



# Maine Medicine

a quarterly publication of the Maine Medical Association

OCTOBER/NOVEMBER/DECEMBER 2022

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

## MMA'S 169<sup>TH</sup> ANNUAL SESSION: ERIK STEELE, D.O. IS INAUGURATED AS NEXT PRESIDENT; ROBERT MCAFEE, M.D. AND DANIEL ONION, M.D., M.P.H. ARE AWARD HONOREES

MMA conducted its 169<sup>th</sup> Annual Session at the Harborside Hotel & Marina in Bar Harbor during the weekend of September 9-11, 2022. "We enjoyed great weather and camaraderie during the meeting," said Lisa Ryan, D.O., Chair of the Planning Committee. "The weekend offered something for everyone – MMA business and governance; 9.0 CME credits; celebration of elections and awards; recreational opportunities, including golf, yoga, hiking, and the Edmund Hardy, M.D. Road Race – but, most importantly, the chance for us to be together after the COVID-19 pandemic," added Dr. Ryan. During the dinner program on Saturday evening, Jeffrey Barkin, M.D. presented the President's Award for Distinguished Service to Robert McAfee, M.D. (to Bob's surprise!) and handed the gavel and President's Medallion to Erik Steele, D.O. during his inauguration as the 170<sup>th</sup> President of MMA. Amy Madden, M.D. presented the Mary Floyd Cushman, M.D. Award for Exceptional Humanitarian

Service as a Medical Volunteer to her mentor, Daniel Onion, M.D., M.P.H. (posthumously). MMA's longest serving employee Patti Bergeron, now retired, joined Drs. Barkin and Steele in recognizing the five physicians in attendance on the 50<sup>th</sup> anniversary of their graduation from medical school: J. Thomas Albright, M.D.; Lani Graham, M.D., M.P.H.; Robert Schlager, M.D.; Peter Shaw, M.D.; and John Tyler, M.D. During the business meeting on Saturday, Maine CDC Director Nirav Shah, M.D., J.D. received the AMA Award for Outstanding Career Public Servant at the State Level. The membership also elected Jennifer Weiner-Smith, M.D. and medical students Amelia Keane and Madison Oxley to the MMA Board of Directors. Please save the date for MMA's 170<sup>th</sup> Annual Session planned for the weekend of September 8-10, 2023 at the Holiday Inn by the Bay in Portland.

## BEYOND THE STETHOSCOPE: Robert McAfee, M.D. is Passionate About Classic Cars

Dr. Bob McAfee found a release from a busy surgical practice by collecting classic cars he admired, but could not afford, during his youth. "I liked to 'blow the carbon out' occasionally on the Maine Turnpike between Portland and Falmouth," says Bob. As a retired physician, Bob reflects on his efforts to maintain a healthy work/life balance during his years in practice. Today, physicians face two significant trends that influence the practice of medicine and intrude on the traditional physician-patient relationship – the current practice model in which most physicians are employed by large health care organizations rather than being owners of private practices and the dominant role of large, for-profit health insurers in the system today. These realities of the health care marketplace today certainly have an influence on physicians' (and other clinicians') job satisfaction and wellness. "I urge young physicians to remain true to the fundamental tenets of the physician-patient relationship and to find something that brings you joy outside of your practice," Bob advises. Bob enjoyed his classic car collection, but he also shared the activity with his wife Doris. While they didn't participate in car shows or take extended trips in their cars, they got much pleasure from short excursions around their Portland home. Doris also helped Bob build a 22' x 52' six-bay garage for the collection at their Forest Lake cottage. Chuckling about Doris straining to hold a frame for the building, Bob quips, "it's the closest we came to a serious fight." Bob chose cars for his collection based on their "value proposition," their condition compared to the price. A favorite was his '66 Ford Mustang convertible, "Ember



Glow," medium tan exterior color, white convertible top, "Pony" embossed bucket seats, 289 cc engine, and automatic transmission. "It was the epitome of growing up in the '60s," says Bob. "It wasn't the fastest car, but it was the first mass-produced American sports car that was accessible to the general public." He added "fancy" hub-caps and "red liner" tires, known as such because they had a red stripe on them. Bob's collection also included



a '79 VW Beetle convertible; an '80 MG convertible; a '60 Nash Metropolitan; a '67 Ford Thunderbird; a '54 Kaiser

*Continued on page 7*



- 1 Medical Students L-R: Aidan Peat, Kelsey Pelletier, Amelia Keane, Claudia Maynard, and Austin Vaughan
- 2 Guy Cousins, Director of the Medical Professionals Health Program in exhibit area
- 3 Dr. Nirav Shah, Maine CDC Director, received the AMA Award for Outstanding Career Public Servant at the State Level. L-R: Dr. Erik Steele, Dr. Nirav Shah, Dr. Jeffrey Barkin
- 4 Marwa Hassanien, MS, M.Ed., Director of Diversity, Equity, and Inclusion at Northern Light Health
- 5 MMA Past Presidents: **Back:** Dr. Robert McAfee, Dr. Charles Pattavina, Dr. John Garofalo **Middle:** Dr. Amy Madden, Dr. Robert Schlager, Dr. Dieter Kreckel **Front:** Dr. Maroulla Gleaton, Dr. Lisa Ryan, Dr. Karen Saylor, Dr. Jo Linder
- 6 Dr. Erik Steele, incoming President with his family.
- 7 Dr. Robert McAfee was awarded the President's Award for Distinguished Service. L-R: Dr. Jeffrey Barkin, Dr. Robert McAfee, Dr. Erik Steele
- 8 L-R: Dr. Jeffrey Barkin, Joan Barkin, Andrew MacLean, CEO, Katharine Ayer
- 9 Amy Carter, Director of MMA Center for Quality Improvement in exhibit area

## MMA WANTS YOUR OPINION ON HEALTH CARE REFORM

The MMA's Ad Hoc Committee on Health System Reform, established in 2021 and chaired by Maroulla Gleaton, M.D., is seeking member feedback on a draft revised *Statement on Reform of the U.S. Health Care System*. You can find the draft revised statement, a survey option for your feedback, and other Committee materials

on the MMA web site, <https://www.mainemed.com/adhoc-committee-health-system-reform>. You will find this link in the "Spotlight" section on the home page of the MMA website. We appreciate your participation in the health care reform discussion!

**Be sure to check out the inserts for more important information!**



MMA WELCOMES TWO NEW MEMBERS TO OUR TEAM

The Maine Medical Association is pleased to introduce Ashlee Crowell-Smith and Noelle Federico who have joined our staff during the past couple of months.

ASHLEE CROWELL-SMITH



Ashlee Crowell-Smith joined MMA's Center for Quality Improvement team as a Project Manager effective September 12, 2022. She earned a B.S. in Criminal Justice and a B.S. in Psychology from Thomas College in 2016. Most recently, Ashlee earned her M.B.A. with a concentration in Project Management from Thomas College in October 2021. She will be working on several projects, working closely with other project managers and subject matter experts. Ashlee is a Vassalboro, Maine native and currently resides in Winthrop, ME with her chocolate lab puppy. You can reach Ashlee at [acrowell-smith@mainemed.com](mailto:acrowell-smith@mainemed.com).

NOELLE FEDERICO



Noelle Federico joined Maine Medical Association as Program Administrator working with five medical specialty societies in mid-October. She will work with the Maine Chapter, American College of Surgeons, the Maine Society of Orthopedic Surgeons, Maine Urology Association, Maine State Rheumatology Society, and Maine Gastroenterology Society. She has experience with both event planning and working with non-profits. Noelle is from just outside Farmington, Maine where she lives with her husband and two kids. She enjoys camping and spending time with family. You can reach Noelle at [nfederico@mainemed.com](mailto:nfederico@mainemed.com).

SHIRLEY GOGGIN, EXECUTIVE DIRECTOR FOR THE MAINE SOCIETY OF EYE PHYSICIANS AND SURGEONS, RECOGNIZED BY THE AMERICAN ACADEMY OF OPHTHALMOLOGY (AAO)



The AAO recognized two State Executive Directors at its Annual Meeting in Chicago on October 2nd, with the Maine and Alabama Executive Directors as the 2022 awardees. On October 8<sup>th</sup>, at the Downeast Ophthalmology Symposium held in Bar Harbor, Maine, American Academy of Ophthalmology President, Robert E. Wiggins, Jr., M.D., M.H.A., presented Shirley Goggin, Executive Director for the Maine Society of Eye Physicians and Surgeons with a plaque and gift. The award was in recognition of her outstanding efforts in organizational development and commending Ms. Goggin for her excellent leadership, dedication, and service. Shirley has worked for the Maine Medical Association and supported the ophthalmologists for 27 years.

MMA NECROLOGY

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

- Buell A. Miller, M.D. (1933 – 2022)
- Christopher F. Manning, M.D. (1941 - 2022)
- Janice L. Pelletier, M.D. (1957-2022)

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.

PRESIDENT’S CORNER

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



Maine is a small state – you have to remember that before you tick people off. The person you are fighting with today over one issue is likely the person whose help you will need on another issue tomorrow.

Some of the issues facing the MMA and its members in the year ahead have a lot of potential to tick our members and other constituents off, and to drive partners apart. Two among those issues are whether “Medicare for all” is the best path to universal insurance coverage, and the protection of abortion as a reproductive right for women.

As the MMA President who would like to keep us all happy with each other, I would love to just have the MMA stand on the sidelines while others battle such issues out. But we cannot be physicians who truly care for patients and stand by while others make such decisions without our participation. Nor can the MMA remain relevant to our members – especially our younger and future members – if we don’t have the courage to take stands on such important issues.

Let’s look first at “Medicare for all.” An ad hoc committee of the MMA charged with updating our position on health system reform has developed a draft statement (<https://www.mainemed.com/adhoc-committee-health-system-reform>) supporting universal insurance coverage through a payroll tax-based model like Medicare. The MMA is currently engaging its members and other stakeholders in a discussion of that draft position statement – which alarms some physician and other organizations - in a process of developing a final position statement of the MMA.

The MMA ad hoc committee’s draft statement is essentially a call to end the moral failure of the richest country on earth to insure all of its people. It reflects the feelings of many physicians in Maine who have thrown their hands up in frustration and said essentially, “That’s it – we have to do something. Why not insure all Americans with the country’s most popular insurance program, just the way Canada does.” It is a frustration born of our collective failure to find other options and deliver on them while so many of our patients suffer. It is a call to end the debilitating, life-threatening chronic affliction of being uninsured in America.

For an association of physicians not to propose and advocate for solutions to that cancer on our conscience is so unacceptable as to be immoral. We have to take a stand. So my challenge to us all on this issue is to join with other MMA members in helping us craft a final position. If not the ad hoc committee’s proposal, then what? What is your proposal to get every American, every one of your patients, insured in a sustainable way?

The abortion issue has been handed back to us by the recent decision of the U.S. Supreme Court to overturn Roe v. Wade. The result will certainly be bills before the Maine Legislature to limit or eliminate abortion rights for women. There is no standing on the sideline for the MMA on this issue, either. Too many MMA members feel too strongly that this is about defending the rights of women to govern their bodies for the MMA to fail to take a stand. So we will – on the side of the right of women to choose.

Our work, as physician colleagues and as an association, only starts with taking positions, however. Working together despite our differences on these issues must continue. We cannot let such issues drive us apart as colleagues, as a profession, or as an association; there is too much more for us to do that requires us to stick together despite our differences. Forces of ignorance and fear will continue to drive our patients away from vaccines and other good care. Federal budget issues will continue to put downward pressure on Medicare reimbursement for patient care, threatening the sustainability of physicians to care for Medicare patients. The list of things where we will need to be a cohesive association advocating for our patients and our profession is long; if we let Medicare for all and abortion tear us apart, our influence on future issues will be in tatters.

The key to being able to preserve relationships – among physician colleagues, among MMA members, among healthcare stakeholders, among husband and wife even, is to focus on the many issues that unite us rather than on the issue of the moment that divides us. So, as we all wrestle with these divisive, difficult issues and the MMA’s position on them, don’t lose sight of what unites us, and remember this: if we ticked each other off today we both have to get past it, because we will need each other tomorrow.

I can be reached at [president@mainemed.com](mailto:president@mainemed.com) or 207-799-8596.



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# NOTES FROM THE CEO

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



As I write this, the MMA Board of Directors has just concluded its annual President’s Retreat, this year hosted by President Erik Steele, D.O. at the Hilton Garden Inn in Bangor. The retreat, conducted during the weekend of October 14-16, 2022, offered the 30-member Board a chance to gather in person, form or develop closer professional relationships, and to help plan the MMA’s strategic priorities for the near future. I have participated in 23 of these annual retreats and each has provided me with the opportunity for growth in my role and insight into the evolving needs of the physician community we serve. While always focused on some strategic aspect of the MMA and the environment in which we represent the physicians of Maine, the topics have varied, but have always been motivating to the Board members and me. The retreat this year was similarly interesting and motivating. Dr. Steele initially engaged us in a review

of the MMA’s current strategic planning framework, established during the Fall of 2019 and reviewed and refined annually thereafter, and our “action priorities” or organizational work plan for this year. Our work on Saturday morning was devoted to a “non-profit board boot camp,” or workshop on governance best practices. The Board of Directors’ discussion on Sunday morning focused on several strategic priorities of this year, including opportunities for growth and development of our MMA Center for Quality Improvement, founded in October 2020; for expanding our capacity in health care leadership development; for promoting clinician wellness and resiliency; and for improving diversity, inclusion, and health equity in the health care sector. I am excited about continuing the strategic conversations with the Board of Directors at their December 2022 and January 2023 business meetings as we finalize the MMA’s plan of work for 2023.

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.

## MAINE’S COMMUNITY HEALTH CENTERS—A CAREER OPPORTUNITY YOU DON’T WANT TO MISS!

By Emily Ferry, MSW, Director of Workforce Initiatives, Maine Primary Care Association

In Maine, we have 20 unique federally qualified health centers (FQHCs), including one look alike (LAL) organization, with more than 70 service sites state-wide, serving nearly 1 in every 6 Mainers. With roots in the Civil Rights and Social Justice Movement, FQHCs, also known as community health centers (CHCs), have become collaborative pillars of Maine’s communities and health system, specializing in whole-person care. Innovation, adaptability, and equity are at the heart of the community health center movement.

While all of Maine’s CHCs have long felt the impacts of primary care workforce shortages, those located in the state’s most rural counties are in critical need of more trained professionals. With a large aging population, not only does the demand for medical services continue to grow, but we also see a growing number of retiring medical professionals. In 2012, the Robert Graham Center: Policy Studies in Family Medicine and Primary Care projected that Maine would need 9% more primary care physicians to meet future needs<sup>1</sup>. COVID-19 has only exacerbated this. Growing wage competition and fewer available workers create a highly competitive market for providers and often CHCs are those most impacted.

While programs like the National Health Service Corps and other loan repayment opportunities are unique benefits to working in CHCs, one could argue it’s the CHC mission that makes them great places to practice health care. The first community health centers—one in New England—were formed in the mid-1960s as a part of President Johnson’s War on Poverty initiative to address health disparities across the nation. Based in a community-driven approach, CHCs are uniquely

positioned to provide comprehensive primary, mental, and dental health care to their communities’ most vulnerable patients regardless of insurance status and ability to pay.

Working at a CHC is an exceptional service opportunity. CHCs incorporate a team-based approach to reach patient desired outcomes and needs. The majority of Maine’s CHCs combine behavioral health and/or dental services in at least one of their sites, as well as pharmacy (including the 340B Drug Pricing Program) and other patient drug assistance programs, case management, chronic disease management, Medication Assisted Treatment (MAT) services with counseling and peer support services and a myriad of other services to address social drivers of health such as food insecurity, housing, and transportation. Many CHCs are on the front lines of innovations to increase access to care such as incorporating community health workers into care teams, telehealth utilization, and providing enabling services.

Maine’s CHC network spans as far north as Fort Kent, as far south as North Berwick, eastward to Lubec, and westward to Rangeley. The physicians, clinicians, and support staff come to know their patients on a deeply personal level. Imagine seeing the healthful difference your work makes firsthand – on the sidewalks, in the stores, and on the playgrounds where you live.

The ultimate return on bringing your brand of care to one of Maine’s Community Health Centers is enjoying not only a rewarding practice in a supporting environment, but also the joy of having a job that loves you back.

Interested in a career at a CHC? Visit <http://healthcarejobsforme.org/>. For more info on CHCs, visit [mepca.org](http://mepca.org).



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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.

## THANKS TO THE MMA’S RECENT SUSTAINING MEMBERS

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

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Northern Light Mercy Hospital



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## Center for Quality Improvement Announces Exciting New Maternal Child Health Grant Initiatives

We are pleased to announce that the CQI has received funding for four exciting new projects to improve the health of pregnant and postpartum people, infants, and families across Maine.

Perinatal Quality Collaborative for Maine (PQC4ME) has just been awarded a competitive cooperative agreement of \$275,000 per year for 5 years by the Federal CDC (US CDC–RFA–DP22-2207). New partners include In Her Presence, the Maine Primary Care Association, and the Maine CDC’s Public Health Nursing Division. The project’s Year 1 goals are to:

1. Establish PQC4ME as Maine’s center of excellence for perinatal quality improvement initiatives by enhancing its capacity to make measurable improvements in perinatal care and outcomes statewide.
2. Advance health equity in the diagnosis and management of maternal hypertension by engaging populations experiencing health inequities in evaluating tools and resources used in birthing facility patient and family education.
3. Expand implementation of the AIM Severe Hypertension in Pregnancy Bundle to all of Maine’s birthing hospitals.

PQC4ME was established in 2018 and uses evidence informed practices to improve outcomes for infants, mothers, and families. A statewide Steering Committee of 65+ clinicians, public health researchers, advocates, and community-based organizations provides advice and guidance on QI initiatives.

CQI looks forward to continuing to expand the reach of PQC4ME, further improving health and healthcare and advancing health equity, through clinical and community-based quality improvement initiatives across the state.

The CDC ERASE Maternal Mortality (CDC ERASE MM) is a \$150,000 per year, 2-year cooperative agreement with the Federal CDC (US CDC-RFA-DP22-2211) in partnership with Maine CDC that will fund expansion of Maine’s capacity to review maternal deaths as part of the existing Maternal Fetal and Infant Mortality Review Panel (MFIMR) through two primary strategies:

1. Increase timeliness, accuracy, and standardization of information available about pregnancy-related deaths, including documented opportunities for prevention.
2. Increase availability of recommendations of the MMRCs among communities, clinicians, and policy makers.

The CDC Maternal Health Innovations Grant is a one million dollar per year over 5-years HRSA grant (HRSA-22-149) awarded to the Maine CDC. CQI is partnering with Maine CDC focusing on building sustainable capacity to support current AIM bundle work on severe maternal hypertension among all Maine birthing hospitals and for additional AIM bundles to be added during years 2-4. CQI will also collaborate on developing and implementing a 5-year strategic plan to improve maternal health by identifying and addressing gaps and priorities in the healthcare system.

RMOMS (Rural Maternity and Obstetrics Management Strategies) is a one million dollar per year for 4 years cooperative agreement from HRSA (HRSA-22-115), awarded to MaineHealth. This project aims to improve access to, and continuity of, maternal and obstetrics care in rural Maine. CQI will partner with MaineHealth and the RMOMS Network of rural hospitals to assist in analyzing the continuum of care for perinatal people in rural areas and planning education and training for the management of chronic conditions in pregnancy such as hypertension, obesity, and diabetes.

For more information, please contact mmacqi@mainemed.com. For information about the RMOMS project, please contact Caroline.Zimmerman@mainehealth.org.

## MAINE DHHS UPDATE

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



### Preventing Drug Overdose Deaths: What’s a Doc to Do?

Maine’s Opioid Response continues to engage communities and clinicians to address the ongoing epidemics of drug use and overdose deaths, and urges physicians to be aware of the key roles we can take to support these efforts:

- **Eliminate stigma and support recovery in your community:** Physicians can play a critical role in challenging attitudes and driving change in our communities. Stigma related to substance use disorders (SUDs) and the treatment of these all-too-deadly disorders creates barriers and is still far too common. As champions of science-based and compassionate care, we must speak up for evidence-based policies and treatments that keep patients alive.
- **Encourage and offer treatment:**
  - **Get an X-waiver:** Strong evidence shows that medications such as buprenorphine help control cravings to use opioids and can keep people alive. While DEA regulations still require clinicians to get a DATA-2000 X-waiver to prescribe buprenorphine, important changes were made in 2021 that now allow providers to request an X-waiver to treat up to 30 patients by filing a simple online request without the previous requirement for eight hours of training:<https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php>.
  - **Know your OPTIONS:** Physicians can also help by referring patients and families to SUD treatment. The state-funded OPTIONS program (Overdose Prevention Through Intensive Outreach, Naloxone and Safety) contracts with local organizations to provide mobile response teams in every county to connect people directly to harm reduction, treatment, and recovery resources. We encourage clinicians to learn more about local efforts in their community and to find recovery partners in your area by visiting <https://knowyouroptions.me/>.
  - **Maine Treatment Connection:** Additionally, Maine will soon be offering a new SUD treatment locator tool, “Maine Treatment Connection” that will offer phone and web-based tools for locating evidence-based treatment providers across the state at <https://www.treatmentconnection.com/>.

- **Use the educational supports:**
  - **Maine SUD Learning Community:** Maine DHHS contracts with the Co-Occurring Collaborative Serving Maine (CCSME) to offer educational supports, resources, and technical assistance to prescribing clinicians and their practice teams through the SUD Learning Community. The website <https://MESUDLearningCommunity.org> offers a wide range of learning opportunities and opportunities to request technical assistance.
  - **treatME Learning Collaborative:** Recognizing the growing levels of youth stress, and the rapid growth of SUDs, the Maine Chapter of the American Academy of Pediatrics (MAAP), along with several partners, is offering “treatME” (Treatment Recovery Education Advocacy for Teens with Substance use Disorder in Maine). This Learning Collaborative offers help to busy clinicians to better identify and treat SUDs, including nicotine, cannabis, alcohol, opioids, and stimulant use disorders, as well as co-occurring mental health disorders. This initiative offers a range of learning opportunities, resources, and access to experts in treating youth SUD, with info available at [www.treatME.info](http://www.treatME.info)

- **Advise people who use drugs to never use alone:** Over 70% of drug overdose deaths occur in people who are using drugs alone. For patients who are using drugs, advise them not to use alone and encourage them to use tools that can monitor for accidental overdose:
  - <https://www.brave.coop/app>
  - Never Use Alone hotline: tel. 800-484-3731 or <https://neverusealone.com/>
- **Promote naloxone distribution:** Use every opportunity to prescribe naloxone (Narcan) to patients at risk for opioid overdose, including any patient taking chronic opioids, particularly those also taking benzodiazepines, or those with a history of OUD or history of previous overdose. Taking a few additional minutes to write a naloxone prescription for patients and family members can literally save a life. You can also find naloxone distribution sites at <https://getmainenalexone.org>

The MMA and Maine physicians are important partners in these efforts to reverse the tide of this deadly epidemic; please share any additional thoughts by contacting me directly at [lisa.letourneau@maine.gov](mailto:lisa.letourneau@maine.gov).



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Maine Medicine





Whew! Another Election Day is Gone

Do you hear the sighs of relief across Maine? It means Election Day has passed. Thankfully we now transition from political campaign ads to preparation of MMA's state legislative public policy priorities for 2023.

The MMA's Legislative Committee has been taking members' feedback during the past few months to develop a legislative platform. Legislative Committee members will now work with the MMA Government Affairs staff to communicate the platform to members to generate grassroots support for platform goals and initiatives. A well developed plan helps to clearly define MMA issues and provide solutions. It also helps to get members involved in bringing together elected leaders interested in the issues important to medicine.

More than 2,000 proposed bills were introduced in Maine during the 2021-2022 sessions of the legislature. The MMA actively tracked approximately 325 bills that directly or indirectly impacted medicine while Maine physicians and MMA staff provided more than 200 pieces of verbal and written testimony on bills ranging from telehealth improvements, spending for primary and behavioral health care, and harm reduction policies for opioid use disorder.

What's Next?

The MMA's Legislative Committee will hold an organizational meeting in early December – date and details will be announced in our weekly newsletter

(Maine Medicine Weekly Update). The Committee will outline plans to support MMA's legislative agenda for the next two years. Specialty society leaders and interested MMA members are encouraged to join the hybrid meeting. Please email Sarah Lepoff at slepoff@mainemed.com if you would like to attend.

Jay Mullen, M.D., M.B.A. has been Legislative Chair since late 2018 and he now serves on the MMA Board of Directors. This year we welcome Kevin Fickenscher, M.D. and Henk Goorhuis, M.D. as new Co-Chairs of the Committee. Dr. Fickenscher is a family physician and is President & CEO of CREO Strategic Solutions, and is recognized as an expert in rural healthcare. Dr. Goorhuis is a current MMA Board member, former hospital board member, and practices emergency medicine with Central Maine Healthcare. Thank you, Dr. Mullen for your steadfast leadership and guidance during the past two legislative cycles.

Why Get Involved?

The Maine Legislature will return to Augusta in January. Nearly everything you do each day, from initial licensing through retirement is governed or directed by some federal or state statute, or rule/regulation. In politics, people and professionals must either participate in the process and influence decisions made on their behalf or allow someone else to make the decisions for them.

What We Do?

The MMA Government Affairs staff is here to help Maine physicians decipher and navigate the complicated environment of advocacy and the development of laws.

- **Member/Legislator Matching** – Coordinate key physician contacts with local state legislators.
- **Legislative Expertise** – MMA staff has decades of experience and knowledge of the legislative

process.

- **Legislative Tracking** – MMA tracks proposed bills of potential interest to physicians.
- **Coalition Building** – MMA regularly works with outside organizations on issues of mutual interest.

Physician Advocacy Network

The most effective way for state legislators to understand health care issues facing their constituents is to receive input from the physicians in their districts who serve them. MMA's Advocacy Network is an effort to enhance local physicians' presence in the legislative process. We encourage members to reach out if interested in becoming a physician advocate. This proactive strategy will enable more MMA members to become well-informed and effective advocatess for health care and public health.

The MMA Government Affairs staff is here to provide members with useful tools to effectively communicate the planks of the legislative platform, highlight issues impacting your practice, and build relationships with your local state legislators.

Visit the MMA website homepage at [www.mainemed.com](http://www.mainemed.com) to read MMA's 2021-2022 Legislative Summary, sign up for MMA's weekly e-newsletter, and to learn more about joining MMA's Physician Advocacy Network. You can also reach out to MMA's expert and friendly Government Affairs staff for help and information. Dan Morin, [dmorin@mainemed.com](mailto:dmorin@mainemed.com) or Mikenzie Dwyer, [mdwyer@mainemed.com](mailto:mdwyer@mainemed.com). Or call (207) 480-4199. We're always ready to help.

MEDICAL MUTUAL INSURANCE COMPANY OF MAINE RISK MANAGEMENT PRACTICE TIP: Policy and Procedure Manual in Practice Management

The office policy and procedure manual serves as a resource to optimize the quality of care and operations of the practice.

When writing office policies and procedures, consider what is required by law or regulation because exceeding it can be a source of liability. For example, if the law allows medical assistants to give injections under certain circumstances, but your policy states injections are given by registered nurses only, the medical assistant would be in compliance with the law, but in violation of your policy. In addition, policies related to the standard of care provided to patients should be written with caution because detailed instructions that exceed the medically accepted standard of care may create possible malpractice liability.

For practices that are either hospital-owned or hospital-based, policies and procedures within the practice may need to be revised to reflect an integrated health system.

Guidelines:

- Begin with an introduction that describes the purpose of the manual.
- State the office philosophy and the expectation that employees will adhere to the policies set forth.
- Include an organizational chart with lines of authority by position.
- Write realistic policies and procedures that avoid detailing matters related to the standard of care. Do not be restrictive by being too specific, yet avoid ambiguity and vagueness. A policy should be practical in carrying out the day-to-day operation of the practice.

- Use straightforward language and avoid terms such as "shall", "will" or "must" in the policy or procedure, and do not use superlative words such as "highest quality" or "perfect."
- Use a bullet point or numbered step format for ease in reading. A staff member should be able to quickly navigate the policy.
- State the procedure step-by-step, following a logical sequence. Briefly outline who, what, when, where, and how of procedures.
- Address patient/staff safety and health needs as priorities.
- Ensure that the policy/procedure applies to all locations of a practice, when appropriate.

Maintenance:

- Record the date when each policy or procedure is adopted.
- Keep an up-to-date index or table of contents.
- Perform reviews every three years for relevancy and compliance with current state and federal laws, or more frequently as new rules or laws become known or changed. If revisions are necessary, place revision dates on the new policy.
- Retain a copy of each revised policy for the period of time commensurate with your state's statute of limitations for filing a medical malpractice claim.
- Obtain signatures for policy approval from responsible parties.
- Obtain input from an attorney to ensure reasonable and achievable policies have been established.

Staff education:

- Provide training to explain pertinent policies. Use policies and procedures as part of competency for staff as applicable. Consider an ongoing review of practice policies at staff meetings.
- Obtain employees' signatures on a form indicating their review of the manual.
- Enforce established policies. Monitor compliance with policies as part of quality improvement efforts.
- Remind employees of their obligation to know practice policies and procedures and to follow them.

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.



SPECIALTY SOCIETY MEETINGS

**March 3-5, 2023**  
Maine Urological Association Winter Conference  
Sunday River – Newry, Maine  
Contact: Noelle Federico 207-480-4195 or [nfederico@mainemed.com](mailto:nfederico@mainemed.com)

**March 17-19, 2023**  
Maine Society of Orthopedic Surgeons  
Sugarloaf Mountain Hotel – Carrabassett Valley, Maine  
Contact: Noelle Federico 207-480-4195 or [nfederico@mainemed.com](mailto:nfederico@mainemed.com)

**April 28-30, 2023**  
Maine Chapter, American Academy of Pediatrics  
Spring Conference and Members Meeting  
Samoset Resort – Rockport, Maine  
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SAMUEL P. SOLISH, M.D. AND THE MAINE SOCIETY OF EYE PHYSICIANS AND SURGEONS RECOGNIZED WITH AMERICAN ACADEMY OF OPHTHALMOLOGY 2022 STAR AWARD

On October 2, Samuel P. Solish, M.D. was recognized at the American Academy of Ophthalmology’s Annual Meeting in Chicago for the ongoing success of providing continuing education to ophthalmologists through the Downeast Ophthalmology Symposium.

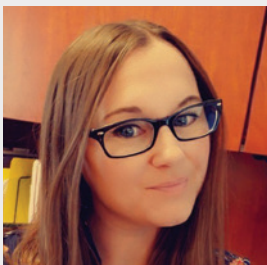
More than twenty years ago, Samuel P. Solish, M.D. had a vision of creating an opportunity for practicing Maine ophthalmologists to obtain quality CME and networking time without leaving the state. Taking this a step further, he extended this endeavor to include ophthalmologists from across the country to join us in our beautiful state for a national caliber meeting in an intimate learning environment and with down time to enjoy Acadia National Park. To assist him in this mission, Dr. Solish formed a DOS Planning Committee consisting of several Maine ophthalmologists who worked collaboratively to brainstorm topics for the clinical curriculum as well as expand the network reaching out to potential faculty panel members. Each year from inception, the goals of the planning committee were not only to secure highly renowned leaders in their respective areas of expertise as speakers, but to also craft a syllabus that was clinically relevant to both comprehensive ophthalmologists and specialists alike.

Dr. Solish started the Downeast Ophthalmology Symposium as a grassroots organization that has enhanced the camaraderie among ophthalmic colleagues throughout the state of Maine and it endures to this day celebrating its 21<sup>st</sup> annual conference in 2022. We look forward to the continued success of bringing quality education to ophthalmologists across the country in a beautiful, relaxed setting for years to come.



L-R: Linda Schumacher-Feero, M.D., Kaitlyn Nolan, M.D., Michael Nolan, M.D., Adam Sise, M.D., MSEPS President, Sara Bozorg, M.D., and Samuel P. Solish, M.D.

PUBLIC HEALTH AND PUBLIC SAFETY PARTNERSHIPS: ADDRESSING THE OVERDOSE CRISIS IN MAINE



We would like to highlight our very own MMA-CQI Director, Amy Carter, and her recent publication in the *Journal of Public Health Management and Practice* (JPHMP). MMA-CQI has been supporting Governor Janet Mills Administration’s

Overdose Prevention Through Intensive Outreach, Naloxone and Safety Initiative (OPTIONS) in Maine since October of 2020. This innovative program embeds behavioral health liaisons into law enforcement agencies (LEAs) throughout Maine’s 16 counties. Liaisons closely collaborate with Law Enforcement Officers (LEOs) to identify individuals at high risk of experiencing an opioid overdose. They also build relationships in the community and conduct proactive outreach, overdose education trainings, and anti-stigma trainings. Liaisons meet PWUD (people who use drugs) and affected others where they are on their journey from active use to recovery and provide referrals to harm reduction, treatment, recovery, and social services based on personalized needs and desires. The outcomes of this initiative are impressive. Congratulations to Amy and please read the article at: <https://jphmpdirect.com/2022/10/10/public-health-and-public-safety-partnerships-addressing-the-overdose-crisis-in-maine/>

PUBLIC HEALTH SPOTLIGHT

By Rachel Criswell, M.D., MS, IBCLC



New Clinical Guidance Related to PFAS

During the last two years, Mainers have been inundated with news about water contamination with per- and polyfluoroalkyl substances (PFAS). These “forever chemicals” have found their way into drinking water from application of contaminated biosolids on Maine farms. While the Maine legislature has made strides in the regulation of PFAS, guidance for clinicians caring for those affected by PFAS has been scarce.

In July 2022, the National Academies of Sciences, Engineering, and Medicine (NASEM) produced a report reviewing current evidence of health outcomes associated with PFAS and setting new standards for who to test for PFAS, when to discuss exposure reduction, and how to monitor those exposed.

Health conditions associated with PFAS

While research is ongoing, NASEM indicates that strong evidence links elevated PFAS exposure to reductions in birthweight, dyslipidemia, kidney cancer, and decreased vaccine antibody response. Limited evidence links elevated PFAS exposure with breast cancer, hypertensive disorders of pregnancy, elevated liver enzymes, testicular cancer, thyroid dysfunction, and ulcerative colitis.

Serum testing for PFAS

Previous guidance suggested no added benefit of blood testing for PFAS, but the NASEM report recommends testing individuals who are “likely to have a history of elevated exposure.” This includes individuals working with fluorochemicals, firefighters, or military personnel; those living in an area with elevated PFAS water levels; those consuming fish or game from an area with elevated PFAS levels; or those living in an area where PFAS contamination may have occurred, including near “facilities that use or have used fluorochemicals, commercial airports, military bases, wastewater treatment plants, farms where sewage sludge may have been used, or landfills or incinerators that have received PFAS-containing waste.” While MaineCare covers the cost of PFAS serum testing, not all insurances do, and for those paying out of pocket the cost is close to \$600.

Clinical follow up for individuals with elevated serum PFAS level

NASEM considers individuals with serum levels greater than 20 ng/ml for the sum of 7 key PFAS (an estimated 9% of the US population) at increased risk for adverse health effects. Those with levels between 2-20 ng/mL (89% of the population) have the potential for adverse health effects. The PFAS included in the “sum of 7” have been identified in contaminations in Maine, and they include methyl-perfluorooctanesulfonamidoacetic

acid (MeFOSAA), perfluorohexanesulfonic acid (PFHxS), perfluorooctanoic acid (PFOA), perfluorodecanoic acid (PFDA), perfluoroundecanoic acid (PFUnDA), perfluorooctanesulfonic acid (PFOS), and perfluorononanoic acid (PFNA) in serum or plasma.

For those at increased risk, NASEM recommends:

- 2 - <20 ng/ml PFAS:
  - Lipid panel once between ages 9-11 and every 4-6 years over the age of 20;
  - Screen for hypertensive disorders of pregnancy at all prenatal visits; and
  - Screen for breast cancer following United States Preventive Services Task Force recommendations.

>20 ng/ml PFAS:

- Screen for lipids, hypertensive disorders of pregnancy, breast cancer as above;
- Lipid panel for patients over age 2 following American Academy of Pediatrics recommendations for high-risk children and American Heart Association recommendations for high-risk adults;
- Thyroid function testing for patients over age 18 at all well visits;
- Assess for signs and symptoms of kidney cancer for patients over age 45 with a urinalysis at all well visits; and
- Assess for signs and symptoms of testicular cancer and ulcerative colitis for patients over age 15 at all well visits.

PFAS exposure reduction

For individuals with occupational exposure, NASEM suggests that physicians and patients work with workplace health to try to reduce exposure. For individuals with affected drinking water, filters can reduce the levels of PFAS in drinking water. NSF International is an independent organization with an online database ranking filters on their ability to filter out PFOS. If individuals are unable to install filters, bottled water is another alternative. For those with elevated levels, repeat serum testing can occur one year after removal of the PFAS source, to ensure that they are coming down appropriately.

Medical interventions to reduce PFAS body burden

Studies have looked at cholestyramine, probenecid, and repeated phlebotomy as ways to reduce PFAS body burden, but there is insufficient evidence to show that the benefits of these interventions outweigh the potential risks.

The full report is available at <https://nap.nationalacademies.org/catalog/26156/guidance-on-pfas-exposure-testing-and-clinical-follow-up>.

SAVE THE DATES

SEPTEMBER 8-10, 2023  
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By Michael E. Genetti, CLU, ChFC

Preparing for The Solo Journey

The AgeLab researchers term the last 8,000 days of life – age 66 and beyond – “Exploring.” You will be entering un – or newly – charted waters. The last phase of Exploring, what the MIT AgeLab terms the “Solo Journey,” brings us face to face with the glaring reality of death itself. While there are many emotional and spiritual issues surrounding the end of life/dying process, the scope of this article is the confluence of the medical, legal and insurance disciplines that accompany them. The question is, will they come together, each reinforcing the other? Or will they clash?

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 science of medicine has continued to provide life prolonging treatment, with the consequent need for supportive care measures. The medical community responded with the birth of the hospice movement. In 1974, the first U.S. based hospice was founded in Branford, CT . Also in 1974, the term “palliative care” first

appeared in medical literature. It wasn’t until 2006, that the American Board of Medical Specialties recognized hospice and palliative care as a medical specialty.

The legal profession has also developed strategies to help those on the Solo Journey. The use of Revocable Trusts has become more common as a method to assist a surviving spouse or partner manage the labyrinth of tax, ownership and legal issues. Additionally, court cases in the mid 1970’s established the legal right to appoint a health care proxy and to execute a binding living will.

A late in life divorce or the death of a spouse or partner, the loss of a spouse’s social security benefit or pension, the need to pay for services once done by a partner as a routine chore, as well as the loss of potential care should you experience a debilitating illness – each of these occurrences have a financial impact.

Long term care insurance, originally designed to reimburse in-facility care expenses, has expanded to include assisted living and at-home care benefits. Other innovations, which help the person on the Solo Journey remain financially self-sufficient, include the addition of guaranteed living income benefits to the variable annuity contract and the creation of the Critical Illness

and Accelerated Death Benefit riders to the basic life insurance contract, both allow policy benefits to be paid out while the insured is living.

Becoming informed regarding, and taking advantage of, the innovations available in each of these three disciplines will ensure they will work to the benefit, and not the detriment, of those experiencing the Solo Journey.

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MEDICAL PROFESSIONALS HEALTH PROGRAM

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

Dimensions of Wellness and Our Overall Holistic Health

Ralph Waldo Emerson once said, “the first wealth is health.”

Health is one of the four pillars of wellness that SAMHSA identifies in the wellness and recovery process (home, health, purpose, and community). Too often, we only think about physical health when discussing health and wellness. There are more aspects to consider when talking about our own health.

Consider that we all have six main aspects of personal health and wellness: physical, emotional/mental, social, spiritual, intellectual, and financial. To be considered “well,” it is imperative that each of these areas get attention and none neglected. It is critically important for you and your overall personal wellness that these areas receive your attention.

1. Physical Wellness

- Involving yourself in any sort of movement, like exercise, yoga, stretching and even walking, 20-30 minutes a day three times a week will greatly improve your health.
- Eat healthy. Avoid fried foods, soft drinks, processed meats, and sweets. Try to include 5 servings of fruits and vegetables in your everyday eating routine. Try not to skip meals, especially breakfast, because doing so slows down your metabolic rate and can cause weight gain.

- Avoid heavy episodic drinking and drug use. No more than five drinks in one sitting for men and four for women.
- Try to get at least 6-8 hours of sleep every night.

2. Emotional/Mental Wellness

- Try to maintain a positive attitude even when challenges arise.
- Discover your personal stress reliever(s). Work to manage your time because it will help lower stress.
- Find someone that you trust so you can openly share your feelings with him or her.
- Seek professional help when you need it.

3. Social Wellness

- Engage in activities with your family, friends, and community.
- Know who your best friends are and share time with them.
- Recognize when you are in an unhealthy relationship and set limits.
- Work to balance your social life with your professional life.

4. Spiritual Wellness

- Find a quiet peaceful place and spend time there every day.
- Contemplate the meaning of your life.
- If you have religious or spiritual beliefs, study and practice them.

- Spend time appreciating the natural world around you.

5. Intellectual

- Stay current with the world around you and balance your consumption of it.
- Strive to become a life-long learner.
- Discover activities and people that ‘zap’ you rather than ‘sap’ you.


6. Financial Wellness

- Begin to take control of financial health now and in the future to the best of your ability.
- Work toward paying down/off your debts.
- Provide for current needs.
- Weather unexpected financial emergencies.
- Begin planning for long-term financial goals (buying a house, building college funds, saving for retirement, etc.).

Thinking of our health from a holistic perspective gives us insight and awareness in areas that may not be considered or unconsciously neglected.

And remember, when considering your holistic health, it is never about perfection. It is about the journey of discovery we each have in our lives. To end with another Emerson quote:



“Thought is the blossom; language the bud; action the fruit behind it.”



**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)

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Continued from page 1...Beyond The Stethoscope...

Manhattan; and a '65 Mercedes 450 SL convertible. Some of Bob's acquisitions were from auctions at the Owl's Head Transportation Museum where he was careful with his bidding. Bob has sold the collection, but has fond memories of his years as car collector.

Robert E. McAfee, M.D. is a native of Portland, Maine where he spent his entire career in medicine. He is a graduate of Bates College and earned his medical degree at the Tufts University School of Medicine. He did his internship and surgical residency at the Maine Medical Center. He was an attending surgeon at the Maine Medical Center for 31 years and served as Chief of Surgery and Vascular Surgery at Mercy Hospital. He served as the President of the American Medical Association, (Maine's only native son to serve in this capacity), the Maine Medical Association, and the Cumberland County Medical Society. The recipient of many awards and honors during his distinguished career, the MMA recognized Bob's many contributions to the practice of medicine, public health, and health policy with its President's Award for Distinguished Service at the 2022 Annual Session in September.



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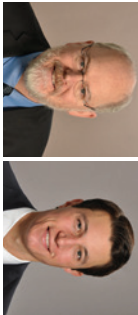
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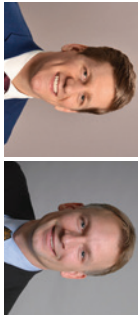
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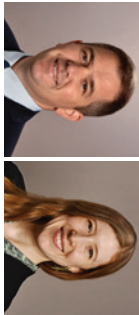
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