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## *Mission:*

The Medical Professionals Health Program, a program of the Maine Medical Association, assists medical professionals of Maine by providing confidential and compassionate assistance and advocacy. Our staff and committee members help participants with diagnosed substance use disorders. Although we do not provide evaluation or treatment, we help participants better understand the treatment and recovery process and help implement strategies for return to safe practice.



## SEPTEMBER IS NATIONAL RECOVERY MONTH!

September is National Recovery month, and the staff at the Medical Professionals Health Program wants to celebrate the many participants (and non-participants) who have committed their lives to becoming and remaining sober. Your struggles and victories are inspirational and the MPHP staff wants to recognize the difference you are making not only in your life, but in your family, community and workplace. Congratulations on the many steps you've taken.

**This issue is dedicated to all of you!**

National Recovery Month ([www.recoverymonth.gov](http://www.recoverymonth.gov)) promotes the message that recovery in all its forms is possible, and also encourages citizens to take action to help expand and improve the availability of effective prevention, treatment, and recovery services for those in need. There are millions of Americans whose lives have been transformed through recovery. These successes often go unnoticed by the broader population; therefore, **Recovery Month** provides a vehicle to celebrate these accomplishments.

### Events taking place in Maine:

- **Walk for Recovery**  
09/21/2013 9:00AM - 11:30AM - Monument Square Portland, ME  
The 4th Annual Walk for Recovery is a collaborative community event featuring a 1.5 mile walk through downtown Portland, an art contest, and local entertainment. All are welcome! FMI or to pre-register:  
<http://www.walkforrecoveryme.org>
- **Recovery Wellness Rally**  
09/21/2013 11:00AM - 4:00 PM—Front St. Waterfront Park, Augusta, ME  
This year's rally is for individuals that are in mental health and/or substance abuse recovery and their families.
- **Annual Recovery and Wellness Resource Fair**  
09/25/2013 2:00PM - 4:00PM The fair will be held in Preble Street's Soup Kitchen dining room. The event will serve to inform and educate about recovery-oriented resources and health promotion-related services within the community.

## COMMUNICATING WITH THE BOARD: KEEPING MPHP AND BOARDS INFORMED

The case managers at MPHP want to help you best advocate for yourself and want to make sure you and the boards know we're in your corner. Whether the issue is one being brought forward by the board or by a participant, it's important to keep these issues in mind:

- **Respond in the timeframe you've been given** – late responses are often seen as no response. If you want to be heard, you need to meet the deadlines provided.
- **Communicate honestly** and respectfully – whether on paper or in person, your presentation and cooperation are important.
- **Dress for the event** – this is a business meeting and your dress should be professional.
- **Focus on the positives** – When discussing your history, it's important to be honest. In preparation, also reflect on your progress and development. This is your opportunity to demonstrate your commitment to sobriety and your profession.
- Confirm with the board that they have all the documents and information they need.
- **Let your case manager know.** Whether or not you want MPHP advocacy, our case managers want to know when there is board discussion about your licensure. MPHP can often provide a letter on your behalf or even be there to answer any questions that might arise.

## CONTACT INFORMATION: UPDATING EMERGENCY CONTACT INFORMATION

MPHP is looking to update participant emergency contact information. If need arises, we want to be sure we can reach out to someone who continues to be integral to your life and recovery. In an emergency or if we have evidence you've relapsed and if we are unable to reach you, we need to have a contact who is able to check on you and help you. Rest assured, MPHP is very cautious about placing that call and will use it only as a last resort.



## MAINE RX CARD: DISCOUNT RATES FOR PRESCRIPTIONS

The Maine RX program is being provided by the Maine Medical Association (MMA) to you and your family to help lower your prescription drug costs. Simply access the MMA website (link below), create and print your **FREE** Prescription Drug Card and receive savings of up to 75% (discounts average roughly 30%) at more than 56,000 national and regional pharmacies. This card can be used as your primary plan and/or it can be used on prescriptions not covered by your insurance plan. This program also includes other value added programs which will be listed on the card.

The only required information to enroll is your name (no application/enrollment or eligibility required). Visit the MMA website for more information and to obtain your Maine RX card.

<https://www.mainemed.com/member-services/main-rx-card>



## MEDIA SENSATIONALISM: RESPONDING HONESTLY AND WITH DIGNITY

From time to time, despite efforts by MPHP and many other advocacy groups, there is propaganda that makes headlines and, much to our disappointment, reinforces stereotypical thinking about addiction. There was recently such a series published in a number of Maine newspapers that, among other things, touched on the impact of substance use disorders on medical practice. While we don't want to increase readership of these articles, we want to share with you some appropriate responses should you ever face these stereotypes and struggle to respond:

**A substance use disorder is a chronic illness.**

The public and those in recovery need to understand substance use disorders are chronic illnesses amenable to treatment paradigms like cancer, diabetes or seizure disorders and which, like those illnesses, can be treated successfully. Many chronic illnesses can impair working capacity. The challenge for all of them is early detection and rapid treatment. In the case of substance use disorders it is the delay in care that causes the most serious impairment and makes recovery harder.

**Substance use disorders are treatable and full sustained remission can be attained.**

Despite the delays, which are legendary for these illnesses, even now

the limited current research points to excellent recovery for professionals who participate in aggressive case management programs—85-95% over 5-10 years. Imagine what could be accomplished if professionals were truly encouraged to seek care! Not only would the impairment be reduced and the recovery enhanced, but professionals with new and important skills would be returned to the workplace.

**Health Care professionals in recovery are an asset to their patients and work environments.**

Professionals in recovery usually bring to their jobs a high level of commitment, including a better understanding of the risks of addiction as well as a heightened sensitivity to dangerous prescribing practices.

**Stereotypes that marginalize professionals in recovery increase risk to patient safety.**

Stereotypical thinking about addiction can lead to a cascade of bad outcomes. Professionals who are ill may decide it is better to remain untreated than come forward and seek help. Fear of discrimination and stigmatization often serves to discourage ill professionals from obtaining the help they need, putting the professionals and the public at greater risk.

Articles that return to these old stereotypes also reinforce out-

dated thinking and attitudes, interfering with employment opportunities for healthy professionals and generally pushing those outside the addiction community, who have developed more modern approaches, back toward earlier epochs of regarding substance use illness as a crime to be addressed through punishment and shaming.

**Newspapers (and the media in general) are in the business of selling something.**

Bad news and sensational stories sell papers and secure advertisers. It's heartrending for those caught in the crosshairs of media sensationalism, but we must rise above this and redouble our efforts to speak truth and seek justice.

**Education can also happen one professional at a time.**

Professionals in the MPHP are the real heroes and heroines - caring for themselves and others, strengthening their recovery, demonstrating commitment to family, work and profession. Every day they introduce evidence that's contrary to common stereotypes, speak the truth about recovery and give others not yet ready to seek help, an example of how it's done!

## MPHP MAINTENANCE CONTRACTS: MONITORING AFTER THE 5-YEAR CONTRACT

Imagine this scenario:

A 42 year old male presents in the ER with new onset of diabetes in ketoacidosis. He is then admitted to the ICU, is stabilized, given diabetes education and monitored for the 3-5 days. He then goes home. He remains stable, seeing his primary care doctor at regular intervals and begins ophthalmologic care because of his increased risk of eye problems related to diabetes. He continues regular visits to his primary doctor for a period of time, but after 5 years he is discharged from medical care for his diabetes.

Does it seem ABSURD for a patient with diabetes to be discharge without a plan for ongoing periodic visits and monitoring? This may not seem like an analogous situation, but chronic relapsing diseases have many similarities –

**Appropriate treatment is key to putting the disease in remission.** Getting to recovery and remission is a process that involves treatment, education and a willingness to make changes.

**Environment and stress affects the ability to successfully manage the disease.** Work environments and relationships are in constant change and it's important to

understand that our responses, either reinforce or jeopardize recovery. It takes mindfulness, work and it's not a stable state.

**Structure and support are key to keeping the disease in remission.** Millions of success and years of evidence show that treatment, knowledgeable providers and friends help to keep this disease in remission.

When we liken chemical abuse to other chronic illnesses like diabetes, cancer or seizure disorders, then it makes sense to apply the ongoing (in some cases lifetime) support and monitoring treatment paradigm.

When MPHP contracts expire, participants are offered an opportunity to continue periodic monitoring under a "Maintenance Contract" This contract is designed to support professionals and document ongoing recovery over an extended period of time. Responsibilities only include periodically submitting randomly scheduled urine drug screens and quarterly self reports- no call-ins, no other reports. MPHP provides notification on the day of scheduled selections.



"I relapsed after 9 plus years of clean time. Not being on a drug screening program certainly helped the relapse happen. Would I have relapsed anyway - I don't know, but my sobriety today tells me that the simple task of peeing in a cup is something I want and need to do for a lifetime.

"This is of value if for no other reason than as testimony of being sober. Addiction cannot be cured and it, is part of my medical history, feeling like a target on my back for society, in general, and attorneys, in particular, to shoot at. If there are allegations at work, an unpleasant result, an automobile accident, or a situation involving missing controlled substances, documentation is peace of mind."

*Anonymous Professional in recovery*

*"Dreams are renewable. No matter what our age or condition, there are still untapped possibilities within us and new beauty waiting to be born."*

~ Helen Keller ~

## Missed Call-Ins:

### A Case for Concern

Participants in the MPHP agree to a very comprehensive monitoring program with many components – some administrative in nature and some clinical. Which is most important? Some would argue that toxicology screens are the definitive proof of sobriety, while others might say that it's attendance at meetings.

Here at the MPHP, we are observing a broad range of contract requirements, all of which are important—just as is true assembling a puzzle.

When a piece of the equation is missing or inconsistent, it's the case manager's role to assess and understand reasons and implications for the event, whether it's a dilute test, late report, or missed check in.

Any deviation from the contract components – missing a call in, missing some of your weekly meetings, sending in late reports, paying your bills, providing dilute urine samples – can be precursors of a relapse, signs that commitment to sobriety is slipping. While this isn't always the case, talking with many

who have relapsed, we believe it is sometimes true. We also know that a missed call or dilute urine can just be a mistake.

Many participants struggle and in very different ways. While we don't rush to conclusions, MPHP case managers try to follow up on each missing or late item with hopes of completing the puzzle and finding before them the picture of a participant in full sustained remission from substance abuse.

Thanks for sharing you recovery path with us!

MAINE | Medical Professionals  
Health Program

## SOBERLINK:

### CHANGING THE WAY WE MONITOR

The MPHP has undertaken a pilot project with Affinity eHealth and a company marketing breathalyzer – Soberlink. We are exploring breath alcohol monitoring for participants with a diagnosis of alcohol use disorder as a means of facilitating and reducing the cost of toxicology monitoring.

Soberlink, Inc. was founded in 2010, and the unit hit the market in September 2011. The Soberlink unit uses patent pending technology as well as highly accurate fuel cells in their medical breath analyzers. The device simultaneously determines the BrAC, takes a photograph and gathers the GPS location of the user.

That information is compiled into a sobriety report that is transmitted to a monitoring portal for MPHP to access.

The technology relies heavily on wireless networks and cellular technology and we're learning there are some limits. It's not for every participant and may not eliminate the need for urine, blood or hair/nail toxicology testing. If you think you might be a candidate for breath alcohol testing, talk with your case manager about the possibility of including this in your monitoring regime.

Many thanks to the handful of participants who are working with MPHP to test out this product!



Soberlink Breathalyzer with breath analyzer and camera.

## MENTORSHIP TRAINING COURSE:

### NEW ONLINE COURSE HELPS IMPROVE MENTORING EXPERIENCE

In recent years, we here at MPHP have taken a healthy interest in the idea of peer mentorship for medical professionals early in their recovery journey. With considerable time and energies, a program was finally realized and implemented in June of 2012.

This program links those who are “new” into MPHP (and who are willing to participate) with more “seasoned” professionals who can serve as a source of support regarding issues related to the MPHP,

respective boards, sobriety, and recovery.

Additionally, MPHP and members of the advisory committee developed a mentorship training course. This is a 1-hour online powerpoint presentation and test. The 1-CME course is free for those interested in MPHP mentorship (\$25 for others).

The course is open to everyone, but if you are interested in becoming a mentor yourself, you must meet the following criteria:

- Have 3 years of continuous recovery or have completed the MPHP program
- Be active in recovery based programs on an ongoing basis
- Have good communication skills, the desire to support others, and an excellent attitude.

For more information, contact Amy Tardy at:

623-9266 x 4

[atardy@mainemed.com](mailto:atardy@mainemed.com)

## PRESCRIPTION MONITORING PROGRAM:

### PMP LEGISLATION AND UPDATES

The PMP maintains a database of all transactions for schedule II, III and IV controlled substances dispensed in the State of Maine. This database is available online to prescribers and dispensers. Anyone with a DEA number is encouraged to register to request patient reports. These patient reports, and the automatically sent threshold reports, enhance the ability of health care providers to coordinate care. The online database can be used to check the history of a new patient and to monitor on-going treatment. PMP is another tool clinicians can add to their toolkit for preventing and intervening against misuse and diversion of prescription drugs.

In 2013, the legislature amended 22MRSA 7249, requiring that as of January 1, 2014, 90% of Allopathic Physicians, Osteopathic Physi-

cians, Dentists, Physician Assistants, Podiatrists, and Advanced Practice Registered Nurses who are licensed to prescribe scheduled medications to be registered with the Prescription Monitoring Program (PMP). If less than 90% are registered, all licensed prescribers will be required to register by March 1, 2014.

The Substance Abuse Services Commission met last week to continue its work to improve the participation rate of prescribers in the PMP. The Commission is consulting with the licensing boards, HHS, the Office of Substance Abuse and other interested parties to develop a system that automatically enrolls prescribers in the program at the time of licensing or renewal of a license. The Commission is also working on strategies to promote the use of the program

by prescribers.

To register for the PMP, please go to the Office of Substance Abuse website (link below). Download, complete and mail the original form to the address located on the form.

Please note there are two types of registration forms available, 1) Data Requester form for active prescriber's with a DEA number and, 2) Sub-Account form for assistants/non-prescribing health professionals.

More PMP information is also available through the website. Any questions or inquiries should be directed to the PMP, please call 207-287-2595.

<https://www.maine.gov/dhhs/samhs/osa/data/pmp/index.htm>

## Time management and Stress:

### SKILLS THAT BENEFIT YOUR HEALTH

“You probably know that managing your time effectively will help you get more done each day. But it has important health benefits, too. By managing your time more wisely, you can minimize stress and improve your quality of life.

But how do you get back on track when organizational skills don't come naturally? To get started, choose one of these strategies, try it for a few weeks and see if it helps. If it does, consider adding another one. If not, try a different one.

**Plan each day.** Planning your day can help you feel more in control of your life. Write a to-do list, putting the most important tasks at the top. Keep a schedule of your daily activities to minimize conflicts and last-minute rushes.

**Prioritize your tasks.** Time-consuming but relatively unimportant tasks can consume a lot of your day. Prioritizing tasks will ensure that you spend your time and energy on those that are truly important to you.

**Say no to non-essential tasks.** Consider your goals and schedule before agreeing to take on additional work.

**Delegate.** Take a look at your to-do list and consider what you can pass on to someone else.

**Take the time you need to do a quality job.** Doing work right the first time may take more time upfront, but errors usually result in time spent making corrections, which takes more time overall.

**Break large, time-consuming tasks into smaller tasks.** Work on them a few minutes at a time until you get them all done.

**Practice the 10-minute rule.** Work on a dreaded task for 10 minutes each day. Once you get started, you may find you can finish it.

**Evaluate how you're spending your time.** Keep a diary of everything you do for three days to determine how you're spending your time. Look for time that can be used more wisely. For example, could you take a bus or train to work and use the commute to catch up on reading? If so, you could free up some time to exercise or spend with family or friends.

**Limit distractions.**

Block out time on your calendar for big projects. During that time, close your door and turn off your phone, pager and email.

**Get plenty of sleep, eat a healthy diet and exercise regularly.** A healthy lifestyle can improve your focus and concentration, which will help improve your efficiency so that you can complete your work in less time.

**Take a time management course.** If your employer offers continuing education, take a time management class. If your workplace doesn't have one, find out if a local community college, university or community education program does.

**Take a break when needed.** Too much stress can derail your attempts at getting organized. When you need a break, take one. Take a walk. Do some quick stretches at your workstation. Take a day of vacation to rest and re-energize.



**Remember that life is a work in progress and so is finding a healthy work—life balance!**

## EVENTS AND RESOURCES: \*

**4th Annual Walk for Recovery 09/21/2013 9:00AM - 11:30AM** <http://www.recoverymonth.gov/Community-Events/2013/4th-Annual-Walk-for-Recovery-5976.aspx>

**Recovery Wellness Rally 09/21/2013 11:00AM - 4:00PM** <http://www.recoverymonth.gov/Community-Events/2013/Recovery-Wellness-Rally-5705.aspx>

**Annual Recovery and Wellness Resource Fair 09/25/2013 2:00PM - 4:00PM**  
<http://www.recoverymonth.gov/Community-Events/2013/Annual-Recovery-and-Wellness-Resource-Fair-5860.aspx>

**NAMI Maine Walk 9/29/2013 Registration at 9:00 AM.** Walk begins at 11:00 AM  
<http://www.namimaine.org/NAMIMaineWalk.htm>

### Recovery 2.0 Beyond Addiction Online Conference

September 28 to Oct 2, 2013

<http://www.recovery2point0.com/>

Recovery 2.0 is a FREE, online conference that showcases the voices of 30+ top professionals and thought-leaders to deliver cutting-edge, inspirational, spiritual, medical and practical approaches to treating and overcoming addictions of all kinds. In March 2013, 16,000 people from 70 countries participated in the first Recovery 2.0 Conference. Topics vary greatly so if you want to know more about the topics, speakers and agenda, or if you want to sign up go to the web link above.

### RECOVERY COACH PROGRAM

Sept 30th-Nov 2nd and Nov.7-8, **Time: Daily 9:00am to 4:00pm**

<http://www.masap.org/site/maar-events.asp>

The Maine Alliance for Addiction Recovery (MAAR) is offering a new program in the state called the Recovery Coach Program that will provide support for people wanting to begin recovery or those who already are in recovery. The Recovery Coach helps people in recovery to find community based support and resources so that they may strengthen their recovery and improve their quality of life in many areas.

This 30 hour training (Tri-County Mental Health Center) is being offered FREE of charge. The Recovery Coach manual will be included. Contact Darren Ripley at [dripley@masap.org](mailto:dripley@masap.org) or call 458-4366 for more information.

### Caring for the Caregivers IX: How Do We Reduce Physician Stress and Burnout?

Thursday, October 03, 2013, From 8:00 AM to 4:00 PM

FMI and to Register: <https://www.massmed.org/Continuing-Education-and-Events/Conference-and-Webinar-Calendar/Event-Information/?code=CFC100313>

The live conference is designed to help physicians, medical students, residents, and fellows develop and implement strategies to improve their own health and well-being, thereby enhancing patient care. The stress of medical practice and the burnout that physicians experience continues to gain momentum. It is important to develop effective approaches within physician practices and within the overall healthcare system to counteract those trends. You will learn about ways to combat stress and burn-out. The program will culminate in dynamic breakout sessions focused on identifying and overcoming specific barriers that impede physicians from becoming champions of change.

## EVENTS AND RESOURCES (CONTINUED):

**Provider Health and Resilience Conference**

October 17, 2013

FMI contact Helena Ackerson [hackerson@intermed.com](mailto:hackerson@intermed.com)

This conference at the Woodlands will feature Jo Shapiro, MD from Brigham and Women's Hospital to discuss programs they have built there to address systems and community issues by improving the well-being of medical providers these concerns. This half-day session will also allow us to work together in smaller groups to create models which may be tried to address the specific difficulties and challenges occurring at your worksite. Registration is open to both clinical (physicians/ PA's and NP's) and administrative staff who are willing to effectively work towards collaboration / change within their own programs and network with other systems in the process.

**The Anonymous People**

Waterville, Monday November 4, 2013 7:30 PM at Railroad Square Cinema

Portland, Monday October 7, 2013 7:30 PM at Nickelodeon Cinemas

FMI and to purchase tickets <http://manyfaces1voice.org/become-a-host.php>

The Anonymous People is a feature documentary film about the over 23 million Americans living in long-term recovery from addiction to alcohol and other drugs. They are moms and dads, sons and daughters, brothers and sisters – all bringing the power and proof of recovery to communities across the country. Their goal – to change public perception and public response to the addiction crisis.

The film addresses the scope, stereotypes and the system that has not helped our society truly address the crisis of this illness and hopes to transform public policy and opinions toward lasting solutions. There are 2 scheduled showings in Maine. Tickets (\$10) must be purchased in advance through the above website. Each site must sell a minimum of 50 tickets for the showing to happen. MPHP plans to attend the November 4 show in Waterville.

Movie Trailer: [http://www.youtube.com/watch?v=8DRPSqQzi\\_Y](http://www.youtube.com/watch?v=8DRPSqQzi_Y)**IDAA Annual Conference**

July 30 - August 3, 2014 -

Palm Desert, California

Plan ahead Scholarships are available. FMI: <http://www.idaa.org/meetings/>

MPHP AND SOCIAL MEDIA:  
LIKE US ON FACEBOOK



<http://www.facebook.com/MedicalProfessionalsHealthProgram>

**\* NOTE:** This site contains many programs and resources we believe will interest our readers. We do not endorse or represent the organizations or materials of these resources. Any reliance upon the information, content, products, services or vendors included in this newsletter shall be at the user's sole risk.



### Medical Professionals Health Program

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### Medical Professionals Health Program

#### Helping:

- Dentist
- Denturists
- Hygienists
- Nurses
- Pharmacists
- Physicians
- Physician Assistants
- Veterinarians

#### Supported by:

- Maine Professional Licensing Boards
- Maine Hospitals and Medical Staffs
- Medical Malpractice Carriers of Maine
- Individual contributions

## HEALTH AND WELLNESS

### ADDITIONAL WEB RESOURCES

There is a wealth of information on the web that can be helpful. We've taken some time to review a few sites and we thought the following contain some helpful information. **Substance Abuse & Mental Health Websites** –feature information and publications on a variety of health related topics.

\*SAMHSA: <http://www.samhsa.gov/co-occurring/news-and-features/ddcat.aspx>

\*National Alliance on Mental Illness <http://www.nami.org/>

\*Mental Health America <http://www.mentalhealthamerica.net/go/may>

\*National Treatment Programs - offering written materials on recovery, web book groups, 12-step meetings, and seminars, etc.

## READING RESOURCES:

### RECOMENDATEIONS FROM PARTICIPANTS AND STAFF

#### [Craving : Why We Can't Seem to Get Enough](#) Omar Manejwala

In *Craving*, Omar Manejwala, M.D., translates the neurobiology of this phenomenon into real and accessible terms, explaining why we just can't seem to get enough. He then gives us tools and guidance to find satisfaction without giving in to our cravings.



#### [Quiet: The Power of Introverts](#) Susan Cain

*Quiet* shows how dramatically we undervalue introverts, and how much we lose in doing so. Taking the reader on a journey from Dale Carnegie's birthplace to Harvard Business School, from a Tony Robbins seminar to an evangelical megachurch, Susan Cain charts the rise of the Extrovert Ideal in the twentieth century and explores its far-reaching effects.

#### [The 12-Step Buddhist: Enhanced Recovery From Any Addiction](#) Darren Littlejohn

*The 12-Step Buddhist* is designed to be a complimentary practice to the traditional 12-step journey, not a replacement. While traditional twelve-step programs help addicts become sober by removing the drug of choice and providing a spiritual path, they rarely delve deep into what causes people to suffer in the first place. The integration of Buddhism with the traditional process provides the wisdom and meditations that can help addicts truly find a deep, spiritual liberation from all causes and conditions of suffering -- for good.

#### [“Surrender Versus Compliance in Therapy: With Special Reference to Alcoholism”](#) Harry Tiebout, MD

Quarterly Journal of Studies on Alcohol (Yale University)