

The Scope

A Newsletter for Medical Professionals

April 26, 2017

" Nothing great was ever achieved without enthusiasm"

-Ralph Waldo Emerson

The Scope appreciates the enthusiastic response of readers contributing quotes. This quote was submitted by Cathryn Stoddard, Med Staff Office. Please submit a favorite you'd like to share with others by emailing [The Scope](#).

[A Compact Between Maine Medical Center and Its Medical Staff](#)

Peer Support

for the MMC Medical Staff

PeertoPeer@mmc.org

Physician leader: Christine Irish, MD

Confidential * One-on-One * Peer Support

Dear Members of the Maine Medical Center Medical Staff,

In this issue, we provide updated information about the MaineHealth Governance Unification Discussion. Multiple medical staffs across the system have discussed and continue to discuss the topic. Do you understand MaineHealth's current governance model and/or the proposed changes? Do you know why the changes have been proposed? What are the potential risks and benefits? Review materials [linked here](#) to delve into more detail. Please know there will be a Medical Staff Town Hall meeting on Monday, May 22. Mark your calendar. Join your peers to learn about and discuss the proposal.

This issue also highlights the steps for e-prescribing controlled substances, good reads from the library, the role of APP colleagues and Dr. Ostrander serving at the ,capital as well as lists of publications and upcoming events.

We welcome your input and suggestions for the Scope.

Sincerely,



Joel Botler MD

Joel Botler, M.D.
Chief Medical Officer



Lisa Almeder

Lisa Almeder, M.D.
Medical Staff President

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MaineHealth Unification – Current Governance and Meaning of Unification

By John Bancroft, M.D., Chief of Pediatrics, V.P., Medical Affairs, and Brian Nolan, M.D., Internal Medicine, Stephens Memorial

Please read the next items in our three-part communication series on unification:

- [What Is MaineHealth’s Current Governance Model?](#)
- [What Does Unification Mean, and Why Is it Under Discussion?](#)

This series was conceived in response to findings from the survey of medical staffs regarding unification. Please offer support to your Medical Staff Presidents in answering questions from colleagues regarding the unification discussions.

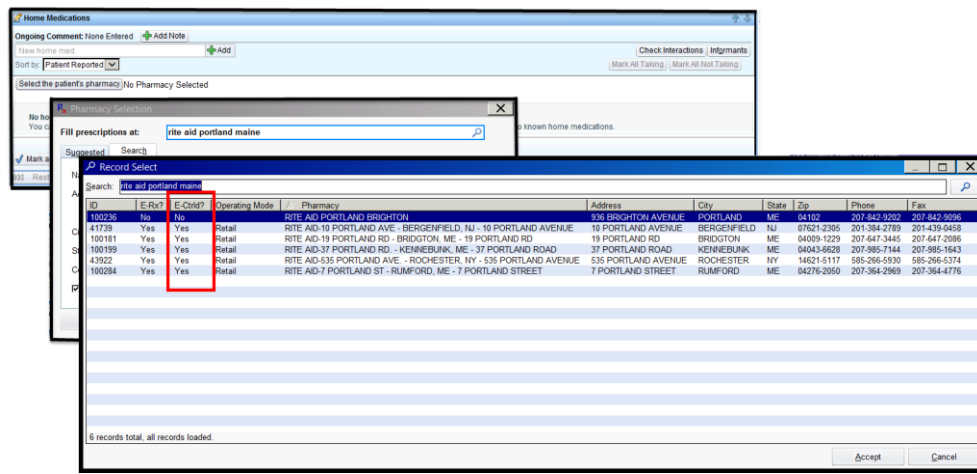
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Electronically Prescribing Controlled Substances (EPCS)

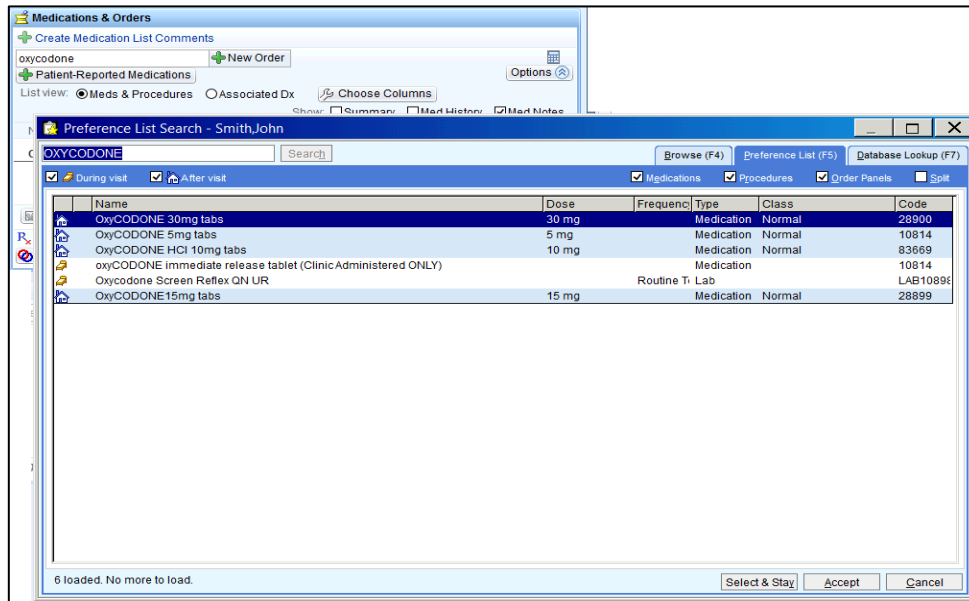
By Karen Packard, Program Manager, Meaningful Use & EPCS

Effective Monday, May 15, providers in the MaineHealth system will be electronically prescribing all Controlled Substances to comply with Maine State Law. In order to prescribe, a provider must be enrolled in EPCS by an Enrollment Supervisor and approved by an Access Approver. The Maine State Law carries financial penalties for prescribers that do not follow Maine EPCS rules after July 1. Use the following steps to ensure patients' medications are electronically transmitted to the pharmacy in a timely manner:

1. Verify or enter the patients Preferred Pharmacy on the Home Medications screen
2. When selecting the pharmacy, confirm that they accept E-Prescribed Controlled Substances by ensuring the 'E-CtrlD?' column is set to 'Yes':



3. Access the Medications and Orders section to place an order for the patient:



4. Place the Controlled Substance order and associate the appropriate Diagnosis
5. A Review/ Sign box will appear to allow the Provider to review each EPCS medication

6. Once the medication has been reviewed click the Reviewed box to the left of the med, then click Sign:

Reviewed	Schedule II Medication	Strength	Form	Sig	Dispense-Refill	Earliest Fill Date
<input checked="" type="checkbox"/>	HYCODONE 30 MG TABS	30 MG	Tab	Take 1 Tab (30 mg total) by mouth every 4 hours as needed	Disp-30 Tab, R-0	1/20/2017

7. After clicking Sign, Imprivata will prompt the provider to enter their Network password:

Confirm your identity - Tester2@mehealth.org - Imprivata Confirm ID

Confirm your identity

imprivata

Network password

8. Depending on the fingerprint scanner availability, the next verification will require you to enter your RSA Token information or place your finger on the reader. After both password and finger print or token passcode are entered the order is signed and immediately sent to the Pharmacy:

Confirm your identity - Tester2@mehealth.org - Imprivata Confirm ID

Confirm your identity

imprivata

Place your finger

Confirm your identity - Tester2@mehealth.org - Imprivata Confirm ID

Confirm your identity

imprivata

Token passcode

or use your network password

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CME Alert

The Maine Board of Licensure in Medicine (“Board”) has become aware that a company called InforMed has sent a flyer indicating that mandatory education must be completed by December 31. The Board has received many calls from licensees who assumed that the flyer, titled “2017 Maine Medical Licensure Program,” was sent by the Board. *Please be aware that this flyer does not come from and is not endorsed by the Board.* The Board has not mandated a specific course for opioid prescribers.

As stated on the Board website:

“Recently enacted legislation requires licensees of the Board who prescribe controlled substances to complete 3 hours of continuing medical education on the prescription of opioid medication every 2 years. This CME must initially be completed on or before December 31, 2017. The legislation also requires the Board to create rules to implement this CME requirement. Because rule making may take time, and in order to encourage licensees who prescribe controlled drugs to complete this required CME as soon as possible, licensees who complete 3 hours of AMA PRA Category 1 CME in this content specific area between April 19, 2016, and December 31, 2017, will be deemed to have satisfied this new CME requirement.

Buprenorphine Waiver Training as described by the Substance Abuse and Mental Health Services Administration (SAMHSA) may be counted toward meeting the requirement of this law as long as the training is approved Category 1 Continuing Medical Education by the American Medical Association Council on Medical Education (AMA).”

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MMC Library: Peer to Peer Support Resources

By Dina McKelvy

The Library is pleased to offer resources for peer-to-peer support. Along with information about the program, we are featuring materials from our collection that encourage reflection and renewal for the wellness of our care teams. Check out [Kitchen Table Wisdom: Stories that Heal](#), [I Wasn’t Strong Like this when I Started Out: True Stories of Becoming a Nurse](#), or a graphic novel called [The Bad Doctor](#).

For more information: library@mmc.org, 662-2202

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The Role of Advanced Practice Providers (APPs) at MMC

By Debbie Hoch, D.N.P., Maine Transplant Program

Nurse Practitioners (N.P.s), Physician Assistants (P.A.s), Certified Registered Nurse Anesthetists (CRNAs), Clinical Nurse Specialists and Certified Nurse Midwives are qualified healthcare professionals who are fully licensed and nationally certified to provide patient care and treatment as part of a medical team. We are clinicians, educators and researchers who are highly trained to care for and manage patients across a broad demographic with a variety of illnesses. APPs have advanced knowledge, skills and educational degrees (master's or doctorate) with a focus on all aspects of patient and family centered care. As healthcare continues to transition to newer care delivery models, APPs utilize evidence as the foundation in developing new innovations and pathways to safe and effective care.

Since 2002, we have grown from a total of 28 APPs to 398 today and are embedded in acute care and clinical settings throughout Maine Medical Center and Maine Medical Partners. Over the past year and half, this dynamic group has developed a Council for Advanced Practice to focus on professional growth, collaborative research, quality improvement and community outreach opportunities. Recently, our APP group developed and presented a Maine Advanced Practice Conference at Maine Medical Center, which was well attended by 180 providers practicing throughout New England.

While the multidisciplinary team is aware of our specialized advanced education, training, certifications and licensure, our debut into The Scope is solely intended to provide the backdrop for ongoing professional collaboration and to further showcase our value through research and quality metrics that align with the MMC Mission of caring for our community, educating tomorrow's caregivers, and researching new ways to provide care.

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Robyn Ostrander, M.D., 'Doctor of the Day' at State Capitol

Robyn Ostrander, M.D., (pictured, right) was welcomed to the Maine Senate by Sen. Cathy Breen, D-Falmouth, (pictured, left) as the Doctor of the Day for March 30, 2017.

Dr. Ostrander, a resident of Falmouth, is the medical director for the division of Child & Adolescent Psychiatry at Maine Medical Center. She also serves as chairwoman of the Glickman Family Center for Child & Adolescent Psychiatry at Spring Harbor Hospital in Westbrook. Dr. Ostrander is a graduate of Harvard Medical



School and a resident of Falmouth.

“Dr. Ostrander was kind enough to take time from her busy schedule to visit the Senate today, and I am grateful,” said Sen. Breen. “It is wonderful to meet young medical professionals with extraordinary credentials who have chosen to practice here in Maine.”

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Brown Bag Lunch Series

The MMC Medical Staff Peer Support Program proudly offers the Brown Bag Lunch Series to all Medical Staff, Residents and Fellows. The practice of medicine can be rewarding, enormous, challenging and overwhelming all at the same time. We often hear from our peers how satisfying it can be to connect with one another professionally and personally, to have an opportunity to hear from others who have “been there” or who are “going through the same thing.” We hope that this lunch series will help enhance existing relationships, forge new bonds and promote a culture of support for the MMC community. New topics will be presented each month in a focused but informal discussion. Coffee and tea, as well as healthy light refreshments will be offered, but feel free to bring your own lunch.

The Pragmatics of Suicide: A guide for the clinician-survivor

Speaker: Robyn L. Ostrander, M.D.

Wednesday, April 26

Noon - 1 p.m.

Dana classroom 7

Describe the role of impulsivity in suicide attempts and ways to circumvent the danger it adds. We will also identify the circles of survivors around a suicide, recognize signs that we as clinicians may be hurting, and develop a framework for supporting ourselves and our colleagues after a patient’s death.

Lateral Violence in Healthcare: Can Emotional Intelligence Help?

Speaker: Nathan W. Mick, M.D.

Tuesday, May 16

Noon - 1 p.m.

Dana classroom 7

Objectives:

- Understand the key facets of Emotional Intelligence and how to develop them
- Describe lateral violence and the impact of poor emotional intelligence
- Describe techniques to employ Emotional Intelligence in times of interpersonal conflict

Assessment of the Senior Physician: Safe Doctor, Safe Patient

Speaker: William F. D'Angelo, M.D.

Tuesday, June 13

7 - 8 a.m.

Dana classroom 7

This discussion will focus on how to assess the senior physician from a cognitive and decision making viewpoint, and how that relates to the maintenance of good patient safety and care. Dr. D'Angelo describes how the senior physician can purposefully transition to a more appropriate but still valued role with the health care team.

Summer Break: July and August. See you in September!

RSVP: MedStaff@mmc.org, and please indicate the date(s) of the session, your name, preferred email address and phone number.

We want your feedback! If you would have attended this Brown Bag if not for obstacles, please identify those obstacles. We plan to alter the timing and campus location as the series matures. Would you like to partner with us to schedule one of these topics in a more convenient location?

Questions? Dyan Albano, 662-3404

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Publications

Haydar SA, Almeder L, Michalakes L, Han PK, Strout, TD. [Using the Surprise Question To Identify Those with Unmet Palliative Care Needs in Emergency and Inpatient Settings: What Do Clinicians Think?](#) Journal of Palliative Medicine. February 2017, ahead of print.

Rappold JF, Spinella PC. [Editors' Preface.](#) J Trauma Acute Care Surg. 2017 Mar 30.
Beck Dallaghan GL, Alerte AM, Ryan MS, **Patterson PB**, Petershack J, Christy C, Mills WA Jr, Paul CR, Peltier C, Stamos JK, Tenney-Soeiro R, Vercio C. [Recruiting and Retaining Community-Based Preceptors: A Multicenter Qualitative Action Study of Pediatric Preceptors.](#) Acad Med. 2017 Mar 28.

Fitzgerald TL, Efird JT, Bellamy N, Russo SM, Jindal C, Mosquera C, Holliday EG, Biswas T. [Perioperative chemotherapy versus postoperative chemoradiotherapy in patients with resectable gastric/gastroesophageal junction adenocarcinomas: A survival analysis of 5058 patients.](#) Cancer. 2017 Apr 6.

Spratt DI, Stewart I, Savage C, Craig W, Spack NP, Chandler DW, **Spratt LV, Eimicke T, Olshan JS.** [Subcutaneous Injection of Testosterone is an Effective and Preferred Alternative to Intramuscular Injection: Demonstration in Female-to-Male Transgender Patients.](#) J Clin Endocrinol Metab. 2017 Apr 3.

Venturini JM, Retzer E, **Estrada JR,** Friant J, Beiser D, Edelson D, Paul J, Blair J, Nathan S, Shah AP. [Mechanical Chest Compressions Improve Rate of Return of Spontaneous Circulation and Allow for Initiation of Percutaneous Circulatory Support During Cardiac Arrest in the Cardiac Catheterization Laboratory.](#) Resuscitation. 2017 Apr 1.

Piazza M, Nayak N, Ali Z, Heuer G, **Sanborn M,** Stein S, Schuster J, Grady MS, Malhotra NR. [Trends in Resident Operative Teaching Opportunities for Treatment of Intracranial Aneurysms.](#) World Neurosurg. 2017 Apr 1.

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Ladanyi C, Mor A, Christianson MS, Dhillon N, Segars JH. [Recent advances in the field of ovarian tissue cryopreservation and opportunities for research.](#) J Assist Reprod Genet. 2017 Apr 1.

Ferraro PM, **Taylor EN,** Gambaro G, Curhan GC. [Dietary and Lifestyle Risk Factors Associated with Incident Kidney Stones in Men and Women.](#) J Urol. 2017 Mar 29.

Florman JE, Cushing D, Keller LA, Rughani AI. [A protocol for postoperative admission of elective craniotomy patients to a non-ICU or step-down setting.](#) J Neurosurg. 2017 Mar 3:1-6.

Browne AF. [Therapeutic Options to Treat Pediatric Obesity.](#) Gastrointest Endosc Clin N Am. 2017 Apr;27(2):313-326.

Gowdar S, **Chaudhry W,** Ahlberg AW, Henzlova MJ, Duvall WL. [Triage of patients for attenuation-corrected stress-first Tc-99m SPECT MPI using a simplified clinical pre-test scoring model.](#) J Nucl Cardiol. 2017 Mar 13.

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Calendar

2017 Med Staff Dinners – Save the Date

- September 20, East Tower Patio

Dinners begin at 5:30 and run until about 7 p.m.

Maine Medical Center Medical Executive Committee Meeting Schedule 2017

- April 28
- May 19
- June 16
- July 21
- August 18
- September 15
- October 20
- November 17
- December 15

All meetings are held from Noon - 2 p.m. in the Dana Center Boardroom. Lunch is served.

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Story Ideas?

Your participation is essential to making The Scope a dynamic and sustainable publication. Please submit articles of 250-300 words to thescope@mmc.org. Include practitioner's byline with title and appropriate contact for further information. We publish two times each month.

For past copies of The Scope go to: <http://www.mmc.org/newsletter-for-medical-professionals>

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Medical Staff Value, Mission, and Vision Statements

Value Statement

The Medical Staff of Maine Medical Center values both individuality and collaboration. We will continually pursue higher value health care. We embrace a culture of curiosity and life-long learning. We are partners with Maine Medical Center, and we mirror its values of compassion, service, integrity, respect, and stewardship.

Mission Statement

The Mission of the Medical Staff of Maine Medical Center is to provide affordable, high-quality health care to our community. We teach future health care providers and develop innovative ways to improve the health of our community. In partnership with the Medical Center, we proudly accept our responsibility as one of Maine's leaders in patient care, education, and research.

Vision Statement

The Medical Staff of Maine Medical Center will be the driving force within Maine Medical Center leading the way to making Maine the healthiest state in the nation.

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Maine Medical Center
MaineHealth

centered around you

www.mmc.org

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