



2019 MEDICAL JOURNAL

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Governor Mills shifts the tone in tackling Maine's opioid crisis

The Democratic governor has made addressing the epidemic one of her top priorities

BY ERIC RUSSELL

Portland Press Herald

Halfway through an interview in her office last January, newly elected Maine Gov. Janet Mills took down from a shelf a copy of the nonfiction book "Dreamland," by Sam Quinones.

The book was worn. Mills has read it multiple times, even keeps notes in the margin. She calls it her "bible," at least when it comes to the opioid epidemic.

In painstaking detail, Quinones lays out the origins of what has grown into the biggest public health crisis in modern times. How pharmaceutical companies flooded a small Ohio town (it easily could have been set in a Maine town) with highly addictive prescription opioids like OxyContin. How Mexican drug dealers saw a market for black tar heroin in the small and midsize U.S. cities. How those two phenomena converged.

In her first extended interview on the opioid crisis since she became governor, Mills, a Democrat, said she thinks of that book often and about the countless individuals and families here in Maine who have been swept into the deadly wake of opioids.

"These are people we want to come out from under the shadows," she said. "We're here to help them."

Mills has made tackling the state's opioid crisis a top priority in the early stages of her administration, and although she hasn't laid out specific policy proposals, they are certain to differ greatly from those of her predecessor, Republican Paul LePage.

The biggest shift, though, could be in tone.

Where LePage favored a tough love, law enforcement-heavy approach, Mills' words so far have been empathetic and treatment-centered.

Providers say they have been waiting a long time for an ally in the governor's office.

"It's like the clouds have parted. It's a whole new day," said Lisa Letourneau, a Portland-based public health advocate who treats patients with substance use disorder part time.

Bob Fowler, director of Milestone Recovery, which operates a detox facility in Portland and a residential treatment program in Old Orchard Beach, used almost the same words.

"We're really feeling like a new day has



Gov. Janet Mills poses in her office at the State Capitol Building in Augusta, where she offered thoughts about the opioid epidemic that has gripped the state for years. "I'm just tired of talking about it," she says, after serving on two separate task forces. "I really just want to take action."

Staff photo by Gregory Rec

dawned," he said. "It's palpable in the provider community, this sense that we have someone in leadership who understands this epidemic."

'REALLY JUST WANT TO TAKE ACTION'

Mills can afford to be aggressive. Both the House and Senate are controlled by Democrats and by big margins.

She already has made two major moves: She expanded Medicaid on her first day in office, giving low-income Mainers better access to treatment. LePage had stymied that effort. And she named former longtime Maine Medical Association executive vice president Gordon Smith as the state's first-ever director of opioid response to coordinate efforts across all state agencies

to fight the epidemic.

Republican leaders have so far been restrained in criticizing any of Mills' proposals, but they are prepared to raise concerns about how much some of them might cost.

"Addressing this is certainly a priority and I don't think it's a partisan issue," said Rep. Kathleen Dillingham of Oxford, the House Republican leader. "But it can't just be about throwing money at the problem."

Mills said she already has been talking with her staff and Cabinet about what can be done through executive order or financial order and what can be done with legislation.

But she fully intends to leverage as many government resources as she can, saying that any cost to the state will be greater if

Maine doesn't invest now.

"I've been on two task forces involving legislators and public safety and the U.S. Attorney's Office. ... I'm just tired of talking about it," she said. "I really just want to take action."

AVAILABILITY OF NARCAN

Maine saw between 150 and 175 overdose deaths per year between 2002 and 2013, many attributed to prescription opioids. But things started to spike in 2014 and have exploded since, in large part because the state was unprepared.

More EPIDEMIC, PAGE 6

Epidemic

CONTINUED FROM PAGE 5

The total for 2018 is still a few weeks from being released, but in 2017 there were 418 overdose deaths, more than twice as many as 2014, which was a record-setting year. Now heroin and the powerful synthetic opioid fentanyl have supplanted prescription drugs as the biggest killers.

Mills was the state's attorney general while the crisis hit, but often there was little she could do.

By way of example, she referenced the drawn-out process to make the overdose-reversing drug Narcan available in pharmacies over the counter, a policy she endorsed.

The original legislation first passed in 2016, despite a veto from LePage. But the law languished while the Maine Pharmacy Board struggled to come up with rules. The bill then had to be rewritten and brought back before lawmakers a year later.

Yet even after it passed a second time, LePage – without any pushback from the pharmacy board – continued to hold up the bill until it was rewritten again to raise the minimum age from 18 to 21. The law finally went into effect in May 2018, more than two years after its original passage. Nearly 800 Mainers died from drug overdose in that time.

"It was obstreperous," Mills said, a fancy word for out of control.

She couldn't intervene there, but she did take matters into her own hands on Narcan in other ways. She used funds from her office to purchase thousands of doses, which she offered to local police departments.

It was a stark departure from LePage, who at one point said all Narcan does is give users a false sense of security.

Mills said Narcan should be available everywhere. Saving a life is not controversial.

Treatment providers said even though the crisis isn't in the news every day, it hasn't waned.

"We're still in the thick of it," Letourneau said. "We really haven't gotten at those who are dying. We need to learn more about them. If 418 people died of the flu last year, we'd know a hell of a lot about those people."

EMULATE SUCCESSFUL MODELS

Mills is still working out specific proposals but offered some hints last week. She wants to establish a more robust hotline. She wants to create a network of recovery coaches. She wants to expand treatment in jails and prisons. And she wants to focus on treatment models that have proved successful. She mentioned as a model the Addiction Recovery Center at Brunswick's



Staff photo by Joe Phelan

Maine Gov. Janet Mills appointed longtime Maine Medical Association executive vice president Gordon Smith to become the state's first director of opioid response. He will coordinate efforts across state agencies to fight the epidemic.

Mid-Coast Hospital, which operates an intensive outpatient program.

Leah Bauer, the center's medical director, said she was flattered her program is held up as a model.

"We still have a long way to go with the general population," Bauer said. "But the more we educate about the science and neurobiology of addiction, the better. We're really hopeful with Janet Mills as governor, that we'll see even more of a shift."

The center has a location in Damariscotta, as well, and recently partnered with hospital emergency rooms there and in Brunswick. The goal there is to connect people with substance abuse disorder who arrive in emergency rooms with immediate services.

Dillingham, the Republican House leader, said her party believes addressing the crisis is a priority, too.

"We want to work collaboratively with Governor Mills on this," she said, again cautioning against overspending.

Democrats wanted to work with LePage, too, but that often didn't happen.

REIMBURSEMENT RATES IN FOCUS

As other states have responded to the opi-

oid crisis, some have started to see results, at least in slowing the death count.

A report from the U.S. Centers for Disease Control and Prevention released in December found that two New England states, New Hampshire and Massachusetts, saw decreases in overdose deaths from 2016 to 2017. Maine, though, saw a 20 percent increase.

Because Mills and her allies feel Maine has lagged behind other states in responding to the opioid crisis, there could be a flurry of policy changes.

Those will add up.

Mills said she couldn't go into specifics but she's hopeful that Maine might get a share of settlement money from lawsuits against pharmaceutical companies who used deceptive practices to market opioids, which helped create the crisis.

With Medicaid expansion now on line, tens of thousands of Mainers are now covered, and many will no doubt seek treatment.

Fowler, with Milestone Recovery, said having more people covered is good, but it could come with consequences to providers.

That's because Medicaid reimbursement rates for many services haven't been raised in years. He said his organization gets \$213 in reimbursement per Medicaid patient per night. If a patient has private insurance, the payment to Milestone is \$600 or more. The actual cost to provide services is \$324.

Fowler said if organizations like his only take Medicaid patients, or primarily Medicaid patients, the finances simply won't work.

Reimbursement rates for medication-assisted treatment like Suboxone also are lower than the cost for many providers.

'WE KNOW WHAT WORKS'

Mills is not likely to be as focused on law enforcement as LePage, but she is a former prosecutor and has supported tough penalties for drug traffickers.

Sagadahoc County Sheriff Joel Merry, who has served on statewide opioid task forces, said the feeling in the law enforcement community has shifted away from locking up everyone who's caught with a drug.

"I think we've always realized that traffickers, stopping that, is our duty and responsibility and we take that seriously, but some folks are addicted and that drives them to the point of selling to support their habit. So, is there another way?" he said. "We can't be filling our jails with people who are sick."

Merry said he hasn't heard any concerns that Mills will be soft on drug dealers.

Mills said if LePage was truly committed to holding drug dealers accountable, he would have signed a financial order to fill vacant prosecutor positions in the Attorney General's Office, which she once led. That's on her to-do list as well.

She also said that if the focus during the last several years has been on law enforcement, she doesn't see any problem with focusing now on treatment and prevention.

"I really want to take a closer look at what other states are doing," she said. "We know what works."

Mills remembers reading a long story in The Washington Post in 2015 about an affluent family in Falmouth who lost a son to overdose.

"That was an eye-opener," she said. "I remember thinking maybe things will stop." But they didn't.

Then she remembers reading the 2017 Portland Press Herald series "Lost," about the opioid crisis, and thinking that might change things.

But the crisis persists.

Mills said stigma remains the biggest barrier.

So, while she waits to propose specific policy initiatives, Mills plans to continue talking directly to people suffering from substance use disorder.

"They need to know: We see you, we hear you," she said. "You are not alone."

Rebuilding Lives ASAP through Community Drug Court

Volunteers help forge a pathway out of addiction

BY NANCY GALLAGHER
Correspondent

The year is 2013. What are the major criminal justice and community concerns in central Maine? Following her election that year as District Attorney for Kennebec and Somerset Counties, Maeghan Maloney quickly determined that opioid addiction and its attendant social fallout topped the list. She soon joined a community group meeting to address this crisis. She discovered that a scarcity factor precluded having judges sit on newly-created dedicated Drug Courts.

Necessity being the mother of invention, “the idea was born that we could be the judges,” Maloney said. Using the legal tools at her disposal, she would defer sentencing for one year if the guilty party agreed to attend the Community Drug Court known as ASAP (Alternative Substance Abuse Program). “Instead of having a judge be head of that Drug Court, we have members of the community volunteering to be regular members of this Court, meet with program participants and oversee their treatment,” she said.

Two mental health counselors, two physicians certified in addiction treatment, a representative from the Department of Health and Human Services, a district attorney, a probation and parole officer, and a case manager who oversees all individuals on bail for the Sheriff’s Department form a cohort of experts on the Court. The case manager checks in weekly with all Drug Court participants, and the volunteer group meets with them monthly. In addition, participants may be receiving ongoing individual services from these volunteer providers as needed. Maloney currently seeks to restore a defense attorney to the Court.

In 2014, the Drug Court accepted its first participant who faced a felony drug possession charge and provided the mental health care and other resources this client needed to successfully “pull her life back together.” At the end of the program, her felony conviction was reduced to a misdemeanor. For a period of time the group delayed accepting additional participants until they felt certain



Contributed photo

Some of the dedicated volunteers in the ASAP Drug Court. From left to right: Ann Dorney MD; Kennebec Behavioral Health Preventive Specialist Skyla Littlefield; Kathleen Dumont LADC, LCPC, CCS; Robert Rogers LADC, LSW, PS-C; First Assistant District Attorney Francis Griffin Jr.; District Attorney Maeghan Maloney; and Alane O’Connor DNP.

that their methods were effective.

While initially accepting individuals arrested for a range of drug-related offenses, the Court has recently begun accepting participants who are using drugs while on probation (a violation), in an effort to “get a handle on their drug use,” Maloney said. Participants who fail to complete the program will be rerouted back through the traditional court system.

“The people who do graduate have all been successful. We’ve not had any graduates commit another crime,” Maloney said.

Kennebec County does have a judge-run Veterans’ Court and a Co-Occurring Disorders Court—both unique in Maine’s

court system. Other counties have a Drug Court, but no Co-Occurring Disorders Court. The Co-Occurring Disorders Court addresses individuals who have both drug and mental health issues. Maloney emphasizes that a judge-run drug court is preferable, as the level of oversight is greater than with volunteers, but the judicial resources simply were not available.

The ASAP program hasn’t cost the community any additional money, or tax dollars, Maloney said. When a participant lacks the resources for the care they need, the ASAP professionals offer immediate treatment to them. “It’s been amazing to see the impact that has on someone who needs help,” she said.

“Someone once said, ‘There are so many different solutions out there for how to handle the drug problem that we have. The only mistake we can make is to not try anything,’” says Maloney. “So I’m proud of Somerset County for trying something—for stepping up and saying we don’t know if we have this [perfect], but we’re going to try. We’re going to make mistakes and we’re going to continuously keep working at the program and see how we can make it better, how we can expand, how we can do a better job reaching people.” Not trying is not an option, she said.

For more information on the ASAP program, telephone Maeghan Maloney at (207) 623-1156.

Work has begun for \$91 million, 138-bed Maine Veterans' Homes residential care facility in Augusta

BY KEITH EDWARDS
Kennebec Journal

Work has begun on what Maine Veterans' Homes officials say will be the first of its kind for veterans in Maine, a 138-bed, state-of-the-art residential care facility based around a model meant to feel more like a home and less like an institution.

The \$91 million facility is expected to replace the nonprofit corporation's existing, 150-bed nursing home facility on Cony Road in Augusta. Maine Veterans' Homes' roughly 225 employees in Augusta will move to the new facility, and officials anticipate adding another dozen or so jobs there when it opens in 2021.

The 179,000-square-foot facility will have four two-story buildings, including three residential housing buildings each built around the "small home" model, with private bedrooms and bathrooms for each resident. The project will have clusters of 10, 12, or 15 private rooms centered around shared public spaces, such as dining and living rooms and a common kitchen staff to prepare meals for residents.

Kelley Kash, chief executive officer of Maine Veterans' Homes, said when it's done, it will be the first residential care facility in Maine built entirely in the small house model and represents the future of Maine Veterans' Homes' residential facilities for veterans.

"We're thrilled," Kash said Monday. "We've been pursuing this for five years now, and what we can do for our veterans is really provide them a state-of-the-art, home-like atmosphere."

The complex of buildings will be built on 44 acres off Henry's Way across Old Belgrade Road from MaineGeneral Medical Center, Harold Alfond Center for Cancer Care and Kennebec Pharmacy and Home Care. It is located within an area the city, following the 2013 opening of MaineGeneral's regional hospital there, designated for medical uses.

"Anytime we expand care for our veterans and update and modernize facilities and care levels, it's a great thing, not just for Augusta but for the whole state of Maine," Mayor David Rollins said of the



An artist rendering of the aerial view of the new Maine Veterans' Home in Augusta.

Photo courtesy of Maine Veterans' Home.

project. "And from a planning standpoint, we look at that quadrant of the city as the most able to be developed."

Contractors working with Pittsfield-based general contractor Cianbro and Wisconsin-based VJS, a firm Kash said has experience building in the small home model, began unloading equipment at the site in January and started-clearing trees on the site.

Construction costs have escalated since the project, which was approved by the Augusta Planning Board in 2017, was first proposed, then at a projected cost of around \$77 million.

Kash said construction costs have increased by about 18 percent a year, and now the project is expected to cost about \$91 million. A \$49 million federal grant will cover a bit more than half the cost, with the rest to be borrowed or come from Maine Veterans' Homes' capital reserves.

The new facility will be somewhat small-

er — by a dozen beds — than the existing Maine Veterans' Homes nursing home in Augusta.

Rollins said he's concerned about that and said officials who built Riverview Psychiatric Facility in Augusta learned, after it was built, that it should have built with more beds for patients. He said there seems to be substantial demand for care facilities for veterans, and as his generation ages, the many veterans in that generation will be in need of an increasing level of care.

However, Kash and Deb Fournier, chief operations officer for Maine Veterans' Homes, said a study the nonprofit corporation had done in 2014, looking at veteran populations in Maine out to 2040, indicated 138 beds would be enough.

The current facility in Augusta is at 94 percent of its capacity now.

Fournier said before designing the complex, officials interviewed residents and their family members about what they

would want in a new facility. She said the number one answer, by far, was private rooms with private baths. They also said they wanted safe access to the outdoors, to be able to interact with the community and space to be with their families.

She said studies have shown residential care facilities that are more home-like yield better results than a more traditional, institutional setting.

Residents will have access to outdoor amenities, including a pond where they can fish, something residents specifically asked about.

The central building on the site will house centralized services and serve as a community center. It will also feature a "town center" where residents can visit a barber or beauty shop, ice cream shop and bistro, a movie theater, a veterans' club and a children's play area. Each of the services in the town center will be of-

More VETERANS, PAGE 9



Photo courtesy of Maine Veterans' Home.

Artists renderings of the exterior and interior of the buildings that will make up the new Maine Veterans' Home in Augusta.

Veterans

CONTINUED FROM PAGE 8

ferred in a facade mimicking a storefront in a village.

"It's really meant to be a safe destination for our residents to go to, where they can interact with their families and the community," Fournier said.

Services there will include a therapy pool and a rehabilitation gymnasium including zero gravity and virtual reality equipment.

The levels of care provided will remain like those of the current facility. They include space for assisted living and long-term care for residents with memory impairment, long-term care patients and

transitional care for veterans coming out of the hospital in need of a place for care until they can return home.

What will become of Maine Veterans' Homes current facility, built in 1983 on Cony Road, has not yet been determined, other than the organization does not plan to keep the building.

"We'd love to see that building repurposed for veterans use," Kash said. "We're talking to people about ideas."

Rollins said the property, because it already is a care facility, could potentially be used to provide care for the elderly or perhaps for a drug rehabilitation facility.

Kash said they plan to have an official groundbreaking for the project in this April, after which it should take about 22 months to build, with completion expected around December 2020 and an opening planned in early 2021.

Mills' 'Executive Order 1' makes 70,000 more Mainers eligible for health insurance

The Democrat had vowed to expand Medicaid on 'day one' of her administration, almost 14 months after voters approved it

BY JOE LAWLOR
Portland Press Herald

Governor Janet Mills signed an executive order in January to expand Medicaid, fulfilling a campaign vow that ends the long delays imposed by the fervent opposition of her Republican predecessor, Paul LePage.

More than 70,000 Mainers will be eligible for MaineCare health insurance under the expansion. Mills, who had promised to act on "day one" of her administration, was sworn into office January 2, 2019 and signed "Executive Order 1" on Thursday, January 3.

Mainers who think they are eligible for coverage can begin applying immediately, Mills' office said. To find out how to do so, they can visit the Maine Department of Health and Human Services website. About 4,500 Mainers tried to sign up under expansion in 2018 but were rebuffed by the LePage administration.

Naomi Loss of Lisbon Falls said she's been waiting for this day for nearly a year, ever since her daughter Bethany turned 26 and was no longer eligible to be on her mother's health insurance. Bethany, who is uninsured, has epilepsy and severe cognitive and developmental disorders, but was denied Medicaid disability and did not qualify for subsidized Affordable Care Act insurance. Bethany's medications cost more than \$1,000 per month, and rebates from the pharmaceutical company that helped their family afford the medications were set to run out this year.

"When I heard the news, it was such a huge sigh of relief," Loss said. "We have been putting off doctor's visits because it's just so expensive. I knew (Mills) said she would do this right away and made these promises, but when someone gets into office, you just don't know how long it would take."

Throughout the 2018 gubernatorial campaign, Mills said she would make implementing Medicaid expansion a top



Photo courtesy of the governor's office
Governor Janet Mills signs "Executive Order 1" to implement Medicaid expansion on her first day in office, making more than 70,000 Mainers eligible for health insurance.

priority. Medicaid provides insurance coverage for low-income and disabled residents and is operated by the states with federal oversight. Funding is a blend of federal and state dollars, with the federal government covering 90 percent of costs under expansion. Maine is expected to spend about \$50 million per year on Medicaid expansion and receive more than \$500 million in federal money.

"More than a year ago, the people of Maine voted to expand Medicaid. Today, my administration is taking the

long-awaited steps to fulfill their will," Mills, a Democrat, said in a written statement. "I am directing my administration to begin implementing Medicaid expansion as quickly and as efficiently as possible so that we can help more Maine people access the health care they need."

Maine voters approved Medicaid expansion by 59-41 percent in a November 2017 referendum, but LePage refused to implement it. A lawsuit that attempted to force the LePage administration to implement the expansion won at every

stage in court, but LePage dragged out the process, leaving it to Mills to act.

LePage continued his opposition posting a statement to his new Twitter account that once again raises his oft-stated objection to expansion:

"The Democrats in the Legislature haven't yet found sustainable funding for Medicaid expansion. This Executive Order doesn't have a way to pay."

He concluded by saying: "I'll be watching."

More MEDICAID, PAGE 11

Medicaid

CONTINUED FROM PAGE 10

'AS AGGRESSIVELY AS POSSIBLE'

Medicaid expansion is available to those earning up to 138 percent of the federal poverty limit – \$16,753 for a single person, and \$28,676 for a family of three.

According to a news release, the executive order “directs the Department of Health and Human Services to make changes to process the applications of Mainers seeking health care coverage under Medicaid expansion, including amending the filings of the previous administration to reflect the accurate date of implementation and to seek the earliest possible approvals as allowed under the expansion act.”

In a letter to Seema Verma, administrator of the U.S. Centers for Medicare and Medicaid Services, Mills said the people’s will was “unfulfilled.”

“I signed an executive order directing that expansion happen as smoothly, as efficiently, and – importantly – as aggressively as possible,” Mills wrote.

The coverage is retroactive to July

2, 2018, so Mainers who applied for Medicaid in 2018 but were denied benefits and incurred expenses that should have been covered by Medicaid will be reimbursed.

Jeanne Lambrew, who was nominated by Mills to be health and human services commissioner, said in a written statement, “Governor Mills and I share a commitment to ensuring that the Department of Health and Human Services achieves its core mission to safeguard the health and well-being of Maine children and families. The executive order is a critical first step in achieving that mission. Full implementation of Medicaid expansion will take time and the collective cooperation of our health system, but with Governor Mills’ leadership, access to affordable health care coverage for Mainers is now on the horizon.”

HOSPITAL NETWORK IS PREPARED

Robyn Merrill, executive director of Maine Equal Justice Partners, the group that campaigned for the referendum and sued the LePage administration for failure to implement it, said having an administration that supports the goals of Medicaid expansion “feels lighter and more hopeful.”

“The implications are significant for people’s lives,” Merrill said. “They

won’t be delaying the care they need, like they did when they were uninsured. Medicaid expansion is going to become a reality, finally. It’s taken a long time.”

Thousands of Mainers with substance use disorder – rough estimates suggest 10,000 to 25,000 people – will gain access to treatment under expansion.

Lisa Letourneau, associate medical director of Maine Quality Counts who sees patients with opioid use disorder, said many patients with substance use disorder are uninsured, and Medicaid expansion will remove a barrier for them.

“This is going to be a lifesaving opportunity for a lot of people,” Letourneau said. A record 418 Mainers died of drug overdoses in 2017, and 180 through the first six months of 2018, according to state statistics.

Carol Zechman, director of Access to Care programs at MaineHealth, the parent company of Maine Medical Center and a network of hospitals and health care providers in much of southern and midcoast Maine, said patient capacity in the network should be able to absorb new Medicaid patients. The network has been planning for the expansion since the referendum was approved in 2017.



Staff photo by Ben McCanna

Naomi Loss of Lisbon Falls, standing behind her 26-year-old daughter, Bethany, says she breathed “a huge sigh of relief”. Maine’s Medicaid expansion opens coverage for Bethany, who suffers from epilepsy and other disorders but whose age made her ineligible for coverage under her mother’s insurance.

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MaineGeneral Hospice celebrates 30 years of passionate caring

MAINEGENERAL HEALTH
Special to Medical Journal

MaineGeneral Hospice celebrates 30 years as Maine's first Medicare-certified hospice program, one that has evolved greatly since it was launched in 1988.

"What hasn't changed in 30 years is our staff's passion for providing holistic care to our patients and their loved ones," said Jennifer Riggs, CEO of MaineGeneral Community Care and chief nursing officer of MaineGeneral. "Our goal is to provide a peaceful end of life for each patient, which includes managing their physical, emotional and spiritual care. It takes a very special person to commit to this kind of work and we are blessed to have the very best Hospice staff."

The program launched in 1988 started with three nurses and a social worker who worked both in hospice and home care. With one patient enrolled, MaineGeneral Hospice (then known as HealthReach Hospice) passed its Medicare survey in Dec. 1988 and received official certification in 1989 as Maine's first Medicare-certified hospice.

MaineGeneral Hospice now serves Kennebec County, southern Somerset County and part of Lincoln County with 60 full-time-equivalent staff, including nurses, social workers, hospice home health aides, chaplains, therapists, alternative therapy providers and bereavement counselors. Last year those caring individuals served 824 patients, made nearly 41,000 visits and covered nearly 380,000 miles.

The program also has trained Hospice Volunteers who offer companionship as well as practical and emotional support for individuals and families. Volunteers may help with light housekeeping, run errands, provide transportation and visit with patients.

MaineGeneral Hospice continues to respond to the needs of patients. Services have grown over the years to bring the latest techniques and comfort measures into patients' homes.

"In the past 30 years a lot has changed," said Riggs. "MaineGeneral HomeCare & Hospice has adapted to the needs of our community and the individual needs of those we serve. While hospice has traditionally been associated with making cancer patients comfortable during their final days, we now under-



MAINEGENERAL HOSPICE TEAM WATERVILLE



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MAINEGENERAL HOSPICE TEAM SKOWHEGAN

"We work with patients and their loved ones to improve the quality of their life."

**JENNIFER RIGGS, CEO MAINEGENERAL
COMMUNITY CARE AND CHIEF
NURSING OFFICER OF MAINEGENERAL.**

stand that hospice and palliative care can improve the quality of life for patients with a wide range of illnesses, from congestive heart failure and respiratory disorders to dementia and Parkinson's."

Dementia care has expanded to support the unique needs of people with Alzheimer's and other forms of dementia and provide support to families. Patients have individualized plans of care and pain assessment tools, and staff receive specialized training in dementia care.

Specialty services offered to all hospice patients have grown significantly and now include massage therapy, expressive arts, music by the bedside, pet therapy and spiritual support volunteers. Experienced after-hours care nurses dedicated to patient and family support are available outside of regular office hours.

Intensive comfort care is available for periods of increased symptoms or when death is near. This includes increased nursing, home health aide, social worker and chaplain visits; after-hours check-in calls, education and support for families, and bereavement counselors.

MaineGeneral Hospice also is a proud member of the We Honor Veterans Program in partnership with the National Hospice and Palliative Care Organization and the Department of Veterans Affairs.

Through the program, staff are trained to better understand the unique experiences of veterans and to focus on respectful inquiry, compassionate listening and grateful acknowledgment. Staff also provide education to community and veteran organizations.

Riggs said MaineGeneral Hospice services will continue to evolve with the needs of patients. "We work with patients and their loved ones to improve the quality of their life, and we come to them wherever they are — at home, in a nursing facility, in assisted living or wherever they live to help them live their lives to the fullest."

How orthodontic treatment works

A beautiful smile is something everyone aspires to. In addition to keeping their teeth and gums clean, people can take various steps to ensure their smiles are outstanding.

Orthodontic treatment can align teeth and make for an attractive smile and more functional chewing. Orthodontics is a branch of dentistry that corrects teeth and jaws that are positioned improperly. When teeth do not fit together correctly, they can be harder to keep clean. In addition, misaligned teeth and jaws can cause stress on chewing muscles that may lead to headaches and other pain.

Most people are introduced to orthodontics when a dentist examines their mouth, and children are often referred to an orthodontist. Certain appliances, such as palatal expanders and braces, are often recommended to fix the most common problems. Extractions may be necessary to make room in overcrowded mouths so that orthodontic treatment can be most successful.

While people may be familiar with braces and other orthodontic treatments, they may not fully understand how the process works. Straightening or fixing alignment issues typically takes a long



time — anywhere from several months to a few years, said the Oral Health Foundation. That's because teeth are anchored strongly in the bone of the jaw. To move teeth into correct placement,

gentle, constant pressure needs to be applied in the correct manner.

A combination of fixed and removable devices must be used to help move teeth. With braces, the most common

fixed appliances, small brackets are affixed to the front of the teeth and anchors are placed on or around the molars. Thin arch wires are then passed through the brackets and held in place with small elastics called ligatures. Tightening or switching the gauge of the wire helps draw the teeth into correct position. Rubber bands also can be used to apply pressure in different ways to move teeth accordingly.

Other types of orthodontic treatments include fixed space maintainers, which keep a space open until a permanent tooth erupts if a baby tooth is lost prematurely. Fixed appliances can be used to control thumb sucking or tongue thrusting. Jaw repositioning appliances can train the jaw to close in a more favorable position to alleviate temporomandibular joint disorders (TMJ).

Many adults now opt for invisible aligners when seeking orthodontic treatment. These consist of various sets of flexible plastic that are molded to move the teeth incrementally.

Orthodontic treatment is an important component of oral healthcare. It can improve bite issues and create an attractive smile.

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Northern Light Inland Hospital reaching toward the future

Name change reflects expanded health coverage

BY WANDA CURTIS
Correspondent

Northern Light Inland Hospital just celebrated its 75th anniversary and they're now planning for the future. Inland is a member of the Northern Light Health system, along with nine other hospitals, eight nursing homes and 35 primary care locations around the state.

Northern Light Health was formerly known as Eastern Maine Healthcare Systems (EMHS). The name change occurred last October.

"The name change reflects the fact that our services stretch beyond the borders of Eastern Maine, and that our collaborations to benefit patient care are growing beyond Maine," said Northern Light Inland's president John Dalton.

According to Dalton, Northern Light Cancer Care is a member of the Dana Farber Cancer Care Collaborative, which is bringing world-renowned cancer care to Maine. He said that Northern Light Health also has started a clinical affiliation with Massachusetts General Hospital, which will provide Mainers with access to other high-level medical expertise.

Another reason for the rebranding, Dalton said, is because Northern Light Health professionals want to lead the way for future health care. He said the name change has been well received by the community, especially when people learn that the system has hospitals and other clinical sites all over the state, with more than 12,000 employees.

Inland's Director of Community Relations, Sara Barry, said that some people have been surprised to learn that Inland is connected to Mercy Hospital in Portland, EMMC in Bangor and other hospitals and health care facilities in Maine.

"Now that we all have Northern Light in our name, it's a great visual that connects us," said Barry. "The shared name is just one way that we are reinforcing that we are a system, a unified team working together to make health care accessible and the highest quality possible."



Dr. Gavin Ducker, M.D., Vice President of Medical Affairs at Northern Light Inland Hospital.

Electronic health records

One project that's currently underway within Northern Light Health is the installation of a uniform electronic health record (EHR) that will be accessible to all healthcare professionals within Northern Light Health system.

Dr. Gavin Ducker, M.D., Vice President of Medical Affairs at Inland, said the new electronic health record will benefit patients who receive care through the system. He said that because every health care professional within the system will be able to access each patient's entire medical record, patients can enter the system at any point (a primary care office, an urgent care clinic, a specialist's office, or elsewhere) and get consistent practice and the same evidence-based treatment at all locations. He said that patients should be able to move from practice to practice within the system "seamlessly."

According to Ducker, the new electronic health record can also benefit patients in other ways. He said the computer can help to prevent errors by bringing to the attention of health

care professionals those situations in which two drugs might interact. He said there also are computer programs in which data is gathered in the computer and alerts are sent out to health care professionals when there might be a case of sepsis.

"The earlier that diagnosis is made, the better the success rates in treating it," Ducker said.

Another benefit of electronic health records is that patients are able to access their own health information through a patient portal. Ducker said that the new patient portal is a real upgrade over their current one. He said that it's easier to log in and it's more intuitive.

"It allows patients to see most parts of their chart," said Ducker. "It also allows patients and our Institution to communicate by email. These features have many advantages for our patients including: access at a time convenient to them, increased transparency and alternative communication to using the phone. The challenge is, that with our aging population and patchy network in Maine, it may not be readily accessible to those who most need it—elderly and isolated patients."

In other news, Dalton said that Northern Light Inland Hospital received an "A" grade again in the voluntary Leapfrog Hospital Survey, which focuses on accidents, injuries, and errors. He said that Inland has received straight As in the program ever since it began in 2012.

Leapfrog is a national watchdog group focused on improving hospital safety. Participating hospitals receive an A through F rating based on data reported by the hospitals, Centers for Medicare and Medicaid Services (CMS), and the American Hospital Association. An "A" grade is the highest rating possible. The survey results give consumers information and tools to help them make educated health care choices.

Inland's vice president of quality, Angela Gibbs, R.N., said that patient safety is a top priority at Inland. She said their providers make safety the foundation of everything they do.

"Whether it's developing safety pro-

grams to reduce readmissions to the hospital, to assuring that patients have their follow-up medical appointments made prior to being discharged, our staff and providers make safety the foundation of everything we do," said Gibbs. "In addition, the strength of being part of the Northern Light Health system is evident in our care—coordination across the continuum of care. Our teamwork shows how much we truly care about each patient being safe, healing, and achieving good health."

Inland opens walk-in clinic

In response to the shortage of health care providers in central Maine, Inland recently opened a walk-in clinic. Northern Light Walk-In Care is located at 174 Kennedy Memorial Drive (next door to the hospital). It's open from 8 a.m. to 6 p.m., seven days a week.

The director of the new walk-in clinic, Hope Pendexter R.N., explained that the clinic is open to serve non-emergency health care needs of the greater Waterville area. She said it also may help to temporarily fill a gap for individuals who don't currently have a health care provider, and assist them in locating a regular provider. The walk-in clinic will be staffed with a nurse practitioner and support personnel. The hours might be expanded if the need arises, Pendexter said.

Pendexter managed Inland's emergency department for the past 25 years. She also worked at walk-in clinics located at Walmart. She said that one major advantage of a walk-in clinic is that there's often less wait time because emergency rooms must serve persons in order of their severity. Depending upon an individual's insurance coverage, a walk-in clinic may also be associated with a lower co-pay.

Occupational health clinic opens in Waterville

Another new clinic, Work Health, recently opened at 10 Washington Street in Waterville. Inland's Community Relations Director, Sara Barry, said that Work Health, LLC is an occupational health partner of the Northern Light

Inland

CONTINUED FROM PAGE 14

Health network.

“Work Health is now Inland and Lake-wood’s employee health service provider and is also available to partner with local businesses to develop a program to meet their employee and occupational health needs,” Barry said.

Team Health physicians staff Inland’s emergency department

In other news, Northern Light Inland Hospital and several fellow Northern Light Health members are partnering with Team Health to staff their emergency department and hospitalist program.

Dalton said that Team Health is a well-respected national physician organization. He said the arrangement will help ensure consistent staffing at Inland and other hospitals.

“It can also help to elevate the quality of care and service to patients, while helping reduce expenses incurred by filling the gap with temporary physicians,” Dalton said.

“The recent name change reflects the fact that our services stretch beyond the borders of Eastern Maine.”

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Advocates think bill to end most exemptions from childhood vaccinations has a shot

Maine has the nation's 7th-highest rate of non-medical opt-outs and high rates of infectious diseases like whooping cough.

BY JOE LAWLOR

Portland Press Herald

A bill that would end non-medical exemptions from childhood vaccinations will go before the Legislature this year, and public health advocates are optimistic about the measure's prospects.

Maine has one of the worst vaccination rates for children entering kindergarten in the nation, and the country's highest rate of pertussis, a vaccine-preventable disease also known as whooping cough.

If approved, Maine would be the fourth state – following California, Mississippi and West Virginia – to ban all non-medical exemptions that allow parents to forgo school-required vaccines for their children.

In Maine, current state law permits parents to skip vaccines for their children by signing a form opting out on philosophic and religious grounds. In the 2017-18 school year, 5 percent of Maine children entering kindergarten – about 600 children statewide – had non-medical exemptions for immunizations, state statistics show.

Thirty-one public elementary schools were reporting 15 percent or higher rates of unvaccinated kindergarten students, putting those schools and the surrounding community at greater risk for the return of preventable diseases such as measles, chickenpox and pertussis.

'VACCINE HESITANCY' A GLOBAL THREAT

Dr. Linda Sanborn, a family physician and a Democratic state senator from Gorham, said advocates are focused on protecting children from infectious diseases such as measles. New York City is now experiencing a measles outbreak that started among unvaccinated children, with more than 180 cases in an Orthodox Jewish community, according to news reports. In 2014-15, a measles outbreak in California that started at Disneyland sickened hundreds.

The World Health Organization issued a report Thursday that said "vaccine hesitancy" has become a global health threat.

"We should be doing all we can for these children. Their safety is so important," said Sanborn, a co-sponsor of a bill with Rep. Ryan Tipping, D-Orono.

Tipping said the birth of his daughter a year ago spurred him to think about public policy in different ways.



Staff photo by Derek Davis

Caitlin Gilmet and Steven Darnley of Portland say before their now-year-old son, Thomas Darnley, was old enough to be inoculated, he contracted chickenpox at a local day care.

"When you have a child, it opens your eyes to a lot of issues that should be changed in this world to make it a better place for your kid and all children," Tipping said. "Schools and day cares should be a safe place for children to attend."

A bill to make it more difficult to opt out of vaccines – by requiring a medical professional to consult with parents and sign off on the exemption – died in the Legislature in 2015 after lawmakers

upheld a veto by then-Gov. Paul LePage.

Gov. Janet Mills has not stated a position on the bill, but pro-vaccine advocates are confident and made the measure more strict by eliminating all non-medical exemptions rather than requiring another step to opt out, as the 2015 bill would have done.

More VACCINATIONS, PAGE 17

Vaccinations

CONTINUED FROM PAGE 16

Mills spokesman Scott Ogden said the governor will examine the merits of the bill.

“Governor Mills will carefully review any legislation to modify current state vaccination policy, and she encourages all parents to have their children vaccinated,” Ogden said in a statement. “As a general matter, she believes that vaccinations are critical to protecting the health and welfare of Maine people.”

MAINE'S OPT-OUT RATE AMONG HIGHEST

Medical opt-outs in Maine are extremely rare – only 0.3 percent of all vaccine opt-outs were for medical reasons, such as a child with leukemia, according to state statistics.

Maine experienced an increase in pertussis cases in 2018, from 410 in 2017 to 446, according to the Maine Center for Disease Control and Prevention. Several schools reported outbreaks this fall, including in Scarborough, Biddeford and Kennebunk, and the Middle School of the Kennebunks canceled its annual community Thanksgiving dinner in response to pertussis outbreaks.

Maine's pertussis rate of 27.7 cases per 100,000 population was the worst in the nation in 2017 – the latest year for state-by-state comparisons – and

more than five times the national average, according to the U.S. Centers for Disease Control and Prevention.

State Rep. Beth O'Connor, R-Berwick, is skeptical of vaccine safety. She believes parents should have a choice to opt out and that banning the exemptions would infringe on parent choice.

“I think this bill is a very, very bad idea,” O'Connor said. “I believe people should have all of these exemptions available to them. This is very important in a free society.”

Immunizations are overwhelmingly safe, decades of research has proven, and are not linked to autism. A 1998 study that claimed a link between vaccines and autism has been retracted and disproven.

After the Disneyland outbreak, California eliminated all non-medical exemptions and its school vaccination rates improved substantially, with 99.9 percent of all kindergartners vaccinated for the 2017-18 school year.

At 5 percent, Maine had the seventh-highest rate of non-medical opt-outs in the country in 2017-18, according to the federal CDC. Oregon had the worst vaccination coverage, with 7.5 percent of students entering kindergarten with non-medical exemptions.

BILL APPLIES TO DAY-CARE FACILITIES

Caitlin Gilmet, 38, of Portland said her infant son, Thomas, contracted chickenpox at a day care last spring when he was 5 months old, before he was old enough to be vaccinated. The chickenpox vaccine is typically given to children who are between 12 and

15 months old.

“Chickenpox can be deadly in infants, so it was really scary,” said Gilmet, who took Thomas to an urgent care center because he was having difficulty breathing. “I was really worried about him.”

Gilmet said it was “infuriating” that children are being put at risk for preventable illness by people choosing not to vaccinate their children. She said beyond the medical risks, when there's an exposure at a day care, children too young to be vaccinated cannot attend the day care for about a month to make sure the disease is not still circulating, which caused a financial hardship and upended people's work schedules.

“People had to really scramble to figure out care for their children,” Gilmet said. Tipping's bill also would apply to day cares, he said.

Gilmet is part of a grassroots group, Maine Families for Vaccines, that formed in November and is expected to lobby in favor of the bill.

Peter Michaud, a nurse and attorney for the Maine Medical Association, said children who for medical reasons can't be vaccinated, such as those with leukemia, are especially vulnerable to hospitalization or dying if they catch a vaccine-preventable disease.

Michaud said people are opting out of vaccines not because they have a philosophic or religious exemption, but because they incorrectly fear that the vaccines are unsafe.

“People are not getting the vaccines because of a misunderstanding of the science,” he said. “Children keep getting sick, avoidably.”


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Franklin Memorial Hospital completes \$2.7 million MRI installation

New technology improves patient experience

BY VALERIE TUCKER
Correspondent

Franklin Community Health Network recently completed a long-awaited \$2.7 million project to install a new magnetic resonance imaging (MRI) scanner.

Lead MRI technologist Jacob Dumais said the new equipment will provide the highest quality results in a more comfortable environment. The older equipment was narrower and noisier and patients frequently experienced symptoms of claustrophobia, which has been a deterrent for many people.

"Everything is so much more open, and it's really a beautiful and comfortable area," he said. "It's so much more inviting for patients."

The new scanner's technology greatly improves the patient's experience.

"They can watch a video and choose the lighting and music during the procedure to create a relaxing environment," Dumais said.

The state-of-the-art GE 1.5 Tesla technology provides a very high resolution 3D scan that gives the radiologist the best possible interpretation of areas of concern. Many people confuse an MRI with a CT scan, he said. The biggest difference is that MRIs use radio waves and CT, or computed tomography scans, use X-rays. Both are relatively low risk but have differences that may make each one a better option. MRIs are useful for diagnosing the brain, wrists, ankles, and other joints, as well as the heart and blood vessels.

A constant magnetic field and radio frequencies bounce off molecules in the body, and the radio waves are transmitted to a receiver in the machine that is translated into an image of the body that can be used to diagnose issues. The CT (commonly pronounced as "CAT") scan uses an X-ray machine, most typically to find bone fractures, tumors, and internal bleeding and for cancer monitoring.

A year ago, Franklin Memorial Hospital announced the plan to replace the MRI equipment and build an addition to the hospital to house it. The new equipment has 18 miles of wiring inside, and it weighs six tons. After it arrived in



Photo contributed

Franklin Memorial Hospital's recent installation of a Magnetic Resonance Imaging (MRI) scanner provides a state-of-the-art high resolution — 3D scan that gives the radiologist the best possible interpretation of areas of concern. The older equipment was narrower and noisier and patients frequently experienced symptoms of claustrophobia, which had been a deterrent. Lead MRI technologist Jacob Dumais (pictured) said the new equipment provides a more comfortable environment.

October, the installation procedure of the scanner included stringent commissioning, including calibration with the manufacturer and follow-up performance monitoring. The new technology is now being used with patients.

"This is an important hospital investment toward better serving our patients," said Kim Turner, FMH director of radiology, cardiology and pulmonary services. "The scanner's state-of-the-art platform makes it one of the most versatile and powerful systems available to date, with feet-first, whole body coverage."

Dumais completed approximately 1,000 hours of training and studying, with much of the instruction through an online school. Among the stringent

curriculum requirements, studies include the principles of MRI physics, instrumentation, clinical applications, bio-effects, safety and cross-sectional anatomy. He also had to perform at least 150 scans under the supervision of a licensed technologist. He passed the national exam required by the American Registry of Magnetic Resonance Imaging Technologists. Maine requires MRI technologists to pass the national certification exam and then receive a license through the state. He also has to be recertified every 10 years.

"It took me two years to complete the training, and it was quite a process," Dumais said.

The MRI technologist career field offers a variety of employment oppor-

tunities, professional growth and daily challenges, he said. Although the certification process requires intensive study and dedication, he finds his work to be both interesting and rewarding.

Franklin Memorial Hospital is a 65-bed general hospital whose mission is to provide high quality, cost-effective, patient-centered health care to residents and visitors of west central Maine. The hospital has 10 medical and surgical practices and is fully qualified and accredited to handle a broad range of medical, surgical, pediatric, women's care and diagnostic services. Franklin Memorial Hospital is part of the Maine-Health family, a not-for-profit integrated health system that is the largest health system in northern New England.

Non-traditional healing adds options to health care

BY VALERIE TUCKER
Correspondent

For those seeking non-traditional healing options, the choices can be varied and confusing. Four of those most widely known are acupuncture, massage, reiki and reflexology. While these four modalities are very different practices, they all offer to help individuals manage symptoms, most commonly for relief from pain, stress and poor sleep.

Reflexology is the application of pressure to points and areas on the feet, hands or ears that correspond to different body organs and systems. Waterville reflexologist Mary Patterson works with individuals to help them achieve optimum health. She became a licensed massage therapist and continued her studies to become a certified reflexologist, which she has chosen as her primary healing modality. Clients come to her seeking relief from a wide range of problems.

"I offer a specialized reflexology regime for clients with cancer," she said. "I am also certified in acupoint reflexology, working along the meridians of the feet and the hands to restore optimal energy flow and health."

She includes Reflexology Association of America, Maine Council of Reflexologists and Associated Bodywork & Massage Professionals among her professional affiliations.

Massage therapists manipulate larger areas of soft tissue in the body.

Bob Tucker, a massage therapist in Waterville, had worked many years for the Maine and U.S. Department of Agriculture. He became very deeply interested in the field of massage therapy and, in 1998, he began studying for his license at the Downeast School of Massage in Waldoboro. He made the career change, starting work with the Senator Inn and Spa in Augusta. Today, after 18 years, he expressed great satisfaction with his decision to make the career change. He says he sees his work as a collaborative modality of care.

"My clients are the experts concerning themselves and their bodies," he said. "And I bring the expertise to improve the function and care of muscles, tendons and other soft tissue in the body."

Acupuncture uses the application of needles along the body's energy meridians.

Brett Anne VanCott is a licensed acupuncturist in Hallowell. She has a Master's Degree in Traditional Chinese Medicine from Five Branches Institute in California. VanCott also is certified by the National Certification Commission for Acupuncture and Oriental Medicine and is licensed to prepare and prescribe custom herbal formulas.

"I treat people for such a variety of reasons," she said. "They want to relieve hot flashes, headaches, shoulder pain, indigestion, sciatica, anxiety and smoking cessation."

She meets with people to understand what their goals are and what their health history includes.

"I've seen acupuncture help people get their blood counts back up when they're dealing with cancer," she said. "It's not a magic bullet, but they can feel better."

Reiki therapists use, at most, a light touch to work with a subtle vibrational field that surrounds the body. At his Augusta practice, David Hopkins offers his clients this spiritual healing, which harnesses the universal life energy channeled through the practitioner to the recipient. Reiki work helps to harmonize body, mind and spirit, according to Hopkins, who has been studying, teaching and practicing for nearly two decades.

If that life force energy is low, people are more likely to feel stress or pain and become ill. When that energy is high, people are happier and healthier. In a treatment session, clients remain fully clothed, either seated or on a massage table. He holds his hands on or above the individual with no pressure on the body. It's a very relaxing and soothing experience.

"The energy flows wherever it is required and is spiritually guided," he explained. "Clients normally experience this energy as a warm sensation or tingling in the body."

He teaches others this modality in three class levels, passing the knowledge through an attunement process. Once learned, he said, the Reiki method of natural healing is never forgotten.



Reflexology is the application of pressure to points and areas on the feet, hands or ears that correspond to different body organs and systems. Waterville reflexologist Mary Patterson works with individuals to help them achieve optimum health.



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Vitamin D: The Sunshine Vitamin – make sure you get enough

BY WANDA CURTIS
Correspondent

One very important vitamin that many people are deficient in today is vitamin D (also known as the sunshine vitamin). Scientists and physicians have known for years that this vitamin plays an important role in bone health. Before the introduction of vitamin D-fortified milk and other vitamin D-fortified products, many children developed rickets — a disease characterized by bone pain, bowed legs, curvature of the spine, and muscle spasms.

Today that disease is rare in the U.S., though some cases are still reported.

Northern Light Inland Hospital's dietitian Jennifer Migliore reports that fortified foods provide the majority of vitamin D in most diets today. She said that not only milk but certain brands of cereal, orange juice, yogurt, cheese and soy beverages are now fortified with vitamin D.

"Check the nutrition facts label for vitamin D content," she said.

In regard to foods that naturally contain vitamin D, Migliore reported that fatty fish such as salmon and mackerel are among the best sources. She said that beef liver, cheese, and egg yolk also provide small amounts.

Vitamin D affects many parts of the body

Research studies in recent years have revealed that vitamin D affects not only bone health, it affects other parts of the body as well. The author of

the online article House Call: Vitamin D and Cancer Prevention reported that vitamin D affects thyroid and kidney health by regulating calcium and phosphate levels in the body. The same author (Z.Ahmed) also reported that researchers at MD Anderson Cancer Hospital in Texas and other institutions involved in studying cancer have been trying to determine whether vitamin D might help to prevent certain cancers. He noted that research studies have suggested that vitamin D supplements may decrease a person's risk of breast, colorectal, pancreatic and prostate cancers.

Stanford University School of Medicine researchers, referenced in the article, found breast tumors grew faster and spread to more areas in mice with low vitamin D levels than in mice with adequate levels. MD Anderson physician/professor Therese Bevers said the Stanford study suggests Vitamin D may help prevent or slow the development of cancer. However, she said a link between cancer and vitamin D has not yet been proven in clinical trials.

Bevers said it's difficult to determine the effect of vitamin D supplements on cancer risk because a person's vitamin D level is also affected by diet and sunshine exposure. For more information on these topics see mdanderson.org/publications/oncolog/vitamin-d-and-cancer-prevention.h19-1590624.html.

Family nurse practitioner Helen Price-Wharff, who practices at Northern Light Women's Health, said that most people acquire most of their vitamin D from

exposure to the sun, which is why it's referred to as the "sunshine vitamin." She said many people in Maine have insufficient levels of vitamin D especially during late winter and early spring because they don't get as much sunshine.

"We store up vitamin D in our system, and these stores can begin to run low after a few months of lack of exposure to the type of sunlight which can provide this vitamin D," she said.

According to Price-Wharff, vitamin D is not only important for bone health and preventing diseases like rickets, it also helps to prevent fractures and diseases like osteoporosis in adults. She said that the FDA recommendation for adults is 400 IU/day but people living north of Boston may benefit from higher doses. However, she said that, because vitamin D is stored in the body, prolonged use of high doses of vitamin D, without supervision or monitoring, can result in toxicity. That's why it's important for each individual to consult with their health care provider regarding the dose that's appropriate for them.

Price-Wharff added that sufficient levels of vitamin D in pregnant and nursing women are important not only for women — but for the developing baby. Each woman should consult her health care provider regarding the appropriate dose.

While rickets are rare in the U.S, the authors of American Academy of Pediatrics publication Prevention of Rickets and Vitamin D Deficiency in Infants, Children, and Adolescents noted that some cases attributed to insufficient vitamin D intake and lack of sunshine

exposure have been reported in the U.S. and Western countries, especially in exclusively breastfed infants and infants with darker skin pigmentation. For the most current vitamin D recommendations for infants, children, and adolescents, consult the AAP website aap.org.

Vitamin D deficiency linked to wide range of psychiatric disorders

Another area of research regarding vitamin D deficiency and supplementation is related to psychiatric disorders. In the online article The Effect of Vitamin D on Psychosis and Schizophrenia, Dr. James Greenblatt wrote "Vitamin D deficiency has been linked to a wide range of major psychiatric illnesses and is an emerging area of interest for researchers." He reported that, from his experience working with individuals with psychosis and schizophrenia in inpatient and outpatient settings, he found low vitamin D levels where "the severity of symptoms were inversely correlated to serum vitamin D levels."

He also wrote that there is a lack of trials regarding the treatment of psychosis and schizophrenia in individuals with low vitamin D levels. However, he reported that he had observed improvement in individuals with whom he used certain doses of vitamin D supplements as an adjunct therapy. For more information see greatplainslaboratory.com/articles-1/2016/5/18/the-effect-of-vitamin-d-on-psychosis-and-schizophrenia.



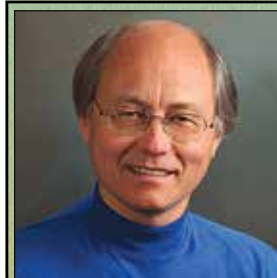
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10 early signs of Alzheimer's disease

Change plays a big role in the aging process. As adults age, both their minds and bodies undergo changes.

The changes associated with aging are not uniform. Some people may experience small changes as they inch toward and ultimately pass retirement age, while others may undergo changes that affect nearly every aspect of their lives.

Cognitive decline is the type of age-related change that can have a dramatic impact on a person's life, affecting his or her ability to live independently. A general term used to describe symptoms associated with a decline in memory or thinking skills such as judgment and reasoning, dementia is often mistaken as a normal part of aging. However, the Alzheimer's Foundation of America notes that dementia-related illnesses, including Alzheimer's disease, are not a normal part of aging.

Because many people associate memory loss with aging, they may be compelled to accept some of the early signs and symptoms of Alzheimer's as mere byproducts of growing older. However, the Alzheimer's Association urges men and women to report any of these 10 early signs and symptoms of Alzheimer's to their physicians the moment they're noticed. Family members who notice these signs in their relatives also should report them to their loved ones' physicians.

1. Memory loss that disrupts daily life: Examples of this symptom include forgetting recently learned information; forgetting important dates and events; and

asking for the same information over and over.

2. Challenges in planning or solving problems: Someone exhibiting this symptom may have trouble following a recipe or paying monthly bills.

3. Difficulty completing familiar tasks at home at work or at leisure: Forgetting the rules of a favorite game or experiencing trouble driving to a familiar location are some examples of this symptom.

4. Confusion with time or place: People with Alzheimer's lose track of dates, seasons and the passage of time.

5. Trouble understanding visual images and spatial relationships: Some people with Alzheimer's have difficulty reading, judging distance and determining color or contrast.

6. New problems with words in speaking or writing: Difficulty joining or continuing a conversation and calling things by the wrong name are some examples of this symptom.

7. Misplacing things and losing the ability to retrace steps: People with Alzheimer's sometimes put things in unusual places and then cannot retrace their steps to find those things.

8. Decreased or poor judgment: Poor judgment and decision-making often affects people with Alzheimer's.

9. Withdrawal from work or social activities: People with this symptom may begin to withdraw from favorite activities or avoid being social because of the changes they're experiencing.



10. Changes in mood and personality: Mood changes affect people with Alzheimer's, who may become confused, suspicious, depressed, fearful, or anxious.

Learn more about Alzheimer's disease at www.alz.org.



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Across Maine, prices for the same medical procedures are often staggeringly different

Low patient volumes and scarce competition among providers help make the state one of the most costly for health care in the U.S.

BY J. CRAIG ANDERSON
Portland Press Herald

Maine business owner Catherine Robbins-Halsted was trying to help the wife of one of her employees find a more convenient location for her cancer treatment that wouldn't require her to drive over an hour away.

She found one, but there was a catch: It charged \$20,000 per treatment – more than twice as much as the more distant facility.

“That’s a horrific difference with just an hour away,” Robbins-Halsted said.

This is a common story in Maine, where huge price discrepancies among health care providers exist. In many cases it’s the patient’s employer or insurance provider that is forced to absorb the difference in price. The situation has gotten so bad in Maine that several employers now require their workers to travel to Boston for major non-emergency medical procedures because the costs there are significantly lower.

High prices also affect Maine consumers – even those with health insurance – because they ultimately lead to higher insurance premiums. It’s a national problem, but it is so extreme in Maine that the state is often cited as one of the most expensive states for health care in the country.

The primary causes of inconsistent and relatively high pricing among Maine health care providers are multiple, including:

- Too many areas with little or no competition
 - Areas where patient volumes are too low to cover facility costs
 - Inadequate government compensation to many hospitals for Medicare and Medicaid patients
 - A high percentage of patients in some areas who can’t pay their medical bills
- Prices for medical procedures vary drastically among Maine’s 37 major



Staff photo by Derek Davis

Catherine Robbins-Halsted of Robbins Lumber in Searsport saw “a horrific difference” in the prices of cancer treatments for a worker’s wife. A procedure in Belfast was a shorter drive, but twice as expensive as in Topsham.

hospitals, according to CompareMaine.org, a consumer-focused online database of Maine medical pricing. For example, the average cost of a gallbladder removal procedure is \$10,257 at Pen Bay Medical Center in Rockport, the least expensive provider in Maine for such operations; but it costs \$20,504 at The Aroostook Medical Center in Presque Isle, the most expensive provider. Arthroscopic shoulder surgery that costs \$10,260 at Northern Light Mercy Hospital in Portland costs \$25,567 at Waldo County General Hospital in Belfast, according to CompareMaine.

Critics of Maine’s health care system say patients are being overcharged in many cases because of regional

monopolies and a lack of competition that allows hospitals to charge as much as they want. Maine hospital representatives disagree, saying the real reasons for higher prices, especially in rural communities, are a large percentage of uncompensated patient care – the term for when patients don’t pay their medical bills – and high overhead costs spread out over relatively few patients compared with hospitals in more densely populated states.

COST NO LONGER NEGOTIABLE

Robbins-Halsted, co-owner of Robbins Lumber, a family-owned business based in Searsport, said she has witnessed firsthand the detrimental effects of regional monopolies on health care pricing in Maine.

Her employee’s wife who is being treated for cancer was driving more than an hour to Topsham every three weeks for her chemotherapy sessions. Robbins Lumber, which funds its own employee health insurance plan, was paying \$9,050 per treatment to New England Cancer Specialists.

To make things easier on the employee’s gravely ill spouse, the company attempted to move her chemotherapy sessions to the much closer Waldo County General. But the hospital’s non-negotiable price for the exact same treatment was more than \$20,000.

Waldo County General was purchased in 2008 by Portland-based MaineHealth, which also purchased another nearby hospital, Pen Bay Medical Center in Rockport, in 2010. MaineHealth has control over the boards of directors of both hospitals.

Robbins-Halsted said Waldo County General used to be able to negotiate prices with employers and insurers on expensive treatments such as chemotherapy but lost that ability when MaineHealth took over.

“When it was just Waldo County, we

could work with the hospital,” she said. “But now that it’s all MaineHealth, they said that they’re no longer able to do that.”

MaineHealth Treasurer Albert Swallow said the health care system does not negotiate prices for individual procedures, but that it does try to help patients who are experiencing financial hardship. He said hospitals have to charge more than specialized, for-profit clinics such as New England Cancer Specialists because the hospitals’ costs are much higher and they don’t have the luxury of turning away uninsured patients.

“They are under no obligation to care for those patients in the way that we are,” Swallow said.

INPATIENT CARE EXPANDING

Arthur Jacobson was shocked when he saw the \$11,000 price for a procedure he underwent in November 2017 to have a skin lesion removed from his leg.

Jacobson, who lives in Winthrop, said his primary care physician at Winthrop Family Practice referred him to MaineGeneral Health in Augusta to have the lesion removed under general anesthesia rather than doing a simpler, far less expensive removal procedure in the doctor’s office, as Jacobson said he’s had done in the past.

“I just didn’t understand why that was necessary; it wasn’t very large,” Jacobson said. “Procedures that used to be part of primary care are now being done at hospitals.”

Winthrop Family Practice is owned by MaineGeneral Health. Health care pricing website Healthcare Bluebook lists a “fair price” for malignant skin lesion removal of \$1,049.

Jacobson said he is lucky that as a retired state employee, he has excellent health insurance that covered most of

More COMPAREMAINE, PAGE 23

CompareMaine

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the \$11,000 cost. Thousands of Mainers do not.

"If I didn't have insurance, it would have been a very large bill," he said.

As was the case with Jacobson's lesion removal, hospitals tend to charge far higher prices when a procedure involves an inpatient recovery period. It makes sense, because a hospital stay involves additional costs such as paying for a bed, supplies, food and staffing.

But some patients said they don't understand why Maine hospitals sometimes require admittance for procedures that can be performed on an outpatient basis. Hospitals said they determine the need to admit patients on a case-by-case basis, depending on their health conditions.

Miriam Rubin's 90-year-old mother went to Maine Medical Center in Portland for a complete echocardiogram in June. It was an outpatient procedure, and her total bill came to \$129 for the procedure plus \$410 for the initial consultation.

Rubin said her mother had a follow-up

echocardiogram a month later at Mercy Hospital, but this time it was treated as an inpatient procedure, and the price difference was staggering. This time, her bill came to \$2,410 for the echocardiogram plus another \$350 for imaging.

"I sat there and watched it, so I know that it was the same procedure," Rubin said. "No matter which way you slice it, it went from a couple hundred dollars to a couple thousand dollars."

Mercy Hospital spokesman Ed Gilman confirmed that Rubin's understanding of her bill was correct, but said Mercy couldn't comment on the care she received at Maine Medical Center or why the cost was different. He noted that Mercy is flexible with patients who are struggling to pay their hospital bills.

NO LEGAL CAP ON CHARGES

While some medical prices vary within Maine's more population-dense southern region, the biggest cost spikes tend to occur when moving from urban to rural parts of the state, according to a Portland Press Herald/Maine Sunday Telegram analysis of CompareMaine's database.

Health care analysts said there are two primary reasons: lack of competition and lower patient volumes outside of southern Maine.

Gary Claxton, vice president of the Kaiser Family Foundation, a nonprofit, nonpartisan health care research organization, said nothing matters more than the amount of competition in determining the prices hospitals charge for medical care.

"It tends to be a factor of how many competitors providers in the area have," he said. "Basically, if they don't have very many, or no competitors, they can charge more."

There is no legal limit on what a hospital can charge to perform a certain procedure, Claxton said. Until recently, most hospitals did not disclose their prices to patients in advance, but as of Jan. 1, that has changed because of new federal rules. National rankings of states with the most expensive health care pricing consistently rank Maine at or near the top 10.

In Maine, an example of the influence of competition can be found in the pricing for knee surgery, a common procedure performed at most hospitals.

The average total cost of arthroscopic knee surgery – the simplest and least invasive type – is \$6,447 in Maine, according to CompareMaine. That average is heavily influenced by lower prices charged by non-hospital providers such

as InterMed in Portland (\$4,329) and Central Maine Orthopaedics in Auburn (\$4,823).

In areas where a lower-priced competitor exists, Maine hospitals tend to charge less than the state average for knee surgery. For example, Mercy Hospital charges \$5,300, and Mid Coast Hospital in Brunswick charges \$5,473.

In areas where no lower-priced competitor exists, Maine hospitals tend to charge more than the state average for knee surgery, such as LincolnHealth in Damariscotta and Boothbay Harbor (\$13,503) and Waldo County General (\$11,930).

The number of patients a hospital treats annually also influences pricing, Claxton said, because a higher volume allows the hospital to spread its fixed costs over a larger number of procedures.

"If you buy a machine that costs \$100,000 or \$1 million, depending on how many people use it per year, it's going to take you longer to get your money back," he said. "If you're a rural hospital and you make that expenditure, and you don't have as many patients, you're going to have to charge each one more."

The same can be said about rural

More COMPAREMAINE, **PAGE 24**



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hospitals that pay high salaries to retain skilled medical specialists, said Ann Woloson, executive director of Consumers for Affordable Health Care, a nonprofit advocacy group based in Augusta.

"Because you're trying to keep a good surgeon at your hospital, for example," she said.

FEDERAL REIMBURSEMENT POOR

Hospitals in Maine rely on government reimbursement to recoup the cost of procedures performed on patients covered by Medicare and Medicaid, also known as MaineCare. They say the reimbursement isn't adequate, which means hospitals lose money on those patients and must make up for those losses by charging higher rates for patients with private insurance or no insurance.

Medicare and Medicaid shortfalls have the biggest impact on total expenses at small, rural hospitals in Maine, which also contributes to their higher prices.

"If they have a big (Medicare/Medicaid) shortfall, they have to find that money," said Beth Roberts, a senior vice president at insurance provider Harvard Pilgrim Health Care.

According to a Portland Press Herald/Maine Sunday Telegram analysis of Form 990 public financial disclosures, which the Internal Revenue Service requires from most nonprofits to keep their tax-free status, Maine hospitals reported total Medicare/Medicaid reimbursement shortfalls of nearly \$217 million in 2015, the most recent complete year available, and additional "bad debt" losses of nearly \$161 million from patients who failed to pay their hospital bills.

Not surprisingly, the biggest hospitals in the state had the biggest Medicare/Medicaid shortfalls. Eastern Maine Medical Center in Bangor led the pack with a 2015 shortfall of \$31.8 million, followed by Mercy Hospital with a shortfall of \$31.2 million.

Only five hospitals in the state reported breaking even or receiving a surplus from Medicare/Medicaid reimbursement in 2015. Three hospitals – Cary Medical Center in Caribou, Mayo Regional Hospital in Dover-Foxcroft and New England Rehabilitation Hospital in Portland – are exempt from federal reporting requirements and do not file Form 990 financial statements.

The dollar amounts of Medicare/Medicaid shortfalls may be smaller at

Maine's rural hospitals, but their shortfalls as a percentage of total expenses tend to be higher than at major metropolitan hospitals in the state. That percentage represents the actual size of the bite that Medicare/Medicaid losses take out of a hospital's bottom line.

Bad-debt losses also have been significant at some hospitals – both large and small – in Maine. The most cutting bad-debt loss incurred by a Maine hospital in 2015 was \$4.1 million at Rumford Hospital in Rumford, which was more than 9 percent of the hospital's total expenses of \$44.9 million for the year.

RURAL CRISIS LOOMING

Steven Michaud, president of the Maine Hospital Association, said the No. 1 financial problem for rural hospitals in Maine is the high percentage of patients being treated who either don't have private insurance or can't afford to pay their hospital bills.

"A lot of our rural hospitals literally can be 80 percent dependent on Medicare and Medicaid," he said. "Their uncompensated care – meaning free care, bad debt, charity care – is higher than average. They've got more poor-paying or no-paying patients than other hospitals."

All hospitals in Maine are nonprofit institutions, but they still report annual net income or losses in their financial disclosures. Six of the 10 smallest hospitals in Maine by revenue reported net losses in 2015, including all of the four smallest hospitals: Charles A. Dean Memorial in Greenville, Calais Regional Hospital in Calais, Millinocket Regional Hospital in Millinocket and Penobscot Valley Hospital in Lincoln.

"You add those two things together, very high governmental payer mix and uncompensated care, and a lower denominator, meaning a lower number of patients, and by definition their charges are going to be higher," Michaud said. "It's the only way they can keep the doors open."

In his 30 years working for Maine hospitals, Michaud said he has never seen rural facilities struggling as much as they are today.

"It is approaching crisis level," he said. "You see signs of things getting worse. We've got many hospitals in precarious positions."

A hospital closure in a rural community can be devastating to residents for a number of reasons, Michaud said. Not only does it diminish access to medical treatment, but a hospital closure also hurts the community economically.

"It's not just health care," he said. "They are the largest employers in rural Maine."

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New medication packaging systems can help prevent serious health issues

BY WANDA CURTIS
Correspondent

Kennebec Pharmacy has started a new medication packaging and patient adherence program designed to help individuals take medications as directed. Steve Royer, Vice President of Pharmacy Services said that, among the general public, up to 30 percent of medication prescriptions are never filled and 50 percent of prescriptions medications for chronic diseases are not taken as prescribed.

According to Royer, failing to fill a prescription, taking medications at the wrong time, stopping a medication prematurely, taking the wrong dose or missing a dose are all examples of poor medication adherence.

He said these behaviors not only prevent a person's body from receiving the full effects of treatment but it also can put an individual at risk for developing other serious health issues that might have been prevented by proper use of medication. Taking too much of a medication or taking the wrong combination of medications can also put a person at risk for serious health issues, he said.

"Whether it's the result of forgetfulness or simply misunderstanding instructions, not taking medications as directed can cause serious risks," said Royer. "It's estimated to cause approximately 125,000 deaths and at least 10 percent of the hospitalizations annually in the United States."

KennePac is the name of Kennebec Pharmacy's new medication and patient adherence program.

Instead of having to sort through multiple pill bottles to get their morning, noontime and evening doses of medication, medications are sorted into individual packages based upon the time of day that the medications are supposed to be taken. All of the medications that are to be taken at breakfast are in a package with a picture of a sunshine on the package, noontime medications are in another package, suppertime medications are in a third package and evening medications would be in a fourth package with a picture of a moon on it.

"High risk patients, such as patients with COPD (Chronic Obstructive Pulmonary Disease), CHF (Congestive Heart

Failure), and diabetic patients are on many medications," said Royer. "For example, the average CHF patient is typically on 10.53 medications daily. Some medications they take twice daily and some they take four times each day. They have to pour pills from 10 different bottles."

Royer explained that when a client enrolls in the KennePac program, they receive a reusable medication dispenser that will hold a one month's supply. They pick up or have delivered a new roll of pouches with their medications inside every four weeks. Each package contains patient name, date of administration, medication name, strength and quantity. Routine maintenance medications, over-the-counter medications and vitamins can all be included in their KennePac. All controlled schedule II, soluble or as needed medications cannot be included and will be filled separately.

"Another benefit of the prepackaging is that the packages are easy to transport when taking trips or simply taking medications on the go," said Royer. "A person can just tear off the packages for the day from the dispenser and slip them in a purse or briefcase instead of carrying multiple pill bottles."

As of January 2019, Kennebec Pharmacy is no longer charging for this medication management program. Royer said when they saw how this service helped people to maintain their independence and stay out of the hospital they didn't want to charge for it.

"It's a service that we want to be able to give to the community," he said. "It's the wave of the future for medication adherence."

Savage Drugs in Oakland, Unity, Winslow and Fairfield offers a different type of system to their clients to help promote medication adherence. Pharmacist Joe Norton said that clients purchase several pill organizer boxes from one of these pharmacies and each one gets filled with a one-week supply. He said that people usually get two boxes filled at a time and then bring in the empty pill boxes at the end of two weeks to get refilled. He said that the service is free to clients who purchase prescriptions through Savage Drugs and that it's especially helpful for the aging population.



When a client enrolls in the KennePac program, they receive a reusable medication dispenser that will hold a one month's supply. They pick up, or have delivered, a new roll of pouches — pictured above — with their medications inside every four weeks.

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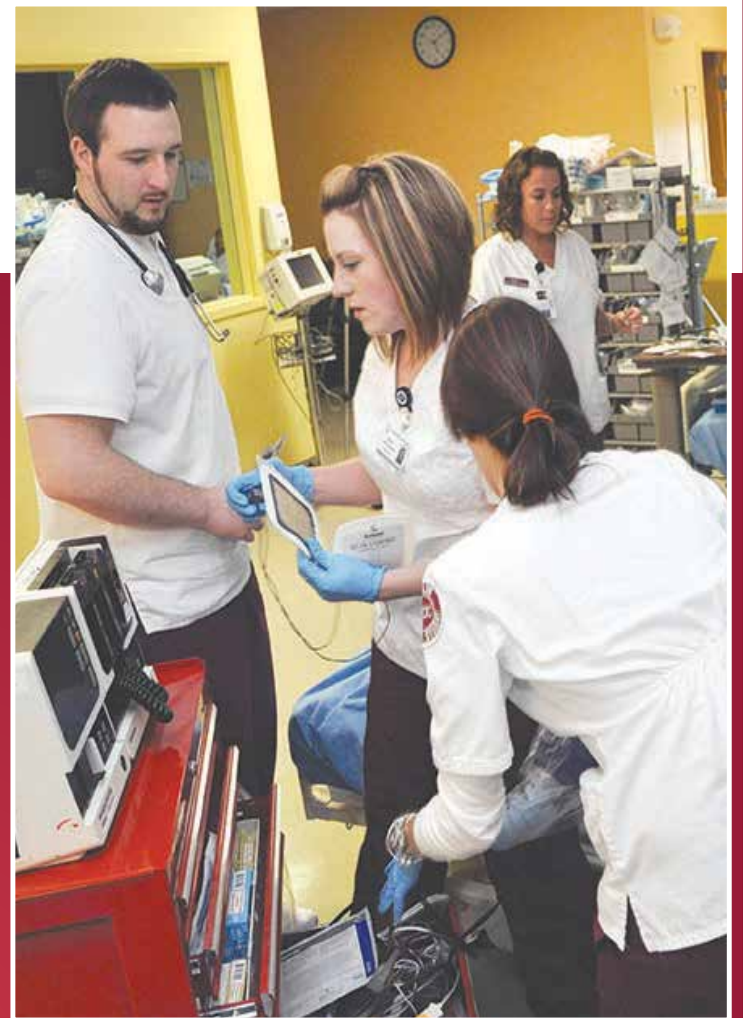
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2019
MEDICAL
JOURNAL

**Your Resource
 for Healthcare
 in Central Maine**

MEDICAL JOURNAL PROFILES 2019



ADVANCED HEALTH PHYSICAL THERAPY & FITNESS

- **Contact Information:**
 160 Riverside Drive, Augusta, ME 04330
 (207) 622-9467, Fax: (207) 623-2874
 149 Silver St., Waterville, ME 04901
 (207) 873-4638, Fax: (207) 873-1541
- **Web:** www.advancedhealthmaine.com
- **Email:** bouchardpt@lightoflife.info
- **Founder/Director:**
 Susanne M. Bouchard, PT, LMT, CEO
- **Founded:** 1989
- **Employees:** 19
- **Hours:**
 Mon.-Thurs. 7 a.m.-6 p.m.
 Fri. 7 a.m.-4 p.m.

• **About Us:** Celebrating thirty years of serving our community with hands-on, one-on-one therapeutic sessions giving patients the time each needs for optimal healing and strengthening. Our growth has been one happy patient at a time in a caring, comfortable and intimate setting. The centers' philosophy relies on pain relief the natural way, not with drugs that cause side effects and merely mask pain. This approach helps patients to regain strength, live a pain free lifestyle, and prevents recurrent injury. Our facility includes a full-size fitness club/exercise gym with a committed staff to assist in your recovery, and a new therapy pool coming soon.

A division of Light of Life Ministries



ANNE PRATT GIROUX AUDIOLOGY

- **Contact Information:**
 124 Silver Street
 Waterville, ME 04901
- **Phone:** (207) 872-0320
- **Chief Executive:**
 Dr. Anne Pratt Giroux
- **Founded:** 2000
- **Employees:** 3

• **About Us:** Private practice audiology with 44 years of experience. General Audiology, with special testing equipment for infants and children, and expertise in geriatrics, CAOHC certification courses, Community presentations, Aural Rehabilitation including Lip Reading lessons, Assistive Listening Devices, Hearing Aids and hearing aid related services. We specialize in developing individual plans for improvement in communication situations. We know that better hearing improves life. We can help.

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CEDAR RIDGE CENTER

- **Contact Information:**
23 Cedar Ridge Drive
Skowhegan, ME 04976
- **Phone:** (207) 474-9686
- **Web:** www.geneshihcc.com
- **Chief Executive:**
Mike McDougall
- **Founded:**
July, 1989
- **Employees:** 120

• **About Us:** Cedar Ridge Center offers skilled rehabilitation programs, as well as nursing services in a lively, caring environment. Recovery from hospitalizations or elective surgery like joint transplants proceed smoothly with the assistance of rehab therapists. Cedar Ridge Center is part of Genesis HealthCare.



CRISIS & COUNSELING CENTERS

- **Contact Information:**
10 Caldwell Road
Augusta, ME 04330
- **Phone:**
Non-emergencies: (207) 626-3448
For emergencies call:
Maine Crisis Line (888) 568-1112
- **Chief Executive Officer:**
Michael E. Mitchell, LCSW
- **Founded:** 1970
- **Employees:** 120
- **Web:**
www.crisisandcounseling.org

• **About Us:** We are the behavioral health agency that operates the 24-hour crisis response program for Kennebec and Somerset Counties. We provide crisis services, mental health therapy, substance abuse counseling, co-occurring disorders treatment, children's targeted case management, short-term residential care, and a statewide parent network for families of children with behavioral health concerns. We have locations in Augusta, Skowhegan, Waterville, Winslow, Auburn, and Rockland. We encourage family involvement, and work with clients to maximize their support resources. We have a robust Consumer Advisory Committee and our Board of Directors includes a representation from various sectors of the community. Visit our website to learn more.



EYE CARE OF MAINE

- **Contact Information:**
325A Kennedy Memorial Dr.
Waterville, ME 04901
- **Phone:** (207) 873-2731
(800) 660-3403
- **Web:** www.Maine2020.com
- **Founded:** 1922
- **Doctors:**
Steve R. Witkin, M.D.
Peter C. Kohler, M.D.
James R. Putnam, M.D.
Marc B. Daniels, M.D.
Helen Bell-Necevski, O.D.
Lorie Lepley Parks, O.D.
Michael C. Parks, O.D.
Adam B. Puiia, O.D.

• **About Us:** Eye Care of Maine is an ophthalmology referral and general eye care practice. We provide the most current and comprehensive services in eye care. We also have a stand-alone surgery center.



FRANKLIN MEMORIAL HOSPITAL

- **Contact Information:**
111 Franklin Health Commons
Farmington, ME 04938
- **Phone:**
(207) 778-6031
(800) 398-6031
- **Chief Executive:**
Timothy Churchill, President
- **Web:** www.fchn.org
- **Founded:** 1929
- **Employees:**
Approximately 605

• **About Us:** Franklin Memorial Hospital is a 65-bed general hospital whose mission is to provide high quality, cost-effective, patient-centered health care to residents and visitors of West Central Maine. The hospital has 11 medical and surgical practices and is fully qualified and accredited to handle a broad range of medical, surgical, pediatric, women's care, and diagnostic services. Franklin Memorial Hospital is part of MaineHealth, a not-for-profit integrated health system.



Tracey Taylor,
CPhT

GUARDIAN PHARMACY OF MAINE

- **Contact Information:**
3 Business Parkway
Suite 2
Brunswick, ME 04011
- **Phone:** (207) 373-9077
- **Web:** Guardianpharmacymaine.com
- **Email:**
tracey.taylor@guardianpharmacy.net
- **President/Owner:**
Courtney Oland
- **Founded:** 2006
- **Employees:** 75
- **Hours of Operation:**
Mon.-Fri. 9 a.m.-6 p.m.
Sat.-Sun. 9 a.m.-3 p.m.
Holidays: 10 a.m.-2 p.m.
24/7 On-Call Pharmacist

• **About Us:** Guardian Pharmacy of Maine is a fully integrated institutional pharmacy that provides pharmacy services to residents residing in skilled nursing and assisted living communities, continuum of care campuses, behavioral health programs, and developmentally disabled homes throughout the state of Maine and New Hampshire.

HAIRBUILDERS

- **Contact Information:**
653 Oak Grove Rd.
No. Vassalboro, ME 04989
- **Phone:** (207) 873-3688
- **Web:** www.hairbuildersme.com
- **Founded:** 1989
- **Employees:** 2
- **Chief Executive:**
Beth Morse
- **Hours:**
Tues., Thurs, Fri. 8 a.m. - 5 p.m.
Wed. 11 a.m. - 8 p.m.
Sat. 8 a.m. - ?

• **About Us:** Hair restoration for women and men. Hair loss solutions, free consultations. Hair salon, cuts, color, perms, style, manicures, pedicures, tanning.



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HASENFUS FAMILY DENTAL

- **Contact Information:**
41 Fuller Rd.
Augusta, ME 04330
- **Phone:** (207) 622-1711
- **Web:**
www.hasenfusdental.com
- **Email:**
info@hasenfusdental.com
- **Chief Executive:**
Nicole Hasenfus
- **Founded:** 2017
- **Employees:** 10
- **Hours:**
Mon.-Thurs. 8 a.m.-5 p.m.
Fri. 8 a.m.-12 p.m.

• **About Us:** We are a busy dental practice located in central Maine. We offer cleanings, exams, crowns, implants, dentures, bridges, whitening, fillings, root canals, x-rays, veneers, sealants, and so much more. We accept all ages and cash/credit/insurance. Call today for an appointment at 207-622-1711.



HEALTHREACH COMMUNITY HEALTH CENTERS

- **Contact Information:**
10 Water St., Suite 305
Waterville, ME 04901
- **Phone:** (800) 299-2460
- **Email:** HRCHC@HealthReach.org
- **Web:** HealthReachCHC.org
- **Founded:** 1975
- **Employees:** 255
- **Chief Executive:**
Connie Coggins, President/CEO
- **Hours:** Waterville administrative offices are open 8 a.m.-5 p.m. Closed on major holidays. Health Centers are open Mon.- Fri. with hours varying by location. Some offer evening, Sat. and walk-in hours.

• **About Us:** HealthReach Community Health Centers is a system of eleven Federally Qualified Health Centers located in Central and Western Maine which deliver high-quality, affordable healthcare to medically underserved residents in over 80 rural communities. HealthReach is a private, non-profit organization with a 44-year history, funded by patient fees, grants and individual donations. Health Centers are located in Albion, Belgrade, Bethel, Bingham, Coopers Mills, Kingfield, Livermore Falls, Madison, Rangeley, Richmond and Strong. Dental services are offered at Bingham and Strong.

HOME CARE FOR MAINE

- **Contact Information:**
347 Maine Ave.
Farmingdale, ME 04344
- **Phone:** (800) 639-3084
(207) 582-8001
- **Email:** info@homecareforme.org
- **Web:** www.homecareforme.org
- **Chief Executive:**
Dawn Palmer, MBA
- **Founded:** 1994
- **Hours:** Mon.-Fri. 8 a.m.-4:30 p.m.
- **Services:**
Personal Care, Respirt, and Home Healthcare Services

• **About Us:** Home Care for Maine is a statewide, non-profit organization of more than 400 trained, in-home caregivers who understand the aging process and help our consumers with life's challenges. We work with adults with physical or cognitive problems that impact their ability to live independently. Our Personal Support Specialists assist with hygiene needs, as well as household duties, shopping, and transportation. Since 1994, we've been providing quality in-home care that preserves dignity and promotes independence. Our on-call manager is available 24 hours a day/7 days a week, so you'll always be able to reach us.

Helping People all across Maine Since 1994

HOWELL HOUSE

- **Contact Information:**
44 Sewall St.
Augusta, ME 04330
- **Phone:** (207) 626-5403
- **Web:** www.theHowellhouse.com
- **Manager:** Rose Johnson
- **Founded:** 2002
- **Employees:** 3
- **Staffed Hours:** 6 a.m.-2:30 p.m.

• **About Us:** We are an independent living senior apartment community with many services and amenities provided. We offer our residents a nonsmoking facility in quiet Central Maine. Private apartments, each of which includes a kitchen (with all appliances), living/dining room, bedroom, and bathroom, two handicap-accessible units, individual apartment climate control and air conditioning, daily noon meal in common dining area, common living area for reading, visiting or other social events, weekly housekeeping and laundry services, parking for one vehicle per unit, 24-hour emergency response system, maintenance and trash removal, water and sewer service, sprinklers, fire alarms and security system.

JOHN MARVIN TOWER

- **Contact Information:**
38 Townsend St.
Augusta, ME 04330
- **Phone:** (207) 623-1112
- **Web:** www.EHDOC.org
- **Email:** tredlevske@ehdoc.org
- **Chief Executive:**
Steve Protulis
- **Founded:** 2005
- **Employees:** 5
- **Hours:** 8 a.m.-4:30 p.m.

• **About Us:** Elderly Housing Development & Operations Corporation is dedicated to providing quality, affordable housing and services for the elderly. This EHDOC complex bears the name of a man who dedicated his life not only to teachers but also to the elderly population of Maine. Mr. Marvin was the Regional Director for the National Council on Senior Citizens. He used bus trips from Maine to Canada for the purpose of purchasing prescriptions for less cost to dramatize the plight of seniors who could not afford their medications. John Marvin worked tirelessly toward having a national prescription drug pricing bill first with the Maine RX. This bill became the basis for the nation's first prescription drug pricing bill. We are forever grateful for his dedicated work for the betterment of seniors.



JONES EYE ASSOCIATES, PA

- **Locations/Phone:**
Poulin & Associates Eye Center
166 Silver Street, Waterville, ME 04901
(207) 873-3500
- **Web:** www.poulineyecenter.com
www.newporteyecare.net
- **Email:** office@newporteyecare.com
- **Doctors on Staff:**
Arielle L. Costello, O.D.
Ian M. Jones, O.D.
Kiran B. Jones, O.D.
- **Employees:** 18
- **Founded:** 1955
- **Hours:**
Newport: Mon., Wed., Thurs., 8 a.m.-5 p.m.
Tues. 8 a.m.-6 p.m., Fri. 8 a.m.-1 p.m.
Wvt: Mon., Wed., Thurs., 8 a.m.-5 p.m.
Tues. 8 a.m.-6:30 p.m., Fri. 8 a.m.-1 p.m.

• **About Us:** We offer comprehensive eye exams with state of the art technology that allows our doctors to diagnose and treat many different eye diseases. This allows us to keep your eyes healthy. We also offer a full range of services which include, specialized contact lenses, a full optical department with a premium selection of the most popular eyewear on the market. We believe quality eye care goes beyond writing a prescription for medication or glasses. We take pride in the services we offer our patients. Most insurances accepted!



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KENNEBEC BEHAVIORAL HEALTH

- **Contact Information:**
67 Eustis Parkway
Waterville, ME 04901
- **Phone:**
(207) 873-2136 or
1-888-322-2136

- **Chief Executive:**
Thomas J. McAdam
- **Founded:** 1960
- **Employees:** over 420
- **Web Address:**
www.kbhmaine.org

• **About Us:** Kennebec Behavioral Health's mission is to promote the well-being of children, adults and families who experience mental illness, emotional difficulties or behavioral challenges. Founded in 1960, Kennebec Behavioral Health (KBH) offers clinic-based services in Waterville, Augusta, Winthrop, Skowhegan and Farmington and provides community-based services throughout a seven-county service area. KBH's nationally recognized vocational rehabilitation program features High Hopes Clubhouse in Waterville, Capitol Clubhouse in Augusta, Looking Ahead Clubhouse in Lewiston and Village Clubhouse in Topsham. KBH is CARF (Commission on Accreditation of Rehabilitation Facilities) accredited and is well known for its high-quality, strengths-based approach to its mission.



KENNEBEC EYE CARE, P.A.

- **Contact Information:**
216 Main Street
Waterville, ME 04901
- **Phone:**
(207) 872-2797
- **Web:**
www.kennebecyecare.com
- **Founded:** 1955
- **Employees:** 14

- **Doctors on Staff:**
Peter Paradis, O.D.
Kerry Kaplan, O.D.
Lesley A. Sobeck, O.D.
Laura Dowd, O.D.
- **Hours:** Year round:
Mon., Tues., Thurs, Fri. 8-5
Wed. 9-5
Nov.-May: Saturdays, 8-noon
Evenings: call for appointment

• **About Us:** Medical and routine eye care, contact lenses, spectacle frame and lenses. In-house lab makes photochromic, glare-free, high index and aspheric lenses. Our friendly, courteous technicians and opticians make each patient's experience a pleasure. One hour service available, some restrictions apply.

KENNEBEC PHARMACY & HOME CARE

- **Contact Information:**
43 Leighton Road
Augusta ME 04330
(207) 626-2726
- 11 Medical Center Parkway
Augusta ME 04330
(207) 626-9066
- **Web:** kennebecpharmacy.com

- **Chief Executive:**
Mike Nowak, President
- **Founded:** 1995
- **Employees:** 148
- **Hours:**
Leighton Road: Mon.-Fri. 8 a.m.-5 p.m.
Medical Center Parkway:
Mon.-Fri. 9 a.m.-6 p.m.
Sat.-Sun. 8 a.m.-12 p.m.

• **About Us:** Kennebec Pharmacy & Home Care is your local pharmacy and home medical equipment provider dedicated to making better living possible. Services include: retail pharmacy, compounding pharmacy, specialty pharmacy, long-term-care pharmacy, home medical equipment, complex rehabilitation equipment, respiratory therapy, home infusion therapy, post-mastectomy fittings, bio-identical hormone replacement therapy, free local delivery, and more.



KENNEBEC VALLEY COMMUNITY COLLEGE

- **Contact Information:**
92 Western Ave.
Fairfield, ME 04937
- **Phone:**
(207) 453-5822
- **Web:**
www.kvcc.me.edu
- **Founded:** 1969

- **President:**
Dr. Richard Hopper
- **Employees:** 206
100 full-time
106 part-time
- **Hours:**
Mon.-Thurs. 8 a.m.-5 p.m.
Fri. 9 a.m.-4 p.m.

• **About Us:** Offering two-year associate degrees and one year certificate programs, unique programs, opportunities to transfer credits to four-year colleges and universities, online classes, professional development courses and customized workforce training.



KENNEBEC VALLEY YMCA

- **Contact Information:**
31 Union St.
Augusta, ME 04330
- 40 Granite Hill Rd.
Manchester, ME 04351
- **Phone:** (207) 622-9622
Fax: (207) 621-6212

- **CEO:** Thomas G. Warren
- **Founded:** 1914
- **Employees:** 110+
- **Web:** www.kvymca.org
- **Hours:** Please visit kvymca.org
for Winter and Summer Hours

• **About Us:** The Kennebec Valley YMCA is a charity. Strengthening our community through youth development, social responsibility and healthy living is our mission. We offer enrichment and evidence-based health & wellness programs and services to all ages, races and socio-economic classes. Our scholarship program provides access to everyone who wants to learn, grow and thrive at the Y. Our fitness schedule includes more than 50 exercise classes and our facilities include a dance studio, spin room, MOVESTRONG room, fitness areas, gymnasium, *sauna and *pools. (* in Augusta only)



LIVING INNOVATIONS

- **Contact Information:**
1 Weston Court, Suite G-1
Augusta, ME 04330
- **Phone:** (207) 622-4350
- **Email:**
PFleming@LivingInnovations.com
- **Web:**
LivingInnovations.com

- **Chief Executive:**
Neal Ouellet
- **Founded:** 1996
- **Hours:**
Mon.-Fri. 8:30 a.m.-5 p.m.
Weekend hours vary depending upon
the service needs of the individuals we
support.

• **About Us:** Living Innovations provides support to people with disabilities to have a good life at home and in the community. We believe each person is valuable and will put individuals at the center of all we do.



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MAINE HOSPITAL ASSOCIATION

- **Contact Information:**
33 Fuller Road
Augusta, ME 04330
- **Phone:** (207) 622-4794
- **Web:** www.themha.org
- **Chief Executive:** Steven Michaud
- **Founded:** 1937
- **Employees:** 10
- **Email:**
http://www.themha.org/About-Us/Contact

• **About Us:** The Maine Hospital Association represents all 36 community-governed hospitals in Maine. Formed in 1937, the Augusta-based nonprofit Association is the primary advocate for hospitals in the Maine State Legislature, the U.S. Congress and state and federal regulatory agencies. It also provides educational services and serves as a clearing-house for comprehensive information for its hospital members, lawmakers and the public. MHA is a leader in developing healthcare policy and works to stimulate public debate on important healthcare issues that affect all Maine citizens.



MAINE VETERANS' HOME - AUGUSTA

- **Contact Information:**
310 Cony Rd.
Augusta, ME 04330
- **Phone:** (888) 684-4664
(207) 622-2454
- **Email:** info@MaineVets.org
- **Web:** www.MaineVets.org
- **Administrator:**
Jacob C. Anderson
- **Founded:** 1983
- **Employees:** 217
- **Hours:** 24 Hours

• **About Us:** The first of six Maine Veterans' Homes, MVH Augusta is rich in culture and heritage. We are proud of the generations of veterans who have called our location home and the many team members who have dedicated their careers to care and serving our veterans. MVH Augusta offers 120 beds for long term care, short-term skilled care, memory care, rehabilitation, and therapy services; and 30 beds for assisted living residential care for those with memory care needs. We offer individual care plans for each resident integrating nursing care, rehab & therapy, and vibrant recreational activities that ensure our residents remain a part of the communities they love.

MAINEGENERAL HEALTH



- **Contact Information:**
35 Medical Center Parkway
Augusta, ME 04330
- 149 North Street
Waterville, ME 04901
- **Chief Executive:** Chuck Hays
- **Email:** public@mainegeneral.org
- **Web:** www.mainegeneral.org
- **Founded:** 1898
- **Employees:** 4,486
- **Hours:** 24 hours a day, 7 days a week

• **About Us:** The state's third-largest health care system, MaineGeneral is an integrated not-for-profit organization with a range of services that includes: a 192-bed acute care medical center in Augusta; a comprehensive outpatient center in Waterville; a cancer treatment center which was the first center in Maine to earn the Quality Oncology Practice Initiative (QOPI®) certification; primary care and specialty physician practices; mental health and substance abuse services; long-term care facilities; rehabilitation; home health care and hospice services; special care for patients with memory loss; community outreach; and retirement living options.



MAINE-LY ELDER CARE

- **Contact Information:**
28 Center St.
Oakland, ME 04963
- **Phone:** (207) 465-3249
- **Web:** www.maine-lyeldercare.com
- **Chief Executive:**
Denise Rogers-Stevens, RN
- **Founded:** 1999
- **Employees:** 100
- **Hours:** Mon.-Fri. 8 a.m.-5 p.m.

• **About Us:** Maine-ly Elder Care provides Quality of Life Solutions to the people and communities we serve. We provide nursing, personal care by Christian caregivers, homemaking, transportation and home maintenance and repairs.

MIDCOAST LYME DISEASE SUPPORT & EDUCATION



- **Contact Information:**
4 Mills Rd. #120
Newcastle, Maine 04553
- **Phone:** (207) 446-6447
- **Web:** www.mldse.org
- **Email:** info@mlmse.org
- **Co-Founders:**
Paula Jackson Jones, President
Angele Rice, Vice President
- **Founded:** 2014
- **Employees:** All Volunteer

• **About Us:** Midcoast Lyme Disease Support & Education (MLDSE) is a nonprofit 501(c)3 organization that serves the needs of Maine's Lyme community. A Maine partner of the national Lyme Disease Association, their efforts are focused on raising awareness, fostering education, advocating for state and local change while providing resources and support to those affected by Lyme and tick-borne diseases. Midcoast Lyme Disease Support & Education is available year round for prevention and educational talks. For more information about MLDSE, visit their website at www.mldse.org. To request a prevention talk for your group, please send an email to info@mlmse.org.



BRIAN J. MORIN, DMD, MMSC, PA

- **Contact Information:**
325-D Kennedy Memorial Drive
Waterville, ME 04901
- **Phone:** (207) 872-2094
- **Web:** www.morinorthodontics.com
- **Chief Executive:**
Brian J. Morin, DMD
- **Founded:** 1994
- **Employees:** 4

• **About Us:** Quality orthodontic treatment for children and adults. Other locations are Skowhegan and Farmington.



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MOUNT SAINT JOSEPH RESIDENCE & REHABILITATION

- **Contact Information:**
7 Highwood St.
Waterville, ME 04901
- **Phone:** (207) 873-0705

- **Chief Executive:**
Diane Sinclair - Administrator
- **Founded:** 1966
- **Employees:** 185

- **About Us:**

Nursing facility: Specializing in skilled and rehab services; Physical, Occupational and Speech therapies; 24 hour nursing services; Your Care is our Calling.

Long-Term Care Services: Alzheimer/Dementia; Hospice; Mental Health; Residential and Nursing level care

Voted "Best Nursing Care Facility" in the community for 19 years.



NORTHEAST LABORATORY SERVICES

- **Contact Information:**
227 China Rd.
Winslow, ME 04901
- **Phone:** (207) 873-7711
(800) 244-8378

- **Branch Office:**
120 Main St.
Westbrook, ME 04092

- **Chief Executive:**
Rodney "Beau" Mears
- **Email:** info@nelabservices.com
- **Web:** www.nelabservices.com
- **Founded:** 1972
- **Employees:** 70
- **Hours:**
Mon.-Fri. 8 a.m.-5 p.m.

- **About Us:** Accredited laboratory providing a wide range of environmental analytical chemistry, microbiology, and indoor air quality testing services. Manufactures microbiological prepared media products for a wide array of customers including pharmaceutical, biotech, food and clinical markets.

NORTHERN LIGHT CONTINUING CARE, LAKEWOOD

- **Contact Information:**
220 Kennedy Memorial Drive
Waterville, ME 04901
- **Phone:** (207) 873-5125
- **Web:** www.lakewoodcare.org

- **Chief Executives:**
Shannon Lockwood, Co-Administrator
Meagan Stiles, Co-Administrator
- **Founded:** 1974
- **Employees:** 160

- **About Us:** Northern Light Continuing Care, Lakewood is a 5-star rated skilled nursing center that provides short-term rehabilitation as well as long-term and dementia care. Our mission is to enhance the lives of our residents, patients, and their families through compassionate care and creative activities programming. Our qualified rehabilitation staff offers physical, occupational, and speech therapies. We provide our skilled nurses and certified nurses' aides with ongoing advanced training so they can continue to deliver the safest, most caring experience possible for all who need Lakewood. We are located on the Northern Light Inland Hospital campus.



NORTHERN LIGHT INLAND HOSPITAL

- **Contact Information:**
200 Kennedy Memorial Drive
Waterville, ME 04901
- **Phone:** (207) 861-3000
- **Web:** northernlighthealth.org
- **Founded:** 1943

- **Chief Executive:**
John Dalton, President
- **Provider Finder Service:**
1-800-914-1409
- **Employees:** 750

- **About Us:** We are part of Northern Light Health, an integrated health delivery system serving the state of Maine with a goal to make healthcare work for every person. Northern Light Inland Hospital is a community hospital with primary care and specialty care practices in Waterville, Oakland, Unity, and Madison. Our services include birthing center, cardiology, diabetes and nutrition wellness, emergency care, general surgery and urology, infusions, imaging, neurology, orthopedics, osteopathic manipulative medicine, physiatry, physical/occupational/speech therapy, podiatry, rheumatology, sleep medicine, vascular care, women's health, and wound care. Northern Light Continuing Care, Lakewood on the Inland campus is a 105-bed facility providing skilled nursing, dementia and long-term care.



NORTHERN LIGHT SEBASTICOOK VALLEY HOSPITAL

- **Contact Information:**
447 N. Main St.
Pittsfield, ME 04967
- **Phone:** (207) 487-4000
TTY: (207) 487-4590
- **Web:** www.northernlighthealth.org

- **President:**
Teresa P. Vieira
- **Founded:** 1963
- **Employees:** 362
- **Hours:**
Hospital - 24/7

- **About Us:** Not-for-profit critical access hospital with Surgical Services (general, trauma, laparoscopic, and specialty surgeries), Diagnostics (CT, MRI, Nuclear Medicine, Ultrasound, 3-D Mammography, Bone Density Screening), Full Service Laboratory, Northern Light Primary Care practices in Clinton, Newport, and Pittsfield, Women's Health Center, Outpatient Specialty Services, Emergency Services (emergency department, ambulance service, helipad), Rehabilitation Centers in Pittsfield and Newport, Urology Services, Cardiopulmonary Services, Community Health and Education, Diabetes and Nutrition Clinic, Business Health Services.



OAK GROVE CENTER

- **Contact Information:**
27 Cool St.
Waterville, ME 04901
- **Phone:** (207) 873-0721
- **Web:** www.genesisihcc.com

- **Chief Executive:**
Sara Sylvester, RN - Administrator
- **Founded:** 1962
- **Employees:** 130

- **About Us:** At Oak Grove, we believe care is about more than state-of-the-art equipment: it's about quality of life. Providing you or your loved one with the personalized attention needed to achieve the highest quality of life is our daily concern. We offer skilled care and subacute programs for people making that recovery transition between hospital and home. Physical, occupational, speech and respiratory therapies, wound care and IV therapies assist in timely recuperation. Oak Grove Center is part of Genesis HealthCare. We have been selected for the Silver-Achievement Quality Award for Outstanding Performance by the American Healthcare Association.



MEDICAL JOURNAL PROFILES 2019

PINE TREE ORTHOPEDIC LAB

- Contact Information:**
 175 Park St.
 Livermore Falls, ME 04254
 (207) 897-5558
- Web:**
www.pinetreeorthopedic.com
- Email:**
info@pinetreeorthopedic.com
- Chief Executive:**
 Todd MacDonald, President
- Founded:** 2006
- Employees:** 20
- Hours:**
 Mon.-Fri. 8 a.m.-5 p.m.
 Saturday 8 a.m.-2 p.m.
 Evenings by Appointment
- About Us:** We manufacture custom AFO's, custom orthotics, custom shoes, custom articulating braces, and we do all types of shoe modifications. Our retail store specializes in comfort shoes with sizes from 5-18 and widths from AA to 9E available. Our friendly staff includes three certified Pedorthist that have helped thousands of people with foot problems. We also have a 40-foot safety shoe trailer that calls on businesses throughout Maine. Take a drive today to Livermore Falls and visit the most unique shoe store in Maine.

REDINGTON-FAIRVIEW GENERAL HOSPITAL



- Contact Information:**
 P.O. Box 468
 46 Fairview Avenue
 Skowhegan, Maine 04976
Phone: (207) 474-5121
- Chief Executive:** Richard Willett
- Web:** www.rfgh.net
- Founded:** 1952
- Employees:** 550
- Hours:** 24 hours, 7 days a week
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Mental health services expand into Topsham

Village Clubhouse to follow clubhouse model of psychosocial rehabilitation

BY KENNEBEC BEHAVIORAL HEALTH
Special to the Medical Journal

By 2020, behavioral health disorders are expected to be the top cause of disability worldwide. Without support for those with mental illnesses, Maine communities and the economy will suffer. Mental health disorders often co-occur with physical illnesses that can keep children and adults from achieving their full potential and living successful lives. Making mental health services more accessible and available to the community will help promote healthier living and reduce the consequences mental illness can have in the health of Maine people and our economy.

Over the past few years, Kennebec Behavioral Health has embarked on a mission to improve mental health service accessibility by opening new locations. A few years ago, KBH opened an office in Farmington that acts as a smaller clinic hub for residents in Franklin County.

Today, KBH is expanding further. In response to a need for more physical space within the organization, KBH has purchased and renovated property at 11 Caldwell Road in Augusta. This space is being transformed into a new Center for Recovery and Wellbeing and will accommodate clients from the Augusta Medication Clinic.

The Center will seamlessly transition current Medication Management patients, about 2,300 people, to the new location directly behind the current clinic. Staff will have more opportunity to provide services to those in need in a comfortable, professional setting.

Linmarie Goulette, KBH's Medical Practice Administrator, is enthusiastic about the opportunities the new space will provide.

"What excites me most about the project is that we will have enough space for growth. We will be able to add a couple more providers to meet the demand of our current waiting list."

In the new space, all providers will be located together within their clinical teams to improve communication and treatment planning. The practice



Contributed photo

In response to a need for more physical space within the organization, KBH has purchased and renovated property at 11 Caldwell Road in Augusta. This space is being transformed into a new Center for Recovery and Wellbeing and will accommodate clients from the Augusta Medication Clinic.

manager will be in a central location and a dedicated medical records person will be on-site as well. Every work station will have improved ergonomics and a professional walkway has been built between the buildings so staff and patients can easily move from one building to another.

The Center for Recovery and Wellbeing, which will be open for service in early 2019, has been made possible through the generosity of the Harold Alfond Foundation.

KBH also has recognized that it needed to grow more than only opening offices in locations that already serve residents, so three years ago, the organization decided to expand its highly successful Clubhouse services beyond locations in Augusta, Lewiston and Waterville. The Topsham area was identified as a prime location with its diversity in potential members, partners and employers.

A property on Main Street was then purchased and renovated to meet the needs of a clubhouse and its members. Soon after, it was officially named Village Clubhouse. Village Clubhouse will follow the clubhouse model of psychosocial rehabilitation in its comprehensive and dynamic program of support and opportunities for people with severe and persistent mental illnesses.

The unique collegial nature of the clubhouse offers opportunities for members and staff to work side by side in the daily operations of the clubhouse, shifting the emphasis for members from identifying with their illness to a more strengths-based belief that recovery is possible when members are engaged in a restorative community.

The current focus for the new clubhouse has been on building a presence in Topsham with stakeholders for refer-

als and building a strong membership component. Once the membership has been established, Village Clubhouse will begin exploring employment opportunities. The clubhouse will assuredly fill a gap for people looking to enhance their pre-vocational skills by offering a positive, supportive environment.

KBH has risen to meet the needs of Maine residents by being able to provide more accessible services to those who live with a mental illness. By expanding service locations, they will be able to counterbalance the rise in mental health concerns and its impact on the health and success of our communities.

Serving over 14,000 people, KBH operates community-based clinics in Augusta, Winthrop, Skowhegan, Waterville and Farmington. More information about KBH programs can be found online at kbhmaine.org or call 888-322-2136.

The unique collegial nature of the clubhouse offers opportunities for members and staff to work side by side in the daily operations of the clubhouse, shifting the emphasis for members from identifying with their illness to a more strengths-based belief that recovery is possible when members are engaged in a restorative community.



Contributed photos

The Village Clubhouse in Topsham will follow the clubhouse model of psychosocial rehabilitation in its comprehensive and dynamic program of support and opportunities for people with severe and persistent mental illnesses. The clubhouse will assuredly fill a gap for people looking to enhance their pre-vocational skills by offering a positive, supportive environment.



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Homeopathy offers alternative approach to health care for pets

BY NANCY P. MCGINNIS
Correspondent

America is a nation of pet lovers, and Maine is no exception. There are approximately 70 million pet dogs and more than 74 million pet cats in the U.S., according to the latest available statistics (2012) cited in the U.S. Pet Ownership & Demographics Sourcebook by the American Veterinary Medical Association (AVMA).

As for the number of households including one or more pets, at 62.9 percent, the state of Maine ranks fifth-highest in the nation.

When veterinary care is needed for their pet dog, cat, bird or small companion animal, over 500 of those households in Maine turn to homeopathy.

"I think it's a natural fit for Mainers, who historically have been open to alternative medicine," says Dr. Judith K. Herman, DVM, CCH, founder and proprietor of the Animal Wellness Center on Northern Avenue in Augusta.

Homeopathy is a safe, effective system of natural medicine, she said, developed over two centuries ago by Dr. Samuel Hahnemann and based on Hippocrates' principle that "like cures like." That is, a substance that would cause symptoms of disease in a healthy person can actually be used to cure a sick person who is suffering from similar symptoms.

Homeopathic medicines, or "remedies" as they are known, which are typically given in very small doses, are nontoxic and recognized as safe by the U.S. Food & Drug Administration. "Homeopathy regards symptoms as the body's healthy attempt to restore itself to balance," Herman explains on her website (www.judithhermandvm.com).

"A homeopath will choose a remedy that supports the symptoms, rather than opposing them or suppressing them, as is typically done in conventional medicine." Surprisingly, she adds, evolving research has shown that it is not chemistry, but actually the quantum physics of nanoparticles, that is the foundation of homeopathy. In other words, diluting a remedy can actually enhance its potency (and diminish possible unwanted side-effects).

Homeopathic veterinary services are scarce in Maine, although some veterinary practices' offerings do extend in various ways beyond conventional medicine to provide a more integrated or holistic approach. Complementary systems and modalities

may include chiropractic care, nutrition, osteopathy and kinesiology, as well as herbs, acupuncture and TCM (Traditional Chinese Medicine).

After earning her Doctorate of Veterinary Medicine from Michigan State University in 1977, Herman herself practiced conventional veterinary medicine for almost two decades before opening her own Augusta practice in 1995 while working toward her Certified Classic Homeopath (CCH) certification, which she attained in 1996.

"We have a good group of veterinarians in Maine," says Herman. "Allopathic veterinary medicine is not right or wrong, or good or bad, it's just a different approach." As a veterinarian and a pet parent, over the years she had found herself increasingly drawn to "the logic and science of homeopathy," she said, and decided to pursue this holistic alternative option for her own pets and those of her interested clients.

The practice has evolved to the point where now, she says, "our main and foremost modality of treatment is homeopathy. Our healing center offers diagnostics, internal medicine, behavior, surgery, dentistry and hospital care. We also use nutritional supplements, Western and Eastern herbs, Bach flower essences and conventional medicines when deemed appropriate. When it is indicated, allopathic (conventional) treatment is available for further diagnostics, preventative and supportive care."

Shelves behind the reception desk are stocked with an array of nutritional and herbal supplements, and a smaller assortment of conventional veterinary medicine. An accomplished painter, Herman's original artwork graces the walls of the waiting area and the two patient examining rooms. Her two diplomas are also on display, and near at hand is Herman's copy of *Materia Medica*—the 'Bible' of homeopathic remedies (the *Repertory* is the companion volume of symptoms).

It was her 11-year-old greyhound's ongoing, unresolved health symptoms that led Penny Morris to seek homeopathic treatment for Cookie at the Animal Wellness Center.

"Cookie was showing signs of back pain (which can be observed in a dog's gait, arched posture and refusal to go up or down stairs), said Herman. A conventional vet had been treating the dog appropriately with prescription medication, she said, but Cookie



Nancy P. McGinnis photo

At the Animal Wellness Center, Cookie, an 11-year-old greyhound, has been responding well to Dr. Judy Herman's homeopathic treatment for her chronic back pain and kidney issues.




**Michele Stevens P.T.,
Clinic Director**
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More HOMEOPATHY, PAGE 39

Homeopathy

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wasn't responding well.

"We also noticed that her kidney function was impaired. So we have modified her diet, added nutritional support of her kidneys and joints, and laser treatments, and Cookie has gradually begun to show marked improvement, much to Morris' relief.

Herman said that new homeopathic clients find that the first scheduled visit is typically much longer than at a conventional vet. The patient history intake is lengthy and thorough, paying particular attention to the animal's diet, exercise, hygiene and environment.

"I can ascertain most of the information I need from the physical exam and history. As homeopaths, we get into a lot of minutiae," looking for and recording unique aspects of presenting signs and symptoms. It often leads to a more accurate and customized treatment plan, attuned to the individual patient," she said.

"Unlike other veterinary clinics," she continued, "before they come in, we ask prospective clients to begin by reading our website, to gain insight and understanding about what homeopathy is—and isn't. They then need to complete and sign our acceptance form."

For prospective clients or anyone simply wishing to learn more about homeopathy, the site includes a number of links and tutorials about homeopathy.

"For many pet owners, homeopathy may not be the right fit. Perhaps acupuncture or TCM is a better match," Herman said.

A common misperception is that homeopathy is a less expensive alternative to conventional veterinary medicine. It isn't. Since Herman's fees are based on the amount of time she spends on an animal during a clinic visit and researching afterward, the cost is comparable. Her fee structure and services offered are clearly laid out on her website.

"While the right med works 75 percent



Nancy McGinnis photo

Homeopathic remedies are dispensed as drops from a well-shaken bottle, or in the form of tiny, easy-to-swallow coated pellets.

of the time, the right remedy works 100 percent of the time," Herman said. The challenge lies in identifying and administering the right remedy. While the goal is to stimulate the out-of-balance body to correct itself, in some cases, the chosen remedy may not be the correct one; or over time, even a dose of the right remedy may prove to be an overload. Hence the need for observation and follow up.

"The beauty of homeopathy is that it can lead to a cure, not just palliation, management or suppression of symptoms," she said. "But it takes time and patience, and sometimes approximation and course correction, to achieve success.

"Our ideal client is as committed as we are," said Herman: willing to pay attention to their pet and to learn the art of careful observation. It's a team effort, she said, adding that her small practice has been able to accommodate hundreds of Maine clients thanks in part to her knowledgeable and friendly support staff: Gina Snow and Kathryn "Kat" Johnson. Like Herman, from their personal history over the years with their own beloved companion animals, in addition to their clinic experience, both Snow and Johnson can attest to the effectiveness of homeopathy.

Clients from all over the state of Maine and beyond seek treatment and preventative

care at the Animal Wellness Center.

Morris, of Mt. Vernon, was so favorably impressed with the reception she and her pet received, the philosophy of homeopathy and the outcome of Cookie's treatment, that she has now decided to sign up her other two adopted greyhounds to become established patients here as well.

"Whether it's here with us at the Animal Wellness Center or not, I really want to educate and empower people to find the best treatment for their pets," Herman said.

For more information: Judith K. Herman, DVM Animal Wellness Center, 59 Northern Avenue, Augusta, 207 623-1177 or www.judithhermandvm.com.



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Is your water making you sick?

BY WANDA CURTIS
Correspondent

One of the most important necessities in life for anyone to enjoy good health is an adequate supply of clean drinking water. Activist Erin Brockovich said that safe drinking water is a human rights issue. In Maine, many people rely upon private wells to supply their water. One advantage of private wells is that homeowners can control the quality of their drinking water. Unfortunately, many of the contaminants that make water unsafe to drink are colorless, odorless and tasteless, so unless homeowners regularly test their well water, they may not realize there are contaminants in their well that can make them sick.

The technical director of Northeast Laboratory in Winslow, Zachary Smith, said that some of the major contaminants found in their tests of Maine well water samples are arsenic, radon, uranium, lead and antimony. They also test wells for coliform and E.coli bacteria. Smith said “water may look pristine and clear and taste fine” but be contaminated with some very harmful substances. He said that’s why it’s important to test well water on a regular basis.

According to Smith, arsenic can cause liver and/or kidney damage. He said that it’s also carcinogenic and has been linked to pancreatic, liver and esophageal cancers located along the route of ingestion.

He said that it can cause epidermal and skin cancer too. He warned that just because a well water test was negative for arsenic doesn’t mean that it will remain that way.

“A new deposit can open up suddenly,” said Smith. “That’s why it’s important to test well water on a regular basis.”

The U.S. Geological Survey released the results of a four-year survey in 2010 in which more than 11,000 private Maine wells were tested for arsenic levels which exceed the federal standard of 10 parts per billion (10ug/L). Some very elevated concentrations were detected in Southern Maine towns such as Gorham where more than 57 percent of the wells tested above the federal standard and Scarborough where about 48 percent of the wells tested above the federal standard. In Central Maine, many wells also exceeded the federal standard — including Manchester, where about 62 percent of the wells exceeded the standard, and Readfield where 49 percent of the wells also exceeded the standard.

Smith reported that uranium is a triple threat because wells that have a high level of uranium (which is another carcinogen) often have high levels of radon and lead as well. He said that Uranium-235 has been associated with liver, stomach, and pancreatic cancers. Radon is a major cause of lung cancer.

Exposure to lead can affect development and IQ. It can also affect the blood. People may also be exposed to lead from plumbing fixtures and from peeling paint in old houses.

According to the Federal CDC’s Agency for Toxic Substances and Disease Registry, antimony is a silvery white metal that can cause heart problems, vomiting and abdominal pain; lung cancer has also been observed in some workers and in mice breathing high concentrations of antimony.

Maine CDC guidelines indicate any presence of coliform makes drinking water unsatisfactory while the Environmental Protection Agency hasn’t established a limit for coliform bacteria, Smith said. He said that the presence of coliform may indicate there’s an opening in the system for other pathogens to also invade drinking water. E.coli bacteria is a specific type of coliform bacteria which present in the intestines of humans and animals that also makes water unsafe for drinking.

There are a number of treatment systems available for most contaminants. Smith said that the State of Maine has assisted some qualifying homeowners with installing arsenic treatment systems in the past.

For more information about well testing and videos demonstrating how to test wells, see wellwater.maine.gov or contact Maine CDC (866) 292-3474. A well-testing schedule and more information regarding contaminants are also available on that website.



Percent of Wells that Exceed State Guidelines for Selected Analytes by County, Maine						
Location	Arsenic	Fluoride	Manganese	Nitrate	Nitrite	Uranium
	%	%	%	%	%	%
Kennebec	27.9	2.5	3.8	0.3	0	5.9
York	22.6	3.1	4.4	0.7	0	1.7
Hancock	21.4	6.5	7.6	0.3	0	7.9
Cumberland	17.5	2.1	5.3	0.5	0	20.1
Somerset	17.2	2.7	6.1	0.9	0.1	2.7
Knox	16.8	0.6	11.9	0.5	0.2	1.9
Washington	16.6	2.1	6.4	0.5	0.1	2.6
Androscoggin	15.9	2.1	2.9	0.5	0.1	16.5
Piscataquis	13.5	0	4.7	0	0	0
Franklin	12.9	3.2	6	0.4	0	4.9
Waldo	10.1	1.9	5	0.3	0	6.3
Penobscot	8.6	0.6	5	1	0	1.1
Sagadahoc	5	0.8	10.7	0.4	0	1.8
Oxford	4.9	4.5	4.5	0.4	0	10.8
Lincoln	4.4	1.4	7.7	0.4	0	7
Aroostook	3.5	0.7	5.5	2.8	0.1	0.6

Maine Center for Disease Control and Prevention, Maine Tracking Network. Available online: <https://data.mainepublichealth.gov/tracking/>. Accessed on 2/21/2019.

Healthy food has the power to heal

BY SUSAN VARNEY
Correspondent

Beth Perera recently moved to Maine and lives off the grid in Highland Plantation, Somerset County, Maine. Not quite the end of the



Contributed photos
Beth Perera, Food for Life nutrition and health teacher, offers classes in the area.

vegetables, legumes and grains provide all the nutrients needed by everyone, including children, athletes, the elderly

world, but it's been said you can see it from there.

She teaches healthy cooking for healthy living, weight management and the like. She believes in the power of food to heal: to heal cancer, diabetes and heart disease. She believes eating fruits,

and everyone in between.

She offers Food for Life live cooking classes with recipes for stove top, raw, or smoothies nutrition. She also suggests kicking dairy, such as cheese, eggs and butter.

Perera said the book "Skinny Bitch" got her started. Then she moved on to "The China Study" by T. Colin Campbell of "Forks over Knives" fame. "Then it was reading, reading, reading," she said.

"Attendees leave my FFL classes with a feeling of empowerment. We can take back our health and our families' health, our kids' future, when we adopt a low fat, whole food, plant-based diet," she said. "Since physicians don't have nutritional training in med school, and most Americans suffer from chronic illnesses that are diet-related, it's up to us to seek out and embrace this information."

Perera received certification in 2012 from The Physicians Committee for Responsible Medicine and Dr. Neal Barnard and Food for Life in an online course for nutrition certification in Plant-based Nutrition.

Some of her recommended reading includes: "The Cheese Trap" and "Power Foods for the Brain" by Dr. Neal Barnard;

"Food over Medicine" by Pamela Popper for diet and lifestyle choices; "Comfortably Unaware" by Dr. Richard Oppenlander; and "The Engine 2 Diet" by Rip Esselstyn, which includes the Texas Firefighter's 28-day Save Your Life Plan aimed at lowering cholesterol and burning away the paunch.

Food choices and sustainability are important in a world where the population is nearly 7.7 billion people and resources continue to dwindle, according to Perera. Many species are becoming extinct or have disappeared, people's garbage accumulates in the oceans threatening sea life, and the true impact of food choices on the environment are at a critical stage. The health of the planet, the environment and our personal health are all tied together.

"We need not be in the health crisis we're in; we need not be spending billions on pills and procedures and we need not be destroying our planet to please our palates. We need only to be eating plants," Perera said.

There are several good films and videos available to inform us of our choices, choices that affect our health, she said. They include: "What the Health," the follow-up film from the creators of the award-winning documentary "Cowspira-

cy." The film exposes the collusion and corruption between government and big business that is costing trillions of health care dollars, and keeping people sick.

"What The Health" is a surprising, and at times hilarious, investigative documentary that will be an eye-opener for everyone concerned about the nation's health and how big business influences it.

Other publications such as "Forks over Knives" and "Fat, Sick, and Nearly Dead" may be available at your local library, as well as some of the books Perera uses as resources on her website.

Perera's Food For Life Nutrition Class schedule in the spring will cost \$30 per person for five weeks at the New Portland Library.

Perera offers classes in Maine, New Hampshire and Vermont, including classes at Dartmouth College and in people's homes. She says you can kick start your health with a minimum of five weeks; the cancer class is a minimum of eight weeks. "Groups are better for learning," she said.

For more information contact Beth Perera, Certified in Plant-Based Nutrition, PositivelyPlants.com or call (802) 342-2946.




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RFGH sheds light on anaphylaxis, life threatening allergic reactions

Plans explanation, class on treatment May 21

BY VALERIE TUCKER
Correspondent

Medical professionals at Redington-Fairview General Hospital want community members to know as much as possible about their health. One little-known topic is anaphylaxis, which is a severe and life-threatening allergic reaction to common foods, latex, insect stings, medicines and shellfish.

Individuals may learn about anaphylaxis after they rush to the hospital emergency room with a child who is gasping for breath after eating peanuts. Maybe they also know someone who carries an epinephrine auto-injector in case of bee stings.

Gari Lynn Gehrke, RFGH clinical nurse educator, is dedicated to teaching and training as many individuals as possible to the causes, symptoms and responses that could save a life. Since her daughter has had severe allergic reactions requiring emergency treatment over the past 12 years, the topic is very personal to her. She teaches hospital staff how to recognize the important symptoms and treatment; she worries that the general community doesn't have critical life-saving education and awareness.

"Allergies and anaphylaxis are not the same thing," Gehrke said.

Children's allergies to common triggers such as pet dander or pollen usually don't require emergency treatment and may disappear in their teenage years.

Anaphylaxis occurs when those common triggers can put the person's system into shock. Just because an allergic person never has had an anaphylactic reaction in the past, doesn't mean that one won't occur in the future. Also, if someone has experienced an anaphylactic reaction in the past, the person is at risk of future reactions.

"If a person has had anaphylaxis, it's very important to figure out what triggered the reaction," she said.

Allergists can review the individual's medical history and, if necessary, conduct diagnostic tests. The allergist can help individuals and families develop specific avoidance plans tailored for the person's age, work and play environ-



Photo contributed

Medical professionals at Redington-Fairview General Hospital in Skowhegan want community members to know as much as possible about their health. One little-known topic is anaphylaxis, which is a severe and life-threatening allergic reaction to common foods, latex, insect stings, medicines and shellfish.

ments and provide access to medical care.

"Parents should have a discussion with their child's primary care physicians, especially if there's a family history of allergies, asthma and even eczema," she said. "They should be alert, even to the smallest reaction like itching or rash after eating a particular food."

Food allergies are most common in children and are on the rise, she said. When eating out, parents of children with food allergies should ask how food is prepared and what ingredients are used.

Prompt recognition of the signs and symptoms of anaphylaxis is critical, she said. If the person unexpectedly comes into contact with a trigger, the individual immediately should follow a doctor-provided emergency plan, including the self-administration of epinephrine and calling 911.

If there is any doubt about the reaction, it is better to administer the epinephrine and seek emergency medical help. Be sure to keep the epinephrine auto-injector up to date. If an expired auto-injector is the only one available in an emergency situation, administer it

promptly anyway and call 911.

Teachers, school staff, caregivers, camp counselors, clergy, coaches and others who work with children should be aware of a child's symptoms and know what to do in an allergic emergency. Individuals can wear a bracelet or necklace or carry identification, listing conditions and related allergens.

On Thursday, May 21, Gehrke and Kassim Sembatya, Pharmacist D. will explain severe allergic reactions that require emergency treatment and the proper administration of the auto-injector device. This free RFGH class will run from 5:30 to 7 p.m., in Conference Room 1, and registration is required by calling 858 - 2318.

Redington-Fairview General Hospital is an independent community hospital in Skowhegan and has provided quality, comprehensive health services since 1952. A member of the Maine Hospital Association, RFGH offers inpatient and outpatient services in many specialties, has a network of community-based primary care and pediatric physicians, and provides 24-hour emergency medical services.

"If a person has had anaphylaxis, it's very important to figure out what triggered the reaction."

GARI LYNN GEHRKE,
RFGH CLINICAL NURSE EDUCATOR

From American College
of Allergy,
Asthma & Immunology
(acaai.org)

1. Common Triggers:

- **Food** (peanuts, tree nuts such as walnuts and pecans, fish, shellfish, cow's milk, eggs)
- **Latex:** (disposable gloves, intravenous tubes, syringes, adhesive tapes and catheters)
- **Medication** (penicillin, aspirin, non-steroidal anti-inflammatory drugs, anesthesia)
- **Insect stings** (bees, wasps, hornets, yellow jackets, fire ants)

2. Anaphylaxis Symptoms:

- Trouble breathing
- Hives or swelling
- Tightness of the throat
- Hoarse voice
- Nausea
- Vomiting
- Abdominal pain
- Diarrhea
- Dizziness
- Fainting
- Low blood pressure
- Rapid heart beat
- Feeling of doom
- Cardiac arrest

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Maine offers options for aging in place

Subsidized rentals may be an answer

BY NANCY GALLAGHER
Correspondent

Home. For many it's familiar, comforting and where one hopes to spend one's final days. But as age and abilities seem to drift in opposite directions, the concept of home may change because aging does not treat all of us equally.

For some seniors it can be the simple recognition that the effort and expense of owning and maintaining a residence is no longer feasible or desirable. Transitioning into safe, affordable rental housing can address safety, convenience and affordability needs within a framework of independence.

Enter the Elderly Housing Development & Operations Corporation (EHDOC). This national corporation "develops and manages safe, secure and affordable housing for senior citizens across the United States," says Community Manager and Regional Manager Terry Redlevske of Augusta.

Two of EHDOC's five Maine locations are in Augusta, including Chateau Cushnoc, (built in 1983 by the Maine AFL-CIO Building and Construction Trades Council and the National Council of Senior Citizens) and John Marvin Tower. The remaining three Maine facilities are in Leeds, Madawaska and St. Agatha.

EHDOC staff are professionally and specially trained, and the corporation is "committed to the principles of high standards, ensuring that our properties are well maintained and that the residents' comfort and safety are always the primary concern," Redlevske said. A 24/7 maintenance staff assures prompt attention to both the residents' routine and emergency needs.

All the EHDOC independent living units have a full kitchen, as well as a separate living room, bedroom and bathroom. All are wheelchair-accessible and feature emergency pull cords in the bedroom and bathroom.

Some Chateau Cushnoc apartments contain features specifically designed to meet the needs of disabled residents. Both Augusta facilities have



Contributed photo

Attending the 35th anniversary celebration of the Elderly Housing Development & Operations Corporation's Chateau Cushnoc in Augusta were Terry Redlevske, community manager for Chateau Cushnoc; Patrick Paradis, Chateau Cushnoc board of directors; Steve Portulis, EHDOC president and CEO; David Rollins, Augusta's mayor and guest speaker and Jennifer Day, Augusta at-large city councilor.

elevators. Qualified applicants may request a tour of the facilities.

Each building has a service coordinator assisting tenants in setting up services, such as Meals on Wheels and food stamps as needed. Periodic guest speakers address topics such as budgeting. Every tenant automatically becomes a member of the Residents Association. Payment of optional dues to the Association earns a free holiday meal at Easter, Thanksgiving and Christmas. Additional amenities include interior mail boxes, free laundry service and an on-site hair salon.

Need a ride? Both Augusta locations are on a municipal bus route, and KVCAP transportation service is available.

Who is eligible to live there? HUD's (Housing and Urban Development's) Income Limits Documentation System

determines financial eligibility. Limits change annually, and calculations include such sources as social security, pension, veterans' benefits, annuities,

Transitioning into safe, affordable rental housing can address safety, convenience and affordability needs within a framework of independence.

IRA proceeds and financial gifts.

Rental fees? "Your rent is based on 30 percent of your net income after out-of-pocket medical expenses which are over 3 percent of your gross income," Redlevske said. Rent at Chateau Cushnoc and John Marvin Tower includes electricity and heat.

What does the Residents Association do? Some members volunteer to lead exercise classes. The Association schedules birthday parties, guest speakers and bimonthly meetings with management (set up by a service coordinator) to review house rules and address residents' concerns.

Annual events include a health fair, a June 15 community event stressing elder abuse prevention, celebrations of Volunteer Month, Veterans Day, Older Americans Month and a Cabin Fever Reliever.

The waiting list for units stands at about 40, with a possible six- to 12-month waiting time.

For more information on EHDOC's two Augusta facilities, call (207) 623-1112 or consult their website at ehdoc.org. Office address is at 36/38 Townsend Street, Augusta, Maine 04330. Office hours are 8 a.m. to 4:30 p.m. Monday through Friday.

When home modifications can make the difference between staying or leaving one's home, enter the Maine State Housing Authority (MSHA).

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More AGING, PAGE 15

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Aging

CONTINUED FROM PAGE 14

from our customers,” said Denise Lord, senior director of communications and planning, so an application process can often begin with a community agency.

Among the diverse MSHA programs, two stand out with regard to making aging in place a reality for more of Maine’s income-eligible seniors:

- Grants funneled through a special home repairs and modifications program aim to improve residential safety and accessibility through adaptive reuse.
- A home energy assistance program (HEAP) helps with fuel assistance and weatherization.

For application and eligibility information on these and a range of affordable housing options, consult the MSHA website at mainehousing.org or telephone (800) 452-4668 or (207) 626-4617.

MSHA also continues to build and add to its inventory of nearly 2,000 subsidized senior rental units, the majority of which are currently filled.

The Maine State Housing Authority is located at 353 Water Street, Augusta, Maine 04330. Business hours are 8 a.m. to 5 p.m. Monday through Friday. For more information on Maine State Housing Authority programs, call either (800) 452-4668 or (207) 626-4617, or consult the website at mainehousing.org.



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Financed by Maine Housing using the Low Income Housing Tax Credit Program, the former Cony High School was renovated in 2015 into the Cony Flatiron Senior Residence, a 44-unit senior housing project.



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Take steps to prevent tick problems

BY PAULA JACKSON JONES
Special to the Medical Journal

With Lyme disease, anaplasmosis and babesiosis on the rise here in Maine, how do we reduce our fear of spending time outdoors, of exposing ourselves, our children and our pets to tick encounters either at work or play?

It's not that hard. Practicing five simple steps of prevention will all but guarantee eliminating the danger. In fact, these steps will reduce the tick population in the yard and reduce the fear of spending time outside.

Since it's not possible to tell by looking at a tick what, if any, pathogens they might carry, personal prevention practices are best and getting into a prevention routine will protect you everywhere you go.

SKIN, CLOTHING, PETS, HOME AND YARD

It's important to focus on areas including your skin, clothing, pets, home and yard because as these are areas where ticks come into contact with us.

SKIN: What you chose to put on your skin as a defense is a personal preference: deet, picaridin, essential oils or other natural repellent balms and salves can all work; there is no wrong answer. But there are some products safer than others (for children and pets) so carefully consider this before purchasing one. And always wash these products off every night and reapply each morning.

CLOTHING: Wearing white clothing and tucking a shirt into pants, pants into socks does not repel ticks, it only makes them easier to find. The best thing is to repel ticks and there are several options. Treat your clothing with permethrin spray that lasts through 6-10 washes or you can purchase clothing pre-treated with permethrin that lasts through 70 washes. Another option is to send clothing to Insect Shield to be treated with a heavy concentration of permethrin that lasts through 70 washes. Details can be found at mldse.org under the prevention tab. Permethrin is a product derived from the chrysanthemum plant that kills ticks on contact. It is FDA approved in more than 2500 products and is used by the military on their uniforms and gear. You can purchase permethrin at local hardware stores or online.

PETS: Talk to your vet about appropriate options for your pet. Not all over-the-counter orals and topicals are safe for all breeds and ages. Since ticks are a year-round problem, be sure to treat your pet year-round for maximum protection.

HOME: Many of the cleaning products that you already use contain essential oils such as eucalyptus, lemongrass and rosemary that naturally deter ticks. Use these daily around the home and in your laundry to safeguard against unwanted pests.

YARD: Do-it-yourself products can be effective, or a pest control company will help rid the yard of ticks in a safe and effective manner. These companies have many options to choose from including chemicals or organic oils.

Keep the lawn mowed short, cut back overgrowth and remove wet, leafy areas to rid the yard of tick habitats. Be aware of plants and shrubs that attract deer and remove them if there is a tick control problem.

DO A TICK CHECK

A tick check is a process of carefully checking the body top to bottom for nymph and adult ticks that may have been brought inside with you. Ticks crawl from the ground up look-

ing for the perfect place to feed—a moist, dark area.

A quick way to do a tick check is to remove clothing and toss in the dryer for 10 minutes on high heat. Also check the body under arms, in and around ears, inside belly button, back of the knees, in hair, between legs and groin area and around waistline. Nymph ticks are no larger than a poppy seed and are often missed. Use a mirror for hard to see places. Using shower products containing rosemary, eucalyptus or tea tree oil repels and washes out any ticks missed while doing the tick check. Remember: tea tree oil is not safe for pets.

If you find a tick, save it and have it tested in order to determine whether and what you have been exposed to. Information about where and how to send can be found at mldse.org under the Tick ID/Testing tab.

By using prevention practices and doing careful tick checks, you are taking charge and reducing the chance of being exposed to a tick. Then it's easy to enjoy outdoor life in Maine, as it should be!

Paula Jackson Jones is President of Midcoast Lyme Disease Support & Education, Co-Chair of the Access to Care Services and Patient Support subcommittee of the Federal Health

WHERE TO CHECK FOR TICKS:

In and around the hair

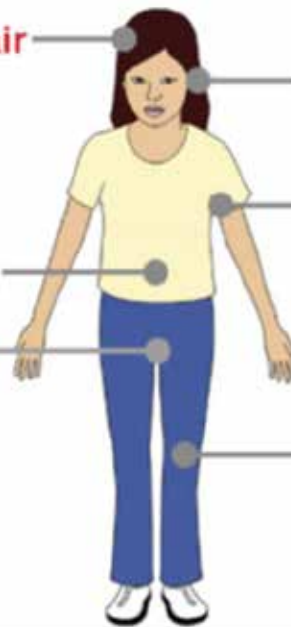
In and around the ears

Under the arms

Inside belly button

Between the legs

Back of the knees



Perform daily tick checks after returning from tick-infested areas.

and Human Services Tick-borne Disease Working Group, the Maine partner of the national Lyme Disease Association. She is a member of Maine's CDC Vector-borne Workgroup and active in Maine's Lyme legislation. She can be reached at paula@mldse.org, info@mldse.org or by visiting mldse.org or by calling 446-6447 and 841-8757.

FOR MORE INFORMATION

**The 5th Annual Midcoast
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& Education (MLDSE)
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Medication-related problems: pharmacists in the 21st century improving quality of life

BY MARY ANN E. ZAGARIA,
PharmD, MS, BCGP
*Special to Medical Journal
Clinical Consultant Pharmacist
MZ Associates Inc.*

It is highly recommended that individuals maintain a currently updated medication list.

Older patients disproportionately use more prescription and non-prescription medications than other populations. With safety in mind, this use of multiple medications, often referred to as polypharmacy, increases the risk for medication-related problems.

Polypharmacy has become an increasing global problem and has been described as:

- Multiple unnecessary medications
- More medications than are clinically useful
- Unnecessary, ineffective, or harmful prescribing

Polypharmacy becomes problematic when: 1) The reason for medication is unclear; 2) Medication is taken to treat side effects of other drugs; 3) Dosing and timing of medications are complicated and 4) Medications interact with each other.

Furthermore, the complications of polypharmacy can affect the way an individual functions on a day-to-day basis. Some complications include falls, unclear thinking, disturbed memory, difficulty following medication directions, urinary incontinence and serious drug-drug interactions. When it comes to patients following prescribed treatment, the World Health Organization indicates that in developed countries, only 50 percent of patients who suffer from chronic diseases adhere to treatment recommendations.

It is highly recommended that individuals maintain a currently updated medication list. Health care providers should review the medical record medication list before a medication is prescribed, before a medication is dispensed, and on an ongoing basis to monitor medication for appropriateness over time.

Through this process of review, pharmacists use their unique skills to identify, resolve and prevent medication-related problems. They can identify high-risk medications, drug interactions and medications being continued beyond their usefulness.

Additionally, the medication review elucidates unnecessary medications and the underuse of medication therapy for certain medical conditions. Guidance by the pharmacist on the proper use

of medication can be provided through counseling tailored to a patient's level of health literacy.

Overall, the pharmacist of today makes a difference in the lives of seniors by serving them as a clinician, advocate, educator and inter-professional team member.

For example, the core geriatric care team generally consists of the patient, physician, nurse, social worker and pharmacist. When applicable, physician extenders, such as nurse practitioners or physician assistants, participate as well. An extended team may be necessary, and thus include family members or significant others, speech pathologists, physical or occupational therapists, dietitians, psychologists and psychiatrists.

In this team-based approach, pharmacists are able to enhance patient care by contributing to the overall health care decision-making process.

In the various health care practice settings, teams function in a variety of ways.

In hospitals, teams usually work collaboratively to facilitate effective care and discharge of older adult patients. Typically, each professional evaluates the patient for acute issues and communicates through the medical record or during patient rounds to merge their assessments and treatment plan recommendations into a single collaborative care plan.

In a nursing home or long-term care settings, the team of physician, consultant pharmacist and other professionals typically communicates primarily through the medical record or to the staff individually.

In the community setting, the patient-centered medical home further embraces the team concept, particularly for geriatrics. This model of care includes pharmacists to monitor older adults in light of the high prevalence of drug-related problems and the need for frequent discussions concerning medication use and adherence, and the involvement of caregivers in this population.

Over the last few decades, there has been a realignment of focus in the profession of pharmacy with expanding educational requirements—leading to a Doctor of Pharmacy (PharmD) de-

gree- and residency programs. Some pharmacists may be credentialed by the National Board of Pharmacy Specialties, such as a Board Certified Geriatric Pharmacist (BCGP). Pharmacists practice as health care providers, and routinely make recommendations to the health care team about:

- Current guidelines for treatment
- Proper dosing and administration
- Adverse drug reactions
- Drug-drug interactions
- Appropriate and ongoing drug monitoring
- Avoidance of medication duplications
- Lifestyle modifications

Patients recognize pharmacists as highly accessible and trusted health care professionals who protect and advocate for them on a daily basis,

including older adults who are particularly vulnerable to medication-related problems.

The World Health Organization predicted decades ago that the role of the pharmacist would emerge and expand to encompass comprehensive, medication-related care to improve a patient's quality of life. Pharmacists, one professional at-a-time, with state and national pharmacy associations, improve patient outcomes and quality of life by serving patients as accessible, trusted and accountable members of the comprehensive healthcare team.

Dr. Zagaria is a clinical consultant pharmacist in Maine (www.mzassociatesinc.com), and editor of the 2017 text, "Polypharmacy." She was an invited, at-large delegate for the Pharmacy in the 21st Century profession-wide strategic planning conference, and is an appointed member of the Dean's Advisory Council at the University of New England's College of Pharmacy in Portland, Maine.



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Learn how to sleep like a child again

Many adults lament that even if they were solid sleepers in their younger years, by the age of 50, their quality of sleep has unraveled. Some cling to the wisdom that people simply do not need as much sleep as they get older. Even though that is partly true, enough sleep is still a vital component of a healthy life.

The National Sleep Foundation recently updated its sleep recommendations per age group to include categories “may be appropriate” and “not recommended.” This includes a range of hours that may be adequate for certain adults. Adults between the ages of 26 and 65 are advised to get seven to nine hours of sleep per evening. However, six hours or 10 hours also may be acceptable. People over the age of 65 need roughly seven to eight hours of sleep each night, though between five and six hours also may be fine. Anything under five hours is not recommended based on data reviewed by sleep experts.

Many older adults do not get enough sleep due to insomnia, states Jack Gardner, MD, a neurologist certified in sleep medicine. They’re concerned about



Adults can learn strategies to get more restorative and lengthy sleep.

health issues, may have sleep apnea, can experience pain or frequent urination, or may be taking medication that impedes sleep. Dr. Leila Kheirandish-Gozal, director of clinical sleep research at the University of Chicago, says that,

over time, insufficient sleep can impact metabolism, mood, memory, and heart function.

Various strategies can help people get more sleep and enjoy better sleep quality.

Create a luxury bed environment.

Splurge on the largest mattress you can afford and one that is comfortable for both parties (if married/coupled). A roomy bed routinely invites sleep. If you have a restless partner, try two separate beds pushed against each other.


Consider white noise. The sounds of the house or outdoors may be keeping you up. Many people find that the gentle hum of a fan or a white-noise machine with a calming sound effect makes it easier for them to dose off than complete quiet. It can also block out extraneous noises.

Keep electronics out of the bedroom.

It can be challenging to disconnect from electronics, but it is essential to falling asleep. Even a back-lit text coming through in the wee hours can be enough illumination to disrupt sleep.

See your doctor. If medications or illnesses are keeping you up, a change in regimen may provide the relief you need.

Older adults can learn the steps to sleeping more soundly and easily.





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Covenant travels across the country to find the ideal practice in Madison

BY KATHARINE CALDER

Special to Medical Journal
HealthReach Community Health Centers

Melissa Covenant, family nurse practitioner, said she became a member of the provider staff at Madison Area Health Center in 2017 because she had found just the right place.

"I chose to join Madison Area Health Center because it encompasses much of what I consider to be an ideal practice. The staff in Madison respects their community and are clearly committed to the work they do."

Covenant said the position helps her meet her desire to help others.

"Growing up without health insurance for most of my childhood has motivated me to help others with barriers to accessing medical care," she said. "I enjoy working as a primary care provider in a community health setting where I can help families who face social, economic and health disparities access quality health care."

Covenant came to Madison with three years of community health experience as a nurse practitioner and 11 years of registered nurse background in the acute care setting. She obtained her undergraduate nursing degree in 2008 at Washington State University and completed the MSN Family Nurse Practitioner Program at Gonzaga University, Washington in 2013. Her areas of expertise include women's health, integrative medicine and chronic disease management.

Moving 3,000 miles from Wenatchee in Washington State to Maine became an easy decision for Melissa and her husband. They had long been interested in Maine and had wanted to visit for many years, which finally happened in the fall of 2016.

"When my husband and I visited, we liked what we saw. Maine has a lot of what we were looking for: four distinct seasons and small communities where people are closer to one another and care more for each other."

Wenatchee is a small city, with a population similar to Bangor. Situated within the foothills of the Cascade Range, it has cold winters and dry, hot summers and is a semi-arid region.

"We essentially lived in a desert

with sagebrush, sand and snakes," Covenant said. "We love the green of the landscape in Maine, the varied weather and space. We look forward to having chickens and a big garden in our backyard!"

Madison Area Health Center opened its doors in 1977 and has grown to include four medical providers, two clinical social workers and a psychiatric mental health nurse practitioner. The 2,268 residents of Madison, Anson, Skowhegan, Norridgewock and many surrounding towns utilized the practice in 2018.

During 2019 and 2020, the health center will be undergoing a series of renovations to improve the patient experience and reconfigure the space to better accommodate the growth in service offerings. Medical and behavioral health services are available for the whole family including check-ups, immunizations, chronic disease management, minor surgery, counseling and more. All insurances are accepted and a reduced fee program is available to those with limited or no insurance.

On-site staff help people identify other resources for which they might be eligible, such as MaineCare, Health Insurance Marketplace and free medication programs. A care manager is available to assist people with complicated medical issues to navigate the health system.

Madison is one of the 11 practices of HealthReach Community Health Centers that serves 28,000 people each year in central and western Maine. Centers are located in Albion, Bingham, Belgrade, Bethel, Coopers Mills, Kingfield, Livermore Falls, Madison, Rangeley, Richmond and Strong and serve 80 cities and towns.


A private, nonprofit with a 44-year history, HealthReach is funded by patient fees, grants and by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$4,053,390 with 82.5 percent financed with non-governmental sources.

The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.




Contributed photo
Melissa Covenant moved from Washington state to become a family nurse practitioner for Madison Area Health Center.

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Cancer free. Thanks to a facial – and Mohs Surgery

BY MAINEGENERAL MEDICAL CENTER
Special to the Medical Journal

Little did Debra Susi know that a gift certificate for a facial could lead to the gift of being cancer free. But that is exactly what happened to Susi, a teacher at Maine Central Institute and respected director at the Waterville Opera House.

"The esthetician at the salon was very thorough during her examination of my skin – more so than any other esthetician I have had," Susi recalled. "She asked about two teeny-tiny, raised translucent spots (almost wart-like in shape), one on my cheek and the other on my nose. She had a very worried look on her face."

Susi laughed at first and said that two other estheticians had looked at them and told her they were part of normal aging. This esthetician's expression didn't change and she was very direct. "She told me my two spots weren't normal old-age growths and encouraged me to make an appointment with my doctor right away. Those words sent me running, not walking, to my primary care provider (PCP)."

Susi's PCP was concerned about the spot on her nose and wanted to make sure that whoever was going to treat the area had the proper background and experience as the nose can be a tricky area. Her PCP then referred Susi to Dr. Dan Filitis, a Mohs surgeon with MaineGeneral Medical Center and MDFMR Dermatology Services, the only Mohs provider in the Kennebec Valley.

Mohs is a precise surgical technique in which skin cancer is removed in stages, in the office, until all cancer has been removed. Mohs surgery is the treatment of choice for skin cancer. It offers the highest cure rates while preserving healthy tissue and leaving the smallest possible scar.

"The Mohs procedure on my cheek was pretty straightforward - all of the cancer was eradicated in one stage and I was in and out of surgery within a few hours," Susi said. "My nose was a bit of a surprise for both patient and doctor. The procedure was long and more involved than originally anticipated - I entered at 9:30 a.m. and left at 7:15 that evening. Dr. Filitis and his team stayed with me every step of the way, and all of us were exhausted by the end. However, those words 'cancer-free' made the wait, the process and my long recovery worth every minute."

When asked what she thinks of Dr. Filitis and his team, she said: "Professional, compassionate, educative and highly skilled. I had done a great deal of research before-

"Don't assume only sunbathers get skin cancer. I have never been one to lie in the sun, yet I am the first in my family to be diagnosed with any type of cancer, skin or otherwise. Be aware of the cancer signs and symptoms and be proactive!"

DEBRA SUSI, CANCER PATIENT

hand, and Dr. Filitis and his team explained everything that was happening along the way.

"Dr. Filitis also called me later that evening and the following day to make sure I was doing okay. He also called my PCP to make sure the antibiotic he prescribed was appropriate for my medical profile. When I called my PCP later in the day, the nurse said everyone in the office was impressed that Dr. Filitis personally called to check on his patient. I was impressed, too!"

Susi is incredibly grateful she can say she is cancer-free and is feeling stronger every day. And, being a teacher, she has some lessons to share.

"First, use sunscreen. I grew up when baby oil was the preferred sunscreen. We just didn't know better. Now, with more science and data available, there is no reason for humans to ignore protecting the largest organ on their body – their skin!

"Also, don't assume only sunbathers get skin cancer. I have never been one to lie in the sun, yet I am the first in my family to be diagnosed with any type of cancer, skin or otherwise. Be aware of the cancer signs and symptoms and be proactive! One thing Dr. Filitis said that has stuck with me is that many patients with skin cancer ignore initial warning signs. He complimented me for noticing subtle changes and checking with my PCP."

As Susi looks forward to a healthy future, she will forever be thankful for that gift certificate for a facial, the esthetician's professional expertise and the team at MDFMR Dermatology Services that took care of her following her diagnosis.

"If that esthetician hadn't asked me to follow through with my PCP, who knows how this story might have ended."

To learn more about Mohs surgery, call 623-6680.



Contributed photo

Dr. Dan Filitis, a Mohs surgeon with MaineGeneral Medical Center and MDFMR Dermatology Services, the only Mohs provider in the Kennebec Valley.

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Studies suggest gut health may affect mental health

BY WANDA CURTIS
Correspondent

For years researchers have known that our emotions can affect our GI tract. People often complain about “butterflies in their stomach” or an upset stomach when they’re nervous about something.

Dr. Jay Pasricha, who is the director of the Johns Hopkins Center for Neurogastroenterology, reports that those “butterflies” may be the result of signals sent from what he refers to as a “second brain” or enteric nervous system located within the walls of the intestines.

The author of the online article The Brain-Gut Connection explained that the enteric nervous system (ENS) is made up of two thin layers of more than 100 million nerve cells lining the gastrointestinal tract from the esophagus to the rectum. That author reports that, unlike the brain inside the skull, the one inside the GI tract can’t balance a checkbook or write a love note. Instead, it controls digestion by communicating with the brain inside the skull. He references Dr. Pasricha who reported that the ENS may cause big emotional shifts experienced by people who have irritable bowel syndrome (IBS) and functional bowel problems such as constipation, diarrhea, and stomach upset. Pasricha said that researchers and physicians have thought for years that anxiety and de-

pression contribute to these bowel problems. He said that now studies are showing it may be the other way around with irritation in the GI tract sending signals to the CNS that causes mood changes. He said that many people with IBS experience depression and that may be part of the reason why they do.

For more information see hopkinsmedicine.org/health/healthy_aging/healthy_body/the-brain-gut-connection.

Persis Hope is a nurse practitioner and functional medicine specialist at Maine Dartmouth Collaborative Care Center at the Thayer Center for Health. Hope said that it’s important to maintain a healthy GI tract. She explained that there are “good bacteria” and “bad bacteria” in the intestines. The “good bacteria” help to prevent the “bad bacteria” from taking over in the intestines. Prolonged use of antibiotics can help to wipe out the “good bacteria.” Probiotics can help to replace the “good bacteria.” However, Hope stressed that “having a healthy gut is much more than just taking probiotics.”

She said that it’s important to feed the “good bacteria” with prebiotics like chicory root, dandelion greens, Jerusalem artichokes, garlic, onions, leeks, asparagus, bananas, barley, oats, apples, flaxseeds and wheat bran, seed weed, and eating a lot of vegetables and fruits.

“You may want to avoid feeding the ‘bad’ bacteria by avoiding a diet full of sugar,” said Hope. “I would add that

for general health, both physical and mental, along with a healthy diet, we all need exercise, sleep, relaxation, time in nature and good social support.”

Hope said that in addition to all of those actions which can promote good mental and physical health, some people find that it’s helpful to have a pet. She said that “dog owners tend to be happier, less stressed and maybe even less likely to die of heart disease.”

While research studies are suggesting that gut health can affect mental health, Hope said that she doesn’t want people to get the impression that changing the microbiome (bacteria and other organisms in the intestines) can be used as a treatment for depression at this time. She stressed that anyone who is depressed or who has a family member who is depressed should seek professional help.

“Prolonged depression can have devastating effects on emotional and physical health, and untreated depression can be deadly,” she said.



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Bouchards add Healing Waters Therapy to treatment plans

They say everyone deserves to find a life free or pain

BY SUSAN VARNEY
Correspondent

Susanne M. Bouchard, PT, LMT, CEO is the founder and director of Advanced Health Physical Therapy & Fitness and Healing Waters Therapy Pool, as well as Light of Life Ministries, Inc. a nonprofit organization founded by Pastors Susanne and Ray Bouchard in 1984.

Their core beliefs are that every person in need deserves the opportunity to receive help and support — physically, spiritually and sociologically — to reach their fullest potential and achieve fulfillment.

Formerly Bouchard Physical Therapy Services, it opened its doors for business in 1989 under ownership and by founders Ray Bouchard, BS., master of divinity and finance director, with Susanne as CEO and director.

As their physical therapy clinics grew, a new facility was built at 16 Riverside Drive in Augusta for Advanced Health Physical Therapy & Fitness, a division of Light of Life Ministries.

In 2003, a full-size gym and fitness club was added to the clinic and donated to Light of Life Ministries, where clients are guided from pain to a pain-free life, which includes fitness and balance no matter the age.

Twenty-eight years of experience has shown patients treated with warm water therapy in addition to physical therapy recover more rapidly, the pair agree. Warm water is gentle on muscles, joints and bones and the jets in a pool and hot tub give relief to those who suffer pain. This therapy is beneficial to people who are obese, elderly, or pregnant, as well as for children with or without disabilities and people suffering with arthritis, fibromyalgia, multiple sclerosis, Parkinsonism, chronic pain from work injuries or motor vehicle accidents.

With the warm 92-degree salt water pool, the plan is to offer club membership to the community, including use of the 104-degree hot tub, 54-degree cold tub to cool off, sauna, fitness facility, gym, locker room with showers and wheelchair access ramps. Massage therapy and other services will be available.

Classes and programs will be offered,

“Warm water increases circulation to joints, relaxes muscles and temporarily eases pain.”

SUSANNE BOUCHARD, FOUNDER



Photos by Susan Varney

Susanne M. Bouchard, PT, LMT, CEO is the founder and director of Advanced Health Physical Therapy & Fitness, Healing Waters Therapy Pool as well as Light of Life Ministries, Inc. Here she shows the hot tub and cold tub area.

as will club membership for the general public, group exercises, after-school programs and teen nights.

Pain, muscle weakness and difficulty with balance are some of the many factors making it a problem for the elderly to perform floor-based exercise. This makes warm water therapy a safe, effective form of strengthening for mobility and comfort.

“Warm water increases circulation to joints, relaxes muscles and temporarily eases pain,” said Susanne Bouchard.

The pools are still under construction with the summer of 2020 as the goal for completion, she said on a recent tour.

The Divisions of Light of Life Ministries, part of Advanced Health Physical Therapy & Fitness, offers a Worship Radio Network at 1348 AM, a Coffee House and Tapestry of Hope Counseling. For more information, phone 622-9467 or cell phone 592-0635.



Above: the pool house, where work continues with the goal of opening next summer. Notice the wheelchair ramp on the far side. There will be a pool wheelchair so patients do not have to take their own chair into the pool.

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Dempsey Centers give comfort, support and education free to anyone impacted by cancer

BY TERRI HIBBARD
Correspondent

The diagnosis of cancer most often heralds a long, sometimes devastating period of fear, stress and treatments that are difficult to bear. On top of all this is the financial strain that make access to comforting programs, such as counseling and massage, out of reach.

Imagine the relief of being offered counseling, support groups, massage, nutritional and movement classes, plus a huge variety of other programs of help and comfort at no cost to the patient and loved ones.

Then imagine being able to choose items such as neck pillows, lap blankets, rice bags, wigs and dozens of other “comfort items” to make the going a little easier. Also free.

Welcome to the Dempsey Centers in Lewiston and South Portland, Maine where staff and volunteers are ready to offer all of this in an atmosphere of welcoming and kindness. Begun in Lewiston in 2009, the Center merged with South Portland’s Cancer Community Center, which had similar goals and services in 2018.

How did this begin in Lewiston, certainly not a wealthy community with tax dollars to spare on such luxuries? Lewiston, like so many Maine communities, is better known for closed mills and decades of struggle to provide decent jobs to residents.

The Dempsey Center began as an idea after the late Amanda Dempsey was diagnosed with ovarian cancer in 1997. During the arduous journey of her illness, she had the unwavering support of her family, daughter Mary, a nurse at Central Maine Medical Center (CMMC), daughter Alicia Hatten and son Patrick, a movie actor also known as Dr. McDreamy on the television series “Grey’s Anatomy.” Patrick Dempsey left the show in 2018 after a 10-year run.

Once their personal crisis wound down, Patrick Dempsey began to talk about and wonder if there was a way to help other cancer patients as his sister, Mary, had helped their mother and family navigate



Cindy Giovagnoli, Cuppa Photography
Patrick Dempsey, movie actor and the former Dr. McDreamy from “Grey’s Anatomy” is Founder of the Dempsey Centers, Lewiston and South Portland, Maine.

through her cancer journey.

“A lot of people go through this without that kind of support,” said Kerry Irish, director of professional services at the Dempsey Center. After the family talked with Irish—who at the time was a social worker at CMMC in outpatient cancer care—in March of 2008, a small space at the hospital became a department of CMMC that offered counseling and support to cancer patients. The seed of a Dempsey Center was thus planted with CMMC as a founding partner with Patrick Dempsey.

Irish said Patrick Dempsey then asked for input from oncology professionals: social workers, physicians, nurses and chaplains, among others, along with cancer patients and caregivers. That information helped shape services the Center could offer to enhance quality of life for patients and their loved ones.

An oncology social worker served as the director of the Center when it opened and Mary Dempsey served as coordinator, overseeing volunteers and front office operations.

The family soon wanted to do more. A visit to the Boston Wellness Community



Cindy Giovagnoli, Cuppa Photography
An inviting and open atmosphere greets visitors stepping into the Lewiston Dempsey Center.

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Dr. Arielle Costello

More DEMPSEY, PAGE 57

“Even when a family has a comfortable income and good insurance, treating cancer will cost thousands of dollars out of pocket. The cost of something like massage can be out of reach.”

KERRY IRISH, DIRECTOR OF PROFESSIONAL SERVICES DEMPSEY CENTERS



Cindy Giovagnoli, Cuppa Photography

The Reading Room at the Lewiston Dempsey Center is a quiet and pleasant place for adults and children alike.

Dempsey

CONTINUED FROM PAGE 56

(now Cancer Support Community) to learn about their programs fleshed out ideas for holistic and integrative programs that could complement medical treatment for cancer.

Great ideas, however, need dollars to become reality. Patrick Dempsey provided the first seed money. Since then, The Dempsey Challenge, has become a massive annual fundraising bike, run and walk, which in 2018, raised \$1.2 million.

Donations from individuals, corporate partnerships and grants have continued to support the Centers. Amgen, for example, through their Breakaway from Cancer initiative, has been an essential partner since the inception of the Center and has been the major, presenting sponsor of the Dempsey Challenge from the first one in 2009.

Other fundraisers, including the recent Sugarloaf Charity Summit, keep the Centers going strong and expanding. In 2012, the Lewiston Center moved into a very large and welcoming downtown building.

Although most clients at the Lewiston

Center come from the greater Lewiston-Auburn area and Androscoggin County, clients (and their families and friends) from nearly every part of Maine have benefited from the offerings here. Occasionally a non-Mainer is also served while vacationing or visiting Maine.

“We would never turn them away,” said Karen Page, LSW, Cancer Resource Coordinator.

A staff of seven full-time and 17 part-time along with countless volunteers provided about 15,000 service hours a year to about 2,600 individuals in 2017, the most recent year for which statistics are available.

All free. Let that sink in for a moment. If cancer has impacted your life or the life of someone close to you, counseling is free. Massage is free. Nutritional and movement classes are free. This goes along with a huge variety of other programs of prevention, education and support. Online are listed more than 39 (Lewiston) and 24 (South Portland) options.

“Even when a family has a comfortable income and good insurance, treating cancer will cost thousands of dollars out of pocket,” said Irish. “The cost of something like massage can be out of reach.”

Page said acupuncture was added to

More DEMPSEY, **PAGE 58**

30
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Dempsey

CONTINUED FROM PAGE 57

the complementary therapies at the Centers “after a lot of research showed us that it could be beneficial in relieving the side effects of treatments.”

Comments often heard are: “I can’t believe there is no charge.” “And I wish I had come here sooner.”

Along with programs “in a warm, calm and non-hospital-like environment” Page said, clients find peer support from others going through similar experiences, an important fringe benefit.

Very specialized services are also offered for children through the Healing Tree program.

“This is a unique part of our model, as many cancer support centers only focus on the adults,” Irish said. “We get inquiries from centers all over the country about this component of our program.”

Client surveys help staff determine client needs and respond to them. For example, Irish said, a program called Living with Hope addresses the needs of people with metastatic and/or advanced cancer.

“People who are living with metastatic disease, whether their own or that of a loved one, often describe feeling like they are living in a ‘borderland’ between living and dying, and this can feel quite isolating,” Irish said. “Meeting with others who are having similar experiences can really help increase feelings of connection and hope. Both Centers offer two Living With Hope groups that meet simultaneously, one

for clients and one for their loved ones.

“The groups are facilitated by professional oncology counselors and focus on how to continue to find meaning and hope despite the challenges of living with an advanced illness.”

For those living far away from the Centers who need support, a program called “Maine Cancer Mentors” has been established, with the goal of connecting “someone who’s gone through it to someone currently dealing with cancer,” Page said. As program manager, she will offer training for those who would like to participate as a mentor in the program.

To learn more about what each of the Dempsey Centers offer, take a look at dempseycenter.org or call 795-8250 or 1-877-336-7287 (Lewiston) and 774-2200 or 1-877-774-2200 (South Portland).



Cindy Giovagnoli, Cuppa Photography
Massage therapist Kathleen Wing, LMT treats a client. Massage therapy for stress relief and relaxation is available at Dempsey Centers.

Lockwoods get help and support at Lewiston’s Dempsey Center

BY TERRI HIBBARD
Correspondent

Chris Lockwood’s story is the Dempsey Center’s story, a story of help and support.

In late Sept. 2016, Lockwood’s wife of 48 years, Cindy, was diagnosed — “out of the blue” — with pancreatic cancer. At the hospital the diagnosis was confirmed and the Lockwoods were given the devastating news that the cancer was already at stage 4.

“It was basically a death sentence. The only question was how long?” Lockwood said. “Our world was turned upside down.”

Just the previous August, Chris Lockwood had retired after 36 years as director of the Maine Municipal Association and the couple looked forward to enjoyable and restful years ahead, spending time with their four children and 11 grandchildren. Twelve years earlier, Cindy had been diagnosed with breast cancer and was treated successfully at the Harold Alfond Center for Cancer Care in Augusta.

“The whole experience was a very lonely

journey,” he said. He had moved to Maine from Seattle in 1979 to become executive director of the Maine Municipal Association, when Cindy developed cancer in 2005. “We didn’t have strong network at all. We felt very isolated.”

Lockwood said that after the pancreatic cancer diagnosis, “we did a lot of research and kept hearing ‘You should check out the Dempsey Center.’ “We didn’t know what the Dempsey Center was. We had heard about the Dempsey Challenge, but not the Center.”

In November, we called the Dempsey Center and, from that initial call, it was so welcoming.”

The couple went to the Center for an orientation and found “a world of difference.”

In no time, they met with a nutritionist, both were helped with massage and Cindy Lockwood was able to receive acupuncture along with other services and items for comfort.

But the support groups were particularly important, Chris Lockwood said. They each attended a Living with Hope group, hers was for those with cancer and his was for family

and friends.

“Both groups were so helpful. You didn’t have to explain anything because everyone was dealing with the same issue.

“We felt so welcome,” he said.

“I felt totally at ease. Anything on my mind, I’d go in and just ask. For example, when Cindy started losing her hair. Not wanting not to say the wrong thing, I was able to talk about that and get some helpful suggestions and support.”

A painful low point came on Nov. 6, a Monday, when they learned that Cindy was not eligible for immunotherapy, a last-ditch hope, and chemo was no longer effective. There could be nothing more than palliative care from then on.

“The doctor said two to four months was his best judgment. On the ride home, we were both very quiet. The reality hit really hard.

“I definitely wanted to try to get us into a support group. Cindy wasn’t sure she’d be able to make it, but she went to hers and when I walked into mine, I was the only one.

Just the facilitator and me. It’s a one-and-a-half hour session. What were we going to do?”

“I said ‘If you could share with me your experience and help me understand what might lie ahead, that would help.’ “ ‘Sometimes things happen much more quickly,’ the facilitator told him.

“Two weeks later to the day, my wife was dead,” he recalled. “That information was so incredibly helpful.”

On Nov. 12, his birthday, “Cindy was in incredible pain. We hadn’t signed up for hospice, but I called the nurse at Alfond and they sent a hospice nurse to the house.”

Cindy was taken to Androscoggin Home-care and Hospice Center by ambulance. She died there eight days later.

The Dempsey Center continued to help the entire family, including offering advice on how best to talk with young children about their grandmother’s death.

Chris Lockwood continued receiving support in the Grief after Cancer Loss group. His group continues to meet informally at the Center.

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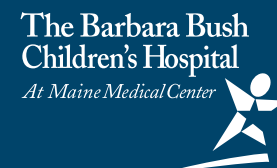


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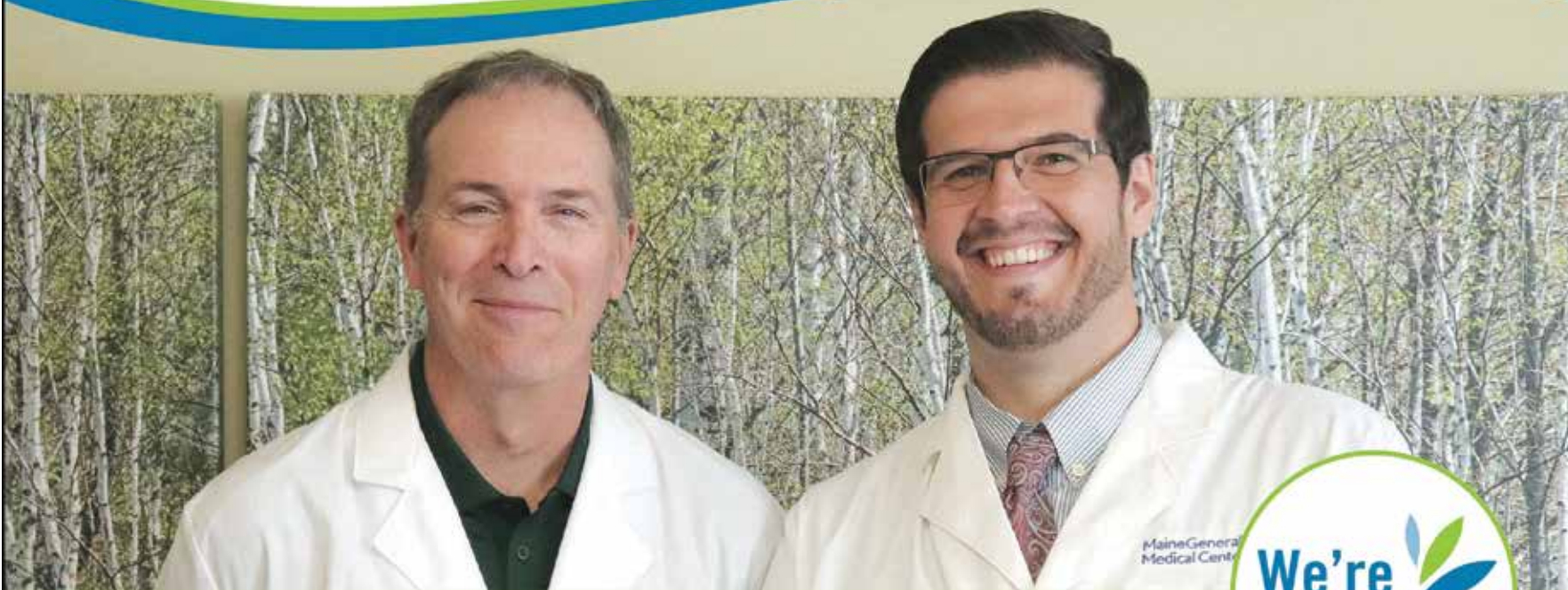
During a scheduled appointment, Molly's doctor became concerned with her unborn child's health. She was rushed to Franklin Community Health Network for an emergency C-section, and Baby Noah was born. Surviving thanks to an Angel 1 flight to Maine Medical Center, and to what Molly described as "unbelievable care," Noah is now healthy and always on the move. Compassionate care. Coordinated care. Through MaineHealth, you are connected to better.



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MaineGeneral Medical Center and MDFMR Dermatology Services are the only Mohs provider in the Kennebec Valley. We welcome referrals with either of our two Mohs surgeons: Brian O'Donnell, MD, MAT, who joins us after many years of dermatology practice in Freeport or Dan Filitis, MD, who joins us after completion of his fellowship in micrographic surgery and dermatologic oncology at Columbia University Medical Center in New York, NY.

Mohs is offered by referral only.
If you think you could benefit from Mohs surgery, please contact your health care provider or dermatologist.

To learn about all MaineGeneral services, call **1-855-4MGH-INFO** or visit www.mainegeneral.org.

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