"As the issue moves into the legislative arena, Vermonters should be thankful that the Medical Society has offered its insight and leadership. If the Legislature shows the same level of thoughtful deliberation, Vermonters will have more confidence that it will make the right decision."

Burlington Free Press Editorial on the issue of physician-assisted suicide: December 5, 2003
VMS Executive Committee

James O’Brien, M.D.
President
18 Mansion Street
Winooski, VT 05404
655-3000
james.o’brien@vtmednet.org

Harvey Reich, M.D.
President-Elect
160 Allen Street
Rutland, VT 05701
747-3851
hreich@rrmc.org

Peter Dale, M.D.
Vice President
195 Hospital Loop, Suite 3
Berlin, VT 05602
223-6196
padale@adelphia.net

John Mazuzan, M.D.
Treasurer
366 South Cove Rd.
Burlington, VT 05401
864-5039
mazuzan@together.net

Lloyd “Tim” Thompson, M.D.
Immediate Past President
PO Box 83
Lyndonville, VT 05851
626-9246
tim.thompson@hitchcock.org

VMS Staff

Paul Harrington
Executive Vice President
Phone: 802-223-7898 Ext. 11
Email: pharrington@vtmd.org

Madeleine Mongan
Vice President for Policy
Phone: 802-223-7898 Ext. 12
Email: mmongan@vtmd.org

Jessa Block
Policy Specialist
Phone: 802-223-7898 Ext. 17
Email: jblock@vtmd.org

Joy Ibe
Business Manager
Phone: 802-223-7898 Ext. 10
jibey@vtmd.org

Steve Larose
Communications Director
Phone: 802-223-7898 Ext. 22
Email: slarose@vtmd.org

Stephanie Lane
Office & Membership Coordinator
Phone: 802-223-7898 Ext. 14
Email: slane@vtmd.org

Alayna Emery
Office Assistant
Phone: 802-223-7898 Ext. 13
Email: aemery@vtmd.org
Dear Member of the Vermont Medical Society:

The mission of the VMS 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. Your support of the society is critical to the success of the VMS in fulfilling these goals. While this annual report will fully describe the activities of the year, I wanted to briefly mention some of the highlights of 2003.

Through its advocacy on behalf of Vermont physicians, the VMS, in conjunction with the AMA, and other national physician organizations, was able to prevent a 4.2 percent cut in Medicare reimbursement in 2003 from taking place. This action alone saved Vermont physicians $8 million in lost revenues. We also worked to prevent a 4.5 percent cut in Medicare reimbursement in 2004 and a similar reduction 2005 from going into effect. The inclusion in the Medicare prescription drug benefit legislation of provisions preventing Medicare payment cuts in 2004 and 2005 will result in a savings of $18 million to Vermont physicians.

"Congress must act now to stop the Medicare payment cuts before it is too late," said Dr. James O’Brien, president of the Vermont Medical Society. "Medicare payments are not keeping up with physicians' practice costs."

The VMS joined with a number of other state medical societies to form the Geographic Equity in Medicare (GEM) Coalition in order to address the substantial geographic disparity in Medicare physician reimbursement levels. Medicare drug legislation includes a requirement that CMS establish a floor for the work geographic practice cost index (GPCI) at 1.0 for 2004, 2005 and 2006. This will result in an increase of an additional $5 million in physician payments to Vermont.

"Rural states such as Vermont have been unfairly penalized in the past because physicians were paid far less under Medicare than their urban counterparts for providing the same services," said Dr. T. Thompson, past-president of the VMS. "Reducing geographic disparities in payment will allow the state to more easily attract and retain new physicians who might otherwise opt to locate where Medicare reimbursement is higher."

During 2003, the Vermont Medical Society devoted significant time and resources in facilitating a discussion among physicians about the society’s policy on physician-assisted suicide. Approximately 300 physicians participated in a series of forums held around the state, plus more than half the society’s members voted during a mail-in ballot.

"I think this is a significantly emotional issue for all of our members, and I think it’s a good idea to get this issue out in front of our members so they can make an informed decision on what our policy in this regard should be," said John Fogarty, M.D., a VMS policy council member. "My sense is that it’s been classic Vermont: People speaking their minds in civil discourse."

Our 190th Annual Meeting at the Woodstock Inn was well attended and, by all accounts, it was judged to be a great success. In addition to the business meeting, our program included clinical seminars on a number of topics, including palliative care, end-of-life issues, and treatment options for opioid dependency. Our speakers included Gov. Jim Douglas, John Nelson, M.D., president-elect of the AMA, and Daniel M. Fogel, Ph.D., president of the University of Vermont.

"This year’s annual meeting was one of the best I’ve ever attended. The seminar on treating opioid dependency has really changed my thinking on the subject," said John Murray, M.D.

VMS members with e-mail addresses are now receiving the VMS News Scan -- our new weekly Internet health news service. We’ve received numerous compliments on this electronic newsletter, such as this one:

"Just a note to say how informative the VMS newsletter is and how well-written it is. It’s very much to the point and often helpful. Keep up the good work," said John Hughes, M.D.

After a number of meetings with key legislators, we have a commitment from the chair and vice-chair of the Senate Judiciary Committee to have S.156/H.270, our medical liability reform legislation, taken up in January.

"I’m increasingly optimistic that the VMS’s proposal for mandatory mediation of malpractice cases will receive serious consideration by the legislature," said Victor Pisanelli, M.D.

Your annual dues payment provides the necessary income to fund the work of the Vermont Medical Society on behalf of all Vermont’s physicians. Again, thank you for your continued support.

Sincerely,
Paul Harrington, Executive Vice President
2003 VMS Annual Report

Section 1: Who we are & What we do
The Society in Brief ........................................... Page 1
Our Mission ........................................... 1

Section 2: VMS Organizational Framework
Authority ......................................................... Page 1
Governance ........................................... 1
Committees ........................................... 2
Issue Teams ........................................... 2
Physician Policy Council ........................................... 2

Section 3: 2003 Advocacy Activities
Federal Professional Liability Reform ........................................... Page 3
Increased Medicare Reimbursement ........................................... 3
State-based Professional Liability Reform ........................................... 4
Medicaid ........................................... 5
Improving Our State’s Health Care System ........................................... 5
Vt. Agency of Human Services Reorganization Plan ........................................... 6
Optometry ........................................... 6
Tobacco Control ........................................... 6
Ritalin ........................................... 6
Safety Belts ........................................... 7
Drug Marketing ........................................... 7
Sparklers ........................................... 7
Anesthesiologist Assistants ........................................... 7
Certificate of Need ........................................... 7

Section 4:
2003 Education & Communications Efforts
HIPAA ......................................................... Page 8
VMS Policy on Physician-Assisted Suicide ........................................... 8
Preferred Drug List ........................................... 11
Member Surveys ........................................... 11
Obesity ........................................... 12
Substance Abuse ........................................... 12

Section 5: 2003 Member Services
Insurance and Other Practice Related Programs ........................................... Page 13
VMS News Scan ........................................... 13
Continuing Medical Education ........................................... 14
Tri-State Medical Society Services, Inc. ........................................... 14
VMS Annual Meeting ........................................... 15

Section 6: Peer Support Activities
Vermont Practitioner Health Program ........................................... Page 18
ExCELE ........................................... 18
VMS Educational and Research Foundation ........................................... 18
Support for County and Specialty Society Chapters ........................................... 19
Support for Other Events and Organizations ........................................... 19

Section 7: 2004 Priorities
Advocacy Priorities for 2004 ........................................... Page 20
Improvement of Vermont’s Health Care System ........................................... 20
Confronting the Opioid Challenge Facing Vermonters ........................................... 20
Professional Liability Insurance Reform for Physicians ........................................... 20
Medicaid Reimbursement ........................................... 20
Physician-Assisted Suicide ........................................... 20
Preventing Childhood Obesity ........................................... 21
Domestic Violence as a Health Care Concern ........................................... 21
Development/Implementation of a Medical Info. System ........................................... 21
PDL Exemption ........................................... 22
Communication Priorities for 2004 ........................................... 22

Section 8: 2003 Treasurer’s Report ........................................... Page 22

Section 9: Past Presidents of VMS & Past Award Recipients ........................................... Page 23

The VMS Council ........................................... 26
Section 1: Who We Are & What We Do

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, VM S 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.

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.

Section 2: VMS Organizational Framework

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.

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 VM S 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 or review 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.

<table>
<thead>
<tr>
<th>Total VMS Membership</th>
<th>1893</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular - 929</td>
<td></td>
</tr>
<tr>
<td>Affiliate - 44</td>
<td></td>
</tr>
<tr>
<td>Life - 178</td>
<td></td>
</tr>
<tr>
<td>Resident - 256</td>
<td></td>
</tr>
<tr>
<td>Associate - 76</td>
<td></td>
</tr>
<tr>
<td>Student - 405</td>
<td></td>
</tr>
<tr>
<td>Honorary - 5</td>
<td></td>
</tr>
</tbody>
</table>
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
- Personnel Committee
- Nominating 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 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
- 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.

ISSUE TEAMS

The Medical Society does its policy work through 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. 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.

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. The recognized specialties are listed below, and can also be found at the end of the VMS By-Laws.

- Anesthesiology
- Dermatology
- Emergency Medicine
- Family Practice
- Internal Medicine
- Medical Education
- Neurology/Neurosurgery
- Obstetrics & Gynecology
- Oncology
- Ophthalmology
- Orthopedics
- Otolaryngology
- Pathology
- Pediatrics
- Psychiatry
- Radiology
- Surgery
- Thoracic Surgery
- Urology

**SECTION 3: 2003 Advocacy Activities**

**Federal Professional Liability Reform**

**Objective** The VMS will meet with our Congressional delegation and urge their support for national malpractice reform. Our advocacy in support of national reform will be based on the impact that large out-of-state jury verdicts have on Vermont premiums as insurance companies look beyond our borders in setting in-state rates.

In meetings and through correspondence, the Vermont Medical Society has urged Senators Leahy and Jeffords to support the passage of S.2793 (the HEALTH Act) in order to reduce the prohibitively high cost of medical liability insurance premiums and to help ensure patients have continued access to their physicians. The Congressional Budget Office estimates that under the legislation premiums for medical malpractice insurance would be an average of 25 percent to 30 percent lower than what they would be under current law.

On March 13, 2003 the U.S. House of Representatives passed H.R. 5, the HEALTH Act medical liability reform bill. The legislation would make a number of changes to the health care liability system. The cornerstone of the HEALTH Act is a cap on non-economic damages of $250,000, which is modeled on California’s successful MICRA law. California’s experience with MICRA shows that tort reform works. Since the passage of MICRA in 1975, The Doctors Company, one of companies that provide medical liability insurance in Vermont, has lowered its medical liability premium rates in California by 40 percent in constant dollars.

**Increased Medicare Reimbursement**

**Objective** Medicare payment rates were cut by 5.4 percent in 2002 and were scheduled for an additional cut of 4.4 percent in 2003 and a cut of 4.5 percent in 2004. The Vermont Medical Society will work with Vermont’s Congressional
The Vermont Medical Society urgently called for Senators Leahy and Jeffords and Congressman Sanders to correct Medicare's physician payment formula. The VMS joined with a number of other state medical societies to form the Geographic Equity in Medicare (GEM) Coalition in order to address the substantial geographic disparity in physician reimbursement levels in the Medicare Part B program.

With the passage of H.R. 1, the Medicare Prescription Drug and Modernization Act of 2003, significant progress was made in addressing these physician payment problems. The Medicare legislation contains $28 billion dollars to greatly reduce the disparities in Medicare reimbursement between urban and rural providers nationwide. Rural states such as Vermont have been unfairly penalized in the past because physicians and hospitals were paid far less than their urban counterparts for providing the same services.

CMS will establish a floor for the work geographic practice cost index (GPCI) at 1.0 for 2004, 2005 and 2006. The establishment of a 1.0 floor for the work GPCI will result in an increase of $2 million per year in physician payments to Vermont. Reducing geographic disparities in payment means that Vermont will be on a more even footing with urban areas, allowing the state to more easily attract new physicians who might otherwise opt to locate where Medicare reimbursement is higher.

The Vermont Medical Society urged Senators Leahy and Jeffords and Congressman Sanders to correct Medicare's physician payment formula. In addition, the VMS conducted a well-publicized campaign highlighting the decreased access that would ensue if the 4.5 percent payment cut for 2004 went into effect.

Congress's action will keep Vermont physicians from losing an estimated $6.7 million in 2004. Instead, Vermont physicians will receive a modest 1.5 percent increase in 2004 and 2005, which will equal an additional $2.2 million a year. It should be noted, however, that the 1.5 percent increase is only half the projected 2.9 percent rise in the cost of doing business. For next year, this represents a 6 percent difference in Medicare payments at a time when physician practice costs are on the rise.

### Projected Impacts of Sections 601, 412 and 413 of the Medicare Prescription Drug Bill

**Change in Medicare Physician Payments for Vermont**

<table>
<thead>
<tr>
<th>SGR update (Sec. 601)</th>
<th>SGR update (Sec. 601)</th>
<th>Work GPCI floor (Sec. 412)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average per physician</td>
<td>statewide total</td>
<td>statewide total</td>
</tr>
<tr>
<td>$11,000 increase</td>
<td>$18 million</td>
<td>$5 million</td>
</tr>
</tbody>
</table>

### State-Based Professional Liability Reform

**Objective:** Because medical liability insurance premiums are soaring to the highest rates since the mid-1980s and are adding to rising health care costs, the Vermont Medical Society will work with the Vermont General Assembly to enact meaningful professional liability reform in order to reduce the cost of our state’s health care system and maintain access to necessary medical services.

The VMS worked to develop H.270, introduced by Rep. Tom Koch, chair of the House Health and Welfare Committee, and S.156, introduced by Sen. Ginny Lyons. The cornerstone of H.270/S.156 is a requirement of mandatory mediation for all medical malpractice cases in order to reduce the cost and duration of litigation by providing an early opportunity for realistic settlement negotiations.
Other key provisions include:

- Reducing when the statute of limitations for minors would begin from the current standard of 18 years of age to one of allowing minors under the full age of six years to have until his or her ninth birthday for the time limitations to commence; and

- Requiring that a physician expert witness have a current license to practice medicine and be qualified by experience in the area of medical practice involved in the case.

During the summer and fall, VMS staff and physicians in Rutland and Bennington counties met with key legislators and the VMS was able to obtain a commitment that S.156 would be taken up by the Senate Judiciary Committee in January 2004.

The VMS is also supporting H.120, introduced by Rep. Baker of West Rutland and others. The legislation would limit damages for pain and suffering in medical malpractice actions to $250,000.

**MEDICAID**

**Objective** VMS will work to stabilize and ensure the sustainability of the Vermont Medicaid program by adding an annual cost of living increase, establishing parity with Medicare payments, and reducing the Medicaid copayment from $7 to $2.

In an extremely difficult budget year, VMS was successful in its efforts to repeal the Medicaid copayments effective January 1, 2004. The copayments were replaced with increased premiums for VHAP patients, working people with disabilities, and children in higher-income families. A study of copayments and premiums done by the Department of Prevention, Assistance, Transition and Health Access (PATH) found that at best Medicaid copayments to physicians were only paid by patients 34 percent of the time, while premiums were paid at significantly higher rates - 70 percent to 87 percent of the time.

In a year when other states found it necessary to severely reduce eligibility and cut benefits in their Medicaid programs, Vermont was able to preserve its health care programs intact. The VMS will continue to work towards parity with Medicare and instituting an annual cost of living increase for Medicaid payments.

As part of the FY 2003 budget rescission, Medicaid eliminated coverage for elective inpatient surgery for VHAP uninsured patients, while retaining coverage for urgent and emergency admissions. Because of variation in hospital coding systems, confusion developed around coverage of urgent admissions. The VMS worked with the Vermont Association of Hospitals and Health Systems (VAHHS) and PATH to ensure that the physician’s determination of whether surgery was elective or urgent would be final.

**IMPROVING OUR STATE’S HEALTH CARE SYSTEM**

**Objective** The Vermont Medical Society will continue to seek opportunities to work with other interested parties to improve our state’s health care system.

The VMS has accepted the invitation of Gov. Jim Douglas to join a task force to develop a new model of health care for the state. "The Vermont Blueprint" calls for Vermont to lead the country in the evolution of a health care system that meets the current and future needs of the population. A public-private partnership has been charged with designing and implementing a chronic care model for health care.

The VMS expressed its strong support for the concept of the state, insurers, and health care professionals sitting down and working together to improve Vermont’s health care system. The society believes the active participation of physicians in the initial design and implementation of the governor’s initiative is critical to its success.
"The Vermont Blueprint" states that the sanctity of the doctor-patient relationship is essential and must be preserved under a new model of care. The governor also indicated that both patients and health care providers must have access to better tools and information, and that strategies are needed to foster and reward quality. His outline emphasizes that health care providers must have the resources they need to deliver the right care at the right time in order to ensure the best possible outcomes.

VERMONT AGENCY OF HUMAN SERVICES REORGANIZATION PLAN

Objective In her Vermont Agency of Human Services reorganization plan, former AHS Secretary Jane Kitchel indicates that "our current health care infrastructure, heavily influenced by the policies and funding administered by AHS, has not evolved." The VM S agrees. Because Medicaid's physician fee schedule pays slightly more than half of VT BC/BS, we feel AHS payment policy exacerbates the cost-shift to employer plans and creates enormous financial penalties for those physicians who treat large numbers of Medicaid beneficiaries. The VM S will play an active role in the reorganization of the Agency of Human Services.

Legislation passed in 2003 (H.450) sets forth the policy that the Agency of Human Services be restructured in order to "establish an agency which is centered on individuals and families, is easy to access, and is sufficiently flexible to respond to unique situations."

Section 5 of H.450 directs the secretary of AHS to collaborate through December 2003 with a wide array of stakeholders, including providers, in order to receive input on organizational models and design of the agency.

The executive vice president of the VM S was asked by current AHS Secretary Charles Smith to chair the stakeholders advisory group. The VM S believes the need for restructuring the AHS has been proven and that H.450 establishes the appropriate goals, policy and process for creating a redesigned agency. The VM S is committed to playing an active and supportive advisory role as the agency seeks to better serve Vermonters.

OPTOMETRY

Bills introduced in both the Vermont House and Senate proposed that optometrists be allowed to prescribe all pharmaceutical agents for the appropriate diagnosis, management, and treatment of the eye and adnexa. Working closely with the Vermont Ophthalmological Society, the VM S helped ensure that the bills did not pass out of committee in 2003.

TOBACCO CONTROL

During the FY 2004 budget negotiations, the VM S, along with the Coalition for a Tobacco Free Vermont, worked hard to ensure that tobacco control programs survive. In the end, funding for the programs was cut by roughly 14 percent, from $5.2 million to $4.5 million, but this was a victory compared to the nearly $2.3 million cut that the administration proposed. The VM S also supported legislation that would close the so-called cabaret loophole and ban smoking in all indoor public places, including bars. This legislation did not pass in 2003 but will be taken up again in 2004. A third proposal did pass, one that will help Vermont's attorney general enforce existing regulation of cigarette sales. The VM S continues to advocate strongly for smoking prevention and cessation and is an active member of the Coalition for a Tobacco Free Vermont.

RITALIN

The VM S worked closely with psychiatrists and pediatricians to oppose legislation that would have made it illegal for schools to require students to take Ritalin and made it illegal to possess Ritalin without a prescription. In the end, the committees hearing testimony on the proposals decided not to endorse the legislation.
SAFETY BELTS
Along with a coalition of insurance companies, private insurers and public safety officers, the VMS advocated for updates to Vermont's safety belt laws. Legislators agreed to:

- mandatory child restraining systems or seatbelts for all children under 16;
- increased penalties for violations of the child restraint provisions;
- increased penalties for adults pulled over for traffic offenses and also not wearing a safety belt; and
- funding for a public education campaign on the changes in the law and the low cost seat program.

DRUG MARKETING
In October, the Board of Pharmacy decided to begin collecting the names of individuals and institutions who receive gifts worth over $25 from pharmaceutical marketers. This new policy, a shift from the previous practice of recording only the type of individual or institution that received a gift, was accomplished through a board policy change. The VMS provided members with education regarding the new policy when it was first proposed in January, and again when the decision became final.

SPARKLERS
A bill to allow the sale and use of sparklers was passed by the Legislature and was signed by Gov. Douglas. Extensive testimony from opposing parties such as the VMS and fire departments was taken into consideration and several amendments were incorporated into the bill that were designed to narrow the scope of the legislation and afford some protection to children and the general public.

ANESTHESIOLOGIST ASSISTANTS
Anesthesiologist Assistants (AAs) became eligible for certification in Vermont by the Board of Medical Practice after passage of legislation in 2003 supported by VMS.

Educated at only two medical schools in the country, Case Western Reserve and Emory University, AAs are masters’ level health care professionals who specialize in providing anesthesia services. They are supervised and employed by anesthesiologists, and their scope of practice is set out in the rules and in individual protocols that are filed with the Board of Medical Practice. This legislation was intended to remedy a serious shortage of anesthesia practitioners that had reached crisis proportions in Bennington. Southwestern Vermont Medical Center had been forced to close its operating rooms several times and to hire traveling CRNAs at great expense, because it had been unable to recruit CRNAs to practice at the hospital.

Michael Tarazi, M.D., from Bennington and Howard Schapiro, M.D., from Fletcher Allen Health Care were instrumental in passing this legislation. They worked tirelessly in the Legislature and throughout the administrative rules process along with Wallace Good, M.D., director of the Vermont Chapter of the American Society of Anesthesiologists, Tex Lynch, A.A., and James Viapiano, M.D.

CERTIFICATE OF NEED
With the passage of H.128 Vermont’s laws relating to Certificate of Need (CON) review and hospital budget review were significantly revised.

The final draft of H.128 was amended to reflect the views expressed by VMS on behalf of physicians. The bill, as passed, does not include the earlier proposed physician and hospital volume reporting requirements on 50 categories of inpatient and outpatient health care procedures. In another change of policy from the bill as introduced, it maintains the current exclusion of physician-owned office buildings from the CON process. And the financial thresholds that trigger CON review of capital expenditures and equipment purchases have been significantly increased.

After July 1, 2003, all information provided in connection with a CON review or a hospital budget review must be submitted under oath. Anyone who knowingly provides false information is guilty of perjury. In addition, the range and scope of civil penalties for violation of the CON and hospital budget review laws is expanded.
SECTION 4: 2003 EDUCATION & COMMUNICATIONS EFFORTS

HIPAA
The VMS joined with the Vermont Association of Hospitals and Health Systems (VAHHS) to offer extensive HIPAA education throughout 2003. In the winter, members of the VMS and VAHHS staff offered seminars on the privacy provisions of HIPAA in St. Albans, Bennington, Middlebury, Burlington (two), Central Vermont, Springfield and Brattleboro. VMS staff prepared a "Physician's Practice Guide to HIPAA" to hand out at the seminars and the publication was sent to other interested physicians. This guide, including sample forms and policies, was also made available on the VMS and VAHHS websites.

In May, VMS and VAHHS sponsored a seminar on how Vermont law and HIPAA interact. VMS staff arranged for videotaping of the seminar, which aired on Montpelier and Burlington public access television, and is available for interested practices to borrow. VMS staff also prepared mailings to the entire membership preceding the transactions standards deadline in October and in November to inform members about contingency plans for practices and payers not ready to comply with the transaction standards.

VMS staff continues to be available for practices' individual HIPAA questions.

VMS POLICY ON PHYSICIAN-ASSISTED SUICIDE
Several bills relating to physician-assisted suicide and end-of-life care have been introduced in the Vermont General Assembly during the 2003-2004 session:

- H. 275 (in the House Judiciary Committee) would make it a crime to cause or assist another person to commit suicide.
- H. 318 (in the House Health and Welfare Committee) and S. 112 (in the Senate Health and Welfare Committee), the "Vermont Death With Dignity Act," would allow a patient expected to die within six months to end his or her life by requesting a prescription from a physician for lethal medication.
- H. 419 (in the House Health and Welfare Committee) and S. 181 (in the Senate Health and Welfare Committee) would establish an advisory commission on palliative care and pain management.

At the VMS Council meeting held at the Central Vermont Medical Center on April 26, 2003, there was a consensus that further discussion relating to the society's policy on physician-assisted suicide and the Death with Dignity legislation needed to occur prior to the VMS Annual Meeting on October 17.

The VMS scheduled seven forums on the subject of physician-assisted suicide in different areas of the state during the month of September and was able to obtain through the UVM College of Medicine two hours of Category I CME for each attendee. Following presentations from both a proponent and an opponent of the Death with Dignity legislation, there was an open discussion by forum attendees.
Newspaper Congratulates Doctors For Taking A Stand

The VMS received high praise from the state's largest newspaper, the Burlington Free Press, for the extensive process it used to gather member input on the physician-assisted suicide issue. "Although it is clear that there are varying minds about physician assisted suicide, it also is apparent that most doctors have reflected deeply on the subject," the Free Press said in its editorial published on Dec. 5. "They voiced concern about their patients, their professional ethics and the intense emotions that end-of-life issues generate. They agreed that more must be done to relieve the pain often experienced by terminally ill patients, that hospice care should be improved in Vermont and that physicians need better training in how to help their patients through the final days and weeks of life.

"As a result, Vermonters are much better educated on all aspects of the physician-assisted suicide issue than they were a few months ago. Although it's impossible to determine whether anyone's mind was changed, there can be no doubt that Vermonters who followed the debate came away with a heightened admiration for the sincerity of the doctors who engaged the issue and for the mutually respectful manner in which they conducted their discussions."

The newspaper said the VMS set a good example for lawmakers who must ensure that all parties are heard in the debate. "As the issue moves into the legislative arena, Vermonters should be thankful that the Medical Society has offered its insight and leadership. If the Legislature shows the same level of thoughtful deliberation, Vermonters will have more confidence that it will make the right decision."

VMS Forums on Physician-Assisted Suicide

September 4th, Bennington (approx. 30 attendees)
September 9th, South Burlington (approx. 80 attendees)
September 16th, Brattleboro (approx. 30 attendees)
September 17th, Montpelier (approx. 40 attendees)
September 18th, Coventry (canceled due to lack of registrations)
September 24th, Springfield (approx. 80 attendees)
September 25th, Brandon (approx. 40 attendees)
(Total participants -- approximately 300)

Two resolutions were submitted for consideration at the Annual Meeting October 17. VMS members present at the Annual Meeting decided to have the resolutions voted on by the entire membership in a mail-in ballot. When the ballots were counted on the afternoon of November 12th, the Hart/Niemira resolution opposing any laws on physician-assisted suicide passed resoundingly 522-175. However, the separate Austin et. al. resolution stating that the society should take a position of neutrality on the physician-assisted dying issue also passed by a slight margin of 348-340.

In a meeting held around the state via Vermont Interactive Television on Dec. 2, the Vermont Medical Society Council, by a vote of 20-2, adopted the same policy that garnered over 74 percent support from the voting membership -- that the VMS continues to believe there should be no laws concerning physician-assisted suicide and that the society in no way endorses euthanasia. The final policy appears in this section.
Physician-Assisted Suicide

Adopted by the VMS Council, 12/2/03

The Vermont Medical Society believes that any discussion of physician-assisted suicide must be pursued within a broad societal dialogue about the care of sick and dying patients. VMS does not support the passage of laws for or against physician-assisted suicide due to a concern that such laws could stifle this dialogue and hinder the provision of high quality end-of-life care.

Our present Vermont health care system provides good care to the great majority of dying patients. Our communities have active Hospice programs with ties to community hospitals that endorse and support the goals of Hospice. Many of our hospitals are developing palliative care services in an effort to better meet the needs of inpatients. Our physicians actively endorse comprehensive palliative care, which includes:

- The use of state-of-the-art pain and symptom control;
- The provision of secure and supportive environments through Hospice; and
- The freedom of the patient to choose or refuse all medical treatment.

Yet more needs to be done. Physicians and other health care practitioners must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, good communication, comfort care and adequate pain control. Their autonomy must be respected.

Even when physicians use all the tools at hand to care for pain and suffering, a small number of patients still suffer. Each of these patients is unique; each one of the patients will challenge the caregiver's skills in the extreme; and each one's care must be highly individualized and decided in private amongst the patient, physician and family. Medicines given to alleviate suffering in such circumstances may have the unintended consequence of hastening death. Laws against assisted suicide might have a chilling effect on the caregiver's ability to provide appropriate medicines. Laws for assisted suicide might discourage efforts to provide good palliative care, could pose serious societal risks, and would be difficult to control.

The Vermont Medical Society believes there should be no laws concerning physician-assisted suicide and the Society in no way endorses euthanasia.

The Vermont Medical Society is actively engaged in promoting initiatives that assure all dying Vermonters receive good, comprehensive palliative care. These include ensuring that all members of the Society become educated in the goals and techniques of palliative care and that all members become adept at dealing with the dying patients' special needs. The Society believes that such care and training will provide a strong alternative for patients who ask for assisted suicide.

This policy shall supersede any contradictory earlier policy.
PREFERRED DRUG LIST
In 2002, the Vermont General Assembly adopted legislation that created a preferred drug list (PDL) in order to reduce the annual double-digit growth in Medicaid pharmacy spending. The VM S worked extensively with PATH/OVHA and the Drug Utilization Review Board to ensure that the PDL was clinically appropriate and that the process was designed to minimize paperwork for physicians. From September to December of 2002, VM S members cooperated with this initiative by reviewing and changing tens of thousands of prescriptions for their Medicaid patients from brand name to generic and preferred drugs. Through the cooperation and extraordinary efforts of Vermont physicians, the Medicaid pharmacy savings for 2003 greatly exceeded the budgeted savings.

During the first half of FY 2003, Medicaid pharmacy spending was far below projections. Assuming a small amount of growth from the first to the second half of the year, budget analysis indicates that the Medicaid program was expected to spend about $92 million on pharmaceuticals in FY 2003. If spending had grown at the same rate as the average during the 1996-2002 period, Medicaid pharmacy spending in 2003 would have been about $108 million. From this base, savings would be about $16 million. When compared to the original FY 2003 budget, savings are roughly $18 million.

Charles Smith, secretary of the Agency of Human Services, said VM S members played a critical role in the successful implementation of the PDL. "I want to thank VM S and all involved physicians again for your professionalism, cooperation and understanding, which allowed us to accomplish this project together," he said. "The results of our joint efforts on the PDL can be seen through significant savings to our Medicaid program. Because of your help, Vermont can continue to provide affordable health care to Vermonters."

MEMBER SURVEYS
The VM S surveyed its members in 2003 to learn about their experiences with two payers - CIGNA and Medicaid.

After the e-mail response to a query in 2002 indicated that VM S members had multiple problems dealing with CIGNA, the VM S sent out a questionnaire in January to gain more information and to determine whether to join a class action lawsuit against CIGNA. The survey found that 85 percent of the respondents experienced arbitrary reduction of payment for medically necessary care as well as failure to receive payment for their claims in a timely fashion.

In addition, 62 percent reported a failure to pay interest on claims as required by Vermont's prompt payment law and 61 percent experienced improper claims review through computerized programs that automatically reduced or denied claims. Difficulty getting through to CIGNA customer services on the status of claims and receiving incorrect information were two other common complaints voiced by VM S members. In February of 2003, VM S joined with 19 other state and county medical societies as a party to the class action lawsuit against CIGNA.

The Medicaid survey found that the number of Vermont physicians who limit or restrict how many Medicaid patients they treat has increased in the last two years. The survey also found that most doctors say the state's Medicaid program continues to pay them far less than the cost of providing care to patients.

On the VM S membership survey, 27 percent of respondents said they limit the number of Medicaid patients they accept. That is up from 20 percent on another VM S survey conducted in August 2001. Among the physicians who say they currently have no limits on the number of Medicaid patients they accept, 20 percent foresee that they will have to impose some kind of limitation in the next three years.
An overwhelming majority of respondents - 82 percent - said that Medicaid payments tend to be less than the costs they incur to provide the service. Only 14 percent said Medicaid payments are equal to the cost of service, and just 3 percent said they make a profit on Medicaid payments. Sixty-eight percent of physicians responding to the 2003 survey said the overall low payment rate is the most critical Medicaid issue to their practice.

Referral of Medicaid patients to specialists is also a difficult process, the survey found, and an indicator of access problems. Among primary care physicians responding to the survey, 63 percent said their Medicaid patients have experienced difficulty obtaining appointments with specialists. Mental health providers tend to be the most difficult appointments to secure, with 28 percent of primary care providers saying Medicaid patients have had trouble getting that type of care. Dental and urology appointments are the second and third most difficult to get, respectively.

**OBESITY**

The VM S established addressing childhood obesity as priority with the passage of a childhood obesity resolution in 2002. Since then, the VM S has become increasingly active on the Vermont Team of Action for Health Kids (AFHK), a state component of the nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools. The VM S is currently working with AFHK to plan a conference on school nutrition and activity for the spring of 2004. The VM S has also teamed with the School Health Committee and individual physician members to plan policy and community changes that can help address the epidemic of Vermonters becoming overweight.

**SUBSTANCE ABUSE**

During 2003, the VM S had several active initiatives to address substance abuse. In November, the VM S cosponsored the annual Physicians Addiction Medicine Conference along with the Vermont Department of Alcohol and Drug Abuse Prevention (ADAP). In February, the VM S Opioid Task Force presented a grand rounds in St. Johnsbury. In the spring, the VM S teamed with Delmarva Foundation and ADAP to offer three seminars orienting physicians and other clinicians to buprenorphine. In June 2003, VM S cosponsored a training that will help qualify physicians to prescribe buprenorphine. The VM S also helped seek feedback on and distributed new statewide guidelines for prescribing buprenorphine.

The VM S and the Vermont Psychiatric Association also supported legislative initiatives to address substance abuse. The organizations testified in favor of the concept of a Department of Substance Abuse, and encouraged that substance abuse treatment and the diagnosis and treatment of co-occurring substance abuse and mental disorders play a role in defining the Agency of Human Service reorganization. Substance abuse treatment and prevention will continue to be a priority for the VM S through 2004, with a new resolution passed at the 2003 Annual Meeting and interest from the New Hampshire and Maine Medical Societies in collaborating on joint initiatives.

**PATIENT DRUG COST CAMPAIGN**

Throughout 2003, the VM S teamed up with pharmacists, patient advocates, and human service agency representatives to educate patients that there are steps they can take to reduce their prescription drug costs.
The Vermont Medical Society (VMS), the Community of Vermont Elders (COVE), AARP Vermont, the Vermont Pharmacists Association, Fletcher Allen Health Care, and the Department of Prevention, Assistance, Transition and Health Access first teamed up to make an educational brochure that was distributed to more than 140,000 Vermonters. Gov. Douglas then joined the team and recorded a public service announcement to spread the message that patients can save money by asking their doctor or pharmacist about generics or lower-cost equivalent medication. The message was recorded both for radio and television; television spots aired during the fall of 2003 in a variety of time slots on WCAX-TV (Channel 3, Burlington), WPTZ-TV (Channel 5, Plattsburgh, N.Y.) and WNNE-TV (Channel 31, White River Junction).

In the winter of 2003, the VMS also convened an even wider coalition of organizations and institutions working to make prescription medications more affordable, in order to share ideas and potential solutions to the cost of prescription drugs.

**DOMESTIC VIOLENCE**
Throughout 2003, the VMS was an active member of the Health Care and Domestic Violence Leadership Team, a statewide coalition led by the Vermont Department of Health and the Vermont Network Against Domestic Violence and Sexual Assault. The team has been creating a domestic violence curriculum and toolkit for physicians. The VMS has pledged to help pilot and give feedback on the content and implementation of the curriculum. In addition, the VMS and the team are creating a longer range action plan to improve the health care system's response to domestic violence in Vermont, including educational and policy initiatives.

**SECTION 5: 2003 MEMBER SERVICES**

**INSURANCE AND OTHER PRACTICE RELATED PROGRAMS**
The VMS offers a comprehensive range of insurance programs for its members, along with several business services that can save members thousands of dollars each year. VMS members can participate in:

- Group health insurance coverage by Blue Cross/Blue Shield.
- The VMS offers 10 different plans, including medical savings accounts and Medicare supplemental plans;
- Group dental insurance through Delta Dental;
- Group disability and life insurance rates through Pinnacle Financial Group;
- VMS-endorsed professional liability and other administrative defense insurance through Medical Mutual Insurance Company of Maine;
- VMS-endorsed debt collection services through I.C. Systems.

**VMS NEWS SCAN**
Beginning in June 2003, the VMS began providing its members who have e-mail addresses with a weekly digest of health care news from Vermont and national sources. Recognizing that physicians are too busy to read numerous publications, but need to stay current on important developments, VMS staff scans all of the major news outlets in Vermont, plus leading national publications such as the New York Times and the Washington Post, to compile a list of the most important articles that have appeared in the past week. These articles are then summarized in a few sentences and compiled into a
The VM S News Scan has proven to be a very popular benefit with members, judging from the regular positive feedback received from readers. Many have commented that the VM S News Scan targets the most relevant information for physicians and presents it in a format that can be quickly reviewed. Members who are not receiving the VM S News Scan can request that they be added to the list by emailing slane@vtmd.org.

CONTINUING MEDICAL EDUCATION EVENTS

Events Held by the VM S
Physician Assisted Suicide Forums - September 2003
VMS Annual Meeting - October 2003

Events Co-Sponsored by VM S
Physicians Addiction Medicine Conference - Fall 2002 & 2003
Orientations to Buprenorphine - Spring 2003
ASAM Buprenorphine Training - June 2003
Working Toward Prevention in Obesity & Heart Disease - Nov. 2003

~ Note: As a member of the Vermont Medical Society, you can request the VM S to document your fulfillment of Continuing Medical Education (CME) requirements. For more information please contact Stephanie Lane at slane@vtmd.org or by phone at 800-640-8767.

TRI-STATE MEDICAL SOCIETY SERVICES, INC.
The Vermont, New Hampshire and Maine Medical Societies joined together in 2000 to fund a two-year program to assist member physicians with coding and reimbursement problems. This program has developed into a wholly-owned subsidiary of its component state medical societies known as The Coding Center.

In brief, 2003 was a year of growth. We were able to provide more and different services to more members. We added a valuable member to the staff and went through the inevitable growing pains required for a new venture. What follows is a summary of our accomplishments.

Coding Hot Line. We average about 50 calls per week from members in the Tri-State area for a total of approximately 2,600 calls through the course of the year. In general the calls are coding related but increasingly we are getting questions regarding claim denials and requests for intervention with the payors.

On-Site Education (House Calls). In excess of 100 education sessions were provided this year. In addition, we provided group education to a number of specialty societies and grand rounds programs at several hospitals. We added a new program in June, offering chart auditing and education services to practices in the Tri-State area. We have also assisted several groups with Medicare/OIG investigations.

Liaison Efforts (HELP). We currently participate in the Carrier Advisory Committee and Member Advisory Forum organized by NHIC, our local Medicare carrier. We participate in the Payor Liaison Committee/Taskforce in both Maine and New Hampshire and have participated in planning sessions with PATH (Vermont Medicaid) on the development of its member website. We also participate with several office management and coding organizations throughout the three states.

How To Sessions. We have offered six different round table forums in two different locations per state for a total 36 programs, with more than 1,200 total participants. We have also offered six coding certification courses over the past year, educating 62 coders.

New Staffing Additions. The greatest service to our members in
The past year was the addition of Jana Purrell to the center staff. Jana has hit the ground running proving herself as a reliable, calming and consistent resource for physicians and their staffs throughout the Tri-State area.

2003 VMS ANNUAL MEETING
At the VMS Annual Meeting held at the Woodstock Inn in Woodstock on October 17th a continuing medical education panel discussion on palliative care and end-of-life issues was offered. The panel was moderated by Marilyn Hart, M.D., and the panelists included: William Sorrell, Esq., Vermont Attorney General; Zall Berry, M.D.; Allan Ramsay, M.D.; and Diana Peirce, CHPN, acting chair of ExCEL.

Two resolutions were presented for consideration at the VMS Annual Meeting. One submitted by Drs. Hart and Niemira, and supported by the VMS Council at its September 2nd meeting, would update and continue the society's long-standing public position that there should be no laws concerning physician-assisted suicide and that the society in no way endorses euthanasia. The second, entitled "Proposed VMS Resolution on Physician Aid in Dying," submitted by Drs. Austin, Babbott, Gluck and Van Buren, with a neutral recommendation by the VMS Council at its September 2nd meeting, would change the society's existing public policy of opposition to laws concerning physician-assisted suicide to a new position of neutrality on the issue of physician-aid-in-dying. After a lengthy debate, the members present at the meeting passed motions for the entire voting VMS membership to receive a mail-in ballot on the two resolutions.

The Vermont Medical Society received a total of 769 ballots, out of 1,497 mailed to voting members. The response rate was 51 percent.

When the ballots were counted on the afternoon of November 12th, the Hart/Niemira resolution opposing any laws on physician-assisted suicide passed resoundingly 522-175. However, the separate Austin et. al. resolution stating that the society should take a position of neutrality on the physician-aid-in-dying issue also passed by a slight margin of 348-340. Many members afterwards indicated that they found the ballot confusing, particularly the lack of definition of the term physician-aid-in-dying.

In a meeting held around the state via Vermont Interactive Television on Dec. 2, the Vermont Medical Society Council, by a vote of 20-2, reaffirmed the results of the membership mail-in ballot. The Council adopted the same policy that garnered over 74 percent support from the voting membership -- that the VMS continues to believe there should be no laws concerning physician-assisted suicide and that the society in no way endorses euthanasia.

The policy adopted by the VMS Council also makes it clear that society members actively endorse improving palliative care, including using state-of-the-art pain and symptom control. Vermont communities have active Hospice programs, but more terminally-ill patients should take advantage of the care provided by those programs. VMS members will continue to work together with nurses, family counselors and pastoral support to aggressively respond to the needs of patients at the end of life.

As a result of the action, this policy supersedes any contradictory earlier VMS policy on physician-assisted suicide and settles any lingering confusion over the vote on two separate resolutions. In taking the action, the Council was acting in its capacity as the policy setting body for the VMS in the interval between annual meetings.
The Honorable Governor James Douglas speaks at the 10/17 luncheon.

Above from left to right: Lloyd Thompson, M.D., Immediate Past President & James O’Brien, M.D., President of the VMS exchange medallions at the membership meeting.

Dr. John Nelson, M.D., President-Elect of the AMA speaks at the Awards Banquet.

Dr. O’Brien, newly installed President of the VMS addresses the attendees of the Awards Banquet.

President of UVM, Daniel Fogel, Ph.D spoke at the Awards Banquet.

The Executive Committee of the VMS at the Annual Business meeting.

Jamie O’Brien, M.D., President of the VMS thanks Patrick Dowling, M.D., President of MMIC, for their support.

Dr. Jack and Suzanne Murray open the dance floor at the Awards Banquet.
190th Annual Meeting of
the Vermont Medical Society

AGENDA

Friday October 17, 2003

8:00 am Meeting Registration

8:45 am Welcome & Introductions - Carolyn Taylor-Olson, M.D., Acting President, VMS and John Evans, Ph.D., Acting Dean, UVM College of Medicine

9:00 am CME: "How advances in technology are incorporated into diagnostic tools." - Michael Caputo, Director of Information Systems, UVM College of Medicine


11:30 am CME: "Panel Discussion on Palliative Care and End of Life Issues." - Marilyn Hart, M.D., Moderator. Panelists: William Sorrell, Esq., VT Attorney General; Zail Berry, M.D.; Allan Ramsay, M.D.; and Diana Pierce, CHPN, Acting-Chair EXCEL

12:30 pm Luncheon & Keynote Address - Honorable James Douglas, Governor, State of Vermont

2:00 pm Annual Membership Meeting

6:00 pm VMS President’s Reception

7:00 pm Awards Banquet with Addresses by - Daniel M. Fogel, Ph.D., President, University of Vermont; John Nelson, M.D., President-elect, AMA; Julie Gerberding, M.D., M.P.H., Director of the CDC (invited)

Saturday October 18, 2003

9:00 am CME: "Vermont: State of the Art for Substance Abuse Treatment." - Todd Mandell, M.D., Vermont Department of Health, and Edwin A. Salsitz, M.D., FASAM, Medical Director Office-based Opioid Treatment, Beth Israel Medical Center, NYC

10:15 am CME: "Improving Health Care by Improving Your Clinical Microsystems." - Kathleen Iannacchino, M.S., R.N., Health Care Improvement Leadership Development, DHMC

11:30 am CME: "Public Health Responsibilities in the 21st Century." - Paul Jarris, M.D., Commissioner, Vermont Department of Health, and Julie Louise Gerberding, M.D., M.P.H., Director of the CDC (invited)

12:30 pm Luncheon & Keynote Address - Jack Wennberg, M.D., Director, Center for Evaluative and Clinical Sciences, DMS

1:30 - 3:00 pm VMS Council Retreat on Setting Priorities for 2004. - Dean Lea, facilitator
SECTION 6: PEER SUPPORT

VERMONT PRACTITIONER HEALTH PROGRAM
The Vermont Practitioner Health Program is a confidential health service program of the Vermont Medical Society for Vermont licensed physicians, podiatrists, and physician assistants to address the disease of substance abuse, including alcoholism. VPHP is designed to help identify, refer to treatment, guide, and monitor the recovery of practitioners with substance use disorders. Trained practitioners who provide support to their colleagues at-risk and that are affected by a substance abuse disease administer VPHP.

VPHP is available to any licensed physician, podiatrist, or physician assistant in the state of Vermont. Its recognition continues to grow throughout the state and traffic to the program’s telephone line continues to increase.

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

EXCEL
In 2003, ExCEL received a strategic planning grant and redesigned its governing structure and focus. The grant from RallyingPoints, a program supported by the Robert Wood Johnson Foundation, enabled the coalition to bring facilitator Kathy Brandt to Montpelier for two days to work with ExCEL leaders and members.

The outcome of the late September meeting was a completely redesigned and re-energized ExCEL, with a new vision and mission statement. ExCEL is led by three co-chairs. They are physicians Zail Berry, M.D., and Letha Mills, M.D., and Diana Peirce, R.N., the director of Central Vermont Home Health & Hospice. The three leaders are from different geographic areas - Bennington, Central Vermont and Chittenden County -- and have expertise in different aspects of palliative care -- oncology, hospice and inpatient palliative care.

At the planning session ExCEL formed six committees. Three focus on substantive end-of-life projects -- pain and symptom management, advance care planning, and access to end-of-life care. The other three committees focus on coalition process -- membership, fundraising and communication. The ExCEL members also decided that, while they were very appreciative of the work that the VMS has done providing them with an administrative home, they wanted a new administrative home that better reflected their diverse membership, new mission and projects. Valuing the capacity to gather data and measure quality improvement offered by the Vermont Program for Quality in Health Care, members of the ExCEL transition team are discussing the possibility of establishing an administrative home at VPQHC.

VERMONT MEDICAL SOCIETY EDUCATIONAL AND RESEARCH FOUNDATION
As the CIGNA class action settlement reached in 2003 clears judicial hurdles and nears final approval, the VMS has moved to establish a tax-exempt educational and research foundation that would be eligible to receive physician contributions from the settlement.

The settlement of the CIGNA class action lawsuit signed by the parties, including the Vermont Medical Society, in early September includes both prospective relief and retrospective financial relief for physicians.

Physicians may choose to apply for retrospective relief from the Category One or Category Two settlement funds by submitting proof of actual claims that were paid incorrectly by CIGNA. In lieu of submitting documentation of claims, a physician may choose to receive a pro rata share of the $30 million Category A settlement fund that will be divided among active and retired physicians who choose the Category A option, without proof of individual claims or payment errors. The settlement permits physicians to elect to contribute the amount of their settlement payment from the Category A Settlement Fund (estimated to be between $30 and $100

18
per physician) to a foundation established by a signatory medical society such as the VMS.

The VMS has incorporated a foundation, the Vermont Medical Society Educational and Research Foundation (VMSERF) to accept contributions from physicians including the pro rata awards physicians receive from the CIGNA settlement. The corporation is eligible for tax exemption under Section 501(c)(3). The foundation's purpose is to support educational and research activities in the field of health. It is designed to accept charitable contributions and foundation grants and to use those contributions to encourage education and research. It will provide grants, scholarships, and educational loan repayment to deserving medical students and physicians to encourage them to practice in Vermont. The governance structure of the corporation will be closely aligned with the Vermont Medical Society.

SUPPORT FOR COUNTY AND SPECIALTY SOCIETY CHAPTERS
The VMS continues to offer administrative and policy support for county and specialty society chapters. In 2003, VMS staff visited many of the county societies for Preferred Drug List, HIPAA, and physician-assisted suicide legislation seminars. VMS staff offered logistical support for planning these meetings and also helped interested county societies plan independent meetings, providing services from mailing reminders to booking locations to helping arrange for speakers.

VMS staff also provided more extensive support for interested specialty societies. The Vermont Psychiatric Association and the Vermont Chapter of the American College of Physicians asked VMS staff for administrative support for tasks such as: planning and mailing newsletters, planning annual meetings, maintaining membership rolls and on-line listservs, and financial planning. VMS staff also worked with the specialty societies to reach their policy and advocacy goals. For example, monitoring legislation and helping schedule testimony on salient issues.

The VMS is looking for ways to partner with additional specialty societies, such as inviting all specialty societies to schedule their annual meetings in conjunction with the VMS meeting and welcoming submissions to the VMS annual report. In 2003, four specialty societies did join the VMS for their annual meetings and we hope for even more in 2004.

SUPPORT FOR OTHER EVENTS AND ORGANIZATIONS
The Vermont Medical Society continues to provide support for other worthy causes. In 2003, donations were made to the following:

- Prevent Child Abuse Vermont - Walk for Children
- Fletcher Allen Health Care - Breast Imaging Center
- Vermont Ethics Network, Inc.
- ADAP - Addiction Medicine Conference
- March of Dimes - Health Awards Dinner
- Governor's Council on Physical Fitness & Sports - Working Toward Prevention in Obesity and Heart Disease
- Community of Vermont Elders Membership
- Vermont Association of Mental Health Annual Meeting

Get the information on the VMS Website!

Check us out at: HTTP://WWW.VTMD.ORG

Visit our website to read all of your favorite VMS publications including:
- The Green Mountain Physician
- Legislative Bulletin
- The News Scan

Also, check us out for the latest on health care related bills and policy updates.
SECTION 7: 2004 PRIORITIES

ADVOCACY PRIORITIES FOR 2004

Immediately following the 2003 Annual Meeting, the VMS Council met to establish policy goals and objectives for 2004 that are consistent with the society’s mission and the results of the membership meeting. The Council adopted the following policy goals for 2004.

IMPROVEMENT OF VERMONT’S HEALTH CARE SYSTEM

The VMS will actively work to improve Vermont’s health care system by:
- Promoting universal coverage, which ensures access;
- Eliminating the under-reimbursement of health care practitioners and health care facilities by the Medicaid and Medicare programs;
- Maximizing the percent of health care dollars that support direct provision of patient care;
- Supporting evidence-based medicine;
- Aligning payment policies with quality improvement;
- Encouraging a collaborative, multidisciplinary process in the treatment of chronic conditions;
- Creating a legal environment that fosters high-quality patient care and relieves financial strain and administrative burden for physicians; and
- Supporting healthier lifestyles, through incentives for identified health risk avoidance.

The VMS will actively collaborate with other health care organizations, consumer groups, business groups, public and private purchasers, and state and federal agencies in order to reduce the burden of illness, injury and disability, and to improve the health and functioning of Vermonters.

CONFRONTING THE OPIOID CHALLENGE FACING VERMONTERS

The VMS will work with the Office of Alcohol and Drug Abuse Programs (ADAP) and the UVM Area Health Education Center Program (AHEC) to:
- Inform Vermont physicians regarding the data on opioid dependency in Vermont;
- Encourage and facilitate the training of all of Vermont’s primary care physicians and psychiatrists in buprenorphine treatment; and
- Collaborate to make Internet buprenorphine treatment training readily accessible for Vermont physicians.

The VMS will work with state agencies to encourage the availability of appropriate counseling services in addiction to support treatment of patients with opioid dependency. The VMS will work with public and private insurers to ensure that they appropriately and adequately reimburse clinicians treating patients with opioid dependency.

PROFESSIONAL LIABILITY INSURANCE REFORM FOR PHYSICIANS

The VMS will urge the Vermont General Assembly to enact meaningful professional liability reform in order to reduce the cost of our state’s health care system and maintain access to necessary medical services.

MEDICAID REIMBURSEMENT

The VMS will urge the Administration and the 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 medical inflation for physicians in the Medicaid budget;
- Increase Medicaid reimbursement to a level that is adequate to cover the costs incurred in providing the care; and
- Reimburse physicians for developing office infrastructure, providing care management, phone and electronic communications, record keeping and other services needed to implement the Preferred Drug List and care for patients with chronic conditions.

PHYSICIAN-ASSISTED SUICIDE

The VMS will continue to be actively engaged in promoting
initiatives that assure all dying Vermonters receive good, comprehensive palliative care. These include ensuring that all members of the society become educated in the goals and techniques of palliative care and that all members become adept at dealing with the dying patients’ special needs. The society believes that such care and training will provide a strong alternative for patients who ask for assisted suicide.

VMS staff will testify before the Legislature that the society believes there should be no laws concerning physician-assisted suicide and the society in no way endorses euthanasia.

PREVENTING CHILDHOOD OBESITY
The VMS will collaborate with the statewide Action for Healthy Kids (AFHK) team, a state component of the nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools.

The VMS reaffirms the following two goals that AFHK has identified as priority for 2003:
- Providing food options that are low in fat, calories, and added sugars, such as fruits, vegetables, whole grains, and low-fat or nonfat dairy foods throughout the school system;
- And providing all children, from pre-K through grade 12 with quality daily physical activity that helps develop the knowledge, attitudes, skills, behaviors and confidence needed to be physically active for life.

The VMS will identify a task force of physicians, including members of the School Health Committee, who are interested in working to achieve the AFHK goals and other goals they may identify as a priority.

The VMS will continue to collaborate and coordinate with other organizations and individuals working to prevent childhood and adult obesity, including the Vermont Campaign to End Childhood Hunger; the Vermont WIC Program Childhood Obesity Prevention Program; the Coalition for Healthy Activity, Motivation and Prevention Programs (CHAMPPs); the Vermont Children's Health Improvement Program (VCHIP); the Vermont Area Health Education Centers (AHEC); legislators; and private insurers.

DOMESTIC VIOLENCE AS A HEALTH CARE CONCERN
The VMS will urge the governor and the Vermont Legislature to give high priority to social programs addressing domestic and sexual violence against members of all vulnerable segments of our society — its prevention, and interventions for victims and perpetrators.

The VMS will work with the Health Care and Domestic Violence Leadership Team, a statewide coalition led by the Vermont Department of Health and the Vermont Network Against Domestic Violence and Sexual Assault, to make an action plan to improve the health care response to domestic violence in Vermont, including educational and policy initiatives. The VMS will collaborate with the Leadership Team to create and disseminate a domestic violence curriculum and toolkit for physicians. The VMS will create a task force of physicians who will review the curriculum, help plan how to implement the curriculum, and discuss longer-range responses to domestic and sexual violence.

DEVELOPMENT AND IMPLEMENTATION OF A MEDICAL INFORMATION SYSTEM
The Vermont Medical Society will strongly support the development, widespread availability and implementation of an electronic medical information system that will:
- Make it easier to establish, maintain, and access accurate, comprehensive medical records in the offices of health care providers.
- Allow all health care providers who are caring for a patient at any location immediate, reliable, secure access to that patient's medical information.
Enable health care providers to continuously monitor the administration of appropriate preventative and health maintenance services for individuals and for sub-populations defined by age, gender, specific diagnoses and risk factors.

Give health care providers immediate access to information regarding potential adverse drug reactions related to a patient’s past adverse drug reactions, other medications, or chronic diseases.

**PDL EXEMPTION**
The VM S will work with the Vermont Psychiatric Association to extend an exemption for Vermonters with severe and persistent mental illness from following the Preferred Drug List. The exemption, included in the legislation that created the PDL, has a sunset in 2004.

**COMMUNICATION PRIORITIES FOR 2004**
The VM S will actively promote the interests of its members to Vermont's general population through the use of the news media, public service announcements, and paid media. Specific activities will include issuing press releases to explain the society's positions on proposed legislation and health care initiatives, working with news reporters to develop stories that further VM S advocacy priorities, and preparation of public service announcements to expand Vermonters' knowledge of health care issues and inform them of the availability of services to improve and protect their health.

Through the Vermont Medical Society Educational and Research Foundation, the VM S will apply for grants to design and implement public education campaigns on priority issues, such as domestic violence, preventing childhood obesity, and increasing treatment for opioid dependency. The VM S will work with other organizations to coordinate messages to the Vermont population on these issues.

**SECTION 8: TREASURER'S REPORT AND BUDGET FOR 2004**

At the October 18th Council meeting held at the Woodstock Inn in Woodstock, Vermont, the VM S Council approved the following budget for operation of the Society for the calendar year 2004. This budget assumes level-funding based on our projected income for calendar year 2003.

In 2003 the Society deposited $18,000 into the contingency fund, and will with this new budget continue to work toward our goal of having enough money in this fund to sustain the Society for one year in case of unforeseen difficulty. Our continuing efforts to be good stewards of the society's finances will help us achieve this goal.

If you would like a detailed copy of the 2004 budget, please contact Joy Ibey our VM S Business Manager.

John Mazuzan, M.D.
Treasurer

VM S Proposed Budget Summary 2004

<table>
<thead>
<tr>
<th>Total Income</th>
<th>$633,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses:</td>
<td></td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>123,510</td>
</tr>
<tr>
<td>Total Payroll Expenses</td>
<td>382,389</td>
</tr>
<tr>
<td>Total VPHP Expenses</td>
<td>71,390</td>
</tr>
<tr>
<td>Total Property Expenses</td>
<td>30,340</td>
</tr>
<tr>
<td>Total Other Expenses</td>
<td>14,000</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>621,629</td>
</tr>
<tr>
<td>Net Projected Revenue over Expenses</td>
<td>$ 11,871</td>
</tr>
</tbody>
</table>
SECTION 9: PAST PRESIDENTS OF VMS AND PAST AWARD RECIPIENTS

PAST PRESIDENTS

2003.....Lloyd "Tim" Thompson, M.D.
2002.....Carolyn T. Taylor-Olson, M.D.
2001.....M. Aureen 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 M. Michl, M.D.
1991.....Richard Ryder, M.D.
1990.....James E. Thomas, M.D.
1989.....William H. Stouch, M.D.
1988.....John E. Mazuzan, M.D.
1987.....William E. Allard, M.D.
1986.....C. Peter Albright, M.D.
1985.....Ward Stockpole, M.D.
1984.....Hugh P. Hermann, M.D.
1983.....Stanley L. Burns, M.D.
1982.....Arthur S. Faris, M.D.
1980.....John E. Mazzuzan, M.D.
1979.....William E. Allard, M.D.
1978.....C. Peter Albright, M.D.
1977.....J. Ward Stockpole, M.D.
1976.....Ralph R. Jardine, M.D.
1975.....William G. Ricker, M.D.
1974.....Lester W. Burbank, M.D.
1973.....E. A. MaCrory, M.D.
1972.....James A. Gray, M.D.
1971.....Porter H. Dale, M.D.
1970.....Harry Rowe, M.D.
1969.....Dewees H. Brown, M.D.
1968.....Richard E. Bouchard, M.D.
1967.....Walter W. Buttrick, Jr., M.D.
1966.....Roy V. Buttrick, M.D.
1965.....Ralph R. Jardine, M.D.
1964.....Clifford Harwood, M.D.
1963.....J. Bishop Mcll, 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. W. Heeler, 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. M. Sweeney, 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. M. Sweeney, M.D.
1941.....E. H. Buttrick, M.D.
1940.....A. M. Cram, M.D.
1939.....C. F. Cram, 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. Macrory, M.D.
1933.....John H. Woodruff, M.D.
1932.....Lyman Allen, M.D.
1931.....E. J. Rogers, M.D.
1930.....William K. Johnston, 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.....Charles Beecher, M.D.
1915.....Edward H. Ross, M.D.
1914.....William W. Townsend, M.D.
1913.....Albert L. M. Iner, 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 M. Sweeney, 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... J. James N. Jenne, M.D.
1889... H.S. Brown, M.D.
1888... J. 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... Henry Jackson, M.D.
1879... S.W. T. Thayer, M.D.
1878... G.B. Bullard, M.D.
1877... C.M. Chandler, M.D.
1876... George Dunsmore, 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 M. Colom, M.D.
1864... O.F. Fasset, 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... Edward L. Warner, M.D.
1853... G.W. H. T. Hayer, 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... Osiah 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.

PAST AWARD RECIPIENTS

CITIZEN OF THE YEAR AWARD
2003... Thomas Perris, M.S. - Burlington
2002... June Elliott - St. Johnsbury
2001... Sen. Nancy Chard - Brattleboro
2000... Helen Riehle - Montpelier
1999... Cornelius Hogan - Plainfield
1998... Janet Stockpole - Burlington
1997... Karen Kitzmiller - Montpelier
1996... Margaret Martin - Middlebury
1995... No Award Given
1994... No Award Given
1993... Ann Seibert - Norwich
1992... Arthur Gibb - Middlebury
1991... Jean Mallory - Brookfield
1990... No Award Given
1989... Susan Spaulding - Montpelier

DISTINGUISHED SERVICE AWARD
2003... Jan K. Carney, M.D. - Charlotte
2002... Robert J. M. Kay, M.D. - Shelburne
2001... John Frymoyer, M.D. - Colchester
2000... No Award Given
1999... Richard T. Burtis, M.D. - Brattleboro
1998... Mildred Reardon, M.D. - Burlington
1997... J. Ward Stackpole, M.D. - S. Burlington
1996... Harry M. Rowe, M.D. - Wells River
1995... Roger W. Mann, M.D. - Jeffersonville
1994... Richard E. Bouchard, M.D. - Burlington
1993... Arthur & Elizabeth Faris, M.D. - Shaftsbu
1992... William Luginbuhl, M.D. - Vergennes
1991... Stanley L. Burns, M.D. - Burlington
1990... Charles Cunningham, M.D. - Springfield
1989... John H. Davis, M.D. - Burlington
1988... George Wolf, M.D. - Jericho
1987... Paul Stanilonis, M.D. - Williston
1986... Roy V. Butts, M.D. - Montpelier
1985... John Lantman, M.D. - Williston
1984... Frederic Guilmette, M.D. - Springfield
Physician of the Year Award
2003 . . . . . Robert W. Backus, M.D. - Townshend
2002 . . . . . Lewis C. Blowers, M.D. - Morrisville
2001 . . . . . Don Swartz, M.D. - Burlington
2000 . . . . . No Award Given
1999 . . . . . No Award Given
1998 . . . . . William A. Flood, M.D. - Bennington
1997 . . . . . R. David Ellerson, M.D. - Montpelier
1996 . . . . . Theodore Collier, M.D. - Middlebury
1995 . . . . . Thomas A.E. Moseley, M.D. - Newport
1994 . . . . . No Award Given
1993 . . . . . Victor Pisanelli, Sr., M.D. - Rutland
1992 . . . . . Ernest Tomasi, M.D. - Montpelier
1991 . . . . . William Pratt, M.D. - Rutland
1990 . . . . . G. Richard Dudas, M.D. - Bennington
1989 . . . . . No Award Given
1988 . . . . . Eugene Bont, M.D. - Cavendish
1987 . . . . . Louis J. Wainer, M.D. - Hinesburg

Physician Award for Community Service
2003 . . . . . Joan Madison, M.D. - Shelburne
2002 . . . . . William Pratt, M.D. - Rutland
2001 . . . . . Delight W. Ing, M.D. - Jericho
2000 . . . . . John R. Carmola, M.D. - St. Albans
1996 . . . . . William Hodgkin, M.D. - Hinesburg
1994 . . . . . Alan Rubin, M.D. - Burlington
1993 . . . . . Arnold Golodetz, M.D. - Burlington
1990 . . . . . No Award Given
1989 . . . . . J. Carleton Stickney, M.D. - Rutland
1988 . . . . . Elbridge E. Johnston, M.D. - St. Johnsbury
1987 . . . . . Robert B. Aiken, M.D. - Shelburne
1986 . . . . . Ronald Ferry, M.D. - Montpelier
1985 . . . . . No Award Given
1984 . . . . . William Brislin, M.D. - Rutland
1983 . . . . . Lester W. Allman, M.D. - Burlington
1982 . . . . . Walter Rath, M.D. - St. Albans
1981 . . . . . Lester Judd, M.D. - Enosburg
1980 . . . . . Samuel Eppley, M.D. - Enosburg
1979 . . . . . J. Ward Stackpole, M.D. - S. Burlington
1978 . . . . . Frederick C. Holmes, M.D. - St. Albans
1977 . . . . . Philip G. Merriam, M.D. - Rutland
1976 . . . . . Arthur Gladstone, M.D. - Burton
1975 . . . . . Dewees H. Brown, M.D. - Bristol
1974 . . . . . Julius H. Manes, M.D. - Bennington
1972 . . . . . Louis G. Habault, M.D. - Winooksi
1971 . . . . . Philip H. W. Heeler, M.D. - Brattleboro
1970 . . . . . Rufus C. Morrow, M.D. - Burlington
1969 . . . . . Harry M. Rowe, M.D. - Wells River
1968 . . . . . H. Bernard Levine, M.D. - Burlington
1966 . . . . . Gordon B. Smith, M.D. - Rutland
1965 . . . . . Henry M. Farmer, M.D. - Burlington
1964 . . . . . Howard J. Farmer, M.D. - St. Johnsbury
1963 . . . . . Carlos G. Otis, M.D. - Townshend
1962 . . . . . Roger W. Mann, M.D. - Jeffersonville
1961 . . . . . Clifford B. Harwood, M.D. - Mankite
1960 . . . . . Benjamin Clark, M.D. - St. Johnsbury

Founders’ Award
2001 . . . . . No Award Given
2000 . . . . . John Evans, PhD - Burlington
1999 . . . . . John E. Mazzuzaan, M.D. - Burlington
1998 . . . . . No Award Given
1997 . . . . . Hon. Howard Dean, M.D. - Shelburne

Posthumously
2004 ~ VMS Council

James K. O'Brien, M.D.
President
18 Mansion Street
Winooski, VT 05404
655-3000
james.o'brien@vtmednet.org

Harvey Reich, M.D.
President - Elect
Rutland Regional Medical Center
160 Allen Street
Rutland, VT 05701
747-3851
hreich@rrmc.org

Peter Dale, M.D.
Vice President
Mountainview Medical
195 Hospital Loop Suite #3
Berlin, VT 05602
223-6196
padale@adelphia.net

John Mazuzan, M.D.
Treasurer
366 South Cove Road
Burlington, VT 05401
864-5039
mazuzan@together.net

Lloyd (Tim) Thompson, M.D.
Immediate Past President
Corner Medical Bldg.
PO Box 83
Lindenboro, VT 05851
626-9246
tim.thompson@hitchcock.org

AMA DELEGATE
John Murray, M.D.
51 Timber Lane
So. Burlington, VT 05403
863-5069
jackjmurray@aol.com

AMA ALTERNATE DELEGATE
David Butsch, M.D.
3270 Airport Road
Barre, VT 05641
229-4434
davidbutsch@hotmail.com

EX OFFICIO
John Evans, Ph.D.
Acting Dean, UVM College of Medicine
E-109 Given
Burlington, VT 05405
656-2156

Paul Jarris, M.D.
Vt. Dept of Health
108 Cherry St
Burlington, VT 05401
863-7280
pjarris@vdh.state.vt.us

COUNCILORS AT LARGE

Maurine Molloy, M.D.
5935 Dorset Street
Shelburne, VT 05482
985-8541
mkmolloy@sover.net

Mildred Reardon, M.D.
2320 Oak Hill Road
Williston, VT 05495
656-2179
reardon@salus.med.uvm.edu

John Fogarty, M.D.
UVM Dept of Family Practice
235 Rowell
Burlington, VT 05405
656-4330
jorgarty@salus.med.uvm.edu

Daniel Walsh, M.D.
Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756
603-650-8191
daniel.b.walsh@hitchcock.org

STUDENT REPRESENTATIVES
Joy Baldwin - '04 (Voting Student)
UVM College of Medicine
Given Box 17
Burlington, VT 05405
joy.baldwin@vtmednet.org
2004 ~ VMS Council

Nathan Richardson - '05
UVM College of Medicine
Given Box 329
Burlington, VT 05405
nathan.richardson@uvm.edu

Khai Nguyen - '06
UVM College of Medicine
Given Box 301
Burlington, VT 05405

Leslie Bradford - '06 (Voting Student)
UVM College of Medicine
Burlington, VT 05405

Specialty Society Representatives

Anesthesiology
Eva Kristensen, M.D.
FAHC, Anesthesiology
111 Colchester Ave
Burlington, VT 5401
847-2415
ekristen@zoo.uvm.edu

`Alternate`
Chris Greene, M.D.
FAHC, Anesthesiology
111 Colchester Ave
Burlington, VT 5401
847-2415
cgreene@zoo.uvm.edu

Dermatology
No Representative

Emergency Medicine
No Representative

Family Practice
Stuart Williams, M.D.
Associates in Family Practice
130 Fisher Rd., Suite 3-1
Berlin, VT 05602
225-7000
stuart.williams@vtmednet.org

Internal Medicine
Frank Landry, M.D.
1205 North Ave.
Burlington, VT 05401
863-1313
frank.landry@vtmednet.org

Medical Education
No Representative

Neurology Neurosurgery
No Representative

Obstetrics & Gynecology
Leonard Tremblay
Green Mountain OB/GYN
7 Lakemount Dr.
St. Albans, VT 05478
524-5523

Oncology
Johannes Nunnink, M.D.
Suite 207, 792 College Pathway
Colchester, VT 05446-3040
655-3400
johannes.nunnink@vtmednet.org

Ophthalmology
Jean Demarchis-Tabin, M.D.
152 Spruce Street
Burlington, VT 05401-0152
863-2483

Orthopedics
S. Glen Neale, M.D.
Mansfield Orthopaedics
Suite 7 530 W ashington Hwy.
Morrisville, VT 05661
888-8405
gnealface@aol.com

Otolaryngology
Theodore Shattuck, M.D.
Mid Vt. ENT, P.C.
69 Allen Street, Suite #4
Rutland, VT 05701
775-3314
midvtent@aol.com

Pathology
No Representative

Pediatrics
No Representative

Psychiatry
William McMains, M.D.
103 S. Main Street
Waterbury, VT 05676
241-2604
bmcmains@ddmhs.state.vt.us
Radiology
No Representative

Thoracic Surgery
No Representative

Urology
Ernest Bove, M.D.
PO Box 666
Rutland, VT 05701
775-6006
midvt@together.net

COUNTY COUNCILORS

ADDISON
Alexander MacDonald, Jr., M.D.
6 Park Place
Bristol, VT 05443
453-3345

BENNINGTON
Barbara Raskin, M.D.
Bennington Family Practice Associates
140 Hospital Drive, Suite 108
Bennington, VT 05201
447-1191
ber@phin.org

CALEDONIA
No Representative

CHITTENDEN
Robert Orr, M.D.
111 Colchester Ave. Burgess 325
Burlington, VT 05401
847-2000
robert.orr@vtmednet.org

FRANKLIN/GRAND ISLE
Joseph Nasca, M.D.
Mousetrap Pediatrics
11 Crest Rd.
St. Albans, VT 05478
527-8189

LAMOILLE
No Representative

ORLEANS/ESSEX
Denise Niemira, M.D.
5452 US Rte. 5
Newport, VT 05855
334-6140
deniem@together.net

RUTLAND
David Charnock, M.D.
69 Allen Street, Suite 4
Rutland, VT 05701
775-3314
midvtent@aol.com

WASHINGTON/ORANGE
Marylin Hart, M.D.
Mountainview Medical
195 Hospital Loop Suite #3
Berlin, VT 05602
223-6196
marilyn.hart@hitchcock.org

WINDHAM
Robert Tortolani, M.D.
63 Belmont Ave. Suite 1
Brattleboro, VT 05301
254-1113
roberttortolani@dartmouth.edu

WINDSOR
John Leppman, M.D.
18 Old Terrace
Bellows Falls, VT 05101
463-3941
john.a.leppman@dartmouth.edu
**FREQUENTLY USED PHONE NUMBERS**

**CODING & BILLING INFORMATION**

Laurie Desjardins, CPC  
Coding & Reimbursement Specialist  
The Coding Center  
(888) 889-6597, Fax (207) 787-2377

**Medicare Carrier in VT is NHIC:**  
Provider Inquiries  
For routine Medicare Part B inquiries, claim status, Automated Audio Response Unit, and routine UPIN queries  
1-866-539-5595

Provider Services  
For Medicare Part B policy information, limiting charge, and fee Schedule queries  
(866) 539-5595

Provider Certification Unit  
For Medicare Part B physician/provider enrollment queries  
(866) 539-5595

Provider Telephone Reviews  
For Medicare Part B claims telephone review requests  
(207) 294-4322

Electronic Data Interchange Support Services  
For information on Carrier Bulletin Board System (an interactive communication network supporting electronic claim submission and data exchange)  
(781) 749-7745

**PUBLIC AND PRIVATE INSURANCE**

Questions regarding state funded programs such as VHAP, Dr. Dynasaur, Medicaid, VHAP Pharmacy, VScript and VScript Expanded: Health Access Member Services at  
(800) 250-8427

Questions regarding private health insurance or managed care plans - Department of Banking, Insurance, Securities & Health Care Administration (BISHCA)  
(800) 631-7788

Specific private insurance concerns:  
Blue Cross/Blue Shield of Vermont: Member services: 1-(800) 247-2583, General: (802) 223-6131

EDS Provider Services  
(800) 925-1706

CIGNA Healthcare - Member services: (800) 345-9458, General: (617) 630-4380

MVP Health Plan, Vermont - Member services: 1-888 MVP-MBRS, General: (800) 380-3530

**HOSPITALS**

Brattleboro Memorial Hospital: (802) 257-0341
Brattleboro Retreat Healthcare: (802) 257-7785
Central Vermont Medical Center: (802) 371-4100
Copley Hospital: (802) 888-4231
Dartmouth Hitchcock Medical Center: (603) 650-5000
Fletcher Allen Health Care: (802) 847-0000
Gifford Medical Center: (802) 728-4441
Grace Cottage Hospital: (802) 674-6711
North Country Hospital: (802) 334-7331
Northeastern Vermont Regional Hospital: (802) 748-8141
Northwestern Medical Center: (802) 524-5911
Porter Medical Center: (802) 388-4701
Rutland Regional Medical Center: (802) 775-7111
Springfield Hospital: (802) 885-2151
Vermont State Hospital: (802) 241-1000
VA Medical and Regional Office Center: (802) 295-9363

**MISCELLANEOUS**

Vermont Department of Health: (800) 464-4343
Vermont Board of Medical Practice: (802) 657-2220, (800) 745-7371
Centers for Disease Control and Prevention: (800) 311-3435
National Institutes of Health (NIH): (301) 496-4000
CM S Boston: (877) 267-2323
Health Care Ombudsman: (800) 917-7787
2003
VMS Award Recipients

From left to right: Jan Carney, M.D., Distinguished Service Award winner with John Evans, Ph.D., Acting Dean, University of Vermont.

From left to right: Robert Backus, M.D., Physician of the Year Award winner with Carolyn Taylor-Olson, M.D.

From left to right: Stokes Gentry, M.D. with Joan Madison, M.D., Physician Award for Community Service Award winner.

From left to right: Tom Perras, M.S., Citizen of the Year Award winner with Mimi Reardon, M.D.

From left to right: Jill McGann accepting on behalf of John Lantman, M.D., Founders Award winner (posthumously) with Mimi Reardon, M.D.
Save the Date for the 191st Annual Meeting of The Vermont Medical Society

Saturday, October 23, 2004
Wyndham Hotel
Burlington, Vermont

Watch your mail for details later this summer!
Mark Your Calendars Today!