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Fellow physicians and friends of the Medical Society: I thank you for your confidence in me and your support over the past year.

I confess that some years ago I had my head in the sand as regards health care policy and health care legislation; neither an activist nor an interested party and I was not alone.

"Leave me out of it"  
"That's not what I am interested in"  
"I'm not good at knowing how to deal with all those politicians, insurance companies and health care agencies"  
"The word negotiation makes me queasy and think of men in suits (in Vermont!)

"I was trained to take care of patients"  
"I just want to be a good doctor"

Take a moment to think about the images that come to your mind when you hear the phrase: A GOOD DOCTOR.

A good doctor:  
a gentle voice,  
a particular touch of the hand,  
an attentive countenance,  
strong and silent (presumably, as in listening),  
sure of what to do next,  
a presence of hope and comfort.

I know, it's Marcus Welby, all over again.

My image of a good doctor is one who has knowledge and acquires a network of resources to support the care of the patient. A good doctor listens to the story that patient tells, using nonjudgmental encouragement so that the whole story can unfold. A good doctor acts with compassionate care and partners with the patient, even to the moment of dying.

The doctor-patient relationship is the vital core of what makes us good doctors. Who would dare trespass on this relationship? Many will, if we let them.

After this year as President of our Medical Society, my image of the good doctor has been enlightened. The good doctor can and must take his/her head out of the sand, looking and listening to the external noise of policy and law making that clearly stresses and strains our best attempts to be good doctors. We are called to be pro-active in our advocacy of patients at a level beyond what we learned in training and beyond the walls of the exam room.

In our compassionate state of Vermont, through the efforts of many physicians and our own Society's superlative staff, we have earned a level of respect from legislators and other interested health care policy groups that positions us to advocate for an environment that will allow us to continue in our roles as good doctors.

In the past year the work of the Vermont Medical Society has

- provided information for our elected officials and clearly affected the outcome of legislation  
- created forums for dialogue with the gubernatorial candidates  
- been present at the table to project the reality of day to day care in discussing the Medicaid pharmaceutical cost cutting mandate  
- created stronger channels of communication at the federal level as regards declining Medicare reimbursement  
- kept our membership informed with face to face meetings, newsletters, legislative updates and coding support  
- strengthened our relationship with the UVM College of Medicine

I see only good doctors amongst us, for by being involved we are part of the search for the preservation of the doctor-patient relationship. I urge you to continue to support the VMS and encourage our colleagues to join. Let us continue to put forth efforts to insure for ourselves and the Vermont physicians who follow us, the privilege of being good doctors for the citizens of Vermont:

We are knowledgeable physicians, who listen, who act with compassion, even at the end of life. We are physicians who protect the doctor-patient relationship with the sword and shield of advocacy.

Let us, together, make it so.
I. Who We Are and What We Do

A. THE SOCIETY IN BRIEF

The Vermont Medical Society has been providing services to Vermont physicians for over 200 years. As a pro-active member organization, VMS represents the interests of physicians and advocates on their behalf.

Along with providing assistance, information and lobbying services on legislative and regulatory matters, the Society also offers its members a host of personal and professional services — including contract review, individualized technical assistance, a program to support our colleagues who are affected by the disease of substance abuse, development and maintenance of Web sites, assistance with coding and compliance, and insurance programs for members and their employees.

B. OUR MISSION

The mission of the Vermont Medical Society is to serve the public by facilitating and enhancing physicians’ individual and collective commitments, capabilities and efforts to improve the quality of life for the people of Vermont through the provision of accessible and appropriate health care services. Our purposes are these:

To encourage and aid the progress and development of the sciences of medicine and surgery, and to encourage research in those areas;

To promote the public health;

To encourage cooperation among physicians in medicine and surgery, to elevate the standards of professional skill, care and judgment;

To promote and follow ethical standards of conduct to benefit patients, individual physicians, other health professionals, and society as a whole; and

To advance the general social and intellectual welfare of its members.

II. VMS Organizational Framework

A. AUTHORITY

The individual physician member is the base of all authority in the Vermont Medical Society. The decisions of our members ultimately determine the nature, direction and goals of the Society’s activities.

B. GOVERNANCE

Each member has an equal voice at the annual and special membership meetings that are the society’s definitive governing authority. In intervals between these meetings, the Council of the VMS conducts the society’s affairs. The Council meets to discuss the policy, governance, operations and finances of the Society. The Council’s membership includes VMS officers and representatives of the county medical societies, the Vermont chapters of specialty societies, the Vermont Department of Health, and the University of Vermont College of Medicine.

Officers elected at the VMS Annual Meeting represent member physicians. The Executive Committee comprised of the President, Immediate Past-President, Vice President, Secretary, and Treasurer meets regularly and reports to the Council.

The Executive Committee also reviews the operating budget of the organization monthly and reports to the Council on Society finances. An annual outside audit is conducted and is available upon request to all members. The Investment Committee oversees the reserve and special funds of the Society in concert with an outside financial advisor. The overall financial condition of the Vermont Medical Society remains stable.

C. COMMITTEES

Members are strongly encouraged to get involved by serving on committees. Participating enables members to have an impact on Society programs and policy.
Council Committees include:

- Executive Committee
- Finance Committee
- Pension Committee
- Personnel Committee

These committees are comprised of officers of the Society as determined by the bylaws.

Standing Committees and Boards as established by the Society bylaws include the:

- Judicial Board
- Board on Ethics
- Committee on CME and Certification
- Committee on Grievances Involving Physicians
- Committee on Investments
- Jurisprudence Committee
- Committee on Medical Benevolence
- Committee on Medical Economics and Insurance.

Members of these committees are proposed by the Council and elected by the membership at the Annual Meeting.

Other committees are formed by the Council on an ad hoc basis, including the:

- Committee on Awards
- ByLaws Revision Committee
- Ethics Committee
- Excellent Care at the End of Life (ExCEL) work group
- Nominating Committee
- Program Committee
- School Health Committee
- Physician Wellness Committee-VPHP Clinical Management Team

The members of these committees are appointed by the President with the approval of the Council.

D. ISSUE TEAMS

The Medical Society does its policy work through twelve Issue Teams. Along with the Physician Policy Council, our physician bargaining group discussed below, the Issue Teams guide all VMS policy initiatives and are the most direct voice of our physician members. It is primarily through these teams of member physicians that VMS lobbies the Vermont Legislature and the executive branch as well as presents the concerns of Vermont’s physicians to private entities.

The Issue Team structure enables Medical Society staff to tap into the diverse expertise of our over 1,900 member physicians, residents and students. Team members receive copies of pending bills and are asked to forward their views to VMS headquarters by phone, mail, fax or e-mail. Conference calls and meetings are scheduled as necessary to discuss issues, develop positions, and design strategies that tap physicians’ expertise and interest. To further accommodate our members’ busy schedules, we make all issue team communications available on our Web site. Issue Team members are not required to respond to mailings or to participate in calls or meetings but are encouraged to do so when their schedules permit.

Year 2002 Issue Teams

#1 Individual Rights, Ethics and Confidentiality
Topics include: medical records confidentiality, parental notification for abortion

#2 Excellence in Care at the End of Life (ExCEL) (see Section III for more details)
Topics include: pain and symptom management at end of life, support creating of regional systems of end-of-life care statewide, do-not-resuscitate orders (pre-hospital)

#3 Pharmaceuticals
Topics include: Medicaid pharmacy benefit management, medicate preferred drug list (formulary)
During the legislative session, we drew particularly heavily on issue team input regarding the tobacco tax increase and succeeded in passing a 75-cent increase; working towards fair Medicaid reimbursement; facilitating the transfer of the Board of Medical Practice to the Department of Health and agreeing on unprofessional conduct language; H.31, the prescription drug cost containment bill leading to the preferred drug list (PDL); and educating the legislature and public regarding medical marijuana.

E. PHYSICIANS POLICY COUNCIL
The Physicians Policy Council (PPC) was organized by the Vermont Medical Society in 1994 to act as a “provider bargaining group,” for Vermont Physicians. The PPC is authorized by Vermont law to negotiate with state government agencies such as the Departments of Prevention, Assistance, Transition and Health Access (PATH) and Labor and Industry all matters related to reimbursement, quality and health care regulation for Vermont physicians.

The PPC is organized by physician specialty. Each specialty society or organization in Vermont that is recognized by the VMS Council has a seat on this important negotiating body. Currently the recognized specialties are anesthesiology, cardiology, child psychiatry, dermatology, emergency medicine, family practice, gastroenterology, internal medicine, neurology, obstetrics and gynecology, oncology, ophthalmology, orthopedics, otolaryngology, pathology, pediatrics, psychiatry, radiology, surgery, and urology.

Originally, the PPC developed positions for VMS during the health care reform debate in the early 1990’s. The bargaining group was designed to negotiate with the state on a unified global health care budget and expenditure analysis in the event a universal health care system achieved passage. In 1996 the group met again to discuss with BC/BS its plans to create TVHP with FAHC and the Rutland Hospital.

In 1999, in an effort to address issues of adequacy and fairness of reimbursement in the state Medicaid program, VMS reorganized
the PPC to negotiate the level of Medicaid reimbursement and reached consensus that Medicaid reimbursement should be increased to the level of the national average Medicare reimbursement.

In February of 2002, the PPC met with the Chairs of the Senate Appropriations and Health & Welfare Committees to discuss Medicaid reimbursement, and VMS’ concerns with proposed increases in Medicaid copayments and the VHAP Buy-in proposal under review in the Senate. At that meeting the PPC also discussed the implementation of the Medicaid Preferred Drug List (PDL) and prior authorization program. As a result of the meeting, Senators Chard and Bartlett wrote to the Department of Prevention Assistance Transition, & Health Access (PATH) to recommend that the Department include E-pocrates software for physicians in its PDL program and also that the Department investigate the feasibility of developing a generic drug samples program.

The PPC continues to work on reducing the paperwork and bureaucracy involved with determining eligibility, treating patients, and obtaining reimbursement through the Medicaid program.

III. Education and Communications

A. UP-TO-DATE INFORMATION

VMS publishes policy bulletins during the legislative session, produces educational materials, and organizes meetings and seminars to help members keep current and knowledgeable about pressing issues that face physicians and their patients. See the sections below for more detail on our outreach efforts this year. This year we also resumed publication of the Green Mountain Physician, a newsletter that provides more in-depth information on issues of interest to physicians as well as articles written by physicians for their peers.

Our Web site, http://www.vtmd.org, is the place to find the latest information on health care in Vermont. The policy bulletin, issue team memos and Green Mountain Physician are kept on the site for your information, as is the contact information for the Council and the VMS staff. We have begun the process of redesigning our web site to make it even more user-friendly and informative.

B. TASK FORCES

Opiate Addiction Task Force
At a Council meeting in the fall of 2001, the VMS Council, in response to a discussion of the increasing problem of opiate addiction in Vermont, formed an Opiate Addiction Task Force. The Task Force was designed to educate physicians about the disease of addiction, identify issues of diagnosis and treatment and provide physicians with treatment resources. Led by Dr. Mimi Reardon, the task force has conducted educational sessions for physicians in Brattleboro and Rutland and plans future seminars.

Prescription Drug Task Force
The Prescription Drug Task Force is made up of members of the pharmaceuticals issue team (# 3). The Task Force met jointly with the Physicians Policy Council to consider the proposed preferred drug list and prior authorization procedures developed by First Health for the Office of Vermont Health Access.
C. EXCELLENT CARE NEAR THE END OF LIFE WORK GROUP

Vermont Excellence in Care at the End of Life (VT ExCEL), administered through VMS, is an active coalition made up of the Hospice and Palliative Care Council of Vermont, the Vermont Ethics Network, and the Vermont Medical Society (VMS) and representatives of other groups working on end-of-life care issues.

Over the past year, ExCEL continued to explore funding sources to support its work to establish guidelines and best practices in palliative care and to organize and educate regional palliative care networks in all parts of the state. One option ExCEL is considering is whether to establish a 501 (c)(3) tax exempt charitable organization in order to accept grants from foundations. Consequently, the ExCEL committee joined the Rallying Points coalition created by the Robert Wood Johnson Foundation that provides technical assistance to statewide and regional coalitions such as ExCEL that focus on end-of-life care.

ExCEL has worked with the Vermont Department of Health to advocate for the development of a policy on the need for portable “do not resuscitate” (DNR) orders for people who want to die at home. The Department agreed to pursue statewide implementation of the protocol piloted in Brattleboro. They plan to do this over the coming year through mailings and presentations to medical staff meetings at each of Vermont’s hospitals and Dartmouth-Hitchcock Medical Center in Lebanon, NH. In addition, ExCEL and VMS will make an effort to work with New Hampshire physicians to reform the requirement that a patient can only have a DNR order if he or she is certified terminally ill by a physician with a specified prognosis of six months or less.

ExCEL members will facilitate education about the new state policy that permits patients to use a DNR order signed by a physician in the community. As the Vermont Department of Health moves forward with regional implementation, community by community, VMS will act as a clearinghouse for information to physicians on the new policies.

D. HIPPA EDUCATION

As deadlines for compliance with the Health Insurance Portability and Accountability Act (HIPAA) approach, VMS has been actively involved in providing physicians with information and assistance with HIPAA compliance. VMS participates on task forces and the steering committee of the New Hampshire Vermont Strategic HIPAA Implementation Plan (NHVSHIP). A collaborative effort of Vermont and New Hampshire medical societies, hospital associations, payers and others, NHVSHIP has been certified as a regional affiliate of the highly regarded non-profit, WEDI/SNIP (Workgroup on Electronic Data Interchange Strategic National Implementation Plan). NHVSHIP hosts an excellent web site on HIPAA with links to regulatory materials, compliance tools and educational materials. NHVSHIP has task forces on Privacy, Security, Transactions and Education that meet monthly at the Veterans Hospital in White River Junction.

This year, VMS has distributed one policy bulletin and several alerts to members on HIPAA. In addition, VMS has presented information about HIPAA at seminars in South Burlington, Newport, Central Vermont, Colchester and Brattleboro.

E. MEDICAID PREFERRED DRUG LIST (PDL)

Along with advocacy work to improve the clinical soundness and administrative implementation of the PDL, the Medical Society, the office of Prevention, Assistance, Transition and Health Access (PATH) and First Health (contracted by PATH to administer the program) collaborated to educate physicians and listen to concerns about the program. The three organizations have traveled to every hospital around the State in the fall of 2002. The Medical Director of PATH presented a description of the history and purpose of the program and representatives from First Health were available to offer physicians assistance with implementing the program in their offices.

VMS is attending these meetings to ensure that PATH and First Health follow-up on the many excellent suggestions by physicians on ways to improve the PDL.
F. CANDIDATE FORUMS AND QUESTIONNAIRE

The Vermont Medical Society provided physicians from around the state with five unique opportunities to meet the gubernatorial and lieutenant governor candidates and learn more about their health care agendas.

There were four forums with the candidates for governor. These were held at Central Vermont Hospital in Berlin, (co-sponsored by Washington County Medical Society), at the American Legion in White River Junction, at the Rutland Regional Medical Center and at the College of Medicine in Burlington. There was one forum for the lieutenant governor candidates held at Fletcher Allen Health Care in Burlington. These forums were co-sponsored by the Vermont Association of Hospitals and Health Systems and the Vermont Dental Association.

The VMS also publicized in the September/October issue of the Green Mountain Physician the responses by the three lead gubernatorial candidates to a questionnaire on several subjects, including professional liability reform.

The VMS believes that these forums have helped to establish a close working relationship with Vermont’s next Governor which will serve us well as we address the pressing health care issues facing our state.

IV. Member Services

Led and governed by Vermont physicians, the Vermont Medical Society is made up of over 1900 physicians, medical students, and residents who live and work in Vermont. This includes two-thirds of practicing physicians in the State. VMS policies and programs are developed for Vermont physicians, by Vermont physicians.

We are very optimistic about physician recruitment in the year 2003. We believe that the VMS is an organization in which physicians can work together to make things happen both statewide and nationally.

A. TECHNICAL HELP ON REQUEST

The VMS staff is available every working day to offer technical assistance to members on a range of non-clinical issues. Staff members regularly field inquiries regarding practice management, coding, medical records, fraud and abuse, and workers’ compensation, among others. This year, in addition to providing help with standard questions, we responded to many inquiries regarding inquiries regarding medical records charges, collaborative practice with allied health professionals, Medicaid administrative requirements, the PHICO financial crisis, HIPPA and the Preferred Drug List.

For assistance and guidance, members may call 800-640-8767.

B. ADMINISTRATIVE SUPPORT TO SPECIALTY AND COUNTY SOCIETIES

The Medical Society wants to help coordinate the efforts of all physicians in the State. This includes helping to coordinate and support the State’s specialty societies and county medical societies. In 2002, the staff at VMS provided contracted administrative support for the Vermont Psychiatric Association and the Vermont Chapter of the American College of Physicians-American Society of Internal Medicine. Support included help planning annual meetings, sending mailings, recruiting members and bookkeeping. VMS staff also assists county societies in
planning meetings, sending mailings and other logistical support.

C. CODING AND REIMBURSEMENT ASSISTANCE
In 2000, the Maine (MMA), New Hampshire (NHMS) and Vermont (VMS) Medical Societies joined together to fund a two-year pilot program to assist member physicians with coding and reimbursement problems. Coding expert Laurie Desjardins was hired to assist medical society members by providing coding/reimbursement expertise, educating office staff in procedural coding, and work with employees at each state society and third-party payers to resolve reimbursement issues for members.

Since then, VMS has offered a total of 13 coding roundtables and seminars throughout the state addressing a range of topics including compliance, CPT code changes, modifiers and E&M coding. In addition, Ms. Desjardins responded to over 400+ questions from VMS member practices by phone and e-mail and made 33 free house calls to physician practices throughout the state.

For coding and reimbursement assistance, VMS members and their staff may call Laurie Desjardins, CPC, toll free at 888-889-6597, or email her at ldesjardins@loa.com. On-site reimbursement consultations are available free of charge to members on request.

D. WEB SITE DEVELOPMENT
Vermont Medical Society members have built over 70 Web sites on the Medem Network. VMS members who build Web sites through Medem benefit from a regularly updated news feed from VMS; secure messaging for their offices to communicate with patients, with unique features including appointment reminders, prescription refills, patient specific on/off features and role-based access; and a trusted Library of over 4,500 articles from the nation’s medical societies.

E. VERMONT PRACTITIONER HEALTH PROGRAM
The Vermont Practitioner Health Program (VPHP) is a health service of the Vermont Medical Society. Guided by Vermont physicians with expertise and experience in addictionology, and with the assistance of a case management team, this program supports the identification, treatment and rehabilitation of physicians, podiatrists and physician assistants (these are the professions licensed and regulated by the Vermont Board of Medical Practice) who are impaired or at risk for impairment by the excessive use of drugs, including alcohol.

VPHP provides ongoing, confidential support for recovery from alcoholism and substance abuse, including referral, liaison with colleagues, recovery monitoring and documentation. We further provide advocacy for return to practice of medicine. The program is jointly funded by an assessment on licensing fees for physicians, podiatrists and physician assistants and income derived from the VMS Faulkner Income trust.

For more information or assistance, any physician, podiatrist or physician assistant may call confidentially at 802-223-0400.

F. INSURANCE AND OTHER MONEY-SAVING PROGRAMS
VMS members can participate in:
Group health insurance coverage by Blue Cross/Blue Shield, we offer 16 different options;
Group disability and life insurance rates, through Pinnacle Financial Group;
Group dental insurance, through Delta Dental;
VMS-endorsed professional liability and other administrative defense insurance, through Medical Mutual Insurance Company of Maine;
VMS-endorsed debt collection service through I.C. Systems.
V. State and Federal Advocacy

A. 2002 PRIORITIES AND RESULTS

1. Stabilizing and ensuring the sustainability of the Vermont Medicaid program, while continuing to work towards ensuring annual inflationary increases for physicians and to increase Medicaid payments to Medicare levels.

2002 was a very difficult budget year for the State of Vermont. The administration’s proposed budget contained a number of Medicaid cuts, including cuts in drug, chiropractic, podiatry, vision and dental coverage. Physicians were level funded in the administration’s budget which in itself was an achievement. After the legislature heard testimony from VMS members and other health care advocates it increased physician reimbursement 1.5%. While this amount was small and did not cover inflation, it was a significant achievement for physicians in a very difficult budget year.

The administration also proposed to increase Medicaid physician copayments to $10.00 from $2.00. VMS opposed the increase because of the difficulty and expense physicians would experience in trying to collect the copayments, VMS believed that an increase in copayments would result in a reduction in reimbursement for physicians who are already underpaid by Medicaid. In the appropriations process, VMS was able to reduce the increase to $7.00 and to require the Department of PATH to study the copayment collection rate and the effect of copayments on health care delivery. VMS staff and member physicians will work with the Department on this copayment study. The legislature continues to acknowledge in budget language the importance of increasing physician Medicaid payment to the Medicare level.

2. Ensure that the Medicaid Preferred Drug List and prior authorization program for drugs is clinically appropriate, affords patients access to drugs they need, includes a strong physician education component, and does not increase paperwork for prescribers.

VMS has been very actively involved in the creation and implementation of the Medicaid Preferred Drug List. In the legislature, VMS was instrumental in defeating the “four-brand” proposal that would have required automatic prior authorization for any Medicaid patient who was taking more than four brand name drugs in any given month. VMS also advocated successfully for a provision that exempted psychiatric drugs for patients with severe and persistent mental illness from the prior authorization program for two years and a provision that ensured that the treating physicians would be able to make the final decisions about drugs for their patients. Finally VMS worked to include provisions on physician education and on reducing administrative work for physicians in the bill.

Throughout the process, while recognizing the need to reduce spending on drugs, VMS has consistently focused on ensuring the clinical soundness of the preferred drug list and on minimizing the administrative burden for physicians. VMS advocated successfully to extend the roll-out period for the preferred drug list from a one-month period to a three month period, from October through December of 2002. VMS members have also commented extensively on communications about the PDL and prior authorization process designed by PATH for physicians and patients.

3. Work to ensure that administrative and jurisdictional structure for the Board of Medical Practice is stable and will enable the board to carry out its mission of licensing and disciplining physicians to ensure high standards for the profession. Ensure that appropriate information is available to the public about physicians and ensure that the standards for physician discipline are strict, but fair.

This year was a year of major change for the Board of Medical Practice, the board charged with licensing and overseeing discipline of physicians. Through a dozen years of controversy and an ongoing struggle with the Secretary of State’s office, the board had struggled to maintain its semi-autonomous status and its ability to control its budget and operations. The Board's semi-autonomous status was scheduled to sunset July 1, 2002, and
without legislative action, the Board would automatically return to the jurisdiction of the Secretary of State. The Secretary of State’s office and some legislators, made aggressive proposals that would not only have returned the board to the secretary of state’s jurisdiction, but would have replaced the board with law trained administrative judges and lowered the disciplinary standard of care to simple negligence. The legislative debate was intensified by a series of newspaper articles questioning the board’s regulatory process in several specific cases and questioning the limited information available to consumers about their physicians. In response to these legislative proposals, VMS worked to transfer oversight and jurisdiction for the Board of Medical Practice to the Department of Health. VMS leadership also supported a physician profiling proposal similar to those in effect in Massachusetts, Rhode Island and New York designed to make more information about physicians available to the public. Finally, VMS supported a compromise on the professional negligence standard that added a competency standard in addition to the existing standard based on gross negligence or repeated simple negligence. After intense and lengthy debate the final legislation transferred board oversight to the Department of Health, agreed to the profiling proposal and added a competency standard.

VMS is now working with the Department of Health to implement the transition of oversight and the development of the new profiling law.

4. Work with Medicaid to ensure that the prior authorization program for OxyContin allows patients access to appropriate pain management and does not create an administrative burden for physicians, but at the same time includes appropriate safeguards against diversion and abuse.

In the late summer of 2001, VMS was seriously concerned about the chilling effect press reports and statements of government officials about Medicaid coverage of OxyContin would have on patients with moderate to severe pain and the physicians who are treating them. VMS urged caution with respect to public discussion of pain treatment and diagnoses in media presentations, because of the risk of alarming readers or listeners and causing them to apply what is meant as general information in specific situations. In response to the press reports, in September, VMS adopted the following five-point position.

1. VMS acknowledges that there is a serious problem with drug and alcohol abuse in Vermont and acknowledges that OxyContin is a drug with abuse potential.
2. VMS supports appropriate use of OxyContin for pain management, consistent with the FDA statements.
3. VMS believes that it is critical that pain management decisions be made in the context of a physician–patient relationship.
4. Government policies that restrict or delay physicians’ ability to treat their patients impair high quality care for patients unless they are very carefully constructed.
5. VMS strongly supports increased physician education with respect to pain management, addiction, and detoxification.

VMS communicated this position to state officials and worked with the Medicaid medical director, Joe Jacobs, MD, to improve the prior authorization program for OxyContin. Dr. Jacobs met with the VMS ExCEL committee to work out the prior authorization program.


At a Council meeting in the fall of 2001, the VMS Council, in response to a discussion of the increasing problem of opiate addiction in Vermont, formed an Opiate Addiction Task Force. The Task Force was designed to educate physicians about the disease of addiction, identify issues of diagnosis and treatment and provide physicians with treatment resources. Led by Dr. Mimi Reardon, the task force has conducted educational sessions for physicians in Brattleboro and Rutland and plans future seminars. In response to the recent approval of buprenorphine by the FDA, the VMS Opiate Addiction Task Force will also work with the Department of Health, the Central Vermont Physician Hospital Organization, the Vermont Association of Hospitals and Health Systems and others on ensuring that
educational programs on buprenorphine are available for physicians in Vermont.

6. Ensure that tobacco settlement funds are spent for tobacco prevention activities and other health-related activities.

VMS successfully advocated for a 75-cent increase in the tobacco tax, to be implemented in FY 03 and FY 04. VMS supported increasing the tobacco tax for public health reasons, because of the demonstrated effect increases in tax have on decreases in youth smoking.

VMS also was actively involved as a member of the Coalition for a Tobacco Free Vermont advocating to spend the tobacco settlement funds on prevention and health-related activities. For the period July 2002 to July 2003, Vermont received about $29 million from the tobacco settlement. Of that amount $5.2 million was appropriated to the Departments of Health, Education and Liquor Control for tobacco control, education and prevention initiatives. The Department of Health’s tobacco programs included countermarketing, cessation, and community-based activities. About $2.1 million was spent on substance abuse prevention including drug treatment, opiate treatment, community youth initiatives and the student assistance program. The attorney general’s office and the tax department received about $350,000 for administration of the settlement funds and about $750,000 was appropriated to the Departments of Corrections, Social and Rehabilitative Services and Judiciary for youth initiatives. Of the remainder, about $17 million was appropriated to the Vermont Health Access Program (Medicaid).

In 1999, the legislature created a Tobacco Trust Fund in the Treasurer’s Office that was funded with appropriations from the tobacco settlement funds, unexpended appropriations for tobacco programs, general fund appropriations and interest earned. The purpose of the trust was to create a fund that would grow over the years and could be used to fund tobacco prevention programs after the tobacco settlement is terminated. Initially funded with about $16 million, the fund has grown to about $24 million.

7. Work with our Congressional delegation to improve Medicaid formula for physicians reimbursement.

The VMS worked with our Congressional delegation to address the serious flaws in the Medicare program’s physician payment system. In 1999, Senator Jeffords introduced the "Medicare Physician Payment Fairness Act of 2001," S.1707, to prevent a 5.4 percent across-the-board cut in physician payments in 2002. Senator Leahy co-sponsored S.1707 and Congressman Sanders co-sponsored the companion bill in the House.

The 5.4% cut in the Medicare physician fee schedule conversion factor that went into effect January 1, 2002 translates into an average Medicare pay cut of more than $2,500 per Vermont physician (or $4.1 million total), with some specialists seeing payment reductions of over $5,000. And with Vermont receiving the lowest Medicare payments per enrollee of any state in the country, the additional projected cuts in physician payments over the next several years could result in serious harm to Vermont’s health care system and seniors’ access to necessary services. As the Medicare Payment Advisory Commission's June 2001 report warned, the steep cut of -5.4 percent in 2002 "could raise concerns about the adequacy of payments and beneficiary access to care."

Unfortunately, notwithstanding the fact that over 80 Senators have also co-sponsored S.1707, the legislation was not considered and physician payments in 2002 have been significantly reduced. The VMS will continue to work with our Congressional delegation to ensure action is taken this year to prevent additional payment cuts in the future.

B. Year 2003 Priorities

Immediately following the 2002 annual meeting, the VMS Council met to establish goals and objectives for 2003 that were consistent with the society’s mission. During the facilitated discussion, the Council developed strategies and priorities in the areas of advocacy, education/communication, and direct member services. The Council also discussed the importance of having our society’s organizational structure to evolve in a manner that
ensures the greatest degree of member input and involvement.

The VMS Council adopted the following priorities for 2003:

**ADVOCACY PRIORITIES FOR 2003**

1. **Increased Medicaid Reimbursement.** The Vermont Medical Society will work with the Administration and Vermont General Assembly to take steps to stabilize and ensure the sustainability of the Vermont Medicaid program. These actions include annual cost of living adjustments covering inflation for physicians in the Medicaid budget; creating a plan to increase Medicaid reimbursement to establish parity with average national Medicare payment levels; and, reducing the Medicaid co-payment for physicians visits from $7.00 to $2.00. (Based on a Joint Fiscal Committee estimate, if Vermont's Medicaid program reimburse physicians at the Medicare rate Vermont physicians would receive an additional $12.7 million in revenue.)

2. **Increased Medicare Reimbursement.** The Vermont Medical Society will work with our Congressional delegation to correct Medicare's physician payment formula. Under current law, Medicare's physician payment rates are projected to fall by 12% over the next three years. Vermont physicians' losses due to the 2003-2005 cuts will total about $21 million—or $11,900 per physician. This comes on top of a 5.4% payment cut which cost Vermont doctors a total of $4.1 million or about $2,549 per physician in 2002. The VMS will also work with a number of other state societies to address underpayment to rural physicians by setting a floor for the physician work component of Medicare's geographic cost index (GPCI).

3. **Professional Liability Reform and Quality Improvement.** The Vermont Medical Society will work with the Vermont General Assembly to enact meaningful professional liability reform in order to help contain the cost of our state's health care system and maintain access to necessary medical services. The legislation could include the following elements: the adoption of an alternative dispute resolution process; revising Vermont's statute of limitations for medical malpractice cases; and, providing limited immunity for physicians who volunteer their services at free clinics.

In 1999, the Institute of Medicine released a report that examines the frequency and cause of unintentional death and injury in our health care system. Many believe that protection of information is key to encouraging the voluntary reporting of medical errors. VMS will work with our Congressional delegation and other Vermont health stakeholders to advance patient safety legislation through strengthened peer review protections.

4. **Childhood Obesity Prevention Program.** The Vermont Medical Society will work with the Department of Health, and the Vermont General Assembly to reduce the proportion of children and adolescents who are overweight or obese and improve the health conditions for our children.

**EDUCATION AND COMMUNICATIONS PRIORITIES FOR 2003**

1. **Influencing the public's perception of physicians.** During 2003, the VMS will work to document the work of our physician leaders and disseminate this information through Vermont media outlets. As is made clear from each year's award nominations, Vermont physicians stand on the shoulders of giants. The development of articles about physician award recipients will both publicize their contributions to a statewide audience and also provide the basis for a VMS history of the state's physician leaders and mentors.

2. **HIPPA Education.** As deadlines for compliance with the Health Insurance Portability and Accountability Act (HIPAA) approach, VMS has been actively involved in providing physicians with information and assistance with HIPAA compliance. As the privacy deadline of April 14, 2003 approaches, VMS will work on the development of compliance templates for physicians and a preemption analysis for Vermont law.

3. **Risk Management and Communications Seminars.** As a part of our efforts to address the high cost of professional liability insurance, the VMS will sponsor CME seminars on risk management strategies and improved communication techniques.
**DIRECT MEMBER SERVICE PRIORITIES FOR 2003**

1. **Establishment of Tri-State Medical Society Services, Inc.**

In 2000, the Maine (MMA), New Hampshire (NHMS) and Vermont (VMS) Medical Societies joined together to fund a two-year pilot program to assist member physicians with coding and reimbursement problems. Due to the success of the coding center, VMS, MMA and NHMS have decided to establish Tri-State Medical Society Services, Inc., to house the coding center. It is also anticipated that the new organization could provide a corporate structure for future services for the three Northern New England medical societies.

2. **Create an Educational Foundation.** In order to be able to accept grants to related to educational efforts, the VMS will create a 501(c)(3) Educational Foundation. In the future, this foundation could also receive endorsements to be used to assist Vermont medical students with the high costs of their education.

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**VI. Treasurer’s Report and Budget for 2003**

At the October 27th Council meeting held at the Equinox in Manchester, Vermont, the VMS Council approved the following budget for operation of the Society for the calendar year 2003. This 2003 budget assumes level-funding based on our projected income for calendar year 2002.

The long-term goal of the 2003 budget and beyond is to build our contingency fund to a level that would sustain VMS through one year’s operation in the event of unforeseen difficulty. Maintaining and expanding our membership base and the frugal cash management by staff and the VMS governing body will help to achieve this goal.

If you would like a detailed copy of the 2003 budget, please contact Joy Ibev our VMS Business Manager.

John Mazuzan, M.D.
Treasurer

**VMS PROPOSED BUDGET SUMMARY 2003**

| Total Income | $642,000 |
| Expenses: | |
| Total Operating Expenses | 132,275 |
| Total Payroll Expenses | 370,723 |
| Total VPHP Expenses | 61,014 |
| Total Property Expenses | 29,550 |
| Total Other Expenses | 14,700 |
| Total Expenses | 608,262 |
| Net Projected Income 2003 | $33,738 |

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*John, Mazuzan, M.D. and Lorimer Holm, M.D.*
*Treasurer and Past Treasurer of the VMS*
VII. 2002 Annual Meeting

The 2002 Annual meeting was held at the Equinox Hotel in Manchester on October 26, 2002. This year, we added a Council retreat on the following day to set VMS priorities and goals for 2003. By all accounts, the annual meeting was a success giving physicians from around the State opportunities to learn about health care advances and policy changes, the ability to debate and adopt resolutions to guide the VMS into 2003 and the opportunity to elect the leaders of VMS for the coming year. It also provided VMS members with an opportunity to reconnect and meet new peers, a chance to relax and dance to the DJ late into the night, and a time to honor colleagues who were recognized for their work to improve the health of Vermonters.

A. AGENDA AND CME SESSIONS

Vermont Medical Society (VMS)
Vermont Psychiatric Association (VPA)
2002 Annual Meeting
Co-hosted by the University of Vermont College of Medicine
The Equinox, Manchester, Vermont

Saturday, October 26, 2002
8:30am Clinical CME: Diabetes, progress and promises in treatment and research. Muriel Nathan, MD, Diabetologist/Endocrinologist, UVM/FAHC; Phillip Lapp, MD, Diabetologist/Endocrinologist, Rutland Regional Medical Center; Cyrus Jordan, MD, Medical Director Vermont Program for Quality in Health Care; Charles McLean, MDCM, UVM/FAHC; Elizabeth Hallock, RN, BSN, CDE and David Little, MD Associate Director of UVM AHEC.


11:30 am Health Policy CME: Professional Liability Reform Panel Ritchie Berger, Esq.; Patrick Dowling, MD, President of Medical Mutual; and Robert Backus, MD.

12:30 pm Luncheon with keynote address
Dean Joseph Warshaw, MD, University of Vermont College of Medicine

7:00 pm Awards Banquet and Keynote address
Senator James M. Jeffords

B. RESOLUTIONS ADOPTED AT OCTOBER 26, 2002 ANNUAL MEMBERSHIP MEETING

i. Professional Liability Insurance Reform for Physicians
RESOLVED, That the Vermont Medical Society urges the Vermont General Assembly to enact meaningful professional liability reform in order to help contain the cost of our state's health care system and maintain access to necessary medical services.

ii. Medicaid Reimbursement
RESOLVED, That the Vermont Medical Society, urges the Administration and Vermont General Assembly to take the
following actions to stabilize and ensure the sustainability of the Vermont Medicaid program:

- Include annual cost of living adjustments covering inflation for physicians in the Medicaid budget;
- Create a plan to increase Medicaid reimbursement to establish parity with average national Medicare payment levels; and
- Reduce the Medicaid co-payment for physicians visits from $7.00 to $2.00.

iii. Reducing Childhood Obesity
RESOLVED, That the Vermont Medical Society work with the Department of Health, and the Vermont General Assembly to reduce the proportion of children and adolescents who are overweight or obese and to improve the health conditions for our children by:

- Joining in an existing efforts to remove high fat and sugar content foods from vending machines on schools grounds, and where appropriate, replacing them with healthier items;
- Expressing to our children and the school systems that our children’s health is more valuable than the revenues derived from vending machine containing less healthy offerings;
- Reaching the national health objective for 2010 by encouraging physical activity among children by increasing the proportion of trips to school made by walking and biking;
- Supporting comprehensive school health programs, including physical education and nutrition; and be it further

RESOLVED, That the Vermont Medical Society support the WIC Special Projects Grant which funds in part the Vermont WIC Program Childhood Obesity Prevention Program in order to focus on the promotion of physical activity as well as working with communities, establishing local task forces, to develop long term, appropriate solutions to the rising problem of childhood obesity.

iv. Prescribing Authority for Optometrists
RESOLVED, that, in order to protect patients and ensure high quality care, prescription authority for optometrists should be consistent with their level of training and education; and be it further

RESOLVED, that the Vermont Medical Society work with the Vermont Ophthalmological Society, the American Academy of Ophthalmology and the American Medical Association to oppose proposed legislation that would expand authorization of optometrists to prescribe all pharmaceutical agents for the diagnosis, management, and treatment of the eye and adnexa.

v. Treatment Availability for Opioid Dependence
RESOLVED, that the Vermont Medical Society work with the Commission on Tobacco, Alcohol and Substance Abuse Addiction to allow treatment of such addictions, when they occur, in a humane, effective manner; and be it further

RESOLVED, that the Vermont Medical society work with the Vermont Legislature’s Commission on Substance Abuse Reimbursement to seek appropriate, effective and adequately reimbursed treatment programs for patients with opioid dependency for communities throughout the State; and be it further

RESOLVED, that the Vermont Medical Society assist the Commission on Substance Abuse Reimbursement to establish a commission on a state Medicaid and uninsured substance abuse treatment provider reimbursement network; and be it further

RESOLVED, the Vermont Medical Society work with the private insurers to likewise seek appropriate, effective and adequately reimbursed treatment programs for patients with opioid dependency.
vi. Moratorium on the Death Penalty
RESOLVED, That the VMS urges the AMA to actively disseminate its Code of Medical Ethics regarding physician nonparticipation in legally authorized executions; and be it further
RESOLVED, That the VMS urges the AMA to support a moratorium on the death penalty.

vii. Medical Cannabis Use and Study
RESOLVED, that the Vermont Medical Society supports research on the impact of cannabis on the medical conditions for which cannabis is used, provided that such data gathering would not put the patients at risk for arrest and seizure.

C. OFFICERS ELECTED AT OCTOBER 26, 2002
ANNUAL MEMBERSHIP MEETING
i. President-Elect, James K. O’Brien, M.D.
ii. Vice President, Harvey S. Reich, M.D.
iii. Secretary/Treasurer, John E. Mazuzan, M.D.
iv. AMA Delegate, John J. Murray, M.D.
v. AMA Alternate Delegate, David W. Butsch, M.D.
vi. Councilors At-Large, John Brumsted, M.D., Maureen Molloy, M.D., J.D., and Mildred Reardon M.D.

D. AWARDS ANNOUNCED AT BUSINESS MEETING
AND PRESENTED AT AWARDS BANQUET
i. Distinguished Service Award
Robert James McKay, M.D.- Nomination statement by John Murray, M.D. of UVM-FAHC

ii. Physician of the Year Award
Lewis C. Blowers, M.D.- Nomination statement by Fred Rossman, M.D. of Copley Hospital

iii. Physician Award for Community Service
William Pratt, M.D.- Nomination statement by Howard Weaver, M.D. of Rutland Regional Medical Center

iv. Citizen of the Year Award
June Elliott- Nomination statement by Joan Senecal of the Department of Aging and Disabilities

v. Founders Award
Senator James M. Jeffords- Nomination statement by Maureen Molloy, M.D., J.D.
VIII. Past Presidents of VMS and Past Award Recipients

A. PAST PRESIDENTS

2002…..Carolyn Taylor-Olson, M.D.
2001…..Maureen K. Molloy, M.D., J.D.
2000…..John T. Chard, M.D.
1999…..David M. McKay, M.D.
1998…..John J. Murray, M.D.
1997…..Robert S. Block, M.D.
1996…..David W. Butsch, M.D.
1995…..J. Michael Schnell, M.D.
1994…..Frederick Crowley, M.D.
1993…..Edward Leib, M.D.
1992…..Keith Michl, M.D.
1991…..Richard Ryder, M.D.
1990…..James E. Thomas, M.D.
1989…..William H. Stouch, M.D.
1988…..John A. Leppman, M.D.
1987…..Mildred A. Reardon, M.D.
1986…..Richard T. Burtis, M.D.
1985…..Frederick C. Holmes, M.D.
1984…..Robert LaFniandra, M.D.
1983…..William B. Beach, Jr., M.D.
1981-2…..Arthur S. Faris, M.D.
1980…..John E. Mazuzan, M.D.
1979…..William E. Allard, M.D.
1978…..C. Peter Albright, M.D.
1977…..J. Ward Stockpole, M.D.
1976…..Hugh P. Hermann, M.D.
1975…..Stanley L. Burns, M.D.
1974…..Charles C. Cunningham, M.D.
1973…..John C. Lantman, M.D.
1972…..James A. Gray, M.D.
1971…..Porter H. Dale, M.D.
1970…..Harry Rowe, M.D.
1969…..Deewies H. Brown, M.D.
1968…..Richard E. Bouchard, M.D.
1967…..Walter W. Buttrick, Jr., M.D.
1966…..Roy V. Buttles, M.D.
1965…..Ralph R. Jardine, M.D.
1964…..Clifford Harwood, M.D.
1963…..J. Bishop McGill, M.D.
1962…..John R. Hogle, M.D.
1961…..Roger W. Mann, M.D.
1960…..Benjamin F. Clark, M.D.
1959…..Frederick Van Buskirk, M.D.
1958…..Wayne Griffith, M.D.
1957…..James P. Hammond, M.D.
1956…..Philip H. Wheeler, M.D.
1955…..W. Douglas Lindsay, M.D.
1954…..Howard J. Farmer, M.D.
1953…..Woodhull S. Hall, M.D.
1952…..Paul K. French, M.D.
1951…..Wilmer W. Angell, M.D.
1950…..Elbridge E. Johnston, M.D.
1949…..Hiram E. Upton, M.D.
1948…..Roland E. McSweeney, M.D.
1947…..Benjamin F. Cook, M.D.
1946…..Frank C. Angell, M.D.
1945…..Leon E. Sample, M.D.
1944…..Frank J. Hurley, M.D.
1943…..Charles H. Swift, M.D.
1942…..Roland E. McSweeney, M.D.
1941…..E.H. Buttles, M.D.
1940…..A.M. Cram, M.D.
1939…..C.F. Ball, M.D.
1938…..E.A. Hyatt, M.D.
1937…..F.C. Phelps, M.D.
1936…..William G. Ricker, M.D.
1935…..Lester W. Burbank, M.D.
1934…..George G. Marshall, M.D.
1933…..John H. Woodruff, M.D.
1932…..Lyman Allen, M.D.
1931…..E.J. Rogers, M.D.
1930…..William K. Johnstone, M.D.
1929…..George R. Anderson, M.D.
1928…..Charles F. Dalton, M.D.
1927…..Stanton S. Eddy, Sr., M.D.
1926…..T.S. Brown, M.D.
1925…..E.A. Tobin, M.D.
1924…..E.A. Stanley, M.D.
1923…..F.E. Farmer, M.D.
1922…..J.A. Stevenson, M.D.
1921…..F.A. Sears, M.D.
1920…..S.W. Hammond, M.D.
1919…..M.F. McGuire, M.D.
1918…..No meeting-
Influenza Epidemic
1917…..C.W. Bartlett, M.D.
1916…..C.H. Beecher, M.D.
1915…..Edward H. Ross, M.D.
1914…..William W. Townsend, M.D.
1913…..Albert L. Miner, M.D.
1912…..Bingham H. Stone, M.D.
1911…..Fred T. Kidder, M.D.
1910…..Henry C. Tinkham, M.D.
1909…..Walter L. Havens, M.D.
1908…..Charles W. Peck, M.D.
1907…..George H. Gorham, M.D.
1906…..Donley C. Hawley, M.D.
1905.....Myron L. Chandler, M.D.
1904.....Patrick McSweeney, M.D.
1903.....William N. Bryant, M.D.
1902.....Edmund M. Pond, M.D.
1901.....John B. Wheeler, M.D.
1900.....William Huntington, M.D.
1899.....Mark R. Crain, M.D.
1898.....Shailer E. Lawton, M.D.
1897.....Lyman Rogers, M.D.
1896.....Frederick R. Stoddard, M.D.
1895.....C.F. Branch, M.D.
1894.....J. Hatch Linsley, M.D.
1893.....Arthur B. Bisbee, M.D.
1892.....H.R. Wilder, M.D.
1891.....Charles S. Caverly, M.D.
1890.....James N. Jenne, M.D.
1889.....H.S. Brown, M.D.
1888.....John M. Clarke, M.D.
1887.....Edward R. Campbell, M.D.
1886.....S. Brooks, M.D.
1885.....D.G. Kemp, M.D.
1884.....Joseph Draper, M.D.
1883.....S.S. Clark, M.D.
1882.....Leroy M. Bingham, M.D.
1881.....O.W. Sherwin, M.D.
1880.....J.Henry Jackson, M.D.
1879.....S.W. Thayer, M.D.
1878.....Joseph A. Gallup, M.D.
1877.....Joseph A. Gallup, M.D.
1876.....Joseph A. Gallup, M.D.
1875.....L.C. Butler, M.D.
1874.....L.C. Butler, M.D.
1873.....L.C. Butler, M.D.
1872.....Henry D. Holton, M.D.
1871.....Edward F. Upham, M.D.
1870.....S. Putnam, M.D.
1869.....Henry James, M.D.
1868.....J.S. Richmond, M.D.
1867.....C.P. Frost, M.D.
1866.....E.D. Warner, M.D.
1865.....William McCollom, M.D.
1864.....O.F. Fassett, M.D.
1863.....P.D. Bradford, M.D.
1862.....J.N. Stiles, M.D.
1861.....Adrean T. Woodward, M.D.
1860.....B.F. Morgan, M.D.
1859.....A.E. Knights, M.D.
1858.....Charles L. Allen, M.D.
1857.....H.F. Stevens, M.D.
1856.....Walter Carpenter, M.D.
1855.....Joseph Perkins, M.D.
1854.....E.D. Warner, M.D.
1853.....G.W. Thayer, Jr., M.D.
1852.....B.W. Palmer, M.D.
1851.....Middleton Goldsmith, M.D.
1850.....Charles L. Allen, M.D.
1849.....John L. Chandler, M.D.
1848.....John L. Chandler, M.D.
1847.....James Spaulding, M.D.
1846.....James Spaulding, M.D.
1845.....Horace Eaton, M.D.
1844.....Anderson G. Dana, M.D.
1843.....Anderson G. Dana, M.D.
1842.....John Burrill, M.D.
1841.....John Burrill, M.D.
(No meeting until 1841)
1829.....Josiah Shedd, M.D.
1828.....Joseph A. Gallup, M.D.
1827.....Joseph A. Gallup, M.D.
1826.....Joseph A. Gallup, M.D.
1825.....Joseph A. Gallup, M.D.
1824.....Joseph A. Gallup, M.D.
1823.....Joseph A. Gallup, M.D.
1822.....Joseph A. Gallup, M.D.
1821.....Joseph A. Gallup, M.D.
1820.....Joseph A. Gallup, M.D.
1819.....Joseph A. Gallup, M.D.
1818.....Joseph A. Gallup, M.D.
1817.....Ebenezer Huntington, M.D.
1816.....Seelah Gridley, M.D.
1815.....Seelah Gridley, M.D.
1814.....Ezekiel Porter, M.D.

B. PAST AWARD RECIPIENTS
Citizen of the Year Award
1989.....Susan Spaulding                      Montpelier
1990.....No Award Given                       Brookfield
1991.....Jean Mallary                          Middlebury
1992.....Arthur Gibb                           Norwich
1993.....Ann Seibert                          Montpelier
1994.....No Award Given                       Burlington
1995.....No Award Given                       Plainfield
1996.....Margaret Marti                       Montpelier
1997.....Karen Kitzmiller                    Randolph
1998.....Janet Stackpole                      Winooksi
1999.....Cornelius Hogan                      Burlington
2000.....Helen Riehle                         Rutland
2001.....Sen. Nancy Chard                    Brattleboro

Distinguished Service Award
1948.....Clarence F. Ball, M.D.               Rutland
1949.....Clarence Beecher, M.D.              Burlington
1950.....Frank J. Hurley, M.D.               Bennington
1951.....Ernest H. Buttrle, M.D.             Burlington
1952.....John H. Woodruff, M.D.              Barre
1953.....Frank C. Angell, M.D.               Randolph
1954.....Aymor S.C. Hill, M.D.               Winooksi
1955.....Lyman Allen, M.D.                   Burlington
1956.....Charles E. Griffin, M.D.             Fair Haven
1957.....Nathan R. Caldwell, M.D.            Brattleboro
1958.....Stanton Eddy, Sr., M.D.             Middlebury
1959.....Albert C. Eastman, M.D.             Woodstock
1960.....Wilhelm Raab, M.D.                  Burlington
1961.....William Huntington, M.D.             Rochester
1962.....F. Russell Dickson, M.D.             Concord
1963.....George A. Russell, M.D.              Arlington
1964.....William McFarland, M.D.             Barre
1965.....Ellsworth L. Amidon, M.D.           Burlington
1966.....John R. Hogel, M.D.                 Brattleboro
1967.....Bertrand F. Andrews, M.D.           Middlebury
1968.....Benjamin Clark, M.D.                 St. Johnsbury
1968.....Benjamin F. Cook, M.D.               Rutland
1968.....John F. Daly, M.D.                   Burlington
1969 . . . . . Albert G. Mackay, M.D. Burlington
1970 . . . . . John C. Cunningham, M.D. Burlington
1971 . . . . . A. Bradley Soule, M.D. Burlington
1972 . . . . . Chester A. Newhall, M.D. Burlington
1973 . . . . . Robert B. Aiken, M.D. Shelburne
1975 . . . . . Elbridge E. Johnston, M.D. St. Johnsbury
1976 . . . . . John E. Mazuzan, Jr., M.D. Burlington
1977 . . . . . Woodhull Hall, M.D. Bennington
1978 . . . . . Ralph Jardine, M.D. Bennington
1979 . . . . . R.M.P. Donaghy, M.D. Burlington
1980 . . . . . Ernest V. Reynolds, M.D. Hyde Park
1981 . . . . . Edward French, M.D. S. Burlington
1982 . . . . . John F. Bell, M.D. Brattleboro
1983 . . . . . Philip Wheeler, M.D. Springfield
1984 . . . . . Frederic Guilmette, M.D. Williston
1985 . . . . . John Lantman, M.D. Montpelier
1986 . . . . . Roy V. Buttes, M.D. Williston
1987 . . . . . Paul Stanilonis, M.D. Jericho
1988 . . . . . George Wolf, Jr., M.D. Burlington
1989 . . . . . John H. Davis, M.D. Springfield
1990 . . . . . Charles C. Cunningham, M.D. Burlington
1991 . . . . . Stanley L. Burns, M.D. Vergennes
1992 . . . . . William Luginbuhl, M.D. Shaftsbury
1993 . . . . . Arthur and Elizabeth Faris, M.D. Burlington
1995 . . . . . Roger W. Mann, M.D. Jeffersonville
1996 . . . . . Harry M. Rowe, M.D. Wells River
1997 . . . . . J. Ward Stackpole, M.D. Burlington
1998 . . . . . Mildred Reardon, M.D. Brattleboro
1999 . . . . . Richard T. Burtis, M.D. Burlington
2000 . . . . . No Award Given
2001 . . . . . John Frymoyer, M.D. Colchester

Physician of the Year Award
1987 . . . . . Louis J. Wainer, M.D. Hinesburg
1988 . . . . . Eugene Bont, M.D. Cavendish
1989 . . . . . No Award Given
1990 . . . . . G. Richard Dundas, M.D. Bennington
1991 . . . . . William Pratt, M.D. Rutland
1992 . . . . . Deogracias Esguerra, M.D. St. Albans

Physician Award for Community Service
1960 . . . . . Benjamin F. Clark, M.D. St. Johnsbury
1961 . . . . . Clifford B. Harwood, M.D. Manchester
1962 . . . . . Roger W. Mann, M.D. Jeffersonville
1963 . . . . . Carlos G. Otis, M.D. Townshend
1964 . . . . . Howard J. Farmer, M.D. St. Johnsbury
1965 . . . . . Henry M. Farmer, M.D. Burlington
1966 . . . . . Gordon B. Smith, M.D. Rutland
1967 . . . . . Ray W. Collins, M.D. Middlebury
1968 . . . . . H. Bernard Levine, M.D. Burlington
1969 . . . . . Harry M. Rowe, M.D. Wells River
1970 . . . . . Rufus C. Morrow, M.D. Burlington
1971 . . . . . Philip H. Wheeler, M.D. Brattleboro
1972 . . . . . Louis G. Thabault, M.D. Winooski
1974 . . . . . Julius H. Manes, M.D. Bennington
1975 . . . . . Dewees H. Brown, M.D. Bristol
1976 . . . . . Arthur Gladstone, M.D. Burlington
1977 . . . . . Philip G. Merriam, M.D. Rutland
1978 . . . . . Frederick C. Holmes, M.D. St. Albans
1979 . . . . . J. Ward Stackpole, M.D. So. Burlington
1980 . . . . . Samuel Eppley, M.D. Enosburg
1981 . . . . . Lester Judd, M.D. Enosburg
1982 . . . . . Walter Rath, M.D. St. Albans
1983 . . . . . Lester Wallman, M.D. Burlington
1984 . . . . . William Brislin, M.D. Rutland
1985 . . . . . No Award Given
1986 . . . . . Ronald Ferry, M.D. Montpelier
1987 . . . . . Howard Dean, M.D. Shelburne
1988 . . . . . E. Sherburne Lovell, M.D. Springfield
<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>J. Carleton Stickney, M.D.</td>
<td>Rutland</td>
</tr>
<tr>
<td>1990</td>
<td>No Award Given</td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>Arthur Wolk, M.D.</td>
<td>Rutland</td>
</tr>
<tr>
<td>1992</td>
<td>Henry Tulip, M.D.</td>
<td>St. Albans</td>
</tr>
<tr>
<td>1993</td>
<td>Arnold Golodetz, M.D.</td>
<td>Burlington</td>
</tr>
<tr>
<td>1994</td>
<td>Alan Rubin, M.D.</td>
<td>Burlington</td>
</tr>
<tr>
<td>1995</td>
<td>Joseph F. Hagan, Jr., M.D.</td>
<td>S. Burlington</td>
</tr>
<tr>
<td>1996</td>
<td>William Hodgkin, M.D.</td>
<td>Hinesburg</td>
</tr>
<tr>
<td>1997</td>
<td>Arthur Bergner, M.D.</td>
<td>Burlington</td>
</tr>
<tr>
<td>1998</td>
<td>Edward Haak, D.O.</td>
<td>St. Albans</td>
</tr>
<tr>
<td>1999</td>
<td>John H. Elliott, M.D.</td>
<td>Lyndonville</td>
</tr>
<tr>
<td>2000</td>
<td>John R. Carmola, M.D.</td>
<td>St. Albans</td>
</tr>
<tr>
<td>2001</td>
<td>Delight Wing, M.D.</td>
<td>Jericho</td>
</tr>
</tbody>
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**Founders’ Award**

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>City</th>
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<tr>
<td>1997</td>
<td>Honorable Howard Dean, M.D.</td>
<td>Shelburne</td>
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<td>1998</td>
<td>No Award Given</td>
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<td>1999</td>
<td>John E. Mazuzan, M.D.</td>
<td>Burlington</td>
</tr>
<tr>
<td>2000</td>
<td>John Evans, PhD</td>
<td>Burlington</td>
</tr>
<tr>
<td>2001</td>
<td>No Award Given</td>
<td></td>
</tr>
</tbody>
</table>
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Barre, Vermont

Luke A. Howe, M.D.
Tunbridge, Vermont

Martin J. Koplewitz, M.D.
South Burlington, Vermont

Jerold F. Lucey, M.D.
Burlington, Vermont

Brewster D. Martin, M.D.
Chelsea, Vermont

Henry E. Payson, M.D.
Thetford Center, Vermont

Wendell A. Stimets, M.D.
Swanton, Vermont

Randall H. Travis, M.D.
Waterbury, Vermont

William A. Woodruff, M.D.
Charlotte, Vermont

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Chittenden County

BRUCE GIBBARD, M.D.
Chittenden County

JAMES G. GRIMES, JR., M.D.
Caledonia County

MARCEL J. LEWIS, M.D.
Bennington County

E. DOUGLAS MCSWEENY, M.D.
Chittenden County

ROGER J. MAY, M.D.
Chittenden County

LINDA R. ROE, M.D.
Chittenden County

DAVID L. RUML, M.D.
Windsor County

J. CARLETON STICKNEY, M.D.
Rutland County

ERNEST P. TOMASI, M.D.
Washington County
190th Annual Meeting
SAVE THE DATE!

October 17th & 18th, 2003
Woodstock Inn and Resort
Woodstock, Vermont

If you missed out in 2002, you don’t want to miss 2003!
Below - From left to right: Carol Mazuzan, John Mazuzan M.D., Ted Shattuck, M.D. and Carolyn Shattuck

Below - Charles Maclean, MDCM, speaking on the Vermont Diabetes Information System

Below - Senator James Jeffords during his keynote address at the awards banquet

2002
ANNUAL MEETING
HIGHLIGHTS

Above - Robert Block, M.D. (Bennington) and his daughter Jessa Block, VMS Policy Specialist

Above - Peter Foressell, M.D., President-Elect of the New Hampshire Medical Society, and his wife Mary

Above - Wendell Stimets, M.D. receives his 50 year club certificate from Tim Thompson, M.D.

Above - Joseph Warsahw, M.D., Dean of the University of Vermont College of Medicine

Above - Carolyn Taylor-Olson, M.D. (left) receives her certificate of Presidency for 2001-2002 and passes the baton to Tim Thompson, M.D. (right) as he becomes President
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802-223-7898