2024 MPHP Annual Report

June, 2025

Medical Professionals Health Program

A Program of the Maine Medical Association

www.mainemphp.org

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Medical Professionals Health Program
A PROGRAM OF THE MAINE MEDICAL ASSOCIATION
Monitoring - Support - Advocacy - Resources

Thank You Healthcare Providers!

Between 2020 and 2021, a dramatic increase in burnout and a decrease in satisfaction occurred in US physicians. Given the association of physician burnout with quality of care, turnover, and reductions in work effort, these findings have profound implications for the US health care system.—Mayo Clinic Proceedings

The 2024 MPHP annual report is dedicated to Maine's healthcare providers licensed under the 3 professional licensing agencies whom no longer have the option for a viable alternative-to-discipline option. These licensees continue to struggle with substance mis-use and mental health as healthcare system conditions deteriorate post-pandemic, negatively impacting the practice of these professionals. With Maine's advancing shortage of medical professionals, intervention before loss of licensure is vital in making a significant difference in Maine's healthcare, and in turn the wellbeing of the public.

In 2025, as the number of medical providers in Maine decline and the healthcare needs of the public increases, the MPHP will work to advance support services for healthcare professionals who have been left without a vital monitoring and advocacy service when their licensure is on the line.

A dedicated, advanced care option for Maine's healthcare providers is not only vital to their wellness, but the health and safety of the public.

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About the MPHP

Who We Served:

<u>In 2024</u>, the MPHP contracted with the following Licensing Boards:

- **Allopathic Medical Licensure (MD and PA-C)**
- **Dental (1 participant non-contracted fee-for-service carryover)**
- **Nursing**
- **Osteopathic Medical Licensure (DO and PA-C)**
- **Pharmacy (1 participant non-contracted fee-for-service carryover)**

(*students of these specialties are also served by MPHP)

Physicians who have successfully completed monitoring with a PHP have been shown to experience a lower risk of malpractice claims after monitoring. - Occupational Medicine

The PHP Model:

Professional health monitoring programs, like the MPHP, are available in 47 States and DC. These programs provide key intervention at both the individual and organizational levels. The MPHP provides advocacy services that have proven positive success rates for both the individual and the employer.

The MPHP provides monitoring and documentation of wellness, treatment resources, and medical licensing/advocacy for healthcare professionals who are experiencing stress and burnout, mental health, and substance use issues. Participation in a PHP can be voluntary or may be a requirement for employment or state medical licensure.

At the organizational level, the MPHP provides education and training to employers and employees to usher in beneficial cultural changes that are beyond the individual's control. Through this level of educational initiative, early prevention is prioritized and promoted. As early intervention is key to individual and organizational success in patient care, the MPHP provides confidential services to healthcare professionals who are seeking support for wellness during a time when there is pervasive stress and burnout in the healthcare work setting.

The MPHP respects the <u>privacy and confidentiality</u> of participants to the full extent permitted by law and consistent with the protocols in place between the MPHP and Maine's Licensing Boards.

<u>Referrals</u> to the MPHP are made by employers, colleagues, treatment teams, lawyers, friends/family, or by Maine's contracted Licensing Boards. The MPHP works with medical professionals to develop appropriate strategies for evaluation, treatment, and return to a successful professional career. Each case is unique and is carefully considered by the participant's treatment team and the MPHP staff/ MPHP Advisory Committee.

<u>719</u> toxicology samples were provided by MPHP participants in 2024.

Message from MPHP's Director

Our work here at the Medical Professionals Health Program continues to be exciting and ever-changing and 2024 was no different. The staff at the MPHP continues to be presented with a multitude of challenges providing screenings/assessments, monitoring, and advocacy with medical professionals who are facing their own unique challenges.

Our clinical coordinators consistently demonstrate their nimbleness and flexibility responding to the various voluntary and mandated referrals to the MPHP. They regularly juggle many priorities as they help medical professionals whose practice may have been impacted by substance misuse, mental health, or behavioral issues. They continuously work creatively and thoughtfully to monitor, support, and advocate for the medical professionals in our program.

Our operations manager works vigilantly at making it all work, from the referral process and assignments to the funding and business aspects of our work. As this annual report indicates, funding resources continue to shift and change, and we continue to meet the challenge in how we help medical professionals receive the needed services as to help restore them to safe practice.

I would like to say a heartfelt thank you to Heidi LaMonica, Heidi Wright and Chelsea Pherigo. These MPHP teammates are the heart and soul of our work. They are always willing to explore how to make our services more accessible and more effective as we reach out to medical professionals who can benefit from our help and support. We are so fortunate to have a team with such dedication and commitment to our mission.

MPHP continues to provide a variety of outreach educational presentations to Universities, Medical Staff personnel, and professional associations promoting healthy self-care practices. We promote the use of the MPHP as an early intervention service, addressing issues before a problem gets to the Licensing Board level. MPHP has also partnered with the CQI-MMA group to collaboratively build some CME educational sessions for medical professionals who can access them on demand.

The MPHP Advisory Committee has continued to grow and evolve with new membership. Led by Chair, Scott Hanson and Vice Chair, Jerr Roberts, the committee continues to demonstrate a dedicated commitment to the mission and the work of the MPHP. Our staff would like to acknowledge and thank the AC membership for their ongoing support. Their interest, knowledge, ideas, and passion to assist other healthcare professionals in need of support is so present in all of our conversations, policy discussions, and case reviews.

I would like to say one more thank you to MMA Executive Director Andy MacLean for his leadership, tutelage, and support throughout this year and look forward to our continued collaboration.

Guy R.Cousins, LCSW, LADC, CCS, MPHP Director

2025 MPHP Goals

- Secure more sustainable funding for the MPHP.
- Outreach/educa. on stress, substance misuse, mental health issues that persist within the medical profession.
- Expand partnerships with statewide resources.
- Continue to expand relationships with stakeholders (Licensing Boards, hospitals, associations, schools, etc.).

MPHP staff met with and/or presented to **12** different stakeholder groups—reaching a total of 570 attendees.

MPHP provided assistance to **3** different licensing boards.

24.6% of MPHP's operating budget came from voluntary annual contributions.

MPHP Advisory Committee

Dear MPHP Supporters, Colleagues, and Participants:

I am pleased to share with you the Annual Report of MMA's Medical Professional Health Program. As chair of the Advisory Committee, I have the privilege of working with a dedicated group of volunteers in supporting the MPHP staff in the important work described in the following pages. Maine's healthcare professionals continue serving the people of our state and we play a crucial role in helping those recovering from behavioral health and substance use. Advocacy and outreach efforts are focused on reducing stigma associated with there issues. Given the ongoing challenges in the practice environment, the interdisciplinary efforts of the MPHP are needed more than ever and we greatly appreciate the support of our institutions and community members.

Please enjoy this year's Annual Report and Thank You!

Respectfully,

R. Scott Hanson, MD, MPH, FACP, MPHP Advisory Committee Chair

MPHP Mission:

The MPHP promotes the health and well-being of Maine's healthcare professionals by providing monitoring, outreach, education, training, resources, and advocacy for those challenged with substance misuse, mental health challenges, and behavioral issues that may adversely affect their ability to practice safely.

Services Offered:

The MPHP provides the following confidential services:

- Initial screening and assessment.
- Collaboration with treatment providers and employers.
- Recommendations for evaluation and treatment.
- Monitoring and documentation of compliance for licensure.
- Networking opportunities with colleagues in recovery.
- Advocacy to those seeking employment, re-licensure, or credentialing.
- Educational outreach for employers, professional associates, conferences, and student groups, etc.

Electronic Access to Program Information:

The availability of information and resources is crucial to providers struggling with substance misuse and mental health, and also the network of professionals, providers, employers, and family members who are seeking assistance or looking to better support a provider in need of assistance. Program information, documents, and resources can be ***confidentially*** obtained by anyone at the MPHP's website.

Please visit www.mainemphp.org for more information

The American Medical Association (AMA) recognized alcoholism and addiction as illnesses in the mid-1970s. In coordination with the AMA and the Federation of State Medical Boards (FSMB), the development of rehabilitative alternatives in lieu of automatic discipline of providers in need of assistance was initiated soon after.

Toxicology Testing Breakdown

95.2%	1.5%	2.9%	0.4%
Urine Screens	Blood/PEth Screens	Nail Screens	Hair Screens

Program Updates

Daniel F. Hanley Building
16 Association Drive, Manchester, Maine

Outreach

In 2024, Maine's fatigued healthcare system continued to challenge us all in various ways, during a time when the lifetime prevalence of medical professionals who will develop a substance use disorder during their careers is estimated to range between 5 - 15%.

35% of medical professionals will suffer from considerable mental health challenges.

The MPHP continues to work to sustain the funding needed to reach as many healthcare professionals as possible to ensure that they have the necessary resources for recovery and wellness, ensuring safety in patient care.

Policy Development

With the support of the Advisory Committee, MPHP staff continues to strengthen our monitoring program by assessing the effectiveness of approved policies, and creating new policies and guidelines in response to changing medical/clinical information, and regulatory requirements in collaboration with Maine's Licensing Boards.

Policy & Guideline Updates

Participant Use of Medications (Revised)

Every participant enrolled in MPHP are to provide notification of all substances prescribed, taken over the counter, or using on their own in support of their recovery and wellness.

Medical Marijuana Guideline (Revised)

This guideline allows some participants to be recipients of approved prescription medical marijuana with a qualifying disability outside of the work setting.

Procedure

Testing revisions to address laboratory and cost challenges due to increasing inflation.

Alternative MPHP in-office and primary care testing options assure that testing continues to cover program monitoring requirements.

Regulatory agencies often equate "illness" (i.e. addiction or depression) as synonymous with "impairment". Physician illness and impairment exist on a continuum with illness typically predating impairment, often by many years. - FSPHP

2024 Intake Demographics

New Contacts - 2024

Table 1

	2024		2023		2022	
Number of Professionals	**94**		**102**		**111**	
Gender						
Men	40	42.5%	44	43.1%	43	38.7%
Women	54	57.4%	58	56.8%	68	61.2%
Referral Source						
Board Mandated/Referred	42	44.6%	34	33.3%	42	37.8%
Referred	30	31.9%	39	38.2%	43	38.7%
Self Referred	22	23.4%	29	28.4%	26	23.4%
Professional Licensing Board						
Dental (referred)	1	1%	4	3.9%	7	6.3%
Nursing	57	60.6%	56	54.9%	55	49.5%
Pharmacy (referred)	1	1%	5	4.9%	7	6.3%
Physician - MD/PA-C	33	35.1%	34	33.3%	36	32.4%
Physician - DO/PA-C	2	2.1%	2	1.9%	3	2.7%
Veterinary (carryover)	0	0%	1	0.9%	2	1.8%
Other/Unknown	0	0%	0	0%	1	0.9%

Mandated
44.6%

Referred
31.9%

Voluntary
23.4%

Tracking Intake to Monitoring Stages

The MPHP intake process is intensive for participants; it involves an interview, completion of psychosocial inventories, risk assessments, and collecting background and corroborating information. It may also include referrals for evaluation and treatment with a transition into MPHP monitoring. Transition times from intake varies based on the participant's current status, licensing requirements, readiness for change, and the availability of clinical support.

2024 Intakes - End of Year Status

Table 2

	2024	2023	2022
Evaluation/Treatment	3	1	2
Intake	10	11	15
Monitoring	45	49	51
Inactive	36	41	43

2024 Intakes - Reasons for Discharge

Table 3

	2024	2023	2022
Left Against MPHP Advice	5	4	6
Completed Agreement	10	14	16
No Contact	9	10	12
Not eligible to participate	12	13	9

A snapshot of incoming participant status at year's end.

- **33.8%** of 2024 intakes were inactive by year's end.
- **42.3%** of participants who signed agreements were monitoring at year-end.

2024 Active Participants

Active Participant Demographics

Table 4

Number of Professionals	2024		2023		2022	
	219		235		252	
Gender						
Men	85	38.8%	92	39.1%	100	39.6%
Women	134	61.1%	143	60.8%	152	60.3%
Referral Source						
Board Mandated/Referred	94	42.9%	110	46.8%	131	51.9%
Referred	74	33.7%	75	31.9%	74	29.3%
Self Referred	51	23.2%	50	21.2%	47	18.6%
Professional Licensing Board						
Dental	1	0.4%	12	5.1%	15	5.9%
Nursing	143	65.2%	134	57%	132	52.3%
Pharmacy	1	0.4%	10	4.2%	20	7.9%
Physician - MD/PA-C	71	32.4%	69	29.3%	73	28.9%
Physician - DO/PA-C	3	1.3%	6	2.5%	9	3.5%
Veterinary	0	0%	2	0.8%	2	0.7%
Other/Unknown	0	0%	2	0.8%	1	0.3%

*see page 12 for end of year monitoring status.

219

Medical Professionals actively served by MPHP in 2024

125

Medical Professionals participated in MPHP confidentially

98%

of MPHP participants were Maine residents

3

Participants sent for external evaluations by MPHP in 2024

Participant Monitoring Requirements

When professionals enter into a MPHP monitoring agreement, they are agreeing to follow evaluation, treatment, and monitoring recommendations. These terms are established in conjunction with treatment providers and in response to the professional's health concerns and licensure requirements. Agreement compliance requires careful scheduling and financial planning. The agreements vary by participant, and are dependent on diagnosis, risk factors, severity of impairment, recovery history, and licensure requirements. They can include;

- Therapist / Psychiatrist (visits and reports)
- Work site (reports)
- Toxicology testing (Urine, blood, hair, or nail with varying frequency)
- Mutual Support Groups, etc. (meeting and attendance reports)

Discharged Participants

In 2024, there were a total of 44 medical professionals who were discharged from MPHP. Some participants were monitored by MPHP for over a decade while others never followed up on a referral.

Gender: **16 Men (36.3%); 28 Women (63.6%)**

Referral: **23 Boards (52.2%); 14 Self referred (31.8%); 7 Other referral (15.9%)**

Discharge Reason: **14 Completed (31.8%); 11 made no contact (25%); 2 Non-Compliance (4.5%); 15 were not eligible (34%); 2 relocated out of state (4.5%); 0 Deceased (0%).**

Monitoring

MPHP Toxicology Monitoring

Toxicology testing is a vital component of medical professional health monitoring programs. Whether through urine, hair, nail screens, or breathalyzer testing, MPHP utilizes the most advanced, up-to-date panels and practices to ensure that results are objective and conclusive. Participants are selected randomly and toxicology tests are preselected in direct response to the participant's diagnosis, past substance use, access, employment status, and/or sobriety date.

Random Toxicology Selections

Many participants are required to complete check-ins every weekday to determine if they have been randomly selected for toxicology testing each day. Upon check-in, the participant receives instruction on test panel type (urine, blood, hair or nail) and the laboratory selection number (panel number). They proceed to one of a number of approved collection sites on that day to provide a specimen sample, or to the MPHP office for nail testing where indicated.

All Toxicology Results

Table 5

	2024		2023		2022	
Number of Participants Testing	78		82		115	
Total number of tests	719		911		1115	
Negative Results	564	78.4%	736	80.7%	922	82.6%
Prescription Positive Results	102	14.1%	104	11.4%	100	8.9%
Positive Results	11	1.5%	24	2.6%	31	2.7%
Low Creatinine and Dilute	35	4.8%	34	3.7%	50	4.4%
Invalid* (error or faulty sample)	7	0.9%	13	1.4%	12	1%

* Invalid samples are not considered negative results.

Non-Negative* Toxicology Results

Table 6

Non-Negative** Test Results	2024	2023	2022
Non-Negative* test results	27	49	58
Number of participants with non-negative* panels	19	25	39
No subsequent compliance issues	13 (68.4%)	18 (72%)	28 (71.7%)
Subsequent compliance issues	6 (31.5%)	7 (28%)	11 (28.2%)
Total number of MPHP Relapses/Resumptions	4	14	12
Relapse confirmed by drug screen	3	11	9
% of Participants Relapses/Resumptions of use	21%	28%	23%

**For the purpose of this table, non-negative results include samples that are dilute, and samples that were unacceptable by national laboratory standards. Prescription positive and low/high creatinine results are not included.

Soberlink Monitoring

Participants monitoring with Soberlink are often required to use the device 2-4 times each day, including weekends. Because this type of testing is strictly a test for alcohol, random urine, nails and/or hair toxicology testing are also required at least once per quarter. The device registers Breath Alcohol Content (BrAC), the date and time of sample with GIS (geographic information system) mapping capability, and a photograph of the individual blowing into the device for verification purposes.

Average Blows/Day

2.2

Soberlink Results Summary

Table 7

%	2024		2023		2022		2021	
Number of Participants	2		4		8		7	
Blow Tests	1,608	2.2 pp	4,292	2.9 pp	6,183	2.1 pp	7,928	3.1 pp
Number of Tox. Panels	21	10.5 pp	35	8 pp	64	8 pp	49	7 pp
Positive Blows	2	0.12%	3	0.06%	15	0.24%	5	0.06%
Positive Tox Screen Confirmation	0	0%	1	2.8%	1	6.6%	1	20%
Confirmed Resumption of Use	0	0%	1	2.8%	1	6.6%	1	20%

*pp 'per participant'

Safety / Security Features Include

- Adaptive facial recognition technology
- Tamper detection
- Real-time text message reminders and alerts
- Customizable scheduling
- Automated reporting options

Tracking Stages and Participation

Participants may transition through several stages following contact with MPHP. Transition times vary based on status at intake, readiness for next stage, and availability of resources.

- **Shortest transition out of intake - 1 day**
- **Longest transition out of intake - approx. 3 months**
- **Average duration of monitoring - 3.5 years**
- **Longest active monitoring - 15 years**
- **Average duration of Recovery Maintenance Agreement - 5 years**

Monthly / Quarterly Reports

Individualized monitoring requirements are developed with each participant and are determined based on the assessment of risk factors, diagnosis, recommendations of evaluator, and licensing and/or legal requirements. Reports are often required on a monthly basis, but can also have quarterly or annual due dates. All submitted reports are part of the participant's compliance file in our 3rd party monitoring platform (Affinity).

The ability to view reports received from monitors and participants, alongside toxicology results, provides MPHP staff a unique view of each participant's wellness and recovery efforts in real time. Most reports are reviewed and responded to within two business days.

MPHP staff reviews approximately **120** reports each month and responds to participants, treatment providers, employers, and the Licensing Boards via email, letter, and phone. In addition, MPHP staff meets with Licensing Board representatives each quarter to strengthen the working relationship between the two entities.

Monthly and quarterly reports are provided to Licensing Boards, employers, treatment teams, other State PHPs, and legal representation upon request.

Monitoring Reports by Type

Table 9

Type of Report		
Self Reports	541	37%
Meeting Attendance	283	19.3%
Employment	217	14.8%
Provider Non-Prescriber	266	18.1%
Provider Prescriber	147	10%
Other	8	0.5%
Total:	**1,462**	

1,462

External monitor and self reports reviewed by MPHP Clinical Coordinators in 2024

Compliance with Submitted Reports

Table 10

	All Reports		Self	Meetings	Work Monitor	Therapist	Psychiatrist (Prescriber)	Other
Received on Time	522		228	93	99	85	16	1
			43.6%	17.8%	18.9%	16.2%	3%	0.1%
Received Late/	940		313	190	118	181	131	7
			33.2%	20.2%	12.5%	19.2%	13.9%	0.7%
Outgoing Reports	285							
Total:	**1,747**		**541**	**283**	**217**	**266**	**147**	**8**

Despite the importance of these reports, it can be challenging to receive reports on time for various reasons. The MPHP, through Affinity, sends out multiple reminders and email links when reports are due. The MPHP works diligently with all stakeholders to ensure that compliance with due dates are consistent.

Outreach & Training

Presentations, Meetings, & Trainings:

Conferences

MPHP staff participate in conferences annually (in-person & virtually)

Hospitals and Medical Staffs

Northern Light Charles A. Dean Hospital
Northern Light Mayo Hospital
Maine Medical Center: Anesthesiology
Mercy Hospital

Associations

Maine Dental Association
Maine Medical Association conference on Wellness and Resiliency
MMA/CQI training module collaborations

Colleges and Universities

University of New England (X3): School of Nursing, Physician Assistants, Osteopathic.

Licensing Boards

Board of Licensure in Medicine, Board of Osteopathic Licensure, Board of Nursing presentations

Licensing Board representatives quarterly meetings (virtual)

Committee Meetings

Advisory Committee quarterly meetings (virtual)

MPHP Policy Committee meetings (virtual)

Trainings:

2024 Governor Mill's Maine Opioid Response Summit

Adcare Educational Institute trainings

Co-Occurring Collaborative Serving Maine (CCSME) trainings

CQI/MMA CME Training Modules Collaboration

Other

Board of Licensure in Medicine newsletter articles

University of Maine trainings (virtual)
MPHP wellness articles MMA newsletter

2024 Financial Report

70.2% of MPHP's revenue came from Maine's professional licensing boards. Agreements with the Boards establish the expectations for MPHP with regard to referrals, assessment, monitoring, reporting, and advocacy services. Because of the MPHP's relationship with the boards, licensed professionals entering the disciplinary process often have better outcomes.

While the Boards have taken strides to provide funds to ensure the MPHP's continued operations, our financial needs are have increased due to the rising need of providers as well as routine and post-pandemic inflation. Various sponsors and donors help to close this financial shortfall. Voluntary contributions are needed to offset the costs associated with assessments, clinical coordination, referrals, and education and outreach so that we may continue to provide these services. Additional revenue is contributed by medical staffs and hospital contributions **(17.8%)**, fees for services provided **(4.8%)**, Malpractice carriers **(3.3%)** and professional associations **(3.5%)**.

Unfortunately, the MPHP is operating financially in the red more each year.

Without additional contributions or increases in funding, the MPHP will not be able to continue to offer current service levels to meet the increasing need of Maine's healthcare providers.

Thank you to all who have contributed and/or made a referral. Your contributions help MPHP continue our dedication to assisting your colleagues and our participants. The MPHP staff put a great deal of effort into connecting with professional associations, medical staffs, and hospitals in 2024 - forming relationships with many caring individuals and institutions in the process.
(See page 16 for list of contributors)

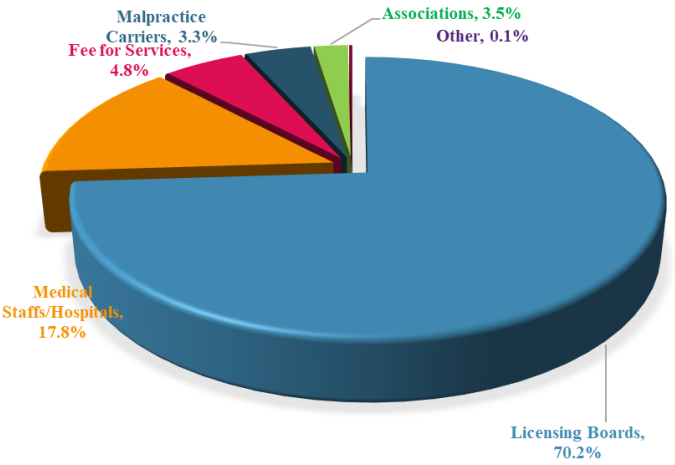

Table 11

	2024		2023		2022	
MPHP Revenue:						
Licensing Board Contracts	$247,949.96	70.2%	$262,200	68.2%	$284,456	71.2%
Medical Staff & Hospital Contributions	$63,200	17.8%	$72,552.11	18.9%	$62,917	15.7%
Fee for Services (participation fees)	$17,209.64	4.8%	$15,766	4.1%	$18,198	4.5%
Malpractice Carrier Contributions	$11,780	3.3%	$16,100	4.1%	$16,260	4.0%
MPHP Professionals Conference	N/A	0%	N/A	0%	N/A	0%
Professional Association Contributions	$12,500	3.5%	$16,650	4.3%	$15,500	3.8%
Other	$446.31	0.1%	$738	0.1%	$1,791	0.4%
Total Revenue:	**$353,085.91**		**$384,006**		**$399,122**	
MPHP Expenses:						
Salaries & Benefits	$315,840	84.9%	$353,032	84.5%	$373,371	85.4%
Professional Fees	$11,270	3%	$22,000	5.2%	$22,000	5%
Office Operations	$43,371	11.6%	$41,077	9.8%	$39,077	8.9%
Conference Expense	$38	0.01%	$46	0%	N/A	0%
Marketing	$105	0.02%	$404	0.09%	$188	0.04%
Toxicology Assistance	N/A	0%	N/A	0%	$708	0.1%
Other	N/A	0%	N/A	0%	N/A	0%
Professional Dev./Outreach/Travel	$1,146	0.3%	$1,093	0.2%	$1,474	0.3%
Total Expenses:	**$371,770**		**$417,652**		**$436,818**	

Thank You to Donors

The MPHP is grateful to recognize the following organizations that generously contributed in 2024—providing critical support to their employees and peers.

The MPHP is dedicated to providing education to organizations for awareness and resources on behalf of medical professionals who are struggling with stress, burnout, mental health, and substance use issues.

Medical Staffs/CEO Hospitals

A.R. Gould Hospital
Bridgton Hospital
Cary Medical Center
Calais Community Hospital
Central Maine Medical Center
*Down East Community Hospital
Eastern Maine Medical Center
Franklin Memorial Hospital
Houlton Regional Hospital
Inland Hospital
*Maine Medical Center
MaineGeneral Medical Center
Mayo Regional Hospital
Mercy Hospital
Mid Coast Memorial Hospital
Northern Maine Medical Center
Penobscot Bay Medical Center
Redington-Fairview General Hospital
Rumford Hospital
St. Mary's Hospital
Sebasticook Valley Hospital
*Southern Maine Health Care
Stephens Memorial Hospital

Professional Licensing Boards

Maine Board of Licensure in Medicine
Maine State Board of Nursing
Maine Board of Osteopathic Licensure

Professional Associations & Colleges

Maine Association of Physician Assistants
Maine Association of Psychiatric Physicians
Maine Dental Association
Maine Neurological Society
Maine Nurse Practitioners Association
Maine Osteopathic Association
Maine Society of Anesthesiologists
Maine Society of Eye Physicians and Surgeons
*Maine Urological Association
Spectrum Management Services Co.

Malpractice carriers

Coverys
Medical Mutual Insurance of Maine

Advisory Committee

The MPHP staff would like to thank the members of our 2024 Medical Professionals Health Program Advisory Committee. This distinguished committee of volunteers are nominated by their professional associations, Licensing Boards, and peers to serve as advisors to the MPHP. Advisory Committee members are selected based on interest, specialty, and comprehensive understanding of, and commitment to, the MPHP mission. The members meet six times each year to provide peer review, and may also serve on one of two standing committees.

Scott Hanson, MD, MPH, FACP, Committee Chair
Jerr Roberts, DDS, NMD, IBDM, AIAOMT,
Committee Vice-Chair

~2024~ Advisory Committee Members

Dental:	Jerr Roberts, DDS, NMD, IBDM, AIA-OMT
Nursing:	Paul Rouleau, RN
	Michelle Kribel, CRNA
	Joni Winkler, NP
Pharmacy:	Stephanie Nichols, Pharm.D, BCPS, BCPP, FCCP
	Whitney Jandreau, Pharm.D, BCPS
Physician/MD:	Scott Hanson, MD, MPH, FACP
	Charmaine Patel, MD
	Brendan Prast, MD
	Anthony Ng, MD (former)
Physician/DO:	Don McNally, DO
Physician Assistant:	Kathleen Lees, PA-C (former)
	Gray Shaneberger, PA-C
Veterinary:	Stephen Walsh, DVM (former)
MMA Counsel:	Andrew MacLean, Esq.

Advisory Committee ***Zoom meetings***
(MPHP staff and Advisory Committee members pictured above)

MPHP Staff

GUY R. COUSINS, LCSW, LADC, CCS, ***Director***

Guy Cousins has been the Director of the MPHP since 2018. He brings with him extensive experience in the behavioral health and education fields where he has worked for over 40 years. Guy is a Senior Lecturer at UMA at Augusta in their Mental Health and Human Services Program. He previously served as the Dir. of the Office of Substance Abuse and Mental Health Services. He is a former member of the Board of Alcohol & Drug Counselors, having served as both Vice Chair and Complaint Officer during his tenure. He currently serves on the Substance Use Disorder Services Commission and on the Maine Council for Problem Gambling.

HEIDI LAMONICA, MPH, BS, ***Operations Manager***

Heidi LaMonica manages the program and office operations of the MPHP. She began working for the program in 2012 and has a strong background in program leadership, audit and compliance, quality assurance, and regulation in the medical and public health fields. She brings with her strong skills in technology, process improvement, company-wide training, and business administration. Ms. LaMonica holds a Master of Public Health degree accredited by the Council on Education on Public Health (CEPH).

HEIDI WRIGHT, LSW, CADC ***Clinical Coordinator***

Heidi Wright joined the MPHP in 2016 and has been working in the mental health and human service field since 2000. She has experience working with children, and adults with co-occurring disorders. Prior to MPHP, she was employed by a psychiatric practice, working directly with clients who had substance use disorders and behavioral health issues. Ms. Wright holds at Bachelors degree from the University of Maine at Farmington.

CHELSEA PHERIGO, LSW, ***Clinical Coordinator***

Chelsea Pherigo joined the MPHP in March, 2020. She has been working in the mental health and human services field since 2009 and has a strong background in case management and working with adults with co-occurring substance use and behavioral health disorders. Ms. Pherigo holds a Bachelors degree from the University of Maine at Augusta in Mental Health and Human Services.

Online Resources

Al-Anon and Alateen, www.al-anon.alateen.org/
Alcoholics Anonymous, www.aa.org/
American Medical Association, www.ama-assn.org/
American Medical Women's Association, www.amwa-doc.org/
American Society of Addiction Medicine, www.asam.org/
Center for Substance Abuse Prevention (CSAP), http://www.samhsa.gov/about/csap.aspx
Center for Substance Abuse Treatment (CSAT), http://www.samhsa.gov/about/csat.aspx
Coalition against Drug Abuse, www.drugabuse.gov
Federation of State Medical Boards, www.fsmb.org/
Federation of State Physician Health Programs, www.fsphp.org/
Food Addicts in Recovery Anonymous-Maine Chapter www.foodaddicts.org
Gambler's Anonymous- www.newenglandga.org
International Doctors in AA, http://www.idaa.org/
Maine 211 www.maine211.org
Maine Access Points www.aomeaccesspoints.org
Maine Alliance for Addiction Recovery (MAAR) https://www.maineallianceforaddictionrecovery.org/
Maine Medical Association, www.mainemed.com/health/index.php
Maine Office of Behavioral Health https://www.maine.gov/dhhs/obh
Maine Prevention Calendar, www.mainepreventioncalendar.org/
Meaning in Medicine Groups, www.meaninginmedicine.org/
National Clearinghouse for Alcohol and Drug Information (NCADI), http://www.samhsa.gov
National Institute of Alcohol Abuse and Alcoholism, www.niaaa.nih.gov/
National Institute on Drug Abuse (NIDA), http://www.drugabuse.gov/
National Institute of Mental Health (NIMH), http://www.nimh.nih.gov/index.shtml
New England Institute for Addiction Studies (NEIAS), http://neias.neias.org
OPTIONS Saves Lives www.knowyouroptions.me
SMART Recovery www.smartrecovery.org

www.mainemphp.org

www.facebook.com/MedicalProfessionalsHealthProgram

The MPHP website and Facebook page are designed to be resources for program information, events, and other helpful information.

Visit our sites to find out more!

Medical Professionals Health Program, P.O. Box 69, Manchester, ME 04351 - (207) 623-9266 ~ **www.mainemphp.org**