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Fall 2024 Newsletter - November 26, 2024

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FROM THE CHAIR

The Clinical and Personal Value of Humility*

Maroulla S. Gleaton, M.D., Chair

There can be no doubt that medicine, as a chosen profession, is suffering from many overwhelming pressures undermining the reason and passion that has driven most physicians to seek a medical

career. A recent review article in the Annals of Internal Medicine on the unique role that physician humility plays in any physician's practice falls into 5 domains: learning and professional growth, navigating error, uncertainty tolerance, trust and entrustment, and teamwork and communication. There can be some definite challenges for anyone cultivating physician humility, but doing so can lead to many valuable lessons to combat disillusionment in practicing medicine today.

Our medical students and residents are struggling with the ideals and values of professional practice versus the realities of practicing medicine outside the teaching environment. A physician's sense of responsibility to operate according to the Hippocratic Oath and in the best interest of the patient is being manipulated by organizations that employ physicians today. So, what is the result of this subversion? Likely, burnout for a starter, which certainly affects patient care in many arenas. One sees physicians reducing hours or leaving their jobs with the result that some patients cannot get the care they need when they need it. Since medicine has been increasingly corporatized, physicians feel they have little control or say over what they uphold as physician values and virtues in the increasingly money-driven/business-first healthcare system in which they now have to practice.

Amid this turmoil, promoting attention to one's character behavior including humility may serve as a respite from the storm. The renowned Canadian physician William Osler promoted the importance of humility as a virtue for physicians to embrace because it can guide the physician to protect the patient and maintain the highest standards of ethical practice.

First, consider a more acute self-awareness. By that I mean, consider keeping a good honest balance of self-perception and being open to change when needed. Be intentionally empathetic in your care of patients since they offer a unique privilege by letting you know them. Prioritize the patient's needs by being respectful and appreciative of the value of salient others, which includes family and colleagues who are also involved in caring for the patient. Humility also involves outwardly balancing and grappling with the ambiguities of medicine's uncertainties and potential for error.

The second part of this kind of humility requires one to ask for advice and help from others to practice optimally and safely. One needs to be honest in assessing gaps in the knowledge necessary to be competent and safe. This encourages the physician to analyze errors committed by themselves or others and learn from them. Errors identified and corrected with heartfelt apologies, although difficult, can go a long way to defusing hurt and infusing forgiveness, which is sometimes essential to going forward.

Humility requires an open mind that can allow a physician to consider divergent perspectives in medicine. Whether one is considering medical literature, newer surgical procedures, or prescribing newer drugs with or without FDA approval, there are uncertainties in practice. So, humility allows one to be skeptical of and carefully analyze these uncertainties and proceed appropriately and reasonably. Being humble can also foster physician-patient trust because a little humility leads the patient to understand that their chosen physician will not violate their trust by recommending procedures or a plan of action that is not wisely considered free of arrogance or inability of any kind.

Last, humility is a necessary component of collaboration that fosters effectively functioning teams. This kind of coordination should go on every day in the physician's practice environment because it can be clearly linked to the better health of the patient.

Thoughtfully embracing humility can shape a physician's actions in caring for patients and interacting with colleagues as well as serve as a model for the medical student, resident, or seasoned physician practicing the art and science of medicine in today's challenging healthcare system.

*This newsletter article draws from information found in the *Annals of Internal Medicine* article "Physician Humility: A Review and Call to Revive Virtue in Medicine" by Caroline L. Matchett, MD; Ellen L. Usher, PhD; John T. Ratelle, JD; Diego A. Suarez, MD; Andrea N. Leep Hunderfund, MD,MHPE; Ana M. Aragon Sierra; and Adam P. Sawatsky, MD, MS. Ann Intern Med. 2024 Sep;177(9):1251-1258

WHAT EVERYONE SHOULD KNOW

Scam Alert

We continue to receive reports of licensees receiving calls from scammers who identify themselves as either from BOLIM or from the DEA in connection with BOLIM. In addition, we are now receiving reports of licensees receiving letters from BOLIM. A copy of this type of letter can be seen **here**. As you can see, the third page of the document asks for a refundable fee of $12,880 to maintain the state license. Requests such as this should be viewed with extreme suspicion and, if there are any doubts, call the BOLIM offices to verify the status of your license.

Scammers who obtain personal information such as date of birth, social security number, and home address can use that information to commit identity theft and cause significant financial problems for the victim. Money sent to scammers, as requested in the example above, will not be “refunded."

If you receive a suspicious call, you should not share any personal information over the phone or by email. Licensees who think they may be a victim of a scam or attempted fraud should contact the Consumer Protection Division of the Office of the Attorney General toll-free at 800-436-2131 (TTY 711) or online at: https://www.maine.gov/ag/consumer/.

In addition, the Federal Bureau of Investigation (FBI) provides the following tips about how to avoid becoming a victim of a scam:

How to Avoid Being Victimized by Impostors Posing as Regulators

The FBI lists four best practices for licensees to avoid becoming a victim of an extortion scheme:

- Use official websites and official phone numbers to independently verify the authenticity of communications from alleged law enforcement or medical board officials.
- Independently contact those boards or law enforcement agencies to confirm the identity of the person(s) contacting the provider.
- Do not provide personal identifying information (Social Security Number, date of birth, or financial information) in response to suspicious emails, phone calls, or letters, and do not provide professional information (medical license number, NPI number, or DEA license number).
- Be wary of any request for money or other forms of payment regarding supposed criminal investigations by alleged law enforcement agencies or regulatory entities.

For more information visit this link to the FBI’s website: https://professionallicensingreport.org/fbi-impostors-posing-as-regulators-threaten-medical-licensees-nationwide-with-license-suspension/.

CDC Update - The Role of Maine Clinicians in Preventing HIV and Other Infectious Diseases

Lisa M. Letourneau MD, MPH – Maine DHHS

October 2024

The Maine Center for Disease Control and Prevention (Maine CDC) leads statewide efforts to prevent and control infectious diseases and relies on partnerships with physicians and other clinicians to effectively prevent and identify these diseases. Those partnerships are crucial given increases in recent years in certain infectious diseases, including HIV, hepatitis C (HCV), syphilis, and tuberculosis.

Since October 2023, the Maine CDC has identified 13 cases of HIV in Penobscot County in people who inject drugs, most of whom are experiencing homelessness (many being unsheltered and living outdoors). This is a sharp increase from the historical average of two new HIV diagnoses per year in Penobscot county. All 13 people were also identified as having Hepatitis C (HCV), and as of September 2024, four have received treatment sufficient to reach HIV virus suppression.

The Maine CDC is working with local community and health care partners to increase access to HIV and HCV testing, link patients to care, increase health care capacity for people living with HIV, and offer preventive services to at-risk people (e.g., HIV pre-exposure prophylaxis [PrEP] and post-exposure prophylaxis [PEP] and risk reduction counseling).

To raise awareness, encourage greater testing, provide access to care, and prevent spread, all Maine clinicians are encouraged to review these HIV testing and diagnosis key facts:

Who needs HIV/HCV screening and how often?

- HIV testing should be done at least once for everyone ages 13–64
- As of April 2024, the Maine CDC recommends HIV testing every 3 months for people with an increased likelihood of transmission, including:
  - People who have shared needles, or other injection drug equipment
  - People with multiple sex partners
  - People recently diagnosed with a sexually transmitted infection (STI), hepatitis B or C, or tuberculosis
  - Men who have sex with men
  - Sex partners of people living with HIV, or anyone with the above risk factors or with an unknown sexual history
- Additionally, providers should be aware that Maine law requires health care providers to:
  - Include HIV testing when conducting tests for other STIs
  - Conduct HIV testing during pregnancy: all pregnant people should be tested for HIV as early as possible in each pregnancy. A second test in the third trimester is recommended for those with ongoing risk.

Which populations are at higher risk for HIV?

- People who inject drugs and have unstable housing have a 55% higher risk of getting HIV
- People who have been incarcerated in state and federal prisons have nearly double the rate of HIV as the general population

How to approach informing patients/consent for HIV testing:

- U.S. CDC recommends an “opt-out” approach to testing. Maine law requires verbal or written consent: providers should inform patients that an HIV test is part of standard screening and that they may decline it. The patient’s decision to accept or decline a HIV test should be noted in the medical record.

A patient tests positive for HIV: now what?

- Report any positive HIV test to the Maine CDC by electronic lab report; by fax to 1- 800-293-7534, or by phone to 1-800-821-5821.
- Providers can contact the MaineCare HIV Program Team at 207-624-4008 to connect patients to an HIV clinic in their area and to other resources.

Providers are also encouraged to maintain a heightened awareness for other infectious diseases that have increased nationally and in Maine in recent years, by offering screening and treatment:

- **Hepatitis C:**
  - Universally screen all adults 18 years and older at least once, and all pregnant people during each pregnancy
  - Test patients who have ongoing risk factors every 3 months including those who inject drugs, and people with selected medical conditions, including those receiving hemodialysis
- **Syphilis:**
- Test all pregnant persons at the first prenatal visit; retest at 28 weeks and again at delivery for individuals at high risk (e.g., substance use disorder, STIs during pregnancy, multiple partners, a new partner, or a partner with STIs)
- Test all patients who are obtaining any STI testing

For more information: https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/index.shtml

1000 Lives Campaign for Maine Update*

By Erik Steele, DO, Immediate Past President, MMA

It may be the lazy days of summer but the campaign to reduce opioid-related deaths in Maine by 1000 from what is projected during the next 5 years (well, now 4 ½ years) is in high gear. Almost every major caregiver association in the state has now signed on to the 1000 Lives Campaign – from retail pharmacists to nurse practitioners to anesthesiologists, the Maine Hospital Association, and many others.

The Campaign is now moving from its highly successful engagement stage to identification and implementation of interventions in different parts of the health care delivery system designed to save those lives. This is where you come in.

What can you do? A lot – starting with stepping up and getting involved. No one, especially no health care professional, should be standing on the sidelines in a fight against what is now the leading cause of death for Mainers under the age of 50, the state's 3rd or 4th leading cause of death overall, and its number one cause of life years lost to early death. Number one!

What else?

1. Educate yourself about the Campaign – go to the MMA website and learn more. That web site will be a growing resource for the Campaign.
2. Check with the leadership of your specialty professional association and ask what your society is doing in the 1000 Lives Campaign for Maine. If they know, join that effort and do those things in your practice. If they don't know, ask them to call the MMA, or go to the MMA website, learn about the Campaign, and sign on. We need their help.
3. Screen your patients for Opioid Use Disorder – you have them, whether you are a specialist or a primary care provider. If you think there are none in your practice, think again; it is estimated that 3.7% of the American population has OUD, and the majority of patients who have it are not getting help.
4. If you are not a buprenorphine prescriber, and you are a primary care physician, do what the professional associations of pediatricians, family docs, and internists all recommend – get educated, and get to it. PCPs are the ideal longitudinal providers of OUD treatment with buprenorphine.
5. Connect with local addiction medicine specialty practices that can manage complex OUD patients, so you have a place to refer such patients.
6. Work on your biases about SUD patients including those with OUD, and the biases of your staff and colleagues. Bias and stigma are not only barriers to treatment for OUD and other SUD patients, they are killers.
7. Work with your hospital and your emergency department to make sure they provide consistent, good, OUD care. Such care – including starting appropriate OUD patients in the ED or the hospital on buprenorphine is now the standard of care, no different from providing nitro and TPA to acute MI patients.

Whatever you do, don't stand on the sidelines while the population of a Maine town dies every year from OUD.

Resources for Opioid Prescribing Flyer (PDF)

*From the July/August/September 2024 Issue of the Maine Medical Association's Maine Medicine – Reprinted with Permission

ADVERSE ACTIONS

Adverse Actions

In 2023 the Board reviewed approximately 300 complaints and investigative reports – an average of 25 per meeting. While the number of complaints received by the Board remains consistently large, the number of complaints that result in adverse action is quite small. In most cases, the conduct resulting in adverse action is egregious or repeated or both.

The Board's complaint process is relatively straight-forward. FAQs about the complaint process are available on the Board's website: https://www.maine.gov/md/complaint/discipline-faq. Brochures regarding the complaint process are also available on the Board's website: https://www.maine.gov/md/resources/forms.

Upon receipt of a complaint, it is forwarded to the licensee for a written response and a copy of the medical records. In general, the licensee's response is shared with the complainant, who may submit a reply. The Board reviews the complaint file once completed, and may take any of the following actions:

- Dismiss
- Dismiss and issue a letter of guidance
- Further investigate
- Invite the licensee to an informal conference
- Schedule an adjudicatory hearing

The following adverse actions are being reported for the purpose of educating licensees regarding ethical and/or legal issues that can lead to discipline, and to inform licensees of any limitations or restrictions imposed upon scope of practice.

Rachel Christine Stadler, P.A. License #PA2283 (Date of Action October 23, 2024) On October 23, 2024, the Board of Licensure in Medicine and Ms. Stadler entered into a Consent Agreement for Conversion to Active Status requiring that Ms. Stadler comply with all terms of the reentry to practice plan.

Scott M. Davis, M.D. License #MD18688 (Date of Action October 8, 2024) On October 8, 2024, the Maine Board of Licensure in Medicine and Dr. Davis entered into a Consent Agreement imposing discipline for incompetence, unprofessional conduct, and violation of Board rules. The Consent Agreement imposes a period of PROBATION for not less than two (2) years with conditions including that all terms and restrictions contained in the Interim Consent Agreement remain in effect, and he is required to engage a Physician Practice Monitor for at least two years who will review patient charts and report to the Board, and he is required to obtain a CPEP Clinical Competency Assessment.

Jake N. Cho, M.D. License #MD26739 (Date of Action October 8, 2024) On October 8, 2024, the Board and Dr. Cho entered into a Consent Agreement for a health condition that may result in the licensee performing services in a manner that endangers the health or safety of patients, requiring that Dr. Cho must: 1) engage with a worksite Physician Mentor who will report to the Board; 2) engage in psychotherapy for at least two (2) years; 3) enroll in and comply with the Maine Professionals Health Program (MPHP) for at least two (2) years; 4) engage with a Board approved psychiatrist to provide medication management with reports to the Board; 5) maintain compliance with his "Boundary Protection Plan in a clinical setting"; 6) at all times utilize an adult chaperone for all physical examinations of female patients; and 7) inform the Board of the physical location(s) at which he practices medicine and notify the Board of any changes.

Susan D. Paul, M.D. License #MD19838 (Date of Action September 26, 2024) On September 26, 2024, the Board and Dr. Paul entered into a First Amendment to Consent Agreement ("First Amendment") regarding her September 15, 2021, Consent Agreement, to address Dr. Paul's compliance with the Consent Agreement. The Board imposed a REPRIMAND for noncompliance with the Consent Agreement and required that Dr. Paul come into full compliance with the CSS Program requirements and fully engage and respond to all requests in a timely manner with the program and Board staff no later than thirty (30) days from the effective date of the First Amendment.

Byron A. Velander, M.D. License #MD23806 (Date of Action September 9, 2024) On September 9, 2024, the Maine Board of Licensure in Medicine voted to suspend Dr. Velander's license in accordance with paragraph 14 of the June 11, 2024, Consent Agreement after determining that Dr. Velander was in substantial and material noncompliance with the requirements of the Consent Agreement dated June 11, 2024. The suspension shall continue until Dr. Velander comes into compliance with the June 11, 2024, Consent Agreement.

Amanda E. Buzzell, P.A. License #PA1384 (Date of Action September 9, 2024) On September 9, 2024, the Board and Ms. Buzzell entered into a Third Amendment to Consent Agreement ("Third

Amendment") regarding her September 14, 2020, Consent Agreement, as amended, to address information received by the Board following Ms. Buzzell's termination of employment. The Third Amendment: 1) amends paragraph 8(c) by adding requirements for the Physician Mentor; 2) adds paragraph 8(f) requiring that Ms. Buzzell only render medical services at a Board-approved practice location; 3) adds paragraph 8(g) prohibiting Ms. Buzzell from treating family members except under urgent or extreme circumstances; and 4) adds paragraph 8(h) directing her to undergo a mental health evaluation.

Charles D. Clemetson, M.D. License #MDA13808 (Date of Action September 9, 2024) On September 9, 2024, the Board and Dr. Clemetson entered into a Consent Agreement for practicing outside the scope of his administrative license. The Consent Agreement imposes a CENSURE for practicing outside the scope of his administrative license and a requirement that Dr. Clemetson immediately CEASE all clinical medicine activities.

Sean Kevin-Charles Closs, M.D. License #MD25874 (Date of Action September 9, 2024) On September 9, 2024, the Board reviewed Dr. Closs's compliance with his Consent Agreement. Following its review, the Board voted to terminate Dr. Closs's September 22, 2023, Consent Agreement with the Board.

Liam Eirik Funte, M.D. License #MD21990 (Date of Action July 17, 2024) On July 17, 2024, the Board and Dr. Funte entered into a Consent Agreement for misuse of alcohol and unprofessional conduct requiring abstinence, a monitoring agreement with the Medical Professional Health Program for at least 5 years and engaging in psychotherapy with a Board-approved psychiatrist or psychologist for at least 2 years.

Cristel L. Palma-Vargas, P.A. License #PA1999 (Date of Action July 17, 2024) Effective July 17, 2024, Ms. Palma-Vargas and the Board entered into a Consent Agreement for Licensure requiring that Ms. Palma-Vargas comply with all terms of the reentry to practice plan.

Cameron R. Bonney, M.D. License #MD20582 (Date of Action July 8, 2024) On July 8, 2024, the Board of Licensure in Medicine and Dr. Bonney entered into a Third Amendment to Consent Agreement ("Third Amendment") regarding his May 12, 2021, Consent Agreement with the Board, as amended. The Third Amendment modifies the reporting frequency requirement for the physician practice monitor and modifies the reporting frequency requirement for the treating psychiatrist.

LICENSING ISSUES

Additional Pathways to Licensure

In March 2024 the American Association of Medical Colleges (AAMC) released its report “The Complexities of Physician Supply and Demand: Projections From 2021 to 2036.” In that report, the AAMC indicates that the physician shortage could be as large as 86,000 by 2036.

These projections have caught the interest of individuals and organizations alike while prompting the need for further discussion on how to increase the supply of physicians.

In general, there are three main qualifications for licensure in the United States for allopathic physicians:

1. Graduation from a Liaison Committee on Medical Education (LCME) accredited medical school or Educational Commission for Foreign Medical Graduates (ECFMG) certification;
2. Completion of several years (varies by state) of graduate medical education (GME) accredited by the Accreditation Council for Graduate Medical Education (ACGME); and
3. Passage of all steps of the United States Medical Licensing Examination (USMLE).

If this is the current process, how do we increase the supply of physicians?

In 2023, the Maine Legislature provided funding to examine establishing an MD-granting institution in Penobscot County to increase training opportunities.

However, more graduating physicians would increase the need for accredited GME spots. The federal government is the largest contributor to GME, and funding depends on many factors.

This has led many states to search for alternate solutions to address US healthcare workforce shortages, especially in rural areas. Since 2023, eight states have enacted legislation for internationally trained physicians that does not require completion of accredited GME training in the United States.

In response to the search for alternatives, the Advisory Commission on Additional Licensing Models was established in December 2023 by the Federation of State Medical Boards (FSMB), Intealth™, and the Accreditation Council for Graduate Medical Education (ACGME). The Advisory Commission was principally formed to guide additional pathways for the state licensure of physicians who have completed training and practiced outside of the United States.

The Advisory Commission hosted a Symposium on Additional Licensing Models in June and received an abundance of feedback from regulators, legislators, employers, physicians, and other interested parties on this issue. Based on the information collected and the discussions that have taken place to date, it is clear that this is a complicated issue that surpasses the issuance of licenses. Even if licenses are issued, U.S. federal immigration and visa requirements will impact the practical ability of those who are not U.S. citizens or permanent U.S. residents to utilize any additional pathway.

On October 2, 2024, the Advisory Commission provided a draft guidance document for public comment. The draft document includes fifteen recommendations in nine areas to support the alignment of policies, regulations, and statutes, where possible, and to add clarity and specificity to statutory and procedural language while remembering that the principal mission of all state medical boards is to protect the public.

The draft guidance document can be found at https://www.fsmb.org/advisory-commission-on-additional-licensing-models/ Announcement and comments can be submitted through December 6, 2024.

Physician Assistant Compact Update

LD2043, An Act to Add the State of Maine to the Compact for Licensing Physician Assistants was passed earlier this year. Since that time, BOLIM has received questions from physician assistants regarding how the compact works and how they can participate.

The answer, for now, is no one can participate.

The compact required adoption by seven states to be activated. During the last legislative session, the compact surpassed the seven-state minimum, with 12 states passing the legislation. Representatives from the 12 states, NCCPA, and the AAPA met in late September and began the task of creating the compact. At the meeting, the representatives adopted a code of conduct, bylaws, and a rule on rulemaking, formed three committees (Rules, Finance, and Communication), and elected an executive committee, including electing Maine's representative, BOLIM's Executive Director Tim Terranova, as chair of the executive committee.

A great deal of work needs to be accomplished prior to the compact going live. This includes rulemaking and the creation of an infrastructure and database that can be used by all states. For other compacts, this process normally takes at least 24 months.

Members of the PA Compact are moving quickly, but deliberately, and each committee has already met. Committees are working on creating a budget, writing rules, and creating consistent, fact-based, messaging.

Up-to-date information can be found on the PA Compact Website, https://www.pacompact.org/. BOLIM will notify all licensed physician assistants once it is fully operational.

Physician Assistants with Less than 4,000 Clinical Hours

Physician assistants with less than 4,000 hours of clinical practice need to register with BOLIM before rendering medical services.

Unfortunately, BOLIM has seen multiple instances of physician assistants, with less than 4,000 hours, rendering medical services without the proper registration.

In general, there appear to be two main reasons this happens.

1. New applicants for licensure do not yet have employment and attest that they will submit the proper forms once employed. However, the forms are not submitted.
2. Licensees who believe they have more than 4,000 indicate it on their application but never submit proof of clinical hours. The attestation is not enough. Proof must be submitted and verified by BOLIM staff.

Failure to have the appropriate documentation may lead to citations (fines), letters of guidance, complaints against the license, and possible disciplinary action.

Forms and information can be found on our website at https://www.maine.gov/md/licensure/pa-license and https://www.maine.gov/md/laws-rules-updates/rules.

Ensuring the submission of appropriate documentation is a professional responsibility and expectation. BOLIM encourages its licensees to ensure they are in compliance with all rules and regulations.

HEALTH AND WELLNESS

Mindfulness

Guy Cousins, Director Maine Medical Professionals Health Program

In the behavioral health and wellness fields we often hear people talk about being “mindful” as they try to manage the stress and the challenges they face daily. While it all sounds well and good to some, it gets interpreted by others as fuzzy and a little “out there.” This frequently occurs because the person dismissing mindfulness doesn’t connect the concept with ordinary experience. The following lines come to mind:

> The “average” human looks without seeing,
> Listens without hearing, eats without tasting,
> Touches without feeling,
> Moves without physical awareness,
> Inhales without awareness of odor or fragrance, and
> Talks without thinking.

A lot of people tell us they can relate to this observation because their lives are so hectic, juggling work, partners, kids/family, education, friends, and fun. They speak to the fact that this is what life is about these days. What if I told you Leonardo DaVinci wrote the lines I just quoted and that this has been part of our human condition longer than we realize?

This whole idea of stress and burnout is not new; it just looks a bit different over the years/decades/centuries.

DaVinci’s quote indicates clearly that we are not paying attention to the things that we are experiencing. Our minds and attention are often elsewhere when we act.

Mindfulness is the ability to be fully present, aware of where we are and what we’re doing, and not overly reactive to or overwhelmed by what’s going on around us. It is an awareness that arises by intentionally paying attention to what is happening at the present moment. Jon Kabat-Zinn, the founder of *Mindfulness-Based Stress Reduction*, adds “without judgment” as a third component.

Having worked for many years in a profession that requires simultaneously shifting multiple priorities, in high volume, and at breakneck speed, while at the same time teaching wellness and mindfulness to others because they need or want it makes for an interesting balancing act.

What do we need to shift to help us all be mindful both in our work and private lives? What would need to occur in the health and wellness fields for us all to learn how to pay attention (fully and on purpose), in the present moment, with no judgments?

Developing mindfulness is a skill and we understand that skills need to be learned and practiced. William James (1842-1910) wrote:

> "The faculty of voluntarily bringing back a wandering attention, over and over again, is the very root of judgment, character, and will. An education to improve this faculty would be THE education, par excellence. But it is easier to define this idea than it is to teach it."

Learning and developing mindfulness is simple, but not easy. There are many helpful resources to find online. One highly recommended resource to consider is the work of Jon Kabat-Zinn. You can find more at https://www.mindfulnesscds.com/

The Medical Professionals Health Program (MPHP) assists professionals who suffer from mental health/behavioral issues, substance misuse, stress, and burnout in the workplace. To assist those who are experiencing issues with their health and licensure, and any other issues that have the potential to impact/compromise their personal lives and the lives of their patients - the MPHP provides monitoring, advocacy, resources, referrals for treatment, education, and outreach services. The MPHP does not provide comprehensive evaluation or treatment but does make evaluator and treatment recommendations.

Assistance is available through the Maine Medical Professionals Health Program (https://www.mainemphp.org/) or employee assistance programs.

BOARD NEWS

New Board Member David Flaherty, PA

David H. Flaherty is an experienced Emergency Physician Assistant with a Doctor of Medical Science degree. He has recently moved into the position of Chief Medical Officer for Katahdin Valley Health Centers, where he also sees patients in Occupational Health. His career includes roles in emergency medicine, occupational medicine, and neurosurgery across various hospitals and military service, including deployments in Operation Enduring Freedom and Operation Inherent Resolve. He has received numerous military awards and holds multiple certifications. Mr. Flaherty has also been involved in volunteer work with the Coast Guard Auxiliary and Highland Search and Rescue. His education includes degrees from George Washington University, University of Nebraska, and Lynchburg College. He has published research and enjoys hobbies such as amateur radio, hiking, and reading military history.

New Assistant Executive Director Valerie Hunt

Valerie began working for the State of Maine in February of 2024 at the Department of Health and Human Services; she was recently hired by the Board of Licensure in Medicine as the Assistant Executive Director. In her new position, Valerie oversees licensing and assists with managing the financial and administrative operations of the Board.

Valerie's education and employment background is in Mental Health and Human Services. She worked in employment services for over a decade, assisting individuals with a mental health diagnosis to secure employment and educational opportunities.

Valerie is also a former Adjunct Faculty member at Kennebec Valley Community College, where she taught several classes in their Mental Health and Human Services Department.

Bona Librorum

F. Perry Wilson, M.D. ***How Medicine Works and When It Doesn't: Learning Who to Trust to Get and Stay Healthy*** (2023). "A unique, brutally honest, informative, and practical guide for patients. Dr. Perry Wilson's outstanding storytelling combines with his remarkable ability as an explainer to shine a light on what real medical evidence looks like."

Danielle Ofri, M.D. ***What Doctors Feel: How Emotions Affect the Practice of Medicine*** (2013). "Danielle Ofri . . . is dogged, perceptive, unafraid, and willing to probe her own motives, as well as those of others. This is what it takes for a good physician to arrive at the truth."

Editor-in-Chief David Nyberg, Ph.D. Graphic Design Ann Casady

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