

Green Mountain Physician

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VMS Taps New Officers

Wendy Davis, M.D., was named president of the Vermont Medical Society (VMS) during its 203rd annual meeting Nov. 5, in Burlington. VMS members elected **Mark Levine, M.D.**, and **Trey Dobson, M.D.**, president-elect and vice president, respectively.



Dr. Davis is a clinical professor of Pediatrics at the Vermont Child Health Improvement Program, and the Associate Director of the National Improvement Partnership Network. She also serves as a pediatrician at the University of Vermont Medical Center and as a professor in The Robert Larner, M.D. College of Medicine at The University of Vermont's pediatric department.

The Vermont Health Commissioner from 2008 to 2011, Dr. Davis is an American Academy of Pediatrics Fellow and the 2009 recipient of the Vermont Medical Society's Distinguished Service Award. She received her M.D. from the University of Virginia School of Medicine in 1981 and completed pediatric and chief residencies at Case Western Reserve University.

As president of VMS, Dr. Davis will take a lead role in the Society's public policy efforts in Montpelier and Washington, D.C. Priorities during the upcoming year include protecting health care quality and access during Vermont's transition to an all-payer system, battling the opioid crisis, supporting the practice of primary care and expanding the Vermont Practitioner Health Program.

Dr. Levine is a primary care internal medicine physician at the University of Vermont Medical Center, and the associate dean for graduate medical education and a professor of internal medicine at the Larner College of Medicine at UVM.

His clinical and research interests include health promotion and disease prevention, diagnostic problems, resident education and curriculum and teaching in the ambulatory setting.



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From the President's Desk

Welcome to the latest edition of the *Green Mountain Physician*.

I'd like start off by expressing my sincerest gratitude for the trust you've placed in me. It will truly be an honor to serve the Vermont Medical Society, and all its wonderful, dedicated members, as president over the coming year. I humbly stand on the shoulders of you all.

It's a great time to be a physician, especially in Vermont, and I'm very excited about opportunities to focus on the integration of health care delivery and public health.

Now, more about this issue ... In it you'll find a number of items resulting from our annual meeting held last month in Burlington, including VMS' new slate of officers, resolutions passed by the membership and recognition received by a handful of well-deserving peers.

In non-annual meeting related business, this issue includes the regularly featured AMA Corner, a call for more physicians to become involved in elective office, and a very interesting look in changes in Vermont's emergency departments.

Again, I thank you and look forward to working with you over the coming year.

Sincerely,



Wendy Davis, M.D., President

Members Adopt New Resolutions, Set Health Care Public Policy Priorities for 2017

VMS members adopted policy resolutions that address issues of importance to the state's physicians, including changing the paradigm for the use of opioids in chronic non-malignant pain, advocating for uniform regulatory oversight and standard of practice for medical professionals, supporting the practice of primary care, and amending a clinician's duty to warn.

VMS members approved the resolutions during the organization's 203rd annual meeting.

"There are a number of opportunities and challenges facing Vermont's health care system during this time of great transition," said Wendy Davis, M.D.,

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Five honored for outstanding service to health care and community



Distinguished Service Award recipient Lewis First, M.D., FAAP, (c), VMS president Wendy Davis, M.D., (l) and award presenter Barb Frankowski, M.D.

VMS recognized five Vermonters for their outstanding contributions to the health and well being of the state's residents during its 203rd annual meeting.

Lewis First, M.D., FAAP, of the University of Vermont Medical Center and The Robert Larner, M.D. College of Medicine at The University of Vermont, was awarded the Distinguished Service Award for his outstanding work as Chair of the Larner College of Medicine at UVM Department of Pediatrics and Chief of the UVM Children's Hospital, as well as a profound influence in encouraging a generation of University of Vermont medical students to pursue vocations as pediatricians.

The Distinguished Service Award, the highest award VMS can bestow upon one of its members, is given on the basis of meritorious service in the science and art of medicine and for outstanding contributions to the medical profession, its organizations, and the welfare of the public.



Physician of the Year David Halsey, M.D., (r), VMS president Wendy Davis, M.D., (c) and award presenter Cy Jordan, M.D.

The University of Vermont Medical Center's **David Halsey, M.D.**, was named the Physician of the Year for his outstanding work in patient-centric orthopedic care and surgical risk reduction strategies as well as research in patient outcomes, health policy, arthroplasty and arthritis care.

The Physician of the Year Award is granted annually to a physician licensed in the state of Vermont who has demonstrated: outstanding performance in the quality of care given to his/her patients; skillful and compassionate patient care; and, dedication to the welfare of his patients in accordance with accepted principles of good medical practice.



Citizen of the Year recipient Madeleine Mongan, Esq. (c), award presenter Jonathan Weker, M.D., (l) and VMS president Wendy Davis, M.D.

The Citizen of the Year Award was given to Montpelier's **Madeleine Mongan, Esq.**, for her insight into issues from both legal and pragmatic standpoints, recognition that the health of the caregivers is a strong determinant of the success of any effort to improve the health of the citizens through legislative action, and the public and population health implications of so many of her efforts.

The Citizen of the Year Award is given to a non-physician resident of the state of Vermont who in the past and presently has made a significant contribution to the health of the people of Vermont.

VMS Foundation awards scholarship to two medical students

VMS' Education and Research Foundation (VMSERF) has awarded \$5,000 scholarships to Robert Larner, M.D. College of Medicine at The University of Vermont students **Margaret Graham** and **Grace Adamson**. The recipients were honored at the Vermont Medical Society's 203rd annual meeting.

Each year VMSERF gives one or more scholarships to medical students who are committed to practicing medicine in Vermont and caring for Vermonters. The scholarship program was created to encourage young doctors to return to Vermont after completing their residency training and is named in honor of Dr. Mildred Reardon, a faculty member at the Larner College of Medicine at UVM, who was instrumental in forming the foundation.

Graham is an M.D. candidate at the Larner College of Medicine at UVM with an expected graduation date of 2018. She earned a Master of Science degree in epidemiology from the University of Iowa College of Public Health and a Bachelor of Arts degree in Women's studies from the University of Iowa.



Scholarship recipient Margaret Graham (c), scholarship namesake Mildred Reardon, M.D., (l) and VMS president Wendy Davis, M.D.

Graham served as a research assistant at the University of Iowa Hospital, and Iowa City Veterans Affairs Medical Center, studying numerous clinical topics such as infection control and prevention, smoking cessation, blood pressure maintenance, and telehealth. She is the 2016 recipient of the Freeman Foundation Legacy Medical scholarship and is in training to become a certified birth educator.

After initially assuming she would return to Iowa to practice medicine, she now hopes to live and practice medicine in Vermont, citing the state's

collegiality, professional opportunities and the emphasis on primary care in the state. Also paramount is Vermont's culture and how its embraces of her family.

Graham hopes to dedicate her career to caring for underserved communities, including LGBTQ youth, people struggling with addiction, and young parents and families.

Ever since attending Middleburg College as an undergraduate, Adamson has dreamed about making Vermont her full-time home. Fourteen years later, she fulfilled that dream when she enrolled at the Larner College of Medicine at UVM. Currently an M.D. candidate with an expected graduation date of 2018, Adamson entered medical school after a successful 12-year career as an attorney in Washington, D.C.



Scholarship recipient Grace Adamson (c), scholarship namesake Mildred Reardon, M.D., (l) and VMS president Wendy Davis, M.D.

A graduate of the George Washington University Law School, upon deciding to leave law and pursue a career in medicine Adamson earned a graduate certificate in Public Health and Health Services from GW, and served as an emergency room shadow and clinician's assistant at George Washington University Hospital.

Currently the president of the Winooski Coalition for a Safe and Peaceful Community, Adamson plans to practice family medicine in the state upon her graduation and completion of her residency.

The scholarship is funded through generous contributions from the University of Vermont Medical Center, members of the Vermont Medical Society, and the Chittenden County Medical Society.

AMA Corner

*Robert Block, M.D.
AMA Delegate*

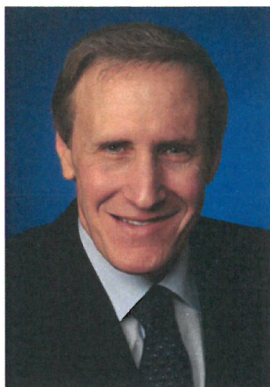
Last spring, I reported to the VMS members about the dramatic modernization of the AMA, which has addressed multiple areas of concern and stress for physicians. In this edition of the AMA Corner, I will discuss the AMA Foundation, the charitable arm of the organization, which has had a tremendous impact on the practice of medicine.

The AMA uses our contributions to fund numerous free clinics, which have been started by AMA members. These clinics serve under or uninsured patients. Research has shown that the population health is much improved due to the clinics.

A multi-centered diabetes prevention study was initiated in those clinics to test the possibility of preventing diabetes in clinic patients with insulin resistance. The clinic patients identified as high risk were referred to a local YMCA. Exercise

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More physicians should seek elective office



There are very significant changes proposed for Vermont's health care system, most notably the All-Payer plan. Whether one supports or opposes these changes, one fact is painfully clear: physicians have had very little input on the proposals.

The Green Mountain Care Board had only one physician, who has recently completed his term and been replaced by an attorney.

Our 180-member state legislature has only one physician: Dr. George Till.

There are two main reasons why more physicians do not seek elective office: 1) Actively practicing physicians simply do not have the time to leave their practices for up to four months per year (not to mention biennial campaigning) and, 2) Physicians seem to have the sense that politics is "dirty" and that running for office would tarnish their professional reputation.

I ran for office this year, first as a statewide candidate and then for a more local seat. I found that voters were responsive and appreciative of my efforts and that the campaign provided an opportunity to hear their concerns about our health care system and to provide them with a physician's perspective on proposed legislation.

I would like to encourage physicians to consider running for office. It is an important way to serve your community and to help ensure that legislation protects our ability to care for our patients in the ways we know best. Retired physicians who still live in the communities where they practiced may have the time, energy and community standing to make a real difference.

I would be happy to share my experience with any that would like to step forward and would help you in any way I can.

Louis Meyer, M.D.
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Vermont Emergency Departments in 2010 versus 2015

By Peter Weimersheimer, M.D., MS, Ray E. Keller, M.D.,
Mohammad Kamal Faridi, M.P.H., and Carlos A. Camargo, Jr., M.D., Dr.PH

To better understand the accessibility and quality of U.S. emergency care, and thereby guide future efforts to improve this care, the Emergency Medicine Network (EMNet) created a comprehensive database of all emergency departments (EDs) in the U.S., the National Emergency Department Inventory (NEDI). As part of the NEDI project, we surveyed directors of all Vermont EDs (excluding those in federal hospitals and college infirmaries) in 2010 and 2015 about the previous years (i.e., 2010 survey asked about 2009 ED characteristics). The survey was designed to measure basic, real-world operational characteristics of the EDs, including annual ED visit volume, indicators of ED crowding, and resource availability in the ED.

In both 2010 and 2015, we surveyed all 14 Vermont EDs and received responses from >80% in both years (93% in 2010; 86% in 2015). Comparing ED responses in 2010 vs. 2015 (Table), the median annual ED visit volume remained relatively stable (15,500 to 16,642 visits) as did the perception of EDs being “at” or “over” capacity (54% vs. 50%). In terms of improvements, the median percentage of ED patients who were uninsured may have decreased modestly (14% to 10%) and we observed a marked improvement

in availability of electronic resources (Table and Figure). However, the proportion of EDs that boarded patients for >2 hours increased markedly (54% vs. 92%) as did the proportion with >6 hour time

Table 1: Vermont Emergency Department Characteristics by Survey Year, 2010 and 2015.

Characteristics	2010 (n=13)		2015 (n=12)	
	n	%	n	%
Annual ED visits. median (IQR)	13	15,500 (12,500-28,500)	12	16,642 (13,500-28,400)
Annual children ED visits. median (IQR)	12	3,300 (1,936-4,990)	10	3,486 (2,000-5,220)
Percentage of uninsured or self-pay. median (IQR)	8	14 (11-15)	7	10 (6-15)
Percentage of visits that led to admission. median (IQR)	12	10 (9-15)	9	12 (10-15)
At least one attending physician on duty in the ED 24/7	10	77	10	83
Crowding				
Any ED patients primarily cared for in hallway	5	38	3	25
Board time >2 hrs until admitted	7	54	11	92
ED patients left before seen (LBBS)				
≤ 1 %	10	77	6	50
> 1 %	2	15	4	33
Unknown	1	8	2	17
ED capacity				
Under or good capacity	5	38	6	50
At or over capacity	7	54	6	50
Unknown	1	8	0	0
Time lapsed for transfer from ED to psychiatric inpatient bed				
≤ 6 hours	6	46	1	8
> 6 hours	5	38	11	92
N/A or Unknown	2	15	0	0
Diagnostic resources available to ED				
Bedside ultrasound	11	85	11	92
Dedicated CT scanner				
No	10	77	0	0
Yes	2	15	12	100
Unknown	1	8	0	0

Abbreviations: ED, emergency department; IQR, interquartile range.
Percentage totals may not equal 100% because of rounding.

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A 2014 finalist for the Robert Wood Johnson Foundation Health Policy Fellowship Program, Dr. Levine earned his M.D. at the University of Rochester School of Medicine.



Dr. Dobson is the medical director of Dartmouth-Hitchcock Putnam Physicians and chief medical officer of Southwestern Vermont Health Care. He is a practicing emergency room physician.

He received his bachelor's degree in physics from The University of the South in Tennessee, a master's degree in geology from the University of Wyoming and his medical degree from The University of Tennessee. He completed his residency in emergency medicine at the University of Virginia.

(Continued from page 2) **Members Adopt New Resolutions...**

VMS' newly elected president. "By passing these resolutions, our members commit themselves to pursuing specific health care policy reforms that we strongly feel will improve the health of our patients and the practice of medicine in state."

The resolutions will form the basis of the organization's 2017 public policy efforts on behalf of its 2,000 physician members. The adopted resolutions were:

- **Expanding the Vermont Practitioner Health Program:** VMS supports increasing the scope of the VPHP program to serve physicians and other clinicians licensed by the Vermont Board of Medical Practice who are experiencing not only substance use disorder but also psychiatric and behavioral health conditions such as depression, anxiety, disruptive behavior and cognitive decline, as determined appropriate by the VPHP program.
- **Supporting the practice of primary care:** VMS urges the Green Mountain Care Board to reduce the current quality reporting and prior authorization requirements, create a new electronic medical record functional system whose foundation is clinical rather than reporting/billing, and create a clear state-wide expectation that primary care practitioners will have sufficient time with their patients, avoid unnecessary use of the emergency department/hospitalizations and bolster their role as key community resources.
- **Uniform regulatory oversight and standard of practice for medical professionals:** VMS urges the Vermont General Assembly to enact legislation ensuring that all professionals engaged in the practice of medicine are subject to the same standard of care and of professional regulation, which may include placing them under the Vermont Board of Medical Practice.
- **Aligning Vermont's prescribed products gift ban with federal law:** VMS advocates for aligning Vermont's Prescribed Products Gift Ban and Disclosure Law with the federal Open Payments Law's requirements.
- **Amending a clinician's duty to warn:** VMS pledges to work with partner organizations to advocate for a restoration of Vermont's previous duty to warn standard, through supporting ongoing litigation efforts and/or urging the Vermont General Assembly to enact legislation explicitly overruling the Kuligowski decision and replacing it with a statutory duty to warn standard requiring a serious risk of danger to an identifiable victim.
- **Changing the paradigm for the use of opioids in chronic non-malignant pain control:** VMS endeavors to change the paradigm of using opioids for chronic non-malignant pain so that such use is guided by high quality medical evidence with regard to efficacy and safety both for individual patients and for society at large. Additionally, VMS endorses the United States Surgeon General's Turn the Tide Campaign.

Resolutions can be found at: vtmd.org/advocacy-and-policy/vms-resolutions.

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therapists and nutritionists worked with this group for up to two years. The results were stunning: a greater than 50-percent reduction in the risk of developing diabetes. The result was so remarkable that CMS has agreed to fund this treatment for any Medicare or Medicaid patient identified as insulin resistant.

The Foundation also underwrites medical education for numerous disadvantaged medical students annually as part of its commitment to promote diversity in the physician community. Any member can recommend a student for recognition/funding.

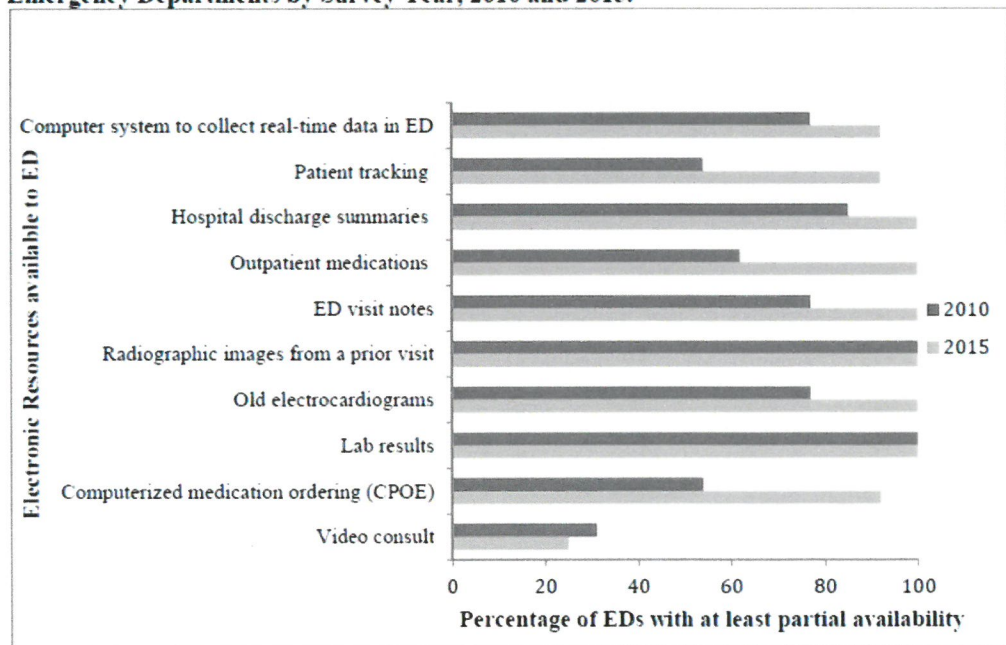
Another major project is the support for a consortium of medical schools whose goal is to develop the medical schools of the future. These institutions focus on patient centered learning, provide actors as “patients” to develop student skills in a stress-free environment. In addition they support team building through group simulation. Results to date, suggest that students are benefiting from these changes and schools outside of the consortium are adopting many of these tactics.

The Foundation activity that Bob Tortolani, M.D., and I enjoy most is judging the yearly poster competition for students, residents and fellows at the interim AMA meeting and underwritten by the Foundation. They work hard, and produce great posters and we have ten minutes to talk with the presenter about what they have learned. We no longer have any doubt about the quality and dedication of the next generation of physicians.

Even if the Foundation were the sole arm of the AMA, Dr. Tortolani and I would strongly support the AMA, which is doing so much to advance medicine.

The next AMA news will focus on physician aides, which the AMA makes available to support the day-to-day work of our offices.

Figure 1: Availability of Health Information Technologies among Vermont Emergency Departments by Survey Year, 2010 and 2015.



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VT Emergency Departments...

lapse between transfer from the ED to a psychiatric inpatient bed (38% vs. 92%). We suggest increased focus on ways to decrease transfer wait times from the ED to inpatient beds.

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Founder's Award recipient William Cyrus Jordan, M.D., MPH, (c), award presenter David Coddair, M.D., (l) and VMS president Wendy Davis, M.D.

William Cyrus Jordan, M.D., MPH, of Montpelier was honored with the Founder's Award for his tireless and selfless work to improve health care delivery in the region. He brought together diverse stakeholders to work collaboratively on projects ranging from payment reform to reducing unnecessary laboratory testing, championed and supported physician engagement in the development of healthcare policy, measurement, and innovation and has been a voice of hope, optimism, enthusiasm and collaboration.

The Founders' Award is presented to an individual who has demonstrated outstanding leadership, vision, and achievement in improving the health of Vermonters and all Americans.

Rutland- and Castleton-area family physician **James Thomas, M.D.**, was honored with the Physician Award for Community Service for being an excellent physician who also has been very involved in community affairs. He has volunteered countless hours to serve his community including serving on the Castleton Select Board, Zoning Board, Planning Commission and Board of Civil Authority.

The Physician Award for Community Services is granted annually to a physician who has compiled an outstanding record of community service, which, apart from his or her specific identification as a physician, reflects well on the profession.

