

2024 SERVICE PROFILE



AS WE REFLECT ON THE PAST YEAR, I AM FILLED WITH PRIDE AND GRATITUDE

for the dedication and achievements of our physicians, advanced practice providers, clinical staff, and administrative team. Together, we have made tremendous strides in delivering high-quality medical care to patients across Maine and northern New England.

Over the past year, our collaborations with health systems, hospitals, and provider practices have resulted in several key accomplishments, including:

- ▶ Launching digital pathology services to expand access to subspecialists;
- ▶ Expanding care for critically ill cardiac patients;
- ▶ Partnering with health systems, independent hospitals, and physician practices to provide for comprehensive and subspecialty care to both large and small communities;
- ▶ Increased access to advanced imaging, radiation therapy, and diagnostic services through our various partnerships;
- ▶ Recognition by the American Medical Association as an organization that embodies the elements associated with their *Joy in Medicine* program, which supports physicians and healthcare providers in this complex and stressful healthcare environment;
- ▶ Streamlining workflows to reduce imaging test turnaround times; and
- ▶ Implementing a new care algorithm to provide faster, more precise emergency cardiac care.

While our achievements are diverse, they all share a common purpose: improving the lives of the patients in the communities that we serve. We are proud to work throughout Maine and northern New England supporting the healthcare needs of our patients and fellow citizens.

Our commitment to community goes beyond healthcare. Spectrum also proudly provides financial support to numerous organizations across Maine and New Hampshire. This includes both direct financial support as well as over \$10 million in free care to patients. We equally celebrate our team members who dedicate their time to community initiatives. In this report, we highlight two of our employees whose efforts have made a significant impact, both locally and globally.

On the topic of community, many of you may recall the excitement surrounding Julia Gagnon’s incredible journey on *American Idol* last year. Julia and her father, Spectrum anesthesiologist Dr. Jim Gagnon, gave us a unique glimpse behind the scenes of her experience.

Looking ahead, we remain committed to providing strong leadership and unwavering support to the communities we serve. Thank you for your continued support and trust in Spectrum Healthcare Partners. We wish you all the best in the coming year.


– David Landry, CEO

Cover Photo: Whitney Beeler, MD, Spectrum radiation oncologist and Christopher Beeler, MD, Spectrum anesthesiologist, with their family at Fort Williams Park.



TRANSFORMING RADIOLOGY WORKFLOWS: A NEW MODEL FOR EFFICIENCY AND CARE

Northern Radiology’s updated operational model streamlines workflows, improves turnaround times, and enhances work-life balance for radiologists.

In July 2024, the Northern Radiology division at Spectrum Healthcare Partners adopted a new operational model, fulfilling a vision that had been on the wish list for years.

“For a long time, we tried to adapt our existing workflow,” says Jared Kasper, MD, managing director of the Northern Radiology division. “Whether it was adding a new contract, launching at a new site, or adjusting to shifting priorities, we made incremental changes along the way.”

This system became complicated to manage, inspiring the team to create something new. Today, this streamlined model helps meet the unique needs of Northern Radiology and the distinct challenges radiologists face, both in Maine and beyond.

RADIOLOGY WORKFLOW CHALLENGES

As the radiologist shortage continues, the demand for imaging keeps rising. “Before our new model, each radiologist was responsible for clearing their own list before leaving for the day,” says Dr. Kasper.

“With heavier workloads, it became impossible to log off by 5 p.m., leading to radiologists taking work home, which wasn’t sustainable long-term.”

The previous system also made turning around inpatient and emergency department exams challenging. “When radiologists were assigned to a single list or site, cases had to wait if that radiologist was busy with a procedure or other task,” adds Dr. Kasper. “We knew there had to be a better way.”

THE NEW MODEL IMPROVES EFFICIENCY AND SATISFACTION

For years, radiology exams have been digital, but the new system changes how they are read. Northern Radiology’s updated model pulls exams from all sites and organizes them by type rather than physical location. Both onsite and teleradiologists now access shared group worklists.



Jared Kasper, MD, Northern Radiology managing director.

“This model allows radiologists to select the exams they are most comfortable with,” explains Dr. Kasper. “By aligning cases with their expertise, our team can focus on providing the highest quality care for patients and providers.”

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DIGITAL PATHOLOGY AND LIVE MICROSCOPY: IMPROVING POPULATION HEALTH IN MAINE

Through innovative technology, Spectrum Healthcare Partners improves access to expert care for patients across Maine.

Spectrum Healthcare Partners remains focused on exceptional patient care. Digital pathology and live microscopy are important to this mission.

Through collaborations with Central Maine Healthcare, Plastic + Hand Surgical Associates, and MaineHealth, medical experts can give patients faster access to the answers and treatments they need closer to home.



Mark Steciuk, MD, PhD, Spectrum pathologist and chief of pathology at Central Maine Healthcare leads the onsite implementation efforts of the new digital pathology pathway.

CENTRAL MAINE HEALTHCARE DIGITAL PATHOLOGY LAUNCH

"We've been partners for over four years, successfully implementing initiatives that have improved safety and quality in the lab, especially in Anatomic Pathology, barcoding, and tracking," says Mark Steciuk, MD, PhD, Spectrum pathologist and chief of pathology at Central Maine Healthcare. "This next step furthers state-of-the-art pathology services for patients in central Maine."

In October 2024, Spectrum launched a digital pathology platform at Central Maine Healthcare in Lewiston. While histology will still create physical slides in the laboratory, they will now be scanned by a whole slide imager and uploaded to a digital microscopy workstation. The slides will then be accessible to specialists across our network and potentially even nationwide.

"This new system will enhance both speed and operational efficiency for Spectrum and Central Maine Healthcare," adds Dr. Steciuk. "Most importantly, digital pathology allows us to deliver safer, faster, and more efficient patient care."

THE IMPORTANCE OF LIVE MICROSCOPY

Plastic + Hand Surgical Associates specializes in the removal and surgical treatment of cancerous and precancerous skin lesions. Live microscopy, in collaboration with Spectrum Healthcare Partners, guides this process.

THE FUTURE OF AI IN PATHOLOGY

While artificial intelligence (AI) is still new to pathology, its potential is promising.

"We anticipate AI models applied to specific types of specimens will enhance how we make diagnoses," says Mark Steciuk, MD, PhD, Spectrum pathologist and chief of pathology at Central Maine Healthcare.

Rather than relying solely on traditional glass slides and the human eye, AI can guide pathologists to the areas needing attention, improving accuracy and patient safety.

"This is an exciting new avenue for digital pathology we haven't had access to before," adds Dr. Steciuk. "I hope it will bring a new level of safety and quality to what we already do now."

"Frozen sections occur intraoperatively while the patient is undergoing surgery, and the surgeon needs real-time information to complete the procedure appropriately," explains Michael Harvey, MD, managing director of Spectrum's Pathology division.

Pathologists' assistants (PAs), such as pathologists' assistant supervisor Elizabeth Hamir, PA, (ASCP)^{cm}, play a critical role with live microscopy. PAs microscopically examine the specimen and prepare the tissue for the pathologist to interpret remotely. "The goal is to achieve clear margins while keeping the excision as small as possible," says Hamir. "If the margin is positive, the surgeon can immediately review it, pinpoint the exact area, and take a new margin during the same procedure. Particularly in delicate areas like the face, minimizing the excision size is important."

This collaboration is crucial to the surgeons. "Once we're confident the cancer is gone, we close the wound utilizing plastic surgical techniques to minimize scarring—including the use of flaps and skin grafts as needed—all in one operation," says Sirish Maddali, MD, FACS, president of Plastic + Hand Surgical Associates. "This process ensures patients don't need to keep coming back until the margins are clear, giving them peace of mind in a single visit."

Beyond patient care, live microscopy benefits the healthcare industry. "With live microscopy, we can cover more ground with the same number of pathologists," adds Dr. Harvey. "It keeps our team centralized while

pathologist assistants handle frozen sections in the field, improving efficiency and helping us navigate staffing shortages."

Spectrum Healthcare Partners and MaineHealth/NorDx continuously drive technological advancements and enhance patient care across our state. The integration of live microscopy is part of this.

With new live microscopy instruments across various locations, smaller surgeries, especially outpatient procedures, can now be performed more efficiently within local areas.

"We're expanding into more communities, offering patients shorter travel distances and quicker turnaround times, even for more complex care," says Dr. Harvey. "This technology elevates the level of care at facilities where distance and time were once barriers."

PATIENT-CENTERED PATHOLOGY CARE

While technology continues to revolutionize pathology, patient needs remain at the heart of the work.

"Pathology is ever-expanding, and no single pathologist can specialize in every area," says Dr. Steciuk. "Access to subspecialists ensures patients receive the most accurate diagnoses."

Geography presents a challenge in Maine, but digital pathology helps bridge this gap. "It allows us to move images to the right specialists quickly," adds Dr. Steciuk. "This access to subspecialty care improves quality and time to treatment."

"Our goal is to provide top-tier pathology services that meet patient needs," says Dr. Harvey. "As our service area grows and people seek care in various locations, we're committed to ensuring patients can access the expert care they deserve, wherever they are."

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—Michael Harvey, MD



Pathologists' assistants play a critical role in pathology care. Spectrum PAs include (from left to right) Alan Goff, PA supervisor, Elizabeth Hamir, and Cayla Pietrzyk.



COLLABORATION

MULTISPECIALTY COLLABORATION ADVANCES CARDIAC CARE IN MAINE

MaineHealth, in collaboration with Spectrum Healthcare Partners’ Southern Anesthesiology division, is setting new standards for cardiac care.

Cardiac patients need expert care, especially when time is critical. From the new Malone Family Tower to a chest pain algorithm that speeds up accurate diagnosis and treatment, MaineHealth and Spectrum Healthcare Partners’ Southern Anesthesiology division are redefining timely, life-saving cardiac care across the state.



Spectrum cardiac anesthesiologists including William Boyd, MD; Anne Hicks, MD; and Benjamin Levin, MD, played a critical role in developing a cardiac care tower at MaineHealth Maine Medical Center Portland to care for the region’s sickest patients.

MEETING THE CHALLENGES OF COMPLEX CARDIAC CARE

MaineHealth Maine Medical Center Portland treats more cardiac surgical patients than any other institution in northern New England, with Spectrum Healthcare Partners’ Southern Anesthesiology division playing a vital role in providing essential care.

“We have seen a steady rise in the number of cases we do annually, we are performing increasingly complex surgical cases requiring multidisciplinary expertise and state-of-the-art technology, and we are caring for increasingly ill patients with significant cardiac and pulmonary disease processes,” explains Anne Hicks, MD, program director of the Adult Cardiac Anesthesiology Fellowship Program at MaineHealth Maine Medical Center Portland.

“In cardiac anesthesiology, patients are incredibly sick,” says William Boyd, MD, Spectrum anesthesiologist and chair of the department of anesthesiology and perioperative medicine at MaineHealth Maine Medical Center Portland. “Getting them through those processes is incredibly gratifying because of the extreme illness and how tenuous the situations can be.”

The procedures are far more complex since cardiac surgery patients are generally much sicker than the general surgery population. “It requires a special skill set, good communication, and close collaboration with our surgical colleagues,” says Corey Spiro, MD, Spectrum anesthesiologist and division director of cardiac anesthesia at MaineHealth Maine Medical Center Portland.

Providing the right level of care also requires proper space. “In the older ICU, patient care needs were literally spilling into the hallway,” says Benjamin Levin, MD, the director of critical care anesthesia at MaineHealth Maine Medical Center Portland. “This made it difficult to provide the level of service and quality of care that both patients and their families deserved.”

EXPANDED SPACE FOR CARE AND COLLABORATION

On June 9, 2024, MaineHealth Maine Medical Center Portland began admitting patients to its new 300,000-square-foot Malone Family Tower.

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PHYSICIANS ACROSS MULTIPLE SPECIALTIES SUPPORT CARDIAC CARE IN A VARIETY OF WAYS

In addition to the collaboration on the Malone Family Tower, Spectrum physicians partner with MaineHealth Maine Medical Center Portland in various ways to advance cardiac care locally. One example is the Cardiac Anesthesiology Fellowship Program, which offers a unique opportunity to train the next generation of cardiac anesthesiologists in Maine.

“This program gives trainees the clinical and leadership skills they need to provide expert perioperative care for patients undergoing procedures such as coronary artery bypass surgery, heart valve repair and replacement, transcatheter valve replacement, mechanical circulatory support implantation, thoracic aortic surgery, and congenital heart surgery,” says Anne Hicks, MD, Spectrum anesthesiologist and program director of the Adult Cardiac Anesthesiology Fellowship Program.

With just two fellows per year, the program ensures each trainee surpasses the ACGME minimum requirements for cardiac case experience and echocardiography exams.

“Our small class size allows fellows to tailor their clinical experiences to meet their individual learning goals,” adds Dr. Hicks. “From day one, fellows are an integral part of the team, and by the end of the year, they’ve become part of the MaineHealth MMC Cardiac Surgery family—a team that not only works tirelessly to deliver excellent patient care but also takes time to enjoy everything Portland has to offer.”

SPECTRUM PATHOLOGISTS ALSO MAKE CLINICAL CONTRIBUTIONS TO CARDIAC CARE, SUCH AS THEIR RECENT EFFORTS TO IMPROVE THE ALGORITHM FOR EMERGENCY CARDIAC CARE

MaineHealth/NorDx were among the first 20 percent of major healthcare systems nationwide to transition from the Generation 4 to the Generation 5 High-Sensitivity Cardiac Troponin T assay.

Troponin T is a protein that is found in the heart muscle. If the heart is damaged, this protein is released into

the bloodstream. A troponin test is most commonly administered to patients who are suspected to have had a heart attack.

As with any assay, increasing sensitivity often results in a decrease in specificity. To address this, a skilled team from cardiology, emergency medicine, laboratory medicine, and IT collaborated for months to develop an algorithm that accurately identifies myocardial injury while minimizing the risk of overdiagnosis.

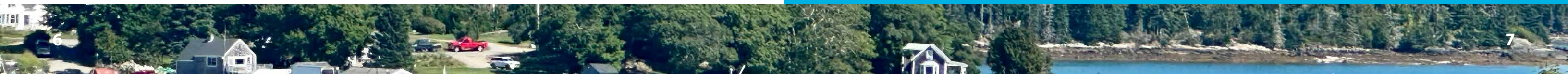
“Our crown jewel achievement from the committee is a color-coded, single-page chest pain algorithm,” explains Tarek Hammour, MD, Spectrum pathologist and chief of clinical pathology at MaineHealth Maine Medical Center Portland. “It provides clear guidance for providers on conducting troponin testing, interpreting the results, and applying them to patient care.”

Results are typically available within 30 minutes with the new chest pain algorithm. If the clinical score is low



Tarek Hammour, MD, Spectrum pathologist, was critical in developing an algorithm to improve cardiac testing.

and the assay is negative, heart issues can be ruled out with 99.9 percent certainty using a “one-and-done” approach. If the results are elevated, further testing is conducted at two and four hours. This means clinicians can provide timely treatment for myocardial injury while reducing unnecessary emergency department stays for non-cardiac cases. “Before this assay, it wasn’t uncommon to have patients in there for over six hours. Now, we can quickly decide whether to discharge, observe, or admit them to cardiology.”



COASTAL ANESTHESIOLOGY DIVISION: TAILORED CARE FOR MAINE'S COMMUNITIES

Spectrum Healthcare Partners' newest division is focused on ensuring broader access to exceptional anesthesia care.

The Spectrum Healthcare Partners Coastal Anesthesiology division brings together more than 25 experienced anesthesiologists to provide comprehensive coverage for community hospitals and surgery centers in southern Maine.

"Previously, about 60 doctors handled the needs of MaineHealth Maine Medical Center, community hospitals, and daytime surgery centers," says Byron Hathcock, MD, Spectrum anesthesiologist and chief of anesthesiology at MaineHealth Mid Coast Hospital in Brunswick. "But the needs of the patients at community hospitals are fundamentally different."

J. Richie Garcia, MD, Spectrum anesthesiologist who provides care primarily at Northern Light Mercy Hospital in Portland, agrees. "Over time, patient needs have become more divergent," he says. "This new division allows us to focus on the unique needs of patients in Maine's smaller hospitals."

PUTTING PATIENT NEEDS FIRST

Spectrum Healthcare Partners specializes in delivering tailored anesthesiology care across a wide range of patient needs. "An intubated patient who has just been in a car accident and requires weeks or months of care is very different from someone having a same-day rotator cuff repair," says Dr. Hathcock.

"Large hospitals, like MaineHealth Maine Medical Center Portland, provide comprehensive trauma care, access to subspecialists, and specialized ICUs that aren't readily available in community hospitals," says Dr. Garcia. "This level of care is invaluable for critically ill patients, but there are also many patients who need anesthesia for non-emergency procedures."

The Coastal Anesthesiology division provides anesthesiology services for various procedures, including minor vascular and pediatric surgeries, ENT operations, tonsillectomies, gynecological and urological surgeries, obstetrics, and outpatient orthopaedic surgery.

"Our primary goal is always to deliver safe anesthesia to our patients," says Dr. Hathcock. "In this division, we can now focus more closely on the needs of community hospitals and day surgery patients."

FOCUSED ON COHESIVE CARE FOR THE COMMUNITY

Physicians in the Coastal Anesthesiology division enjoy a unique opportunity to build personal connections with their patients.

Over time, patient needs have become more divergent. This new division allows us to focus on the unique needs of patients in Maine's smaller hospitals.

—J. Richie Garcia, MD



J. Richie Garcia, MD, provides anesthesiology care as part of Spectrum's coastal anesthesiology division.

"Just yesterday, I took care of a woman for the third time in the last 22 months," says Dr. Hathcock. "Even before she saw me, she recognized my voice in the hallway. My colleagues and I greatly enjoy that patients know us by name, and we get to know them, too."

This extra face time is also helpful before surgery. "The thought of anesthesia often causes more anxiety than the surgery itself," says Dr. Garcia. "That's why those additional minutes with patients are so important. They help us build trust and provide comfort. It's rewarding to reassure them that everything will be just fine, and we'll see them when they wake up."

The Coastal Anesthesiology division also collaborates closely with its partners, focusing on the specific

We're a dedicated group of people who've chosen a practice model we truly enjoy. We love working in the community and caring for our Maine neighbors.

—Byron Hathcock, MD



Byron Hathcock, MD, serves as chief of anesthesiology at Brunswick's MaineHealth Mid Coast Hospital.

needs of each facility and its patients. "Spectrum Healthcare Partners has a strong quality improvement and assurance program, including tracking data and patient outcomes," says Dr. Garcia. "With many long-standing relationships, we work closely with our partners to create anesthesiology protocols that ensure excellent patient care every day."

The consistency provided by the quality improvement and assurance program is critical to the division's success. "We travel to different facilities on different days and work with a variety of colleagues," says Dr. Hathcock. "Our goal is to make our care safe, cohesive, reliable, and rewarding for doctors and patients across all locations."

A PASSION FOR ANESTHESIA CARE

While it is common to hear that a patient is "cleared" for surgery, Dr. Hathcock hopes to shift this language.

"Let's focus on optimizing patients instead," he explains. "By helping people prepare before surgery, we can make them safer during the procedure. While pre-anesthesia preparation exists on paper at most hospitals, it's not always well integrated. The framework is there, but we can all work together across healthcare to make this preparation more robust and improve patient outcomes."

Even with optimization, some patients may still need higher-level care. "Sometimes, even when we've done everything we can, a patient

might still need to be transferred to a larger facility," Dr. Hathcock says. "One of the biggest challenges is determining where that line falls—when a patient should stay at a community hospital and when they need to go to a larger center for the best outcome."

Though the Coastal Anesthesiology division is relatively new, its impact is already clear. "We're excited to work with our hospital partners and provide the tailored services they need most," says Dr. Garcia. "For patients, when you see us at your community hospital or surgery center, you can trust that your care and recovery are our top priorities."

"We're a dedicated group of people who've chosen a practice model we truly enjoy," adds Dr. Hathcock. "We love working in the community and caring for our Maine neighbors."



ADVANCING RADIATION THERAPY: SHORTER COURSES FOR BREAST CANCER PATIENTS

A new study explores shorter radiation courses to improve treatment efficiency and patient wellbeing.

Spectrum Healthcare Partners values research that advances treatment options and improves the quality of life for patients with breast cancer.

In collaboration with Dana-Farber Cancer Institute and other leading experts, Matthew Cheney, MD, PhD, managing director of Spectrum's radiation oncology division, co-authored the study "Hypofractionated vs. Conventionally Fractionated Postmastectomy Radiation After Implant-Based Reconstruction: A Randomized Clinical Trial," published in *JAMA Oncology* in August 2024.

"This was the brainchild of Dana-Farber, and many experts contributed to this multi-institutional study," says Dr. Cheney. "We aimed to determine whether we could safely shorten radiation therapy courses for patients after implant-based reconstruction."

INSIDE THE STUDY

Conducted across 16 hospitals in the U.S., this study included 400 women with breast cancer who underwent implant-based reconstruction followed by postmastectomy radiation therapy. The participants

ranged in age from 23 to 79, with a median age of 47.

The patients were divided into two treatment groups at random. The first group of 201 women received conventional fractionation therapy, which delivered a total radiation dose of 5000 cGy across 25 treatments. The second group of 199 women underwent hypofractionation therapy, a shorter regimen that provided a total dose of 4256 cGy over 16 treatments.

"Our goal was to see if this condensed radiation schedule could save patients time and money while improving their wellbeing," says Dr. Cheney. "We also wanted to explore how we could better allocate healthcare resources to benefit patients, providers, and society."

OPTIMIZING RESOURCES FOR BETTER CARE

"We've worked hard to compress radiation courses in the last two decades," says Dr. Cheney. "For years, the belief was that spreading treatment over many weeks was the only safe option. However, with technological advances in radiation delivery, we now know that's not necessarily true."

The study results support the safety of this compressed hypofractionated course. Cancer recurrence rates and side effects were comparable between the two groups. This study also showed no significant difference in the change in Physical Well-Being (PWB) scores at six months between the two treatment groups.

Although the numbers may not significantly differ, the impact on patients' lives can be substantial. Hypofractionation therapy allows patients to complete radiation in fewer sessions, helping them put treatment in the rearview mirror sooner.

"I think we often forget the burden patients face—traveling to and from the treatment center, lost work time, arranging childcare, and the emotional toll of repeatedly entering the radiation oncology department," says Dr. Cheney. "For many, treatment can stretch over a year, so cutting two weeks off might seem small, but it makes a significant impact on them."

A shorter treatment course can also alleviate some of the challenges in radiation oncology.

"There are only so many of us, only so many machines, and only so many hours in the day," explains Dr. Cheney. "With an increasing number of patients, hypofractionation allows us to treat more people with the same resources while reducing the number of sessions—and ultimately lowering the cost for patients."

THE FUTURE OF RADIATION THERAPY

This study, along with similar research, is helping both providers and patients become more confident that shorter radiation courses will become the new standard of care.

"New studies and trials are exploring whether we can compress treatment even further," says Dr. Cheney. "This

gives me some pause, as we don't yet have the same evidence to prove that one-week radiation courses are equivalent to the three-week options."

Dr. Cheney points out that we have had at least a decade of follow-up data on moderate hypofractionated treatments before moving into studies like this.

"I'm concerned about the possibility of unforeseen long-term side effects for younger patients with long lives ahead," he adds. "Still, we'll continue to follow the research as the field looks into more compressed treatment schedules."

THE REAL CHAMPIONS OF THIS STUDY

Four hundred women participated in this study, which is significant.

"I can't emphasize enough how grateful I am to these women, many of them from Maine, for their willingness to participate," he says.

"I can only imagine the challenges they faced undergoing treatment and surgery so closely tied to their identity and emotions, and then accepting additional risks by joining this study."

Dr. Cheney acknowledges that many of these women, some very young, gave an invaluable gift to future breast cancer patients. Their participation contributes to the finding that hypofractionated treatments are safe and can reduce the length of therapy for patients.

"These women are the reason we do this work," says Dr. Cheney. "Breast cancer is a challenging diagnosis. We're committed to doing everything we can to ease the burden of treatment and help them focus on recovery and getting their lives back."



Matthew Cheney, MD, PhD, co-authored a study that demonstrated potential for a shorter course of radiation therapy treatment for women with breast cancer.

These women are the reason we do this work. Breast cancer is a challenging diagnosis. We're committed to doing everything we can to ease the burden of treatment and help them focus on recovery and getting their lives back.

—Matthew Cheney, MD, PhD



NEW BREAST CANCER SCREENING GUIDELINES AND PATIENT-CENTERED CARE IN WOMEN'S IMAGING

Two radiologists explore how updated mammogram guidelines and personalized care advance women's health.

In April 2024, the U.S. Preventive Services Task Force updated its breast cancer screening guidelines. The new recommendations suggest that women with normal risk begin screening at age 40 and continue through age 74. The previous guidelines recommended that women start screening between the ages of 40 and 50.

"The radiology world and cancer world were happy to see these guidelines," says Elizabeth Pietras, MD, Spectrum Healthcare Partners division director of breast imaging and the director of breast imaging at MaineHealth Maine Medical Center Portland. "We have been quoting data for years that starting screening at 40 can save additional lives without major harms."

Christina Cinelli, MD, Spectrum Healthcare Partners radiologist and associate chief of the department of radiology at MaineHealth Maine Medical Center Biddeford and Sanford, also sees these new guidelines as a win. "We had been practicing at this level and beyond before the guidelines came out," she says. "These new guidelines

acknowledge breast cancer in younger women is something that we need to take care of."

PATIENT NEEDS CAN GO BEYOND GUIDELINES

While these new breast cancer screening guidelines are an essential foundation, one size doesn't necessarily fit all.

About 50% of women have dense breast tissue, which can make it harder for standard mammograms to detect cancer. "For patients with extremely dense tissue, we should assess risk factors to determine when additional screening, like ultrasound or MRI, may be appropriate," explains Dr. Pietras.

Some individuals may need to start breast cancer screenings before age 40. Dr. Pietras and Dr. Cinelli suggest that those with higher risk factors, such as genetic predisposition, strong family history, or atypical results, consider discussing risk assessment with their provider as early as age 25.

Older age is also a factor beyond standard guidelines. "If you are a healthy woman in your late 70s or 80s, especially with risk factors, getting a mammogram is reasonable," says Dr. Pietras. "We recommend screening as long as a patient is in good health."

INNOVATION SUPPORTS PATIENT CARE

Spectrum Healthcare Partners offers 3D mammograms, or breast tomosynthesis, at more than a dozen hospital and outpatient sites. This

imaging test creates a detailed, three-dimensional view of the breast, improving sensitivity for detecting abnormalities, including in denser tissue.

Spectrum also provides the highest level of breast imaging care. Ultrasound and mammogram-guided biopsies are typical, but there is also the capability to do MRI-guided biopsies for appropriate abnormalities. "Our Scarborough campus is the only location in Maine offering MRI-guided biopsies," says Dr. Cinelli. "We receive referrals from across the state and New Hampshire." When surgery is indicated, magnetic seed localization significantly reduces lumpectomy sizes by precisely targeting lesions.

"There is always the challenge in any screening program to balance potential harms and benefits," says Dr. Pietras. "We consider the impact of unnecessary imaging or biopsies, which can be hard on patients and costly to the healthcare system, but also weigh those risks against the potential to save a life."

 **Breast imaging saves lives and can improve cancer treatment choices. I love working with my patients, and this job has given back to me as much as I've given.**

—Elizabeth Pietras, MD

RADIOLOGISTS GUIDE PATIENT CARE

Ten years ago, most patients interacted with their primary care providers about their breast screening, but today, radiologists play a much more significant role in patient care.

"Women's imaging is far more patient-facing than other radiology fields," says Dr. Pietras. "In most cases, you won't meet your radiologist, but in breast imaging, we are the ones who inform patients about biopsies, discuss results, and guide next steps."

Radiologists collaborate with Spectrum radiation oncologists and pathologists, medical and surgical oncologists, and other specialists to ensure patients receive a personalized and effective care plan if cancer treatment is necessary.

ATTRACTING TOP TALENT TO MAINE FOR WOMEN'S IMAGING

Delivering top-tier women's imaging care often begins with residency training, and the MaineHealth Maine Medical Center (MHMMC) Diagnostic Radiology Residency Program plays a key role.

"Our residency program is the largest pipeline for attending radiologists for Spectrum and across Maine," says Jennifer Talmadge, MD, Spectrum Healthcare Partners radiologist and director of the MHMMC Radiology Residency Program. "After training here, residents often realize that Maine is a great place to work and live, whether in Greater Portland or more rural areas."

The MHMMC radiology residency is highly competitive. "We received over 800 applications for four positions last year," adds Dr. Talmadge. "We're fortunate to recruit exceptional residents year after year, which is a testament to our dedicated faculty."

Dr. Pietras emphasizes the importance of new talent. "While we bring years of experience, it's always refreshing to welcome passionate professionals who excel both with patients and with technology," she adds. "This residency program helps attract top talent to Maine, which is critically important given the nationwide radiologist shortage."

ADVANCING WOMEN'S HEALTH

Women at average risk should start screening at age 40. For those with different risk factors or any questions, Dr. Pietras and Dr. Cinelli recommend

discussing personal history with their doctors. This information can help women make informed decisions about their health, possibly leading to early detection and a clear plan for the best possible care.

"Women's imaging is more than diagnostics," says Dr. Cinelli. "You feel connected to the local and global community in the fight against breast cancer—it's a real sense of purpose."

"Breast imaging saves lives and can improve cancer treatment choices," adds Dr. Pietras. "I love working with my patients, and this job has given back to me as much as I've given."



Spectrum is proud to have a talented, subspecialized women's imaging team. Pictured above (left to right): Christina Cinelli, MD; Michael Goldfinger, MD; Cydney Cox, MD; Elizabeth Pietras, MD; Christine Meade, MD; Sonya Edwards, MD; and Christopher Mutter, DO.



GIVING BACK

SUPPORTING OUR COMMUNITY

From Maine to Bangladesh, two Spectrum employees make meaningful impacts on the causes that matter to them.

At Spectrum Healthcare Partners, we believe giving back is the best way to move forward. Corporate social responsibility is central to our mission, positively impacting the people we care for and the places we call home. In addition to Spectrum's



Dr. Ritchie's service trip to Bangladesh included working with nursing students, shown above.

contributions at an organizational level, we also celebrate our team members who participate in community efforts. In this spotlight, we focus on two Spectrum employees who made a meaningful impact, both locally and globally.

DR. RITCHIE'S SERVICE TRIP TO BANGLADESH

Jeannine Ritchie, MD, Spectrum pathologist and chief of pathology and laboratory medicine at Exeter Hospital, never envisioned herself taking a service trip outside the United States. "I'm not very adventurous, and I tend to avoid risks," she admits. However, Dr. Ritchie ventured outside her comfort zone when her colleague,

Bimalangshu Dey II, MD—founder of the DeyLight Foundation—extended an invitation. In May 2024, she joined the foundation's service mission abroad.

Dr. Dey and his team at the DeyLight Foundation have transformed healthcare in Bangladesh since 2008, establishing the country's first bone marrow transplant unit, training healthcare professionals, and advocating for palliative care. On this service trip, Dr. Ritchie shared her expertise on common tumors like breast cancer and melanoma and introduced a collaborative cancer care model inspired by Exeter Hospital's tumor board system.

"Our tumor boards bring together specialists from various disciplines, including pathologists, radiologists, radiation and medical oncologists, surgeons, and ancillary staff like physical and speech therapists," Dr. Ritchie explains. "As a group, we review the available information and collaborate to determine the best

treatment plan for the patient, aiming for the best possible outcome. On this trip, we wanted to help physicians in Bangladesh establish a similar collaborative approach."

The work took place against a robust cultural backdrop. "The food was delicious, the clothing was vibrant, and the community was incredibly welcoming," Dr. Ritchie reflects. The connections with these new people paved the way for a lasting impact beyond the trip itself. "Our healthcare systems may be different, but that opens up valuable learning opportunities for everyone, helping us improve and work more collaboratively," she adds. "Trips like this are about opening doors to new ideas and finding solutions together."

Dr. Ritchie still feels the impact of this trip on her life. "I had so many new experiences—meeting new people, exploring different places, trying new foods, and stepping out of my normal life by speaking at massive conferences, which isn't something



Jeannine Ritchie, MD, (third from left) traveled to Bangladesh to introduce a collaborative care model for treatment of cancer patients.

I typically do," she reflects. "The trip opened my eyes, showing me I'm capable of more than I thought and can love things I once feared. I hope to make an even greater impact on future trips by helping doctors in Bangladesh further develop collaborative cancer care systems."



Anne Bergeron, Spectrum's senior talent acquisition manager (second from right) covered 60 miles over three days to honor a friend who succumbed to breast cancer in 2023.

ANNE BERGERON'S SUSAN G. KOMEN 3-DAY® EXPERIENCE

On August 23, 2024, Anne Bergeron, senior talent acquisition manager at Spectrum, took her first steps in the 60-mile Susan G. Komen 3-Day® walk through the Boston area. "My friend Ashley lost her sister to breast cancer on September 26, 2023," Bergeron shares. "Ashley, her cousin Kayla, our friend Whitney, and I wanted to do something to honor her memory. Raising money and participating in this walk felt like the perfect way to do that."

The walk began with a sense of purpose. "That first day was incredibly inspiring," Bergeron recalls. "We gathered in the hotel ballroom, listening to powerful speeches from survivors and those who had lost loved ones. With such a large group, we left in waves, each

cheered on by staff, friends, and family as we set out." That cheering continued along the route, with heartfelt support from the Boston community every step of the way. "At the end of the second day, we gathered for an emotional honors ceremony to remember those lost to breast cancer," says Bergeron. "Each of us received a white paper bag to write messages or names, and then we placed battery-operated candles inside. Together, we lined them up on the stage in tribute."

The 60-mile journey was more than a physical challenge. "No matter how tough the walk got, I knew it was nothing compared to what those battling breast cancer face," says Bergeron. "I thought about my grandmother, who had breast cancer, and my college roommate, who completed her treatment. But I kept coming back to Ashley's sister as I walked—especially the loss her two young kids and family now live with. This walk was hard, but breast cancer is harder."

Those stories inspired each step. "The community was amazing, and everyone we met had a story," says Bergeron. "We walked and stayed together as a team the entire time. We laughed, we cried, and we cheered each other on. It was an overwhelming experience but we felt completely supported."

"Every 12 minutes, a woman in the U.S. loses her life to breast cancer. About 75 percent of the raised funds stay within the local community, going toward outreach programs, education, screenings, and treatment," Bergeron explains.

"I exceeded my fundraising goal, with our team raising nearly \$13,000. Asking for donations is never easy, but I'm thankful to my generous family and colleagues who helped me reach that goal for a cause close to my heart and our community."

SPECTRUM'S COMMUNITY COMMITMENT

In 2024, Spectrum Healthcare Partners contributed \$630,966 to over 50 organizations across Maine and New Hampshire. Beyond supporting hospitals and healthcare providers, Spectrum extends its reach to a wide variety of charitable organizations focused on education, health, well-being, and community development. Some of these organizations include The Children's Museum & Theatre of Maine, the Dempsey Challenge, The Ecology School, Make-A-Wish, the American Heart Association, United Way of Greater Portland, the YMCA of Southern Maine, and many others.

GIVING BACK

"Giving back to the community is core to our organization's mission," states David Landry, CEO of Spectrum. Spectrum physicians and staff contribute to the community in the form of charity/free care, reduced payments for services, financial contributions to community organizations, and volunteerism. "In total, these contributions are estimated to represent more than \$10,000,000 annually. This translates to all of our physicians providing between two to three weeks of services at no compensation," continues Landry. "I am very proud to work with an organization that demonstrates this level of commitment to the community."

JULIA GAGNON'S AMERICAN IDOL JOURNEY: FROM MAINE TO THE NATIONAL STAGE



In this exclusive interview, American Idol contestant Julia Gagnon and her father, Jim Gagnon, MD, Spectrum Healthcare Partners anesthesiologist, reflect on her musical journey, family support, and Maine's lasting impact on her career.

The journey to Julia Gagnon's *American Idol* debut began long before she stepped onto the stage in May 2024 for Season 22.

"When she was in fifth grade, we went to New York and saw *Phantom of the Opera*," recalls Jim Gagnon, MD, an anesthesiologist with Spectrum Healthcare Partners. "Not long after that, I came home, and *Phantom of the Opera* was on the stereo—except it wasn't. It was Julia, and I couldn't tell the difference. That's when you have to wonder:



Julia Gagnon presents her platinum ticket during her *American Idol* journey.

What will you do with this? Where does this all go?"

Julia doesn't remember the moment as vividly as her father but reflects differently. "I just knew I wanted to sound like her. To me, singing is simple—it starts with imitating."

In sixth grade chorus, Julia wouldn't sing a note. She mouthed "watermelon" to make it look like she was singing. But that same year, Julia's talent show performance from *Wicked* caught the ear of her chorus teacher, earning her a solo in the school concert. "Nora Krainis is the pioneering reason I've done anything," says Julia. "She wouldn't let me not try."

YOU'RE GOING TO HOLLYWOOD

Her successful *American Idol* bid in 2024 was years in the making. "It was the third time I had auditioned," she says. "I got a callback each time, but I felt too young. I wasn't ready then. I knew they were looking for more than just a voice. Everyone has a story, and I tried again."

She recorded her audition video in her car and kept it a secret, even through the follow-up Zoom call. Neither her parents nor her now-fiancé, Nate, knew. It wasn't until she learned she'd be performing in front of Katy, Luke, and Lionel that she broke the news. Her dad's reaction? "Cool."

"I know she was mad at me," says Dr. Gagnon with a laugh. "But we knew her talent, and it wasn't a shock when she made it to the auditions."

"I was annoyed," Julia admits. "But looking back, that's what my parents have always done for me. There

was never any pressure and no talk about winning. I didn't feel like I had anyone to disappoint."

Julia auditioned last, a detail she could not reveal because it would have spoiled the show. "I had no idea if I would make it through. It's TV, and not just about the music. What if I'm bad on camera? There were a lot of things that could have made this go the other direction."

After 14 hours of waiting, Julia earned the Platinum Ticket. "That's when it hit me—this is really happening."

AMERICAN IDOL EXPERIENCE

The *American Idol* schedule was grueling—seven days a week, with 10 to 17 hours a day filled with rehearsals and performances.

"It was a privilege to compete on such a huge platform in front of so many people, but it truly tests your ambition," Julia recalls. "We all rose to the occasion. It ignited something within us that we weren't 100% sure was there."

Julia's family was there every step of the way. "Between me, my wife Meg (Julia's mom), and Nate, one of us was at every episode," says Dr. Gagnon. "We'd work for four days, fly out to L.A., come back to Maine, and do it all over again. Sometimes, we would have dinner with Julia at 1 a.m. East Coast time after her studio sessions, then grab breakfast at the hotel before flying home. I owe a big thanks to the staff at Spectrum and my colleagues for making it possible for me to be there."

For Julia, the whole experience felt surreal, especially her Hollywood



performance. "I sang *And I Am Telling You I'm Not Going* from *Dreamgirls*, one of the hardest songs in the world, and I'd been working on it for years," she says. "I lost my voice the day before and was on vocal rest. I knew I couldn't control it—I just had to do my best."

As Julia advanced through the competition, she and her family tried to predict how far she would go. "I'm a bit of a math nerd," says Dr. Gagnon. "You have faith in your kid, but you try to calculate the odds, and your prediction system gets sketchier as you go. When she was eliminated, it was one round earlier than I thought."

"It was a prediction game for all of us," agrees Julia. "But that morning at breakfast, I just knew I was going home." Her positive attitude at elimination wasn't an act. "It was easy to gain perspective—only one person wins, and everyone else loses," adds Julia. "But none of us felt like losers, given how much we'd put into our craft."



Julia Gagnon with her father, Spectrum anesthesiologist Jim Gagnon, MD, and her mother Meg at the 2023 Tri for A Cure. Julia also performed at the event.

FROM L.A. BACK TO MAINE: TRI FOR A CURE

In July 2024, Julia performed Aretha Franklin's (*You Make Me Feel Like A Natural Woman*) at the Maine Cancer Foundation's Tri for a Cure.

"Both my parents are cancer survivors. My birth mom recently passed from cancer. I have many extended family members—and now through my fiancé's family—who have battled or lost to this nasty disease," says Julia. "My mom has run the triathlon since it began, and they asked me to sing."

This experience was nothing like *American Idol*. "I wasn't competing, and the atmosphere wasn't about competition. Even though it was a race, it was more about camaraderie. You're not singing for approval—you're singing to provide a soundtrack for the event. And it was special being up there with my mom."

WHAT'S NEXT FOR JULIA?

In October 2024, Julia joined six other *American Idol* alums for a benefit

concert supporting the Maine Cancer Foundation, donating 15% of ticket proceeds to the nonprofit organization.

"In 2025, we're hoping to tour the U.S. with some festivals and shows," says Julia. "In our downtime, we're still writing, and we have an album in the works, which is really exciting."

As for advice from her dad? "We do different jobs, but I'm a professional in what I do, and she's been a professional in what she does," says Dr. Gagnon. "She just needs to keep following that."

Part of Julia's path will always include Maine. "My love for this state is real," she says. "From a young age, Maine inspired my music—it's where I started singing and where I hope to stop one day. While my music isn't just for Maine, the feeling this place gives me is what I hope to share with people across the country and beyond through our music."





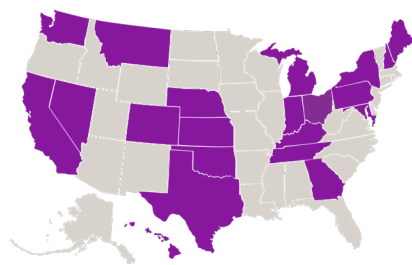
SERVICE EXPANSION

Spectrum Management Services Company (SMSC) continued its expansion in 2024, introduced new services, and acquired new clients across the U.S.

Over the past five years, SMSC has partnered with a diverse range of clients, providing both tailored, à la carte services, as well as comprehensive, end-to-end practice management solutions.

SMSC provides the following services:

- ▶ Credentialing & Payor Enrollment
- ▶ Executive Management & Practice Leadership
- ▶ Financial Strategy & Support
- ▶ Fractional Executives & Leadership
- ▶ Human Resources & Employee Development
- ▶ Information Technology
- ▶ Marketing, Communications & Business Analytics
- ▶ Payor Contracting
- ▶ Physician Recruitment
- ▶ Quality, Risk & Patient Experience
- ▶ Revenue Integrity



In 2024, SMSC had many client success stories to share. SMSC assisted multiple to achieve increased revenue through enhanced payor reimbursement, improved RCM/billing performance, patient volume growth, and other initiatives. SMSC efforts also helped clients successfully recruit more than 60 physicians, reduce medical malpractice and employee benefit expenses, and improve operational efficiency. SMSC's solutions cover all aspects of practice management, from leadership and business operations to administrative support, ensuring that physicians can focus on delivering exceptional care. To learn more, visit spectrummsc.com.

 **SMSC performed a comprehensive contract review of our primary commercial payor contracts and provided a detailed analysis that identified both immediate and longer-term opportunities for revenue enhancement.**

–Jim Hueber, COO, Colorado Imaging Associates

ANESTHESIOLOGY

- InterMed
- Maine Eye Center
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- MaineHealth Maine Medical Center Biddeford
- MaineHealth Maine Medical Center Health Center Kennebunk
- MaineHealth Maine Medical Center Portland
- MaineHealth Maine Medical Center Sanford
- MaineHealth Mid Coast Hospital
- MaineHealth Stephens Hospital
- MaineHealth Surgery Center Scarborough
- Northern Light Mercy Hospital
- Northern Light Mercy Hospital – Outpatient Specialty Surgery Center
- Northern Light Mercy Hospital – Pain Center

- Plastic & Hand Surgical Associates
- Portland Gastroenterology Center
- Spectrum Ambulatory Surgery Center

PATHOLOGY

- Bridgton Hospital
- Central Maine Medical Center
- Coastal Women's Healthcare
- Exeter Hospital
- InterMed
- MaineHealth Franklin Hospital
- MaineHealth Lincoln Hospital
- MaineHealth Maine Medical Center Biddeford
- MaineHealth Maine Medical Center Portland

- MaineHealth Memorial Hospital
- MaineHealth Mid Coast Hospital
- MaineHealth Pen Bay Hospital
- MaineHealth Waldo Hospital
- NorDx Laboratories
- Plastic & Hand Surgical Associates
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- MaineHealth Maine Medical Center Portland
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- MaineHealth Memorial Hospital
- MaineHealth Neurosurgery and Spine Scarborough
- MaineHealth Pen Bay Hospital
- Martin's Point Health Care

- Millinocket Regional Hospital
- New England Cancer Specialists
- Northern Light Blue Hill Hospital
- Northern Light CA Dean Memorial Hospital
- Northern Light Eastern Maine Medical Center
- Northern Light Inland Hospital
- Northern Light Maine Coast Hospital
- Northern Light Mayo Hospital
- Northern Light Orthopedics
- Northern Light Primary Care, Gouldsboro
- Penobscot Community Health Center
- Penobscot Valley Hospital

- RAYUS Radiology:
- Auburn
- Bangor
- Brunswick
- Marshwood Imaging Center
- Portland

- Spectrum Vascular & Interventional Radiology (VIR)
- St. Joseph Hospital
- St. Mary's Regional Medical Center

VASCULAR & INTERVENTIONAL RADIOLOGY

- MaineHealth Maine Medical Center Biddeford
- MaineHealth Maine Medical Center Portland
- Northern Light Eastern Maine Medical Center
- Spectrum Vascular & Interventional Radiology (VIR)
- St. Mary's Regional Medical Center

2024

We are proud to have delivered 1,969,426 services, served 467,976 patients, offered \$1,847,952 in free patient care, and contributed \$630,966 to local and statewide charitable organizations.

SERVICES PROVIDED

1,969,426

PATIENTS SERVED

467,976

FREE CARE PROVIDED

\$1,847,952

CHARITABLE CONTRIBUTIONS

\$630,966

CONTINUED FROM PG 6

"This facility provides the space necessary for high-level, multidisciplinary cardiac surgical care," says Dr. Hicks. "With state-of-the-art equipment, we can perform everything from routine open-heart surgeries to complex mechanical circulatory support implantations for critically ill patients."

"Our ability to manage these patients has improved significantly, both in capacity and quality of care," adds Dr. Levin. "With the expanded ICU, we can accommodate more patients without facing space limitations to continue delivering top-tier care to everyone."

Achieving successful outcomes in cardiac care requires a highly coordinated team," says Dr. Boyd. "Nursing, perfusion, cardiology, cardiac surgery, anesthesia, and their support staff all play critical roles in making it work."

Delivering multidisciplinary care in the old facility was challenging, with cardiac services spread across multiple floors. "I used to climb nine flights of stairs several times a day," recalls Dr. Levin. "Now, with all cardiac-related critical care in one location, we're just one flight of stairs away. It's completely transformed how we interact and how patients flow through the system."

The expanded facility has significantly increased capacity and capability. "We've added 100 beds, 15 procedural sites, and six floors," says Dr. Boyd. "It's essentially a brand-new hospital dedicated to caring for the sickest patients in

the region, equipped with the most modern facilities."

The new universal care rooms can handle patients at any level of care, even as their needs evolve. The larger space also allows families to be more involved, providing essential support in the room.

The new layout fosters better collaboration among team members, too. "We were physically siloed in the old building, working in separate areas," says Dr. Spiro. "Now, there's a good chance we'll run into someone from the cardiac team while grabbing coffee. These informal conversations about patients or sharing knowledge are incredibly valuable."

THE FUTURE OF CARDIOVASCULAR CARE IN MAINE

From the new Malone Family Tower to emergency departments across the state, MaineHealth and Spectrum Healthcare Partners ensure patients receive the highest standard of cardiac care, no matter where they are.

"Time is critical if there is cardiac muscle damage," explains Tarek Hammour, MD. "Delays in treatment can lead to heart muscle loss by the minute or second. Now, we catch these patients much sooner, even without symptoms. This standardized use of the latest assay and algorithm unites all our emergency departments. Any Maine resident with chest pain can visit a hospital closer to their neighborhood and receive the same high-quality care as quickly as possible."

Dr. Levin agrees that Maine's vast geography presents unique challenges for patients and providers. "Time is muscle," he says. "The longer it takes for patients to receive care, the more heart muscle is at risk during a heart attack. In the past, we faced delays in getting patients to MaineHealth Maine Medical Center Portland as quickly as needed due to limited space. With the Malone Family Tower expansion, that's improved significantly."

This state-of-the-art facility represents the best in modern medicine and a highly skilled medical team. "I'm proud of the incredibly diverse but cohesive, talented group of physicians," says Dr. Spiro. "I would put the care that we provide for some of the sickest patients in Maine up against what they do anywhere." Dr. Boyd agrees, noting, "The Malone Family Tower is at the forefront of nationally leading cardiovascular care."

The new facility has also raised the standard of care across the region. "The Malone Family Tower demonstrates MaineHealth's commitment to delivering top-tier cardiac care to our community," says Dr. Levin. "Our care now rivals the best in the country, and I'm confident we'll continue to grow and attract outstanding professionals, ensuring the best possible care for our patients."

CONTINUED FROM PG 3

This change helps improve turnaround times in the emergency department. "With shared access to exams, we no longer rely on one specific radiologist," Dr. Kasper explains. "Both remote and onsite radiologists can now quickly handle urgent and inpatient reads in a more efficient, streamlined process."

The new model also helps tackle the challenge of an increasingly demanding industry, where heavier workloads are becoming the norm. "We now have greater flexibility in how we staff each day," says Dr. Kasper. "Radiologists also have more control over their schedules, allowing them to approach their day in a way that supports a healthier work-life balance."

THE NEW MODEL SUPPORTS THE FUTURE OF RADIOLOGY

Teleradiologists are essential to radiology practices to meet the growing demand for services. "Telerads provide flexibility beyond the traditional 8-5 schedule," says Dr. Kasper. "They can log in, select studies they want, and read exams on their own time."

The advanced Enterprise Imaging system supports this growing team and the new Northern Radiology model, allowing radiologists to work efficiently from anywhere.

"This is the central repository for all images across multiple service lines," explains Yeang Chng, MD, PhD, assistant managing director of the Northern Radiology division. "It has demonstrated rock-solid reliability with only two or three

short unplanned downtimes over the last year."

This high-speed, reliable system is essential for the division as it increasingly relies on part-time teleradiologists to support onsite physicians. "Along with the vastly increased speed of image loading, our system helps radiologists increase their efficiency and speed of medical care to offset the constantly increasing image volumes," adds Dr. Chng.

"Ultimately, this new system is a win for our radiologists," says Dr. Kasper. "In the past, radiologists often worried about how much of their day they could focus on their subspecialty. Now, they can spend most of their time on exams where they feel most comfortable, delivering the highest level of expertise to our patients."

In the past, radiologists often worried about how much of their day they could focus on their subspecialty. Now, they can spend most of their time on exams where they feel most comfortable, delivering the highest level of expertise to our patients.

—Jared Kasper, MD



Teleradiologists are essential to radiology practices to meet the growing demand for services.

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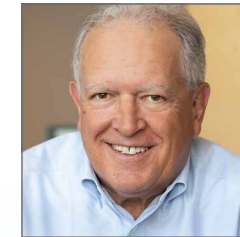


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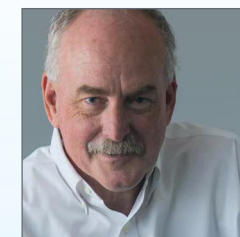
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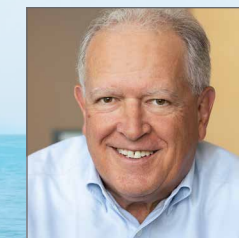
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