

Maine Medicine

a quarterly publication of the Maine Medical Association

APRIL/MAY/JUNE 2024

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

171ST MMA ANNUAL SESSION, HARBORSIDE HOTEL & MARINA, BAR HARBOR, ME, SEPTEMBER 6-8, 2024

The Maine Medical Association's 171st Annual Session will take place during the weekend of September 6-8, 2024, at the Harborside Hotel & Marina in Bar Harbor. The weekend will include opportunities for learning, networking, socializing, and deciding upon leaders and priorities of the MMA in the year ahead. Internal Medicine and Infectious Disease physician Daniel Griffin, MD, PhD (see professional biography below) will offer the keynote presentation entitled, *Long COVID: An Evidence-Based Discussion*. Maine DHHS Commissioner Jeanne Lambrew, PhD, will join the program to continue MMA's dialogue about health care reform. The Awards & Inauguration Dinner on Saturday, September 7th, will feature the presentation of the Mary Floyd Cushman, MD Award for Exceptional Humanitarian Service as a Medical Volunteer, and the President's Award for Distinguished Service. MMA President Paul Cain, MD, will pass the gavel to R. Scott Hanson, MD, MPH. For more information about this year's Annual Session, please see the insert in this issue or scan the QR code to the right.

Virology, including SARS-CoV2 (COVID-19). He is also the Chief of the Division of Infectious Diseases at Optum TriState and an Infectious Disease Physician at Columbia University. He is an active clinician and internationally invited speaker lecturing for multiple organizations, including the University of Glasgow, the Peace Corps, the University of Minnesota, Foundation for International Medical Relief of Children (FIMRC), Floating Doctors, and Remote Care Education, as well as for other groups in Asia, the Caribbean, Central America, Africa, and India. Dr Griffin is one of the hosts of the popular podcasts, *This Week in Parasitism*, *This Week in Virology*, and *The IDPuscast* as well as one of the authors of *Parasitic Diseases*, now in its 7th Edition with thousands of copies distributed to more than 100 countries throughout the world.



KEYNOTE SPEAKER BIOGRAPHY: DANIEL GRIFFIN, MD, PhD CTropMed CTH

Dr. Griffin is a physician-scientist, board-certified in Internal Medicine and Infectious Disease with expertise in Global Health, Tropical Medicine, Parasitology, and

NEW MMA WEBSITE COMING SOON!

Under the leadership of MMA Director of Publications Shirley Goggin, MMA staff and volunteers from the Board of Directors have been working with web design company, **Compete Now** (www.startcompeting.com), on a new MMA website!

As we all know, a website is the critical hub of any organization's communications strategy. We at MMA are excited to be working on a site that will present a fresh look, increased functionality, and improved accessibility. We are making great progress, and hope to launch the new site in September, just in time for the Annual Session.

Be sure to keep a lookout for updates in our weekly e-newsletter, and another progress report in the next quarterly edition of *Maine Medicine*.

Calling all MMA Members

There's one thing MMA members can do to help during this transition – please be sure your e-mail addresses are updated in our system by contacting Lisa Martin at lmartin@mainemed.com or 207-480-4201. This will make sense in the coming weeks as we reveal some of the new features we have planned!

Acknowledgements

We would especially like to thank the following MMA and Hanley Center for Health Leadership and Education board members for volunteering to be a part of this project: Paul Cain, MD; R. Scott Hanson, MD, MPH; Elizabeth Pearce, MD, Christopher Mutter, DO; Jonathan Meserve, MD; and Sue Woods, MD, MPH.

AMA HONORS RICHARD A. EVANS, MD, WITH GOVERNMENT SERVICE AWARD

During the AMA National Advocacy Conference in Washington, DC in February 2024, the American Medical Association (AMA) presented former Maine State Rep. Richard A. Evans, MD, with the AMA Award for Government Service as an Outstanding Member of a State Legislature. It is of note that no member in the history of the Maine State Legislature has ever received this award. A surgeon, Air Force veteran, and consensus builder, Rep. Evans leveraged his position in the 130th Maine Legislature to seek bipartisan agreement on issues including substance use treatment, physician workforce development, and bolstering health coverage access. Dr. Evans is a Past President of the MMA and currently serves as Maine's senior delegate to the AMA House of Delegates.

office in Maine, Rep. Evans sponsored six bills that became law during his two years in office, including legislation to establish the Accidental Drug Overdose



L-R: Geoff Bennett, Co-Anchor, PBS NewsHour, Ceremony Host; The Honorable Richard A. Evans, MD, Maine Senior Delegate to the American Medical Association; Willie Underwood III, MD, MSc, MPH, Chair, Board of Trustees, American Medical Association

Continued on page 7

The first member of his party to represent his district in 30 years and just the fifth Black person elected to state

BEYOND THE STETHOSCOPE: Christopher Mutter, DO Focuses on Family

Dr. Chris Mutter is at the phase of his personal and professional life when he is building his medical practice and attending to the needs of his partner, young sons, pets, and household. He acknowledges that he does not have time to pursue individual avocations, but he still maintains a reasonable work/life balance. Chris and his



family moved to Maine during the COVID-19 isolation period and his wife, Bethany, with a doctoral degree in communications and statistics, was able to work from



home while caring for two young sons and the family pets. "We have a great partnership," says Chris of his relationship with Bethany. "We try to be clear communicators with each other and can flex to sometimes shifting work and family schedules." Chris and Bethany enjoy sharing the routine tasks of running a household

and maintaining a home. They particularly like gardening and enhancing the appearance of their yard. The activities of sons Sebastian (age 8) and Theodore (age 5) change with the seasons and are always at the center of the family schedule.

"I feel like I'm part of a team both at work and home, and that is empowering," says Chris. "I'm actively involved in the management of my work and home life, so I have



some control in the constant juggling of obligations," he adds. Avid New England Patriots fans, Chris and Bethany might have time in the evening to watch "The Dynasty – New England Patriots" mini-series on Apple TV+ and play a game of cribbage.

Christopher Mutter, DO, is a native of Ft. Collins, CO and is a graduate of Colorado State University and Rocky Vista College of Osteopathic Medicine. He completed an internship at Long Island Community Hospital and then a residency in radiology at Michigan State University. Chris completed his radiology training during a fellowship in breast imaging at the University of Virginia. He practices with Spectrum Healthcare Partners. Chris is a member of the Board of Directors of the Maine Medical Association and is President-elect of the Maine Radiological Society. He lives in Scarborough with his wife Bethany, sons Sebastian and Theodore, three dogs (Bruschi, Biscuit, and Ollie), and three cats (Tiger Baby, Oscar, and Marigold).

Check out the multiple inserts, including the CQI Annual Report, in this issue!

MMA AND BAYSTATE FINANCIAL CONTINUE PARTNERSHIP IN HELPING MEMBERS ACHIEVE FINANCIAL WELLNESS

In 2024, MMA is pleased to continue its long-standing relationship with Baystate Financial to provide financial education resources for members as they pursue their financial wellness as a critical element of their overall wellness. These resources will include a regular article in this publication, periodic articles in our e-newsletter, *Maine Medicine Weekly Update*, information on our website, and opportunities to participate in webinars and other relevant presentations, such as the firm's *Plan Well* series. For more information about the scope of services provided by Baystate Financial, please visit <https://baystatefinancial.com>. You may also contact local Baystate Financial representatives as follows:

- Michael Genetti – 401-432-8814
mgenetti@baystatefinancial.com
- Christopher Perry – 207-770-2033
cperry@baystatefinancial.com
- Robert Larochelle – 207-770-2033
rlarochelle@baystatefinancial.com
- Amy Young – 401-432-8811
ayoung@baystatefinancial.com

CARING FOR THE CAREGIVERS: BUILDING A RESILIENT WORKFORCE AND ORGANIZATION RECAP



L-R: Kevin Hopkins, MD and Bryan Sexton, PhD

On March 13th, 116 health care leaders gathered at the Augusta Civic Center for the *Caring For The Caregivers: Building A Resilient Workforce and Organization* conference.

Bryan Sexton, PhD, from Duke University and Kevin Hopkins, MD, of the American Medical Association, provided a national perspective about clinician wellness, and presenters from Maine health care organizations discussed their efforts and initiatives to promote clinician wellness.

Sponsored by the Maine Medical Association and the Maine Hospital Association, the conference included presentations on resources and approaches to improving wellness and resilience at the individual and organizational level.

Thank you to our presenters and attendees, and to the conference co-sponsors: Home Care & Hospice Alliance of Maine, Maine Association of Physician Assistants, Maine Health Care Association, Maine Nurse Practitioner Association, Maine Osteopathic Association, Maine Primary Care Association and the Organization of Maine Nursing Leadership.

We are collecting feedback from conference attendees, will be scheduling a debriefing with our conference partners, and will report more about efforts to promote clinician wellness in future editions of this newsletter.

THANKS TO THE MMA'S RECENT SUSTAINING MEMBERS

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

Sarah Holland, MD
Patrick Killoran, MD

NOTES FROM THE CEO

By Andrew MacLean, JD, CEO, Maine Medical Association



This is the second year after the January 1, 2023 effective date of the merger of the Daniel Hanley Center for Health Leadership and the Maine Medical Education Foundation (MMEF, a medical student loan program established in the early 1960s) with the Maine Medical Education Trust (MMET), the §501(c)(3) affiliate of the MMA. The new governing board for the post-merger MMET includes 11 members (7 members elected by the MMA and 4 chosen by the Hanley Center). During the first year after the merger, this new leadership group became acquainted with each other and adjusted to the governance model. The new board also inventoried the educational and leadership development program resources of the MMET and initiated the development of new mission, vision, and values statements. It also began considering how to best position the MMET as a separate legal entity, distinct from the MMA with its own recognized brand, but prepared to collaborate with the MMA on matters of leadership development, quality improvement, diversity, inclusion, and health equity, and

education. The new board accomplished a lot during its first year of work together. During the first quarter of 2024, the board voted to change the name of the MMET to the "Hanley Center for Health Leadership & Education," a name the board believes captures very well all of the programmatic areas of the post-merger §501(c)(3) affiliate of the MMA and appropriately links the entity with the MMA in the legacy of Dr. Daniel Hanley, who is such a critical part of the history of each organization. The board has adopted a new mission statement: "We develop leaders through inspiration and education to meet today's health challenges." The board will be considering a new logo and color scheme as part of the branding initiative, and we look forward to a public announcement of the new name and logo during the Hanley Center's Annual Networking Event on Monday, December 2, 2024, at the Harraseeket Inn in Freeport. I hope you will plan to join us there for this very special event!

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.

ENROLL NOW IN THE HANLEY CENTER'S LEADERSHIP COURSES



Hanley Center's Nursing Leadership Institute Now Enrolling

Nurses are confronting challenges that demand strong leadership skills. As a physician dedicated to the advancement of health care, you understand the vital role nurses play in patient care and the overall success of your team and organization. Investing in developing nurses' leadership skills is essential.

Our Nursing Leadership Institute course curriculum is tailored to nurses' unique needs. Throughout five, 3-hour virtual sessions, enrolled nurses will journey with us through topics and strategies critical to their success. Like our first successful cohort, our second cohort of emerging nurse leaders will:

- Gain the knowledge and skills to be successful in their leadership roles;
- Learn strategies and content to more effectively influence the operations of care delivery within their spheres of influence;
- Develop awareness of and refine their leadership approach to navigate opportunities and challenges in nursing practice;
- Build a network of trusted nurse colleagues that they can carry into their future.

Sessions are from 8:00 a.m.-11:00 a.m. and dates are:

- October 3, 2024
- November 13, 2024
- December 11, 2024
- January 8, 2025
- February 5, 2025



Scan the QR code above to access the enrollment form

for our second Nursing Leadership Institute cohort, or you can email Director of Leadership Development, Janell Lewis, for more information at jlewis@hanleycenter.org.

Hanley Center's Women In Health Leadership Seminar Series Now Enrolling

Women are trailblazing in a healthcare landscape where balancing professional and personal ambitions, responsibilities, and interests can present unique challenges.

To empower and uplift women leaders navigating these changes, we have developed curriculum crafted to equip women leaders with the skills, resources, and community they need to thrive in today's ever-changing health care environment.

With two successful cohorts completed, the upcoming third cohort is sure to be our best yet. Join us for 3 virtual, 3-hour sessions, as we delve into pressing questions, share stories of triumphs and setbacks, and forge invaluable professional connections.

Sessions are from 8:00 a.m.-11:00 a.m. and dates are:

- October 2, 2024
- November 6, 2024
- December 4, 2024



Scan the QR code above to access the enrollment form for our third Women in Health Leadership Seminar Series, or you can email Director of Leadership Development, Janell Lewis, for more information at jlewis@hanleycenter.org.

Hanley Center courses are known for cultivating the next generation of leaders who will shape the future of health care and redefine the standards of excellence in patient care and organizational success. Learn more about the Daniel Hanley Center for Health Leadership at www.hanleyleadership.org.

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PRESIDENT'S CORNER

By Paul Cain, MD, President, Maine Medical Association



The MMA leadership has been busy this past winter advocating for physicians and patients. We attended the AMA State Advocacy Summit in Florida in January, and then the National Advocacy Conference in Washington, DC in February, during which

we met with our Congressional delegation. At the state level, we have been at the State House multiple times, advocating for better gun safety laws, easing our prior authorization requirements, and making sure new laws concerning facility fees do not undermine the viability of independent practices and rural health care. We also continued our efforts on health care reform, with editorials in local newspapers, the development of a PowerPoint presentation, and plans for more listening sessions this Fall.

One highlight of the past winter was our *Caring for the Caregivers* conference held at the Augusta Civic Center on March 13, 2024. The MMA collaborated with the Maine Hospital Association and other health care professional organizations to bring together clinical leaders from multiple health professions and settings to discuss wellness amongst our workforces. Acclaimed speakers on this topic presented talks on how to deal with the everyday pressures of health care and how to remain resilient.

One thing that struck me as I talked with the conference attendees was how dedicated they were to treating their patients compassionately and responsibly. Despite the

pressures to see more patients and document more extensively, their concern was primarily with the quality of patient care. The takeaway I had was that we need to keep developing as individuals and caregivers to meet the challenges of today.

Practicing medicine is stressful. In 2019, the MMA conducted a poll of our membership that showed 70% of physicians reported significant "burnout" in the previous 2 years and 50% reported having few or no wellness resources available at their workplaces. Many studies show the reason is often the increasingly impersonal nature of medicine, the increased administrative burden, lack of autonomy, and a feeling we are spending more time with our computers than our patients. Many days we start off in the predawn hours, round on our patients, document our plans, attend an early morning meeting, rush off to our office or clinic to see a full slate of patients, haggle with insurance companies about prior authorization, and then spend what should be our family time at night completing charts. We feel isolated, yet often our only contact with colleagues is a text or late day Zoom call. It's easy to get discouraged.

So, with Spring upon us, let's look at ourselves and see how we can become more resilient, fulfilled, and better caregivers. A physician who is stressed out, isolated, frustrated, and struggling with their own mental health cannot give good care. Patient care is never easy, and the increased administrative burdens only make this worse. We all need to allow for time to recover, talk with one another, ask for help when we need it and work as a team. Our well-being and that of our patients depends on it. I can be reached at president@mainemed.com or 207-233-7534.

MEDICAL PROFESSIONALS HEALTH PROGRAM

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

Driving Lessons / Self-Care Lessons

I grew up in Northern Aroostook County and as part of my high school experience I took a Driver's Education class as part of our school's curriculum. My Driver's Ed teacher, Mr. Walton, also coached three different sports at the school and his teams were always successful.

As I recall, his framework for teaching Drivers Education was pretty straightforward. It probably needed to be for the student population he was working with at the time. It was especially true with all of the seasonal weather that we would face as potential drivers.

It was simple: it started with the ultimate goal to keep the vehicle out of the ditches on either side. The next goal was keeping the car on the pavement. Once we were able to master that, it was making sure that we kept the car on our side of the road.

Mr. Walton introduced us to two tools that would be useful to promote success. He introduced us to the rearview mirror and the side view mirror. His rule of thumb was every four to five seconds, with your head on a swivel, check each to see what was behind us. It seemed like a pretty effective framework, to keep the car out of the ditches, on the pavement, on our side of the road.

It didn't take me very long in life to realize that the lessons Mr. Walton was teaching us were far bigger than keeping a motor vehicle on the pavement.

I realized working in the Behavioral Health field that I needed to use his same questions with myself in order

to keep my professional and personal lives out of the "ditch."

- How frequently did I keep my focus on things from my past that I can no longer change (i.e. side view/rearview mirror). Reflection is healthy, but if that is my primary focus, I'm likely to end up off the road.
- How often do I stare straight ahead, fixed gaze at where I want to go while I often neglect paying attention to what's going on in the here and now? Having goals are important, but the work to achieve that gets done here in the present.

This gentle framework of helping people develops balance. Helping them be in the here and now, having a focus moving forward and realizing how simple checks reflecting on where we have been to help us stay 'out of the ditches, on the pavement, and on our side of the road.'

The reality is that there will be life events that change our trajectory. Mr. Walton always would remind us to reflect on how quickly we recognize it and make the necessary adjustments. Sometimes the vehicle may be completely off the road and you will need to call for some assistance. We are all in need of help at different times in our lives.

I'm reminded of Mr. Walton's driving lessons on a daily basis, whether I'm commuting to work or I'm having life discussions with colleagues, students, or clients. His teachings and mentorship have become invaluable to me over the years and have been part of my longevity working in the helping profession.



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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.

MMA WELCOMES OUR NEWEST CORPORATE AFFILIATE:



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"Family Medicine is my passion, and part of being a good medical provider means taking good care of myself, too. Being outdoors such as hiking and biking is my happy place!"

Susan Cheff, MD
Executive Clinical Director
Primary Care (PCHC)

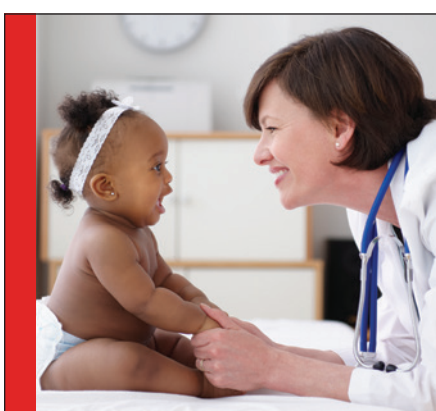


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SPECIALTY SOCIETY MEETINGS

May 22, 2024

Maine Association of Psychiatric Physicians Webinar
Why Psychiatry Needs Psychiatrists
Webinar – Zoom – 7:00pm – 8:00pm
Contact: Tracy Lloyd 207-480-4194 or tlloyd@mainemed.com

June 1, 2024

Maine Chapter, ACP Members & Families Meet 'n Greet
Norumbega Cidery – New Gloucester, ME
10:00am – 2:00pm
Contact: Warene Eldridge 207-215-7118 or mainechapteracp@gmail.com

June 20, 2024

ME-ACEP Cabbage Island Membership Meeting
Register: www.maineacep.org
Hilton Garden Inn – Freeport, ME
Contact: Cathryn Stratton 207-592-5725 or acepmaine@gmail.com

September 7, 2024

Maine Society of Anesthesiologists Business Meeting
Register: www.maineanesthesia.org
Atlantic Oceanside Hotel & Event Center Bar Harbor, ME – 2:00pm – 5:00pm
Contact: Lisa Montagna 207-620-4015 or mesahq@gmail.com

September 13-15, 2024

2024 Maine Chapter, ACP Annual Scientific & Chapter Meeting
Atlantic Oceanside Hotel & Event Center Bar Harbor, ME
Contact: Warene Eldridge 207-215-7118 or mainechapteracp@gmail.com

MMA HAPPENINGS

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

JUNE 5

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

JUNE 11

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

AUGUST 7

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

AUGUST 13

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

AUGUST 21

11:30am – 1:30pm
MMA Senior Section (Hybrid)

MMA NECROLOGY

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

Harry W. Bennett, Jr., MD (1936-2023)

Dennis B. Goodman, MD (1938-2023)

Gianelia F. Guernelli, MD (1968-2024)

Margaret A. Jenner, DO (1953-2023)

David D. Jones, MD (1952-2023)

Thomas O. McInerney, MD (1961-2023)

Jose M. Rodriguez, MD (1924-2024)

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

STATE HOUSE NOTES

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



The End of the 131st Legislature

The 131st Legislature concluded the majority of its work around 6:00am on April 18, 2024! They still need to come back for a veto day and there is the threat of a special session, but it is essentially the end which means a few "thank yous" are in order. First, to everyone in the State House and their work on almost 2,400 bills. Second, to our legislative committee co-chairs and members who joined our MMA/MOA calls on Thursday evenings. I might be biased, but I feel like we had a fun time discussing more than 150 bills. And finally, to Rai Dominguez, our Spring 2024 Maine Law Extern, we wish him all the success in his legal career.

We will be publishing our full legislative wrap-up in the next issue of *Maine Medicine* so you can learn more about our work at the Legislature. In the meantime, here is a quick teaser about a couple of our priorities which will need the Governor's approval as the final step before becoming law, which will happen before this article is published, so check the e-news for updates:

- **Passing Sensible Gun Safety Reform:** We supported five bills proposed this Session which included initiatives strengthening background checks (LD 2224), bolstering a yellow flag law (LD 2224), enacting a red flag law (LD 2283), allowing for a voluntary waiver of firearm rights to support suicide prevention (LD 2119), and banning bump stocks (LD 2086). At the end of the day, the

Legislature passed everything except for the red flag law and those bills were sent to the Governor for her signature. We are grateful to every physician who showed up to share their voice about this public health crisis.

- **Prior Authorization Reform:** We worked with many partners to support Representative Jane Pringle, MD, in passing LD 796 which (1) Requires insurance carriers regulated by the state to report on their PA data; (2) Allows medical providers to appeal PA denials to the Bureau of Insurance; and (3) Prohibits PA practices that are abusive like carriers who provide zero reimbursement to a provider even though the care was medically necessary by the carrier's own standards. This legislation allows carriers to cut reimbursement only by 15% when medically necessary care is provided without a PA. It has been sent to the Governor for her signature! We are so grateful to Rep. Pringle for her tireless work on this issue.

In other advocacy news, Paul Cain, MD and Andrew MacLean, JD, attended the National Advocacy Conference in Washington, DC in February where they advocated for our top federal priorities which included the Medicare Physician Payment Schedule, Gun Safety, and the Response to the Mass Shooting in Lewiston on October 25, 2023. Also covered were health workforce issues: graduate medical education and immigration, clinician wellness and resilience, response to the OUD crisis, prior authorization reform/price transparency, and health care reform.

Please know that you can always reach out to me at asedlack@mainemed.com if you have any questions. We are here to support you in your advocacy for health care policy.

UPDATE ON THE STATE'S RESPONSE TO THE OPIOID DRUG EPIDEMIC

By Gordon H. Smith, JD, Director of Opioid Response, State of Maine

A Turning Point?

Greetings to all my MMA friends and the MMA family. As the Second Regular Session of the 131st Legislature comes to a close, I appreciate the opportunity to update you on the State's opioid response activities. While we continue to make some progress, the problem is complicated and it is going to take some time to make it appreciably better. While we continue to see a modest decline in fatal overdoses, that metric is just one of several data points we should be following. Others include the amount of residential and outpatient treatment available and the amount of lethal drugs being seized. The State was very pleased to support financially the opening of nearly 50 new detox beds across the state in the past four months. And funding has been set aside for another 30 to 40 beds in Washington, Franklin, Kennebec, and Androscoggin counties. Some of these funds are from state and federal resources and others are from the Maine Recovery Fund which is made up of one-half of the opioid settlement funds. The MRF is controlled by the 15-member Maine Recovery Council which meets monthly and has announced an intention to make substantial investments in the four pillars of prevention, treatment, harm-reduction, and recovery support. The Council is fortunate to have among its members two outstanding physicians, Kinna Thakarar, MD, and Paul Vinsel, DO.

Another of the bright spots is the MMA-led 1000 Lives Campaign. As I write this update, I am in Atlanta at the national RX and Illicit Drug Summit with Dr. Steele introducing this Campaign to a national audience. Based on Dr. Don Berwick's successful 100,000 Lives Campaign twenty years ago, the Campaign is designed to save 1000 lives from fatal drug overdoses that without the steps called for in the Campaign would be expected. Governor Mills and our entire team are very appreciative of the Campaign and the efforts being made to encourage the medical community to provide more robust efforts to treat substance use disorder. The Campaign seeks to implement a set of "clinical commitments" to improve the treatment of substance use disorders addressing several areas including hospital emergency departments, hospital inpatient care providers, and primary care practices. Led by Maine's physicians and other clinician leadership, the Campaign looked to the State for partnership and we

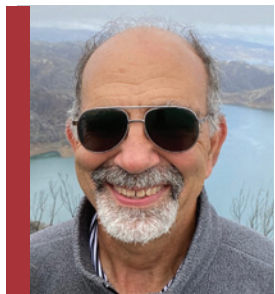
will enthusiastically provide that support. All clinicians have an important role to play to effectively identify and treat SUD/OUD and support recovery. I have been particularly disappointed in not seeing an increase in buprenorphine prescribing during the past three years. While we have seen a modest increase in the number of patients receiving methadone through the services of an Opioid Treatment Program, we have not seen the same increase in office-based buprenorphine. Nora Volkow, MD, Director of the National Institute on Drug Abuse (NIDA), reported at the conference that of the 2.5 million individuals aged 18 and older who had OUD in 2021, only 36% received ANY treatment and only 22% received medication for the illness. The 1000 Lives Campaign is urgently needed.



L-R: Erik Steele, DO and Gordon Smith, JD, with 1000 Lives Poster at the national RX and Illicit Drug Summit

Let me close this article by inviting all readers to join us in Auburn this summer for Governor Mills' 6th Annual Opioid Response Summit. Being held at the Central Maine Community College on Thursday, July 25, the theme is *Bringing a Brighter Future for Individuals, Families and Communities*, the event will feature SAMHSA head Miriam Delphin-Rittmon, PhD, Governor Mills, Attorney General Frey, U.S. Attorney Darcie McElwee, and 24 breakout sessions. Watch for registration materials in May. I hope to see many of you at the event. And, as always, thank you for what you do every day for Mainers and their families.

By Gregory D'Augustine, MD, Greene, ME



Exploring the "Plastic Dilemma"

Like a poorly anticipated speed bump on a highway, humanity finds itself confronted by the dark side of that marvelously light, durable, convenient, and ubiquitous product, plastic.

Two recent reports illuminate the problem. In 2019, the World Wide Fund for Nature (WWF) reported on a study done at the University of Newcastle, Australia that produced rough estimates on the prevalence of plastics in the environment. Among the findings: Virgin plastic production is increasing by 4% per year, and about 100 million tons of plastic waste have entered the environment since 2016. One result is that our oceans are now estimated to contain 1 metric ton of plastic for every 3 tons of fish living there.

It is estimated that the average human absorbs about 5 grams of plastic, the equivalent of a credit card, EACH WEEK! Plastics can readily be found in our blood, as well as in our breast milk.

Considering these concepts, the second report published in the New England Journal of Medicine (NEJM) in recent weeks should come as no surprise.

"Microplastics and Nanoplastics (MNP's) in Atheromas and Cardiovascular Events" (Marfella, et. al.) discussed

a prospective multicenter observational study of 257 patients undergoing carotid endarterectomy for asymptomatic disease. Excised plaques were examined for MNP's, then followed for about 34 months.

Excised plaques were found to contain polyethylene and polyvinyl chloride in 58% and 12% of patients respectively. Electron microscopy revealed foreign particles among plaque macrophages and debris. Patients who had such MNP containing plaques had a higher risk for myocardial events, strokes, and death from any cause when compared to those without MNP bearing plaques.

Clearly, more study is needed to pursue the questions raised by such reports.

But as the editorial published in the same edition of NEJM pointed out: "plastics are neither as safe nor as inexpensive as they seem."

A recent discussion by Maine Conservation Voters presented documents indicating that the plastic manufacturing industry has intentionally misled consumers about the feasibility of recycling enough plastic to make any meaningful difference in the amount of plastic entering the waste stream. Comparison to the tobacco industry's long standing policy of deluding the public on the health hazards of their products is no great reach.

Each of us should ask "what can we do about this pending disaster? And then take action."

NAMI MAINE

By Greg Marley, LCSW, Clinical Director of Suicide Prevention, NAMI Maine



Suicide Prevention Training and Resource Availability

Suicide is a leading cause of death in Maine and the U.S. Maine experiences a loss by suicide about every 36 hours and a youth death about every 10 days.

A Maine resident was 12 times more likely to die by suicide than by homicide in 2021. Yet most of the time suicide is a preventable tragedy if we are able to intervene with someone at risk and bring hope to the hopeless.

NAMI Maine, working in partnership with the Maine Suicide Prevention Program and the Maine Medical Association, provides training, resources, and technical assistance to build knowledge and skills among health care practitioners and non-clinical staff supporting identification and assessment of suicide risk and intervention and management strategies to support someone at risk. Our training elements match the national best practice model of the Zero Suicide Initiative and are designed to increase comfort and competency in risk assessment and intervention as well as resources to support someone after an attempt or crisis. Beginning in 2024, we will be partnering with the Maine DHHS to connect clinicians with online training and support for integration of the Collaborative Approach to Managing Suicide (CAMS) model.

Training offered through NAMI Maine includes:

- Training approved for AMA PRA Category 1 Credit(s)TM:
 - *Suicide Prevention and Management in Healthcare Practice Settings: A Comprehensive Evidence-Based Approach.* This in-person or virtual 60-minute presentation for providers and clinicians focused on updated trends, and an overview of a best-practice approach to screening, assessment, and management of suicide in hospital or practice settings.
 - *Suicide Prevention Lunch and Learn for Healthcare Settings:* This onsite educational program can be delivered for clinical staff, non-clinical staff or combined and may range from 90-120 minutes and addresses the elements of screening, assessment, and safety planning. It also addresses how to carry out these elements in the practice setting.
 - *Death with Dignity: Supporting Patient Needs at the End of Life:* The 2019 passage of Maine's Death with Dignity Act provides a process for a terminally ill patient to gain access to medication to end their life. The law remains somewhat controversial, and clinicians, administrators and staff face a number of ethical issues as they consider implementation of the law in their practice. This 1-2 hour presentation will review the law, steps to implement it as well as offer an opportunity to address some of the ethical questions faced.
- In addition, NAMI Maine offers a wide range of additional training as well as technical assistance in developing and implementing protocols and processes for managing suicide prevention and response in your setting.

For more information on suicide prevention trainings offered by NAMI Maine visit namimaine.org/suicide-prevention/suicide-prevention-in-health-care/ or reach out to Julianne McLaughlin at 207-622-5767 x2318 or mspp@namimaine.org. Resources and training opportunity information are available at www.mained.com/suicide-prevention.

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“Two years ago, when I went to have my annual mammogram, a lump was detected on the x-ray. My insurance company will only cover 1 mammogram (both breasts) per year...When I went for my second mammogram, MBCHP paid for it. Then I was told I needed a biopsy. MBCHP paid for the biopsy to be done plus another mammogram...I work full-time, but just about anything I have done at the hospital I have to pay for it because my deductible has not been met. I can’t thank MBCHP enough for all the financial help they have given me with my mammograms because for the last 2 years I have had to have a second mammogram.”

For eligible patients diagnosed with breast or cervical cancer or precancer, MBCHP may be able to enroll them directly onto the MaineCare Treatment Act.

FMI: Call us at 1-800-350-5180, press 1



MAINE DHHS UPDATE

By Lisa M. Letourneau, MD, MPH, Senior Advisor for Delivery System Change and Kimberly Gosselin, Maine CDC Maternal and Child Health Coordinator



Lisa M. Letourneau, MD, MPH Kimberly Gosselin

Physicians as Key Partners in Promoting Safe Sleep Messaging for Infants

While evidence strongly supports the importance of safe sleeping conditions for infants, an average of one infant in Maine still dies every month because of an unsafe sleep environment. In response, the Maine Department of Health and Human Services (the Department) is expanding efforts to promote safe sleep messaging to parents and families and recognizes physicians as important partners in these communication efforts. The Safe Sleep campaign includes safe sleep messaging at safesleepforme.org, as well as efforts to promote messaging through key partners, as well as through digital, social media, and television advertisement.

When the Safe Sleep campaign was initially announced in April 2019, infant deaths in Maine associated with unsafe sleep practices decreased by almost half. More recent data, however, shows that this initial decrease was temporary, with infant deaths currently increasing and averaging one infant death per month, many of which were associated with unsafe sleep practices. A 2022 review of infant deaths found 11 of Maine’s infant deaths were because of sub-optimal sleep environments, most of which were in homes that also had evidence of substance use.

Given these statistics, the Department is working to expand the campaign to better address gaps in knowledge and reach all communities, including families with substance use disorders (SUDs). Recognizing the important role of clinicians, physicians are encouraged to have conversations about safe sleep practices with

all patients who have infants in the home. The Safe Sleep campaign promotes the “A, B, C, D’s of Safe Sleep” identified by the American Academy of Pediatrics (AAP), which sets expectations that babies should be ...

- A. **A**lone in a crib.
- B. On their **B**ack for nights and naps.
- C. Placed in a clean, clear **C**rib.
- D. Cared for in a **D**rug-free home – be aware, not impaired.

(Note, while this may not always be possible, it is particularly important to educate families dealing with SUD about the importance of ensuring safe sleep for their babies).

Additionally, the Department has worked with all of Maine’s birthing hospitals to become “Safe Sleep Certified” through the Cribs for Kids program (cribsforkids.org). Families with newborn infants needing a safe sleep space can access a safe sleep kit from their local birthing hospital, or by participating in Maine Families Home Visiting or Public Health Nursing programs. These kits include a cribette, a fitted cribette sheet, and a sleep sack. Physicians with questions about Safe Sleep hospital resources can contact Kim Gosselin at kimberly.gosselin@maine.gov. Physicians identifying families in need of a cribette can refer them to the CradleME program at tel. 888-644-1130 or CradleME.MeCDC@maine.gov.

The Safe Sleep campaign includes ongoing work with Maine’s Public Health Nurses, Maine Families Home Visiting staff, Women, Infants and Children (WIC), and Office of Child and Family Services caseworkers and other social service agencies to ensure safe sleep education is provided consistently to families with a new baby.

Maine DHHS recognizes physicians as important partners in these efforts and encourages efforts to actively promote the Safe Sleep messages with all patients and family members who have an infant in the home. Please share any additional thoughts or questions by contacting me directly at lisa.letourneau@maine.gov.

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Medication Safety in the Office Practice

One in nine malpractice cases involves a medication-related error, half of which occur in an ambulatory setting.¹ Safe practices can reduce the risk of errors and resulting malpractice claims.

Culture of Safety

Promoting a culture of safety and continuous process improvement is one of the most effective means of ensuring medication safety. Empower Staff to report errors or concerns without fear of retribution.

Safe Medication Management

A comprehensive medication management policy should be reviewed annually by physicians and include:

Medication Reconciliation: The process of ensuring that the patient's medication regime, including over the counter, herbals, and supplements, is accurately reflected in the medical record and aligned with physician orders. Current drug reference manuals should be accessed to ensure appropriate prescribing, drug-drug interactions, allergies and contraindications.

Secure Storage: Prescription pads, printers and medications. Refrigerated medications stored separately from other biologicals, specimens, or food, and temperature monitored daily to ensure proper storage conditions. Strictly follow manufacturer's instructions for multi-dose vials.

Sample Medications: Medical Mutual's practice tip *Medications: Distribution of Sample Medications in the Practice Setting* provides detailed information on how to receive, store, and distribute sample medications.

Dangerous Abbreviations: Prohibited; see the Institute for Safe Medication Practices (ISMP) list of dangerous abbreviations in the Resources section.

Safe Injection Practices: Including management of "sharps."

Patient Identification: Using two identifiers prior to medication prescribing or administration.

Update Patient Health Status/History: Including weight, allergies, and medication reactions annually and prior to prescribing new medications.

Prescription Refill Process: Including time interval for office visits for refills.

Prescribing:

- **Electronic Prescribing:** E-prescribing reduces risks associated with illegibility or altered prescriptions and is required in some states, particularly for controlled substances. For more details on developing safe opioid prescribing processes, see Medical Mutual's practice tip *Opioids: Avoiding Risks When Prescribing*.
- **Indication for Use:** If a medication has more than one use, include indications for use on the prescription. This is especially important for handwritten prescriptions for medications with look-a-like and sound-a-like names.
- **Verbal/Telephone Orders:** Only used in emergencies and include documentation of read back and proper authentication.

Patient Education: Patients should have clear understanding of what medications they are taking, including the dose and the reason they are taking the medication, side effects, and any other considerations. Patient comprehension of provided education should be documented in the medical record.

Monitoring: Monitoring patient response/compliance with medications using lab tests or other means is important when prescribing and managing high-risk/alert medications, controlled substances, or new medications.

Resources

¹*Medication-related Malpractice Risks.* <https://www.candello.com/Insights/Candello-Reports/Medication-Related-Report>

List of Error-Prone Abbreviations. Institute For Safe Medication Practices. (2021, February 5). <https://www.ismp.org/recommendations/error-prone-abbreviations-list>

Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families. AHRQ <https://www.ahrq.gov/patient-safety/reports/engage/teachback.html>

List of High-Alert Medications in Acute Care Settings. ISMP <https://www.ismp.org/sites/default/files/attachments/2018-08/highAlert2018-Acute-Final.pdf>

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.



Continued from page 1...AMA Honors Richard A. Evans, MD with Government Service Award

Death Review Panel, and a bill to maximize health care coverage for uninsured people through easy enrollment in the MaineCare program or a marketplace health plan.

"Rep. Evans is the very embodiment of public service," said AMA Board Chair Willie Underwood III, MD, MSc, MPH. "A veteran, a leader, a legislator, a physician and a champion for people in need, he has demonstrated time and time again what it means to live your values: honor, integrity, compassion, and bridge building. For his tireless advocacy and for the very real impact he has made on the lives of patients – his own and otherwise – it is an honor to present Rep. Richard Evans with the

AMA Award for Outstanding Government Service."

Rep. Evans received his undergraduate degree in microbiology from Howard University. He received his medical degree from Jefferson Medical College of Thomas Jefferson University and completed a residency training program in general surgery at Mercy Catholic Medical Center in Philadelphia and Cooper Medical Center in Camden, NJ.

His military accolades, including the prestigious Meritorious Service Medal and the United States Air Force Commendation Medal, reflect his outstanding

contributions in various roles, such as Flight Surgeon, Commander, Director, and Chief of Hospital Services and Surgery.

His civilian accolades, including the Maine Medical Association President's Award for Distinguished Service, further exemplify his exceptional dedication to the betterment of the medical profession and the broader community.

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