will initially be held virtually through Zoom and broadcast on YouTube. The House Speaker and Senate President plan to evaluate the operations of the legislature during a pandemic on a regular basis.

The State’s biennial budget of \$8.5 billion was passed last summer. Governor Mills is expected to produce a supplemental budget in February which will lay down the markers for negotiations between Democratic and Republican leaders and members of the Appropriations Committee to address an expected \$822 million surplus for Fiscal Years 2022 and 2023.

In addition to budgetary matters, lawmakers will continue work on 200+ pieces of legislation unfinished from 2021 and another 150 or so approved as emergency legislation filed for 2022.

It is expected to be another hyper-partisan year politically, especially with the highly-anticipated election between incumbent Governor Mills and former Governor Paul

LePage on the ballot this November, along with all 186 seats in the Legislature.

Despite a successful legislative year for MMA in 2021, a few very important MMA priority policy issues remain to be settled before the scheduled session adjournment in mid-April.

LD 1196 – An Act Regarding Targets for Health Plan Investments in Primary Care and Behavioral Health

Summary – The MMA was chosen by the Health Coverage, Insurance & Financial Services Committee to convene a stakeholder group to assist in developing potential recommendations for increased investment in primary care. Elisabeth Wilson, M.D., M.P.H., a member of the MMA Board, chaired the stakeholder group and Rep. Sam Zager, M.D., the primary sponsor of the bill, contributed substantially to the process. MMA delivered a final stakeholder report to the Committee in mid-January.

LD 1550 – An Act To End the Sale of Flavored Tobacco Products

LD 1423 – Raising the Tax on Tobacco Products

Summaries – Two important public health bills to reduce tobacco use and illness – especially for young Mainers – by banning the sale of flavored tobacco products including cigars and e-delivery systems and increasing the tax rates for cigarettes while equalizing tax rates for other tobacco products.

The MMA was very active in 2021, tracking more than 250 bills (of 1,700+ before the legislature) and providing

formal testimony to policy committees more than 150 times. We’ll be monitoring approximately 50 bills, including those carried over from 2021 and new bill titles related to health care introduced this year. These bills address topics such as care for incarcerated Mainers, opioid use disorder, prescription drug costs, health insurance coverage issues, and the ever increasing focus on and need for more comprehensive and accessible behavioral health care.

Other important issues before the Maine legislature during the 2022 session include:

- How to spend \$800 million in surplus money;
- Financial relief for Mainers impacted by the pandemic, inflation, and energy costs;
- Affordable housing;
- Taxes; and
- Pandemic response policy, including vaccinations policy.

We encourage MMA members to join MMA’s online Legislative Committee meeting each Wednesday evening at 7:00 pm to comment on bills and provide feedback on what position, if any, the MMA should take on a particular policy issue. Please reach out to me at dmorin@mainemed.com or Sarah Lepoff at (207) 622-3374 or slepoff@mainemed.com.

MMA members are always welcome to submit formal written testimony on any bill at www.mainelegislature.org/testimony.

MEDICAL PROFESSIONALS HEALTH PROGRAM
Maine Responds

By Guy Cousins, Director, MPHP

During the months of December and January, I’ve been volunteering at the vaccine clinic in Augusta. It has been an incredible experience having the opportunity to work and support the vaccination process. I’ve had the chance to speak with a variety of people in a short period of time (people seeking vaccines as well as the vaccinators, and volunteers). I am continuously struck by the Spirit of Maine people.

The overwhelming majority of individuals getting vaccinated voiced their gratitude and appreciation for helping them gain access to these vaccines. Their “get it done” attitude demonstrated their sense of duty to make themselves, their families, their friends, and the communities safer. This is inclusive of those individuals who are fearful of shots/needles facing down their fears to engage in a very brave and honorable act.

In speaking with other volunteers, nearly everyone I spoke with had a story about their experiences and the people they vaccinated. The people would often speak about how they got there and where they had come from that day. There were a number of these interactions they had that considered transformative.

There was an older adult receiving a vaccine at the Portland Expo who spoke about how historic an event

this was for him. When asked what he meant, he spoke about standing in line as a child in the same building receiving the first polio shots here in Maine. Another vaccinator spoke about a teenager who came in two days after his father passed from COVID-19. He and his family had implored his father to get the vaccine and yet he didn’t. The son said he didn’t want to repeat his father’s mistake.

In the Lewiston area, there were individuals seeking asylum who asked to have their picture taken while getting their shots so they could send them to their relatives back home to encourage their vaccination.

There have been so many individuals, families, and friends making choices (whether easy or difficult) to be vaccinated for what was often voiced as for the greater good of Maine.

It is important to thank the Maine CDC and all its workers, the Maine Military communities, medical personnel/vaccinators, the Maine Emergency Management Agency, and the countless volunteers who help construct vaccination sites that are accessible, safe, respectful, and responsive to anyone seeking COVID-19 vaccines.

It once again illustrates how Maine responds.

A FOND FAREWELL FROM
PAMELA BENSEN, M.D.

On December 20th, MMA received an email that read, “As much as I enjoy reading the MMA newsletter, I think it is time to purge your files of my name. I am winding down my medical world and want to thank you for helping keep the faith that medicine is still in good hands in Maine. The best to you in 2022 and to the MMA and Maine medicine in the future.” Dr. Bensen asked us to share the following with our readers.

Dear Maine Colleagues,

In 1973, when I finished my EM residency, I joined the MMA and began a 40-year relationship with you to advance medicine in the wonderful state of Maine. I regret not one day of that affiliation, and my love of Maine only grew each day we shared its beauty, opportunities, challenges, and unique community.

Since 2003, we have moved to South Carolina and then to southern Virginia. I transitioned from emergency medicine to urgent care and, in 2015, to clinical retirement. Then, my pre-COVID years were spent traversing the country to review records and teach physicians how to document for ICD-10-CM. Technology now lets me do reviews, educate physicians, and publish/update my book, the Physician’s Documentation Prescription, online from home. I hope to continue that work as long as my brain understands the needed documentation changes doctors are not routinely taught.

I have followed the changes in Maine thanks to the largess of the MMA who kept me on the mailing list for the newsletter. This publication has let me watch the growth and development of wonderful programs and careers which should be the envy of the country. From my distant view, Maine medicine continues to successfully meet the changing challenges confronting physicians nationally and worldwide. Albeit no one has all the answers, but Maine seems to have more than most states, and with much less discord among those working on the problems.

As we move into the New Year, I am unsubscribing to simplify life, decrease recycling, and create room for challenges faced by longevity. And so, I want to thank you one last time for the great innovative work we did, and you continue to do in Maine, and to hand off to you one last time the health and hope of the wonderful people of the state. I do and will miss you all but am so proud to have been part of the team and to have the honor of working with the greatest doctors and those who dedicate their lives to supporting them. Thank you one and all for your friendship. God-speed.

*With continued awe and appreciation,
Pam Bensen*



Thank you notes written by Mainers at the Augusta Armory vaccination site

VISIT THE MMA WEBSITE: www.mainemed.com

SPECIALTY SOCIETY MEETINGS

February 26-27, 2022
Maine Society of Anesthesiologists Winter Meeting
Sugarloaf Mountain Hotel – Carrabassett Valley, ME
Contact: Lisa Montagna 207-620-4015 or mesahq@gmail.com

March 18-20, 2022
Northern New England Urological Symposium
(Presented by the Maine Urological Association)
Grand Summit Resort Hotel & Conference Center – Newry, ME
Contact: Dianna Poulin 207-480-4194 or dpoulin@mainemed.com

March 23, 2022
3rd Annual Richard Engel, MD Primary Care Symposium
Dana Center, MMC – Portland, ME
Contact: Warene Eldridge 207-215-7118 or mainechapteracp@gmail.com

April 7-8, 2022
30th Annual Family Medicine Update & Annual Meeting
(Presented by the Maine Academy of Family Physicians)
ALL VIRTUAL – Web-based again this year!
Contact: Deborah Halbach 207-938-5005 or maineafp@tdstelme.net


April 28, 2022
Maine Association of Psychiatric Physicians Spring Conference
Theme: Neuropsychiatric Sequelae of COVID
Hilton Garden Inn – Freeport, Maine
Contact: Dianna Poulin 207-480-4194 or dpoulin@mainemed.com

April 30 – May 1, 2022
Maine Chapter of the American Academy of Pediatrics
Samoset Resort – Rockport, ME
Contact: Dee Kerry 207-480-4185 or dee.kerry@maineap.org


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

VISIT THE MMA WEBSITE:
www.mainemed.com

Time for a checkup?
Physicians Need Protection Too.



Philip M. Coffin III



Maureen Sturtevant

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PUBLIC HEALTH SPOTLIGHT

By Dora Anne Mills, M.D., M.P.H., FAAP, Chief Health Improvement Officer, MaineHealth



Spring and Pandemic Mountains

Although this winter has been dark and cold on many fronts, one bright and warm spot in my heart is that I have never been prouder to be a member of Maine’s physician community. We saw physicians pivot overnight in the spring of 2020 to provide most of their patient care via telehealth. We’ve seen primary care physicians working in outpatient settings pivot to caring for inpatients. We’ve seen physicians in rural areas caring for much sicker patients - inpatients and outpatients. We’ve seen urban specialists, already with overfull schedules, reach out and advise their rural counterparts on caring for complex patients.

All of this has been done during and because of a pandemic, but also in an increasingly complex backdrop. Physicians accomplish this work as members of interprofessional teams, but often the members of those teams are changing, with unprecedented numbers of health care workers across the country leaving the profession. Patients are often anxious and sometimes angry. Physicians’ own personal lives are impacted, with children needing to be schooled at home, elderly parents suffering from isolation, and partners’ lives also disrupted.

Even if COVID-19 simmers down and doesn’t significantly mutate, we know disruption and complexities are here to stay. Since last Spring, the U.S. has seen very large increases in patients with a variety of health issues often with increased severity. Some of this may be the result of pandemic-related delayed care. Much of it seems directly and indirectly caused by stressors related to the pandemic. For instance, the country is seeing sky-rocketing increases in patients with acute and severe behavioral health challenges. Smoking has increased the first time in 20 years. Americans are gaining weight, an average of 18 pounds during the first year of the pandemic.

These changes are not surprising. Several studies on the after-effects of the SCUD missile attacks on Israel and Hurricane Katrina show increases and severity of a variety of health issues, including for 10 years after Katrina.

However, accelerated changes for the good also emerge from pandemics’ tragedies. The Black Plague led to the dismantling of the feudal system and its ideas, replacing it with Reformation and the Renaissance. The 1918 influenza pandemic, intertwined with World War I, was a catalyst for the passage of the 19th Amendment (women’s suffrage). Likewise, the HIV/AIDS pandemic extracted a tragic toll, especially on young gay men. But, out of the heartbreak of this loss, the stigma associated with the infection, and the inaction by government, ignited activism that paved the way for many rights and celebrations, including marriage equality and Pride month.

Today, we face several syndemics: a pandemic with COVID-19; rising awareness, restlessness, and indignation regarding racism in our country; political polarization and the rise of nationalism and authoritarianism across the world; climate change; and widening global socioeconomic disparities that are rapidly increasing because of the pandemic.

Haitians have a saying, “beyond mountains there are mountains.” The Maine author Tracy Kidder used this in the title of his book, *Mountains Beyond Mountains*, a biography of Dr. Paul Farmer. The pandemic has also taught us that beyond one challenge, one mountain, is another challenge, another mountain. The Haitians also believe that mountains are not just challenges, but opportunities.

Our hope is to find the opportunities in these challenges, and I believe we will find them, especially with your leadership. Maine’s physicians have already led change. You have pivoted and innovated. You have collaborated. You have found courage and creativity. You have cared for your loved ones and your communities. You have inspired. And through it all, you have continued to care for your patients.

When we look in the rear-view mirror of other pandemics, the post-pandemic eras blossom with extraordinary creativity, innovation, and transformations. Maine’s physicians are poised to help lead these changes, whether they are revolutions in healthcare, social justice, politics, climate change, or global health. Indeed, there is no mountain you and we can’t climb. And no matter how dark and cold our Winter is, Spring will come. Things will get better.

THANK YOU GAIL BEGIN!



her leadership of the MMA’s CME accreditation program and the MMET’s CME activities. She developed expertise in the increasingly complex field of CME standards and

Gail Begin made a career move in mid-January and MMA would like to recognize and thank her for more than 20 years of service. A member of the MMA team since September 2000, Gail has filled several roles in the organization but is perhaps best known for

accreditation procedures and built Maine’s programs to a level of excellence. Gail also served as Executive Director of the Maine Gastroenterology Society and the Maine State Rheumatology Society. We will miss Gail as a colleague and we wish her well in her new position as an Executive Assistant at MaineGeneral Health. Gail will be assisting us through the transition of the CME activities to a new member of the team who will begin soon, so Gail’s MMA email address will remain active for several weeks. If you have any questions about MMA staffing through this transition, please contact Diane McMahon, Director of Operations, at dcmcmahon@mainemed.com.



MICIS
Maine Independent Clinical Information Service

Evidence-Based Prescribing Education
2022 Topics

Schedule a 1-hour presentation at your medical practice, hospital or conference:

- Using Data to Improve Opioid Prescribing
- Simplified Treatment of Hepatitis C in Primary Care Settings
- Prescribing to Reduce Opioid Overdose Risk

Meet with an Academic Detailer for a one-on-one session:

- Level 2: Simplified Treatment of Hepatitis C in Primary Care Settings
- Four opioid prescribing topics available:
 - Opioid prescribing discussion including Maine law
 - MAT (Medications for Addiction Treatment) Basics Discussion
 - MAT (Medications for Addiction Treatment) Advanced Discussion
 - Deprescribing Opioids and Benzodiazepines

Visit www.micismaine.org for additional information.
MICIS is a program of the Maine Medical Association.

Environmental Safety in the Physician Office Practice

Environmental Safety Plan

Develop a safety plan that describes how to maintain a safe environment. Include the role of the physicians and employees.

Plan Elements

Life Safety: Office Setting

- Install call bells and safety bars in patient restrooms.
- Remove clutter, equipment, and obstacles from walkways.
- Maintain stairwells with firmly attached handrails and adequate lighting.
- Clearly mark all exits.
- Check emergency exit signs for visibility and lighting.

Life Safety: Grounds and Parking Areas

- Remove snow from parking areas and walkways.
- Frequently sand/treat icy areas.
- Repair uneven surfaces, potholes, and cracks.

Life Safety: Americans with Disabilities Act (ADA)

- The Americans with Disabilities Act (ADA) requires medical care providers to make their services available in an accessible manner.
- Requirements under the ADA can be found at this link: https://www.ada.gov/medcare_mobility_ta/medcare_ta.htm

Fall Prevention

- Monitor occupants of waiting areas. Clearly identify wet floors and steps with a warning sign.
- Seat the patient in a chair in the exam room, not on the exam table, while awaiting the physician. Do not leave a patient alone if they are at risk for a fall.

Equipment Safety

- Inspect office equipment for functionality and integrity.
- Follow manufacturer requirements for preventative maintenance and safe usage.
- Store oxygen tanks that are not in active use in upright stands or chained together to prevent falling and explosive discharge of contents. Store oxygen away from flammable items.

Fire Safety

- Develop a fire safety plan for your practice.
- Conduct fire drills as required by state and local ordinances.
- Place fire alarms and fire extinguishers in an accessible area.
- Service fire extinguishers annually.

Hazardous Materials; Infection Control

- Label and store hazardous products in appropriate containers in a locked storeroom.
- Provide sufficient supplies of personal protective equipment.
- Maintain Safety Data Sheets (SDS) in a central office location or electronically.
- Store needles and syringes in a locked area.
- Dispose of needles and sharps in approved containers that are puncture resistant and have a lid that prevents reaching in.

Medical Emergency

- Develop a plan for addressing medical emergencies in the practice.
- Train staff to respond to medical emergencies.
- Conduct periodic drills of your medical emergency plan.

Medication Safety

- Store medications throughout the practice in a lockable space accessible only to authorized personnel.
- Secure prescription pads from unauthorized access. Perform refrigerator temperature checks each day and record on a monthly log.
- Dispose of opened multi-dose medication vials 28 days after opening. If medication samples are in the office practice, please reference our practice tip Medications: Distribution of Sample Medications in the Practice Setting (<https://www.medicalmutual.com/risk/practice-tips/tip/medications-distribution-of-sample-medications-in-the-practice-setting/81>)

Environmental Safety Education

- Educate new physicians and staff on safety practices and expectations.
- Provide annual safety education to physicians and employees.

Resources

Americans with Disabilities Act (<https://www.medicalmutual.com/risk/practice-tips/tip/americans-with-disabilities-act/35>)

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.



NAMI MAINE Meeting the Needs of Men in Accessing Care

By Greg Marley, LCSW, Clinical Director, NAMI Maine



Well before COVID-19 became a household word and when pandemic brought to mind the Black Plague, men have presented a challenge in their practices related to self-care, to prevention and to access health care in a timely fashion. Males tend to be less risk-averse than females, engage in high-risk activities and substance use to a higher degree and delay or avoid the types of preventative measures recommended to achieve and maintain optimum health. The results are a higher all-cause mortality than women and this is especially true looking at accidents, substance use deaths, and increased mortality related to delayed treatment. In the current pandemic, males lag behind females in vaccination status, are more likely to resist appropriate mask usage and, perhaps not-coincidentally, lead females in COVID-19 mortality.

Regarding mental health needs and suicide risk, there are ongoing gender differences in epidemiology, morbidity, and the range of diagnostic concerns across gender lines. “Overall rates of psychiatric disorder are almost identical for men and women but striking gender differences are found in the patterns of mental illness” (World Health organization). Females are diagnosed with depressive and anxiety disorders at almost twice the rate as men and men are almost twice as likely to be identified and diagnosed with a substance use disorder. Men have been shown to share information about substance use more easily with a provider. So, is the provider community steeped in the same gender bias as the larger culture? Though both genders experience suicide ideation with adolescent and young adult females reporting significantly higher suicide ideation than males, men are 4 times as likely to die by suicide than women. In Maine, adolescent and young adult males have 6 times the suicide mortality rates than females; if a suicide attempt is made, males choose more lethal means and act in a manner that reduces likelihood of interruption that saves their life. The increased use of a firearm as means is a significant driver for this sad fact.

It must be noted that these are generalities with many examples of people who do not fit the stereotypic gender norms, and that gender is too often seen as a binomial designation rather than a range of identity choices across the spectrum of gender. People who identify as transgender or gender-diverse report significantly increased mental health struggles than either males or females.

And in this age of social media and media portrayals of men, there is a growing sense of ownership over health choices and practices. Changes in insurance coverage for preventative services and diagnostics have removed some barriers to accessing care as has the growing movement of workplace wellness initiatives. Below are some general tips to encourage men to visit their medical or mental health provider:

- Start them early. If a male develops a pattern of regular or yearly check-ups with a provider as a teen or young adult, the concept of early screening and care becomes established.
- Be honest with your primary care provider and access early screenings that match your needs and family history. If depression or anxiety or any significant mental health issue runs in your family, access regular screening.
- Be honest with yourself and un-learn the patterns of ignoring early symptoms. Look upon your provider as a consultant in the same way you do your car mechanic.

- Look online for information and resources. Visit the website (<https://www.namimaine.org/man-therapy?rq=ManTherapy>) for the free screenings and light-hearted-but-reliable information for men.

Resources:

NAMI Maine Helpline

(<https://www.namimaine.org/helpline>): The NAMI Maine Helpline is a mental health resource and referral line for peers, family members, friends, and professionals. Available from 8:00-4:00 M-Fri. 1-800-464-5767 or by email at helpline@namimaine.org.

Man Therapy

(<https://www.namimaine.org/man-therapy?rq=ManTherapy>): With Man Therapy, you can help reshape the conversation, by using humor to cut through stigma and tackle issues like depression, divorce and even suicidal thoughts head on.

Suicide Prevention at NAMI Maine

(<https://www.namimaine.org/suicideprevention>): Working in partnership with the Maine Suicide Prevention Program and with the Maine Medical Association, NAMI Maine suicide prevention staff offer an array of educational materials and training to support suicide prevention, intervention and management in practice settings. For more information, contact Susan Kring at MMA or Amanda Bouffard at NAMI: 622-5767 ext. 2318 or MSPP@NAMIMaine.org.



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- 50 % of chronic disease meds are not taken as prescribed

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Ask every patient every time if they can afford their meds.

Evaluate their unique circumstances and then help them obtain free or low-cost meds from the most appropriate public or private program yourself, or **refer them to the skilled staff at the local hospital-based prescription assistance program created to manage this process on your behalf.**



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- Chief/Medical Director of Ob/Gyn - Bangor
- Medical Director of Psychiatry - Bangor
- Chief Medical Information Officer - Bangor
- Medical Director/Lead Physician of EMS Services - Dover-Foxcroft
- Lead Radiology, Hematology/Oncology, and Urgent Care Physicians - Presque Isle

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ProviderJobs@northernlight.org or call (207) 973-5358



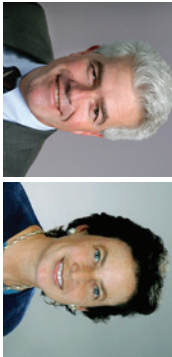
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