

The Scope

A Newsletter for Medical Professionals

March 26, 2017

***“The truth will set you free, but not until
it is finished with you.”***

- David Foster Wallace

The Scope appreciates the enthusiastic response of readers contributing quotes. This quote was submitted by Cindy Boyack. 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,

Welcome to the best season in Maine. Welcome also to the challenges and realities of [e-prescribing](#), [Joint Commission visits](#) and [ticks](#). The more you know about these things, the better for our patients and your practice. Please read the nitty gritty, and know like so many things in life, the details matter.

As medical staff, we set the example. So, please be a positive and professional role model in your infection prevention practices and in every aspect of your behavior.

Read on to celebrate the accomplishments of our [Trauma Service](#) as MMC has been re-verified as a level 1 Trauma Center and our [Center for Tobacco Independence](#) and its reaccreditation. Join our community in recognizing our EMS systems this week – [National EMS Week](#).

As always, take time to live well. Please join colleagues in June for the next [Brown Bag lunch series](#) about Aging Physicians – details below.

Sincerely,



Joel Botler MD

Joel Botler, M.D.
Chief Medical Officer



Lisa Almeder

Lisa Almeder, M.D.
Medical Staff President

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Electronic Prescribing of Controlled Substance (EPCS) for MaineHealth: RSA Tokens – Things to Know

MMC will begin the E-prescribing process on May 30, 2017. Please review the following information so you're ready:

- [Ambulatory MaineHealth EPCS Provider Workflow 05092017](#)
- [Emergency Department MaineHealth EPCS Provider Workflow 05092017](#)
- [Inpatient MaineHealth EPCS Provider Workflow 05092017](#)

As the Maine Law Chapter 488 for Electronic Prescribing of Controlled Substances (EPCS) goes into effect, providers will be required to use dual authentication for electronically prescribing narcotics as of July 1 or face fines of \$250 per prescription written on paper. Our planned Go-Live for MaineHealth EPCS of May 30 will give providers a few weeks to practice before fines go into effect.

We are bound by strict rules from the Federal DEA for implementing this program to

address the opioid crisis in our state and across the country. Federal DEA requires access approval, supervised enrollment and dual authentication for *all providers who prescribe controlled substances*.

Which EPCS authentication methods did MaineHealth choose?

MaineHealth has chosen three methods for authenticating prescriptions. Providers will enroll with Imprivata Confirm ID using:

- 1) Network ID
- 2) RSA Token
- 3) Fingerprints (except at SMHC)

All MaineHealth Providers must have an RSA Token. It will be required for EPCS enrollment.

The provider will need to enter two methods of authentication when signing EPCS prescriptions in Epic after May 320.

How do I get a token?

- Hard Token: Ask your Practice Manager to order the RSA token from the IS Web Page.
- Soft (Phone) Token:
 1. Download the RSA token app to your smart phone.
 2. Complete the on-line form requesting activation.
 3. The form is on the Intranet site: <https://helpdesk.mmc.org/cc/>
 4. Select "Request Forms" from the red bar.
 5. Select "Remote Access Request" from the drop down menu.
 6. The completed form can be returned to IS by email.
 7. MaineHealth IS will send a file to your smart phone, when you open the file it will activate the token on your phone.

There is a telephone number on the form if you have additional technical questions.

Can I have two tokens?

No. Imprivata Confirm ID allows only one token; you will need to choose either a hard or soft (phone) token. One token can be used both for remote access and EPCS authentication. **AirWatch is not required for an RSA token.**

What are my responsibilities as a provider using an RSA token?

- 1) This token is registered to you personally and enrolled in Confirm ID as your key for EPCS.
- 2) This is not a pager, there are no spares and they cannot be shared.
- 3) It is recommended that you keep your token secured with your ID Badge.
- 4) You are personally responsible for the security of this token.
- 5) Federal Law prohibits you from sharing your token and password with anyone including a staff member or allowing anyone to act on your behalf to prescribe.
- 6) The static tokens that have been provided in the past for emergency remote access *do not* meet the DEA requirements for an "Approved Random Number Generator" and cannot be used for EPCS.

What if I forget the token at home?

You will have three choices:

- 1) Find a PC with a fingerprint reader and complete the prescription from that PC
- 2) Go home to get the token
- 3) Have a colleague write the prescription for you

How do I replace a lost token?

- 1) Call the Help Desk, 207-662-6400, to report the token as lost.
 - a. Per Federal Law you have one business day to report this loss.
- 2) Complete the form on the IS Help Page for a new token
- 3) Meet with an Enrollment Supervisor to register the token to your profile in Imprivata.
- 4) Expect this process to take 24 - 48 hours.
- 5) Have a colleague assist you in writing prescriptions for your patients in the interim.

What if I want to read the Federal DEA Rules about the tokens myself?

The Federal Rule reads as follows:

§1311.102 Practitioner responsibilities.

(a) The practitioner must retain sole possession of the hard token, where applicable, and must not share the password or other knowledge factor, or biometric information, with any other person. The practitioner must not allow any other person to use the token or enter the knowledge factor or other identification means to sign prescriptions for controlled substances. Failure by the practitioner to secure the hard token, knowledge factor, or biometric information may provide a basis for revocation or suspension of registration pursuant to section 304(a)(4) of the Act (**21 U.S.C. 824(a)(4)**).

(b) The practitioner must notify the individuals designated under **Section 1311.125** or **Section 1311.130** within one business day of discovery that the hard token has been lost, stolen, or compromised or the authentication protocol has been otherwise compromised. A practitioner who fails to comply with this provision may be held responsible for any controlled substance prescriptions written using his two-factor authentication credential.

[The full Title 21 Code of Federal Regulations, Part 1311, DEA Rule for EPCS is available here.](#)

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Joint Commission Visit and Infection Prevention

By Gwen Rogers, D.B.A., R.N., C.I.C., Director, Epidemiology and Infection Prevention, and Julia Dalphin, Director, Regulatory Affairs

The Joint Commission (TJC) will be at Maine Medical Center this summer in June or July to conduct a triennial survey for full Hospital Accreditation. The surveyors will focus on key areas when they visit our organization. It is important that the medical staff have knowledge of accreditation standards, not only to understand the criteria to be “compliant,” but most importantly to deliver safe and better care to our patients.

Prevention of infection is foundational to quality patient care and relies on each and every

individual at MMC and MMP to take personal responsibility for their actions while also hold colleagues accountable for their actions. MMC derives and aligns infection prevention policies with best-practice guidelines from professional societies such as Association for the Advancement of Medical Instrumentation, Association of Operating Room Nurses, the CDC and the Hospital Infection Control and Prevention Advisory Council and others. The more you know and understand our policies, the better.

Please be a role model. As members of the medical staff, we are inherently model behavior and set example. We are both seen and see what happens. Be conscientious down to the details and positively support those around you. If or when you see another individual overlook an important basic element of infection control, bring it to their attention in a professional manner. If or when someone approaches you concerned that you did not wash hands – thank the individual and remedy the situation.

Based on our consultant's visit, we are asking staff to have heightened attention to the following precautions:

Do:

- Always look for PRECAUTION signs on patient doors
- Remember proper hand hygiene – foam in, foam out
- Tie the Backs of Gowns, do not leave them open
- Tuck and completely cover your hair in OR and procedure rooms
- Use gloves when in the patient zone in certain precaution rooms
- Wear face mask in proper fashion in certain precaution rooms



Don't

- Prop masks on head or war around neck, discard used masks
- No gowns or gloves in the hallway
- No artificial nails (which include long-wear polish such as gel/shellac).



During the upcoming survey, TJC will cite us under multiple Leadership and Infection Control Standards if we violate best practice such as the examples listed above.

Thank you for your attention to best practice. Infection Prevention starts with you.

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Resignation Announcement

John Campbell, M.D., is resigning his employment from Maine Behavioral Healthcare and Maine Medical Center. As you know, Dr. Campbell was serving in the interim Chief Medical Officer role at Maine Behavioral Healthcare and as interim Chief of Psychiatry at Maine Medical Center. For 14 years Dr. Campbell has provided patient-centered care for our psychiatry patients and we want to recognize his contributions to our mission and wish him the best in his future endeavors.

During this transition, Jim Wolak, M.D., will continue in his interim role as Medical Director of Inpatient Psychiatry and Robyn Ostrander, M.D., will continue in her role as the interim Associate Chief of Psychiatry at MMC. MBH Chief Medical Officer assignments will be shifted among existing leadership team members. We would like to thank Drs. Wolak and Ostrander, as well as Jerry Robinson, M.D., who is also helping to ensure our clinical leadership and services will continue without disruption.

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Tick Season is Here: If Your Patient Is Sick, Consider a Tick!

By Lisa Almeder, M.D., Medical Staff President

There is a lot to know about tick-borne diseases to take good care of the patients in our region. Not only is the incidence of tick borne-disease increasing, new ones are being identified. Robert Smith, Division Director of Infectious Disease, Department of Medicine presented Medical Grand Rounds at MMC on May 3, “The Rising Tide of Tick-Borne Disease in Maine: What’s New?”

I encourage you to get up to speed on this very timely topic given its impact on our population, the increasing epidemic, the need to recognize and make the right diagnosis and give good care:

- How many and what are the predominant tick-borne diseases in our region?
- What are trends in incidence?
- What are the unique stories of how these pathogens were identified?
- What is a “bridge vector”? What are the animal reservoirs?
- What are important clinical patterns, clues and distinctions in making these diagnoses?
- What are treatments, prophylaxis and possible preventions for tick-borne disease?

[See the Grand Rounds video presentation here.](#)

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MMC Re-verified as Level I Trauma Center

By Julie Ontengco, Director, Surgical APP Services

Maine Medical Center’s Level I Trauma Center has been verified by the Verification Review Committee of the American College of Surgeons. This achievement recognizes the trauma center’s dedication to providing optimal care for injured patients and reinforces MMC’s role as a leader in rural trauma care and a resource to the people of the state of Maine and eastern New Hampshire.

In order for a trauma center to become verified, each facility must demonstrate adherence to quality care, process improvement, outreach and prevention. The entire treatment team, from physicians to nurses to advance practice professionals to program and support staff, were responsible for this achievement and their commitment was recognized by the review committee in its final report. The verification period lasts three years with the next review scheduled for the spring of 2020.

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Center for Tobacco Independence Reaccredited

By Deborah A. Deatruck, MPH, Senior Vice President, Center for Health Improvement

The Center for Tobacco Independence (CTI) is pleased to announce that the Tobacco Treatment Education & Training Program has just been reaccredited by the Council for Tobacco Treatment Training Programs. The CTI Tobacco Treatment Training Program is one of only 14 accredited programs in the US and provides the required core competency elements needed to become a Certified Tobacco Treatment Specialist. The Tobacco Treatment Training program also offers a menu of training opportunities for healthcare professionals in Maine to hone their knowledge and skills to more effectively engage with their patients who use tobacco.

For more information: [Pam Craig-Parker](#) or visit [Tobacco Treatment Training Events](#)

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Network Upgrade June 11 – Clinical Systems Affected

By MaryJo McDonough, Vice President, Technology & Support Services

Sunday, June 11
2 - 4:30 a.m.

MaineHealth IS is conducting a scheduled network upgrade for the MaineHealth system. This is critical work that will strengthen our core network.

During this upgrade, all users throughout MaineHealth will be unable to:

- Access applications such as Epic, Meditech, Lawson, and GEMMS
- Remotely access their computer or network (VPN)
- Access any MaineHealth network applications
- Send or receive any email
- Work in networked drives on the PC (shared file folders)

Users will need to follow downtime procedures during the upgrade.

The external Internet and applications that require an external connection should function appropriately. Phones will work during this time.

If you are unsure whether an application you use will be affected, call the IS Help Desk, 662-6400.

We will be communicating this information to employees with MMC eNews and NetNews, and customers will be notified with a NetNews pop-up message 15 minutes before this work begins and when the work has been completed.

Please share this information with your teams directly so that they are aware of this work and its impact.

Questions? Brooks Betts BETTTSB@mmc.org, Senior Director of Technology Services or John Foley foleyj@mmc.org, Manager of Networking

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EMS Strong: Always in Service

By Michael S. Bohanske, M.D., Emergency and EMS Physician

May 21 - 27 is [National EMS Week](#). Please celebrate and thank these dedicated healthcare providers who care for Maine citizens every hour of every day. Emergencies are never scheduled - they occur off-hours, on holidays and during inclement weather. You may have seen EMS pull up to the hospital in three or four large fire trucks during a winter storm, ensuring that road conditions did not prevent the safe arrival of their patient who suffered a STEMI while shoveling snow.

EMS crews are Always In Service, whether they're finishing up the charts from their last call or are heading back to their communities to be ready for the next run. EMS crews work tirelessly to ensure that patients' needs are placed above their own, sometimes working outside their usual response area to back up a neighboring municipality or transporting patients long distances to receive specialized care here at MMC. Their dedication is evident at all hours of the day. They transfer patients from critical access hospitals all across the state to MMC, but also work to get patients back to their homes or rehab facilities after hospitalization or an ED visit, regardless of the time of day. They use their time between calls to work with the community, teaching valuable skills that can affect patient outcomes even before an ambulance arrives at our emergency department.

EMS professionals are Always in Service, even when their shift has ended. The skills each emergency medical technician and paramedic carry are always needed, whether responding to an accident scene from their private vehicle or donating time for the small communities where they live.

With more than 35,000 square miles of land and 1.3 million citizens, Maine's 6,000 EMS professionals responded to more than 291,000 calls in 2016. Maine EMS professionals are Always in Service. They are EMS Strong.

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Upcoming 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.

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 to MedStaff@mmc.org indicating 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

Lee WC, **Guntur AR**, Long F, **Rosen CJ**. [Energy Metabolism of the Osteoblast: Implications for Osteoporosis](#). Endocr Rev. 2017 May 1.

Fairfield H, Falank C, Harris E, Demambro V, McDonald M, Pettit JA, Mohanty ST, Croucher P, Kramer I, Kneissel M, **Rosen CJ, Reagan MR**. [The Skeletal Cell-Derived Molecule Sclerostin Drives Bone Marrow Adipogenesis](#). J Cell Physiol. 2017 Apr 29.

Pitts D, Sammon JD. [Healthcare policy and urologic practice](#). Curr Opin Urol. 2017 Apr 28.

Dev A, Asch R, Jachimowicz E, Rainville N, Johnson A, Greenfest-Allen E, **Wojchowski DM**. [Governing roles for Trib3 pseudokinase during stress erythropoiesis](#). Exp Hematol. 2017 May;49:48-55.e5.

Walsh D, Bloch RB, Strout TD. [Adolescent Female With Abdominal Pain](#). Ann Emerg Med. 2017 May;69(5):e57-e58.

Kring RM, Mackenzie DC. [Woman With Severe Headache](#). Ann Emerg Med. 2017 May;69(5):660-672.

Haydar SA, Almeder L, Michalakes L, Han PKJ, Strout TD. [Using the Surprise Question To Identify Those with Unmet Palliative Care Needs in Emergency and Inpatient Settings: What Do Clinicians Think?](#) J Palliat Med. 2017 Feb 16.

Mackenzie DC, McCorvey S. [Spontaneous elbow hemarthrosis identified by point-of-care ultrasound](#). Clin Exp Emerg Med. 2017 Mar 30;4(1):60-63.

Raja AS, Venkatesh A, **Mick N**, Zabbo CP, Hasegawa K, Espinola JA, Bittner JC, Camargo CA Jr. ["Choosing Wisely" Imaging Recommendations: Initial Implementation in New England Emergency Departments](#). West J Emerg Med. 2017 Apr;18(3):454-458.

Soley L, Falank C, Reagan MR. [MicroRNA Transfer Between Bone Marrow Adipose and Multiple Myeloma Cells](#). Curr Osteoporos Rep. 2017 Apr 21.

Emery IF, Gopalan A, Wood S, Chow KH, Battelli C, George J, **Blaszyk H, Florman J**, Yun K. [Expression and function of ABCG2 and XIAP in glioblastomas](#). J Neurooncol. 2017 Apr 21.

Dimitri P, **Rosen C**. [The Central Nervous System and Bone Metabolism: An Evolving Story](#). Calcif Tissue Int. 2017 May;100(5):476-485.

McDonald MM, **Fairfield H, Falank C, Reagan MR**. [Adipose, Bone, and Myeloma: Contributions from the Microenvironment](#). Calcif Tissue Int. 2017 May;100(5):433-448.

Rope RW, Pivert KA, **Parker MG**, Sozio SM, Merell SB. [Education in Nephrology Fellowship: A Survey-Based Needs Assessment](#). J Am Soc Nephrol. 2017 Apr 20.

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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

- 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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