

# VERMONT MEDICAL SOCIETY 2004 ANNUAL REPORT



*James O'Brien, M.D.  
was sworn in as  
President at the  
October 2003 VMS  
Annual Meeting*



*Harvey Reich, M.D.  
was sworn in as  
President at the  
October 2004 VMS  
Annual Meeting*



*James O'Brien, M.D., VMS  
President and Paul Harrington,  
VMS EVP at an AMA Meeting  
in Washington, D.C.*



*Left to right: Burlington Mayor  
Peter Clavelle and Gov. James  
Douglas Debate at on of the VMS  
sponsored debates in October 2004*

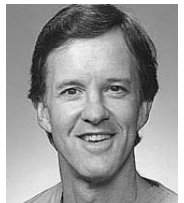
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### Dear Member of the Vermont Medical Society:

As a profession, we were faced with a number of challenges in 2004. Medical malpractice insurance premiums and the other costs of running a practice continued to escalate. Meanwhile, reimbursement from payers remained flat, or in the case of Medicaid, well below the cost of providing

services. And lawmakers tried to expand regulation of our profession through several bills.

But despite of all this, the VMS was successful in a number of areas:

- When the Vermont Senate voted to cut workers' compensation fee schedules, the VMS pointed out that physician reimbursement in Vermont is already the second lowest in New England and New York, and the eighth lowest in the nation. The VMS was successful in preventing reductions and we have a seat at the table in future negotiations over revisions to the workers' comp system.
- A bill would have imposed fines and disciplinary action on physicians if patients were not satisfied in how their pain was being managed. In addition, all physicians would have been required to take 12 hours of CME in pain management. After input from the VMS, the CME requirement was dropped and lawmakers agreed to study methods of improving pain management.
- The VMS worked tirelessly during the past year to educate lawmakers and the general public about the burden of medical malpractice premiums and their impact on patient care. VMS members testified before several committees, and other members provided case studies documenting how rising premiums are jeopardizing access to physician services in Vermont communities. The VMS was able to secure a \$632,000 increase in Medicaid reimbursement for FY2005 to help offset the higher cost of medical malpractice insurance. We also convinced legislators to conduct an in-depth study of potential solutions to the medical malpractice crisis.

Our successes in 2004 were not limited to the Statehouse and state government. Our influence was felt both at the local and regional levels.

- We continued to develop a strong relationship with the medical societies in Maine and New Hampshire. In fact, the directors of those two societies joined VMS directors at a meeting in Stowe to discuss how

our three groups can work together to improve substance abuse treatment in the three states.

- The VMS partnered with several in-state groups to promote public health and advocate for health reform. During the year we worked closely with the Vermont Association of Hospitals and Health Systems, the Vermont Project for Quality in Health Care (VPQHC), the Coalition for a Tobacco Free Vermont, Vermont Action for Healthy Kids, the Vermont Network Against Domestic Violence and Sexual Assault, and the Area Health Education Centers, to name a few.

- Thanks to the efforts of VMS members who provided information about the hazards of exposure to second-hand smoke, four communities in Chittenden County decided to ban smoking in bars and restaurants. Employees and patrons of these establishments are no longer putting their health at risk when they walk in the door. VMS members were very influential in convincing elected officials in Burlington, South Burlington, Williston, and Winooski that protecting people's health is paramount.

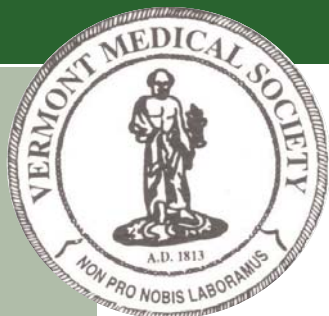
As successful as 2004 was, our work is not done. VMS members need to send a strong message to other communities across the state that still allow smoking in bars and restaurants. We must not rest until smoking in public spaces is eliminated statewide. I would like to thank the members who have been actively involved in this effort, and I urge all members to join me in continuing to push for this change.

Recently proposed provider payment cutbacks in the state Medicaid program also threaten to jeopardize patient access to physician services. Your help will be needed in the months ahead to ensure that changes to Medicaid do not diminish the care that we can provide to this population.

As a VMS member, you can take pride that 2004 was a year filled with accomplishments for the society. We have played a major role in shaping health care policy in Vermont, we have protected physicians from proposals that would have been detrimental to the practice of medicine, and we have won changes that will protect the health of Vermonters for years to come.

Sincerely,

James O'Brien, M.D., President 2003-2004



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## 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, VMS represents the interests of physicians and advocates on their behalf.

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

### TOTAL VMS MEMBERSHIP - 1952

REGULAR - 986	AFFILIATE - 42	ASSOCIATE - 52
LIFE - 192	RESIDENT - 265	STUDENT - 405
HONORARY - 5		

### 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 VMS officers and representatives of the county medical societies, the Vermont chapters of specialty societies, the Vermont Department of Health, and the University of Vermont College of Medicine.

### 2004 VMS COUNCIL MEETINGS

*Thursday, January 29, 7:15 - 8:45 p.m., Vermont Interactive Television*

*Saturday, April 3, 10:00 - noon Central Vermont Hospital, Berlin*

*Tuesday, June 1, 7:15 - 8:45 p.m., Vermont Interactive Television*

*Tuesday, September 7, 7:15 - 8:45 p.m., Vermont Interactive Television*

*Sunday, October 24, 9:00 - 11:30 a.m., Wyndham Hotel, Burlington, VT*

Council meetings are open to all VMS Members.

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.

### **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**
- Nominating Committee**
- Personnel Committee**
- Pension 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**
- School Health Committee**
- Vermont Practitioner Health Program**

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 Office of Vermont Health Access (OVHA) and the Department of Labor and Industry, all matters related to reimbursement, quality and health care regulation for Vermont physicians.

The PPC is organized by physician specialty and chaired by David Johnson, M.D. 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*

**On November 9, 2004 the PPC met to discuss the following agenda items:**

Medicaid  
    Reimbursement Update  
    Claim Administration  
Blue Cross Blue Shield  
    Reimbursement Update  
    Disease Management Program  
Workers' Compensation Update  
Medicare Update

## SECTION 3: 2004 ADVOCACY ACTIVITIES



### FEDERAL ADVOCACY

The VMS actively represented its members before Congress and the federal government in 2004. We worked to limit excessive jury awards in medical malpractice cases, and to fix Medicare's flawed physician payment schedule. The VMS urged senators to pass legislation creating a voluntary system for reporting errors to patient safety organizations.

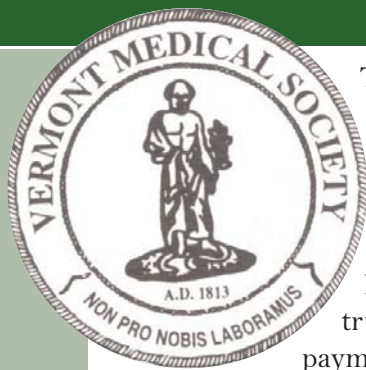
### FEDERAL TORT REFORM

Through letters and in-person meetings, the VMS continued to urge Senators Jeffords and Leahy to support passage of the HEALTH Act, which would reduce the prohibitively high cost of medical liability insurance premiums and help ensure patients have continued access to their physicians.

The cornerstone of the HEALTH Act is a cap on non-economic damages of \$250,000. The cap is modeled on California's successful MICRA law, which has demonstrated that tort reform can work. Since the passage of MICRA in 1975, The Doctors Company, a firm that provides medical liability insurance in both California and Vermont, has lowered its medical liability premiums in California by 40 percent in constant dollars.

The VMS told Sens. Jeffords and Leahy that in Vermont, premium increases continue to come at a double-digit pace, at a time when payments from Medicaid and Medicare are flat and private insurance companies are limiting their reimbursement increases to the single digits. We also made it clear that because of the limited number of physicians in our state, Vermont's medical liability premiums are based not only on the experience of Vermont doctors, but also on out-of-state settlements and awards.





The VMS asked the senators to ensure that Vermonters do not encounter the same access problems that patients in so many other states have faced.

#### **REVERSING MEDICARE PAYMENT CUTS**

From 2006 to 2013, the Medicare program's trustees are predicting that Medicare physician payment rates will be cut by 31 percent. Over this eight-year period, Medicare payments in Vermont are projected to be cut by \$190 million. For physicians in Vermont, the cuts over this eight-year period will average \$11,000 per year for each physician.

These figures represent the impacts on Medicare Physician Payment Schedule services only and do not include potential spillover effects from private insurers, Medicaid, and other plans that tie payments to Medicare rates. In addition, per physician impacts may vary considerably within the state depending on each physician's Medicare patient load and utilization.

The VMS has made Vermont's congressional delegation aware of the severity of these planned payment reductions, and asked that they support eliminating the cuts and replacing them with a Medicare cost of living increase for physicians.

#### **SUPPORTING PATIENT SAFETY**

The Patient Safety and Quality Improvement Act (S.720) is an important quality improvement initiative because it creates a system in which health care professionals share and analyze information about errors, in order to prevent similar incidents from recurring.

The voluntary reporting system enables physicians, hospitals, and other health care providers to report information on errors to patient safety organizations that will confidentially collect and analyze the information. From this data, PSOs will develop patient safety improvement strategies.

Similar legislation passed the U.S. House of Representatives in March 2003. The VMS joined other state and national organizations in urging Senate Majority Leader William Frist, MD, to support a vote on the floor of the U.S. Senate for S.720.

The bill was sponsored by Sen. Jim Jeffords of Vermont. About a month after the VMS and other organizations wrote to Dr. Frist, the bill passed the Senate by a voice vote.



#### **STATE ADVOCACY**

The VMS has one of the most experienced and respected advocacy staffs working in Montpelier. Vice President for Policy Madeleine Mongan has 15 years of experience at the Statehouse. Executive Vice President Paul Harrington served three terms

in the Vermont House of Representatives, was a board member of the Health Care Authority, and deputy commissioner of the Department of Labor and Industry. They are joined by Policy Specialist Jessa Block, who has developed a number of working relationships with both lawmakers and other advocacy organizations.

In 2004, that experience paid off as the VMS team continued its track record of working with lawmakers to amend proposals so that physician practices are not harmed. The VMS also supported proactive policy changes to improve public health and help physicians continue to care for their patients.

#### **WORKERS COMPENSATION MEDICAL FEE SCHEDULE**

During the 2004 session, the Vermont Senate passed a bill reducing workers' compensation costs by 4 percent through cutting fee schedules for physicians and hospitals. In addition, the members of the House/Senate conference committee were considering capping workers' compensation payments at 200 percent of Medicaid.

The VMS objected to both decreases, noting that physician reimbursement is already the second lowest in New England and New York, and the eighth lowest in the country. The VMS also testified that the amounts paid for each medical procedure under the current Workers' Compensation Fee Schedule have not changed since 1995.



The VMS indicated that any further reductions in payments below these already low levels could result in decreased access to health care services for workers' compensation claimants. As a result of testimony from the VMS and many calls that members made to the Statehouse in opposition to across-the-board cuts in workers' compensation reimbursement, language was dropped mandating that rates be cut by at least 4 percent. The language capping reimbursement at 200 percent of Medicaid was also eliminated.

The VMS did make a commitment to work with the commissioner of labor and industry to develop mechanisms to control medical costs while assuring injured workers access to medically necessary treatment. During the summer, representatives of the VMS met with the commissioner to provide him with information relative to Vermont's current workers compensation fee schedule. The information included the fact that a medical practice's expense involved in treating a workers' compensation case is twice as much as for a Medicare patient with the same condition.

#### **PAIN MANAGEMENT STUDY/AG INITIATIVE ON END OF LIFE**

As introduced, a bill on pain management would have required physicians to manage pain to a level where patients are satisfied. Hospitals and doctors would face fines and disciplinary action if satisfaction were not achieved. In addition, physicians would be required to take 12 hours of CME in pain management.

After input from the VMS, the CME requirement was dropped and lawmakers agreed to study methods of improving pain management. The Department of Health has assembled a broad group of stakeholders, including the VMS, to consider issues in pain management. The Department's report is due by January 2005.

The VMS has also been an active participant in the Attorney General's Initiative on End of Life Care, participating in both the Pain and Decision Making Committees. The Committee on Pain and Symptom Management reached consensus on a number of recommendations and proposed, consistent with the JCAHO standards, to include pain assessment and treatment in the Bill of

Rights for hospital inpatients. The Decision Making Committee also developed recommendations and draft legislation designed to improve the advance directive process in Vermont, but was unable to reach consensus on the issues of surrogacy and DNR. Attorney General William Sorrell released his report in early 2005.

#### **CIVIL MONETARY PENALTIES**

Under H.566, a bill establishing civil monetary penalties for Medicaid fraud, the Vermont Attorney General's Office could have sought fines up to \$2,000 per incorrect Medicaid claim. Physicians would have been liable for false claims, even if the mistake was inadvertently caused by the complexity of the coding and billing system.

After testimony from the VMS, the House Judiciary Committee lowered the penalties for intentional violations to \$500 and capped attorneys' fees. The Senate completely removed attorneys' fees and penalties for negligent violations committed with reckless disregard of the truth. The House agreed to the Senate version in conference.

At the request of the VMS, lawmakers added a requirement that the Office of Vermont Health Access (OVHA) distribute fraud alerts to notify physicians of areas for potential risk, and provide physicians with advisory opinions about billing and coding for claims.

#### **PSYCHOTROPIC DRUGS FOR CHILDREN BILL**

A House bill would have created a detailed informed consent process for psychotropic drugs prescribed to children, prohibiting SRS from taking custody of a child because a parent refused to consent to the use of a psychotropic drug for the child, and prohibiting public schools from requiring a child to take psychotropic medications.

After meeting with several VMS physicians, the bill's sponsor agreed not to push the House Health and Welfare Committee to hear testimony on the bill, and the bill was not discussed by the committee.





A Senate bill would have prohibited a school from requiring a child to take sympathomimetic medications such as Ritalin while attending classes, and established criminal penalties for the possession of Ritalin without a prescription. After receiving input from the VMS that current law already prohibits these practices, both of the provisions were dropped.

#### **EXTENSION OF PDL EXCEPTION**

Representatives of the state Medicaid program wanted to extend for only one year an exemption to the preferred drug list (PDL) for individuals with severe and persistent mental illness. The VMS advocated that the exemption be continued indefinitely. After hearing from the VMS, the bill was amended to continue the exemption for two years. The VMS was also able to secure an exemption from the prior authorization process for physicians who prescribe preferred drugs at a high rate.

The VMS has been working with the Drug Utilization Review Board and OVHA to implement this exemption. VMS member physicians have raised concerns that frequent changes in the PDL result in increased administrative burden for practices. The VMS has been working with the DUR Board and OVHA to ensure that physicians have adequate time to change their patients to preferred drugs, and that adequate administrative, clinical, and technical support is available for physician practices.

#### **INCREASED MEDICAID PAYMENTS**

In the 2004 session, the VMS sought to bring about parity between Medicaid and Medicare reimbursement and institute an annual cost of living increase for Medicaid payments. At the urging of the VMS, Gov. Jim Douglas included a \$1 million increase in Medicaid payments to physicians in his FY2005 budget. VMS advocates secured this \$1 million increase in the Legislature along with an additional \$632,000 to help physicians pay the cost of medical malpractice insurance.

The VMS also met with representatives of OVHA and EDS to discuss the disconcerting and growing delays in the payment of Medicaid

claims. The VMS took the action after hearing from members that claims have been placed in suspense for up to a year, despite the fact that the claims had been through prior authorization. OVHA said it would be willing to provide advances to physicians whose payments have been delayed. EDS also presented a list of steps it was willing to take to improve claims processing.

#### **STATE-BASED TORT REFORM**

In 2004, the VMS actively pursued state-based professional liability reform. 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.

VMS staff and physicians from 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. The VMS provided the committee with case studies of how physicians and patients in Vermont are being hurt by rapidly-increasing premiums.

The VMS indicated that rates for medical malpractice insurance in Vermont have increased between 12 percent and 45 percent a year since 2002, depending on the carrier. In an effort to control rapid premium increases, some physicians in independent practice have begun eliminating riskier procedures or turning away complex cases, which reduces patient access to vital services. In other cases, the VMS pointed out, physicians have been unable to afford premium increases and have decided to stop practicing.

The VMS advocated for the establishment of a screening panel in Vermont to reduce the number of frivolous medical malpractice claims and a number of other legislative solutions to address the high cost of medical malpractice insurance.

The Legislature agreed to conduct a study of the cause and impact of rising medical malpractice premiums. The VMS has been participating in the committee, with the guidance of an advisory panel of VMS members. The committee is due to report its findings to the General Assembly no later than Dec. 15, 2005.

### **FIRE-SAFE CIGARETTES**

The VMS has been working with the Vermont Public Interest Research Group to build support for the passage of legislation to require that all cigarettes sold in Vermont be less likely to ignite materials when left unattended. The VMS and VPIRG have written editorials about the need for such legislation, which were published in the Burlington Free Press and the Rutland Herald. The editorials pointed out that cigarettes are the leading cause of fatal fires both nationally and in Vermont. New York State has required the sale of fire-safe cigarettes since last July, the editorials said, so Vermont should follow suit because the state's residents should not be second-class citizens when it comes to fire safety. Representatives from the insurance industry, public safety and public health organizations have joined the call for change.

### **BANNING SMOKING IN BARS**

On Feb. 2, 2004, the Burlington City Council voted unanimously to support a resolution requiring that all bars in Burlington go smoke free as of May 1. The City Council took the action after VMS members sent letters and provided testimony in favor of banning smoking in bars. Several UVM medical students and VMS member Dr. Ted Marcy spoke eloquently at a public hearing about the dangers of second-hand smoke.

Following this action, the VMS and the Coalition for a Tobacco Free Vermont worked together to make sure that the momentum from the Burlington decision was carried to other municipalities. Later in the year, South Burlington, Williston, and Winooski all decided to ban smoking in their bars. VMS President Dr. James O'Brien, who serves as Winooski's health officer, was very effective in convincing Winooski's City Council to endorse the action. Dr. O'Brien later wrote a letter to the editor of the Burlington Free Press, encouraging voters to support the City Council's action when it was put to a vote in November. The voters overwhelmingly backed the ban on smoking.

The VMS continues to work with the Coalition for a Tobacco Free Vermont towards achieving a statewide ban on smoking in all public places.

### **FUNDING FOR TOBACCO CONTROL PROGRAMS**

The VMS, working with the Coalition for a Tobacco Free Vermont and the Vermont Tobacco Evaluation and Review Board, successfully lobbied for a 3 percent increase in funding for tobacco control programs for Fiscal Year 2005. The additional funding brought needed increases to media and public education programs and cessation services. Community coalitions, evaluation, and school programs were level-funded, while statewide programs and retail training and compliance checks experienced a slight cut. The VMS has now begun lobbying for a 4 percent increase for Fiscal Year 2006, to be divided between public education and school programs.

### **CHILDHOOD WELLNESS**

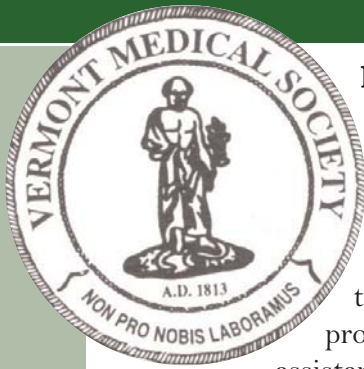
The VMS School Health Committee reviewed and supported H.272, a bill to create childhood wellness coalitions and provide model nutrition and physical activity policies to schools. The bill, which passed in the 2004 session, incorporated suggestions provided by the VMS School Health Committee, such as explicitly including nutrition in wellness programs. The Vermont Departments of Health, Education and Agriculture spent the summer and fall beginning to draft the model policies, which will be available for comment in the winter of 2005.

### **PHYSICIAN LICENSING FEES**

The Executive Branch Fees Bill (H.772) increased the initial physician licensing fee to \$450, with a second increase to \$500 beginning on July 1, 2006. The biennial renewal fee increased from \$350 to \$400, and will increase again to \$450 beginning July 1, 2006. The license fees are used to support the work of the Medical Practice Board. At least \$25 of these fees go to support the cost of the VMS-administered Vermont Practitioner Health Program. Based on concerns raised by the VMS, the Medical Practice Board modified its initial request for an immediate \$100 increase in both fees, reducing it to a \$50 initial increase followed by an additional \$50 increase in two years.







### RESPIRATORY THERAPISTS LICENSES

The Vermont House and Senate approved legislation to establish a licensing process for respiratory care practitioners, administered by the Office of Professional Regulation. The final bill included several amendments supported by the VMS, including allowing perfusionists and professions certified under Vermont law (physician assistants and anesthesia assistants) to continue to provide services that in the respiratory care scope of practice. The VMS also supported a provision to include anesthesiologist assistants on the list of professionals who can issue orders for respiratory care.

### OPTOMETRY SCOPE OF PRACTICE

In a legislative compromise between the ophthalmologists and optometrists, the optometrists' scope of practice was expanded to allow them to treat certain limited types of glaucoma in adults. Optometrists will be required, however, to inform patients with glaucoma about their education and training and also provide patients with a description of ophthalmologists' training.

A formulary committee that includes two ophthalmologists, two pharmacists and two optometrists will decide the types of medicine that optometrists will be allowed to prescribe. Injections will only be permitted for emergency stabilization. The law prohibits surgery altogether. The optometrists had introduced a bill that would have allowed them to treat all types of glaucoma and prescribe any medication.

### NATUROPATH INSURANCE MANDATE

The VMS expressed concerns in the Legislature about a bill which would have created an insurance mandate for naturopathic services. The naturopathic scope of practice is broad and in large part is not evidence-based. As a result, the House Committee on Health and Welfare voted not to take up the bill.

## SECTION 4: 2004 EDUCATION & COMMUNICATIONS EFFORTS

### VMS JOINS COALITION 21

To begin the process of developing a sustainable plan to transform Vermont's health care system, Sen. Jim Leddy, chairman of Vermont's Senate Health and Welfare Committee, the Vermont Business Roundtable, the VMS, and other organizations formed a new group called Coalition 21.

Coalition 21 members adopted the following set of principles on Dec. 7, 2004, to guide its work and the work of transforming the Vermont health care system:

1. It is the policy of the State of Vermont to ensure universal access to and coverage for essential health care services for all Vermonters.
  2. Health care coverage needs to be comprehensive and continuous.
  3. Vermont's health care delivery system will model continuous improvement of health care quality and safety.
  4. The financing of health care in Vermont will be sufficient, equitable, fair and sustainable.
  5. Built-in accountability for quality, cost, access and participation will be the hallmarks of Vermont's health care system.
- Coalition 21 is committed to identifying and advancing changes in the system that over time will achieve these goals.

### CHRONIC CARE INITIATIVE

The Vermont Chronic Care Initiative is dedicated to improving the health care system for all Vermonters who have a chronic illness. The realization of this vision is being led by a public-private partnership that includes the VMS, state government (OVHA, Dept. of Health, BISHCA), VAHHS, VPQHC, insurers, business leaders, physicians, health professionals and consumers.

This group will be charged to design and lead the implementation of the "Vermont's Chronic Care Initiative," a nationally recognized



approach that has been demonstrated to improve health outcomes and reduce costs.

Vermonters and their health care providers have achieved some of the best health outcomes and highest level of service in the nation, yet there is still much work to be done. In a recent study of services provided to Medicare beneficiaries, Vermont ranked second. Yet, 30 percent of eligible people did not receive an ACE inhibitor at discharge following a heart attack and 32 percent of women age 52-69 had not had a recent mammogram.

The existing health care system is poorly equipped to meet the needs of an aging population whose biggest problem is chronic disease. Unlike acute or episodic care, prevention and management of chronic disease requires active self-care management, proactive planned care and a continuous relationship between patient and provider.

Implementing this model and achieving the goals of the initiative will not be easy. The initiative will start by addressing health care needs for people with diabetes and expand to include other chronic diseases and prevention services. The VMS will participate in establishing measurable outcomes for the Vermont Chronic Care Initiative.

Outcomes measures will include, but are not limited to:

- Documented improvements in health status of people with diabetes and the effectiveness of care they receive.
- Dissemination and integration of information technology systems (including a patient registry) into diabetic care.
- Documented improvements of self-care practices and services among people with diabetes and their families.
- Establishment of effective communication and cooperation in regard to care management.
- Reporting, monitoring and feedback on all phases of the initiative.

### **EXCEL (EXCELLENT END OF LIFE CARE)**

In February of 2004, ExCEL (Excellent End-of-Life Care) was accepted as a project committee of the Vermont Program for Quality in Health Care (VPQHC). While VMS



will no longer administer ExCEL, VMS remains very active in ExCEL's projects.

Zail Berry, MD, Letha Mills, MD, and Diana Pierce, RN, co-chair the steering committee consisting of practitioners and organizations involved with both policy and practical aspects of caring for Vermonters needing palliative care at the end of their lives.

VPQHC expects that ExCEL will "own" the chapter in the VPQHC Quality Report on Care at the End of Life and that ExCEL will help VPQHC to measurably improve the quality of end-of-life care in Vermont. In turn, ExCEL will receive administrative support from VPQHC and technical expertise in statistical analysis and quality improvement. VMS, VPQHC and ExCEL all welcomed this new opportunity for ExCEL.

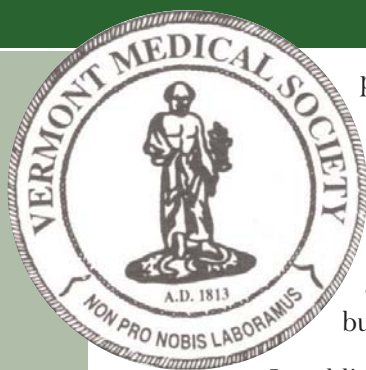
With VMS and VPQHC staff support, ExCEL applied for and was awarded a Rallying Points Opportunity Grant from the Robert Wood Johnson Foundation to conduct a survey of families and significant others on the quality of end-of-life care in Vermont. ExCEL plans to design improvement activities based on the survey results. ExCEL held its annual meeting on palliative care at lake Morey in June of 2004 and the ExCEL steering committee worked with the Vermont Ethics Network and Hospice Council to design a program on advance directives to be held in February 2005.

### **SUBSTANCE ABUSE AND OPIATE DEPENDENCY**

Co-coordinated by VMS members Drs. Mildred "Mimi" Reardon, John Brooklyn and Todd Mandell, the VMS Opiate Taskforce was busy in 2004. The team held grand rounds at Rutland Regional Medical Center in January and Northwestern Medical Center in March. For the third year in a row, the VMS was a co-sponsor of the Physicians Addiction Medicine Conference, held in Montpelier in November.

The VMS has been working to support the Vermont Department of Health's efforts to expand the availability of buprenorphine treatment in Vermont. The VMS has printed several articles in the Green Mountain Physician highlighting the positive experiences that





physicians have had treating patients recovering from opiate dependency.

The VMS has also encouraged more of its members to participate in hybrid (in-person and on-line) training offered by the Office of Alcohol and Drug Abuse Programs to certify doctors in buprenorphine treatment.

In addition, VMS has launched and hosts an active email listserv for physicians who are prescribing buprenorphine or who are interested in learning more about prescribing buprenorphine. The listserv enables physicians to share information and to have their questions answered by physicians with specialized training or experience prescribing opiates.

In May, the VMS cosponsored with the Vermont Bar Association a conference on "Assessing the War on Drugs in Vermont." The conference marked the launching of a state initiative to assess drug policy, and the VMS continues to be an active member of the treatment subcommittee.

VMS also worked with the Office of Alcohol and Drug Abuse Prevention and the Department of Public Safety to design and present a program on the Legal and Ethical Requirements of Prescribing Opiates for Pain and for Addiction Treatment. Piloted at Porter Hospital, the program will be offered to interested hospitals and physician groups throughout the state.

The VMS actively participated this year in discussions surrounding electronic prescription monitoring, to both encourage appropriate and adequate pain management but to also limit drug diversion and identify those who need treatment for substance abuse. The Vermont Department of Health began investigating options in the 2004 legislative session and has pledged to work with the VMS in 2005.



#### **PREVENTING DOMESTIC VIOLENCE**

The VMS has been working with the Vermont Leadership Team on Health Care and Intimate Partner Violence, a statewide coalition led by the Network Against Domestic Violence and Sexual

Assault, to improve the health care system's response to domestic violence in Vermont, including educational and policy initiatives.

VMS physicians provided feedback to the Vermont Department of Health and the Network on a curriculum that was developed to educate practicing health care providers about how to identify signs of potential domestic violence and intervene. The VMS also helped create and is hosting a new website with resources for health care practitioners and administrators, including access to guidelines, tools, and educational materials. The website can be viewed at: <http://www.vtmd.org/Domestic%20Violence/DVHome.html>. Goals for 2005 include training health care practitioners to present the curriculum and piloting trainings at several locations around the state.

#### **SCHOOL HEALTH COMMITTEE AND CHILDHOOD HEALTH**

The VMS School Health Committee, chaired by Dr. Barbara Frankowski, is an active coalition including pediatricians, school nurses and representatives from the Departments of Health and Education. The committee met in 2004 to discuss issues ranging from immunization registries, coordinated school health teams, students self-carrying medications, school nurse training requirements, to the effects of HIPAA on school health. The Committee also reviews and comments on pending legislation.

VMS is also an active member of Action for Healthy Kids, a statewide team dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools. The team held a conference in March to share ideas and practices that promote better health, improved nutrition and increased physical activity throughout the school environment.

#### **HIPAA**

Vermont Medical Society HIPAA education efforts continued throughout 2004. VMS Staff is available to answer practices' individual HIPAA questions and the VMS created Physicians Practice Guide to HIPAA Privacy Rule Forms and Policies is available on the VMS website: [www.vtmd.org](http://www.vtmd.org).

The VMS also worked to raise awareness and provide resources to help practices comply with the HIPAA Security Rule, which goes into effect

in April 2005. VMS staff published an introductory guide to the HIPAA Security Rule, available on the website, and in December coordinated a presentation on the HIPAA Security Rule at Southwestern Vermont Medical Center in Bennington. Tom Austin of IBG Resources was the lead speaker.

### GUIDE TO HEALTH CARE LAW

The Vermont Medical Society is very pleased to have launched an effort to revise and expand a guide to law for health care professionals and institutions. The previous Physician's Guide to Vermont Law, prepared by Attorney Richard Affolter for the Vermont Medical Society in 1992, is now outdated.

The new effort, led by VMS and the Vermont Bar Association Health Law Committee, is cosponsored by the Vermont Association of Hospitals and Health Systems, the Vermont Law School, the UVM College of Medicine, and the Vermont Office of the Attorney General. Many attorneys around the state have volunteered to coordinate, edit and write the material.

As of 2004, the guide's structure has been finalized, to be composed of three major sections (Practice Issues, Business Issues, and Regulation of Health Professionals), and divided into chapters of varying lengths. Volunteers have also reviewed similar guides published in Maine, California and New York, and concluded that a question and answer format supplemented by overviews and resources would provide the most useful information. Through 2005, volunteers will continue to write, compile and edit the content.

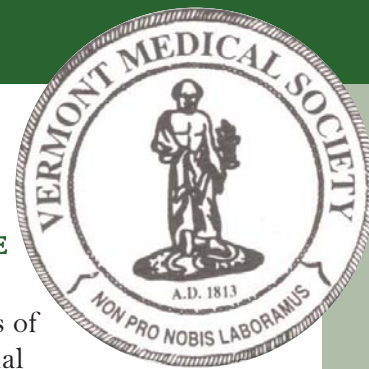
### SPONSORING ORGANIZATIONS



## SECTION 5: 2004 MEMBER SERVICES

### INSURANCE AND OTHER PRACTICE RELATED PROGRAMS

VMS offers its members several choices of health insurance options including five traditional comprehensive plans, three Vermont Freedom plans, a Health Savings Account, and an over 65 retirement plan. Many VMS members are beginning to utilize the lower cost, high deductible Health Savings Account (HSA) for their health insurance coverage for both themselves and their employees. This plan offers substantially lower premiums, with the option of depositing the full amount of the deductible (\$4,500 for two person and family plans and \$2,250 for single coverage) in a HSA tax-free. For questions concerning this health insurance option, please call Joy Ibey at 800-640-8767.



### VMS NEWS SCAN

The VMS News Scan provides 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 scan 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 single easy-to-read email. Links to full-length articles on newspaper websites are provided for members who want more information.

The VMS 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 VMS 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 VMS News Scan can request that they be added to the list by emailing [swinters@vtmd.org](mailto:swinters@vtmd.org).





### CONTINUING MEDICAL EDUCATION

As a member of the Vermont Medical Society, you can request the VMS to document your fulfillment of Continuing Medical Education (CME) requirements. For more information please contact Stephanie Winters at [swinters@vtmd.org](mailto:swinters@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, 2004 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.

## 2004 VMS ANNUAL MEETING

VMS members and their families gathered at the Wyndham Hotel on Burlington's waterfront Oct. 23 to hear about the latest advances in health care quality and to meet with some of Vermont's top political leaders.



Gov. Jim Douglas and his wife Dorothy (*left*) attended a reception before the VMS Annual Awards Banquet. U.S. Senator Patrick Leahy (*right*) and his wife Marcelle also visited with VMS members at the

reception, and Sen. Leahy spoke during the awards banquet about issues before Congress that physicians should be aware of. Earlier in the day, Lt. Gov. Brian Dubie stopped by the annual meeting to greet VMS members.



The VMS was grateful that all the political leaders took time out of their busy campaign schedules two weeks before the election to meet with members.

During the morning CME programs, Dr. Matthew Conway of Rutland Surgical Associates in Rutland and an assistant clinical professor of surgery at Fletcher Allen Health Care, discussed military surgery in Afghanistan and Iraq. Dr. Conway is a captain in the U.S. Army



Reserve, and has served as a military surgeon during two recent tours of duty in Afghanistan and Iraq.

Dr. Benjamin Littenberg, director of general internal medicine at the University of Vermont, presented a program on preventing errors in health care.

A panel discussion was held on methods to improve health care quality. Speakers were: Dr. Cyrus Jordan, medical director of the Vermont Program for Quality in Health Care; Dr. J. Edward Hill, president-elect of the American Medical Association; Dr. Dana Kraus, a family practitioner from St. Johnsbury who has participated in VPQHC diabetes collaboratives; Dr. Mark Novotny, director of the medical practice division and a hospitalist at Southwestern Vermont Medical Center in Bennington; and Dr. Norman Ward, vice president for medical affairs at Fletcher Allen Health Care.



Dr. Melinda Estes, president and CEO of Fletcher Allen Health Care, was the luncheon speaker. She provided VMS members with insight and advice for becoming more active in health care systems governance.

In the afternoon membership meeting, VMS members adopted a number of resolutions. They included a call for enactment of national medical liability reform, a resolution supporting repeal of Medicare's sustainable growth rate reimbursement formula, and a resolution urging the commissioner of the Vermont Department of Labor and Industry to develop a new workers' compensation fee schedule that reimburses physicians based on the average amount paid in New York and New England.

Other resolutions that were adopted supported reducing the secondary effects of cigarettes, improving pain treatment and assessment, and providing physicians with prompt and adequate Medicaid reimbursement.

During the membership meeting, Dr. James O'Brien spoke to members as the outgoing president of the VMS, and presented a briefcase to the incoming president, Dr. Harvey Reich. Dr. Reich presented a chair

and certificate to Dr. O'Brien, and thanked him for an outstanding year of service as the VMS president. Dr. Reich addressed the membership, and stated that his priorities for the upcoming year would include advocating for medical malpractice insurance reform.

At the evening Annual Awards Banquet, Dr. Reich presented certificates to recipients of five VMS awards. Dr. Jerold Lucey was presented with the Distinguished Service Award; Dr. Joseph Haddock received the Physician of the Year Award; Dr. Frederick Bagley was presented with the Physician Award for Community Service; Holly Miller was the recipient of the Citizen of the Year Award; and Dr. Mildred Reardon was presented with the Founders Award.



In addition to Sen. Leahy, speakers at the Annual Awards Banquet were Dr. J. Edward Hill, president-elect of the American Medical Association (*left*), and Dr. Robert McAfee, a surgeon from Portland, Maine, and the chair of the board of directors for Maine's Dirigo Health Plan.



## JOIN US FOR THE 2005 VMS ANNUAL MEETING

Saturday, October 15, 2005

*See page 33 for details*



*Dr. Joseph Nasca and his wife take a spin around the dance floor*



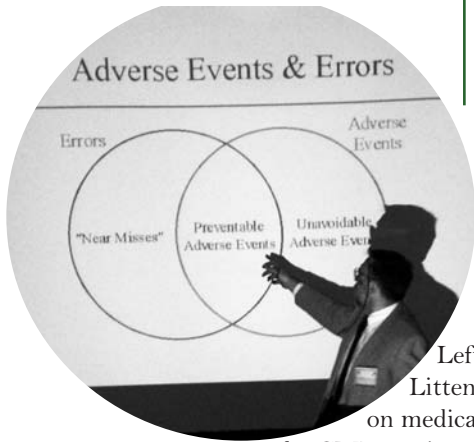
*Madeleine Mongan(right) and Elaine Harrington*



*Dr. Carolyn Taylor-Olson(left) and Stephanie Winters*



Above: Dr. O'Brien, immediate past president after handing over the reigns to Dr. Harvey Reich.



Left: Dr. Benjamin Littenberg presents on medical errors during the CME session.

Below from left to right: MaryAnn Reich, Harvey Reich, M.D., Dorothy Douglas and Governor James Douglas



Below from left to right: Ingela Lucey discusses her husbands, Dr. Jerold Lucey, Distinguished service award with Dr. O'Brien and his wife Michelle.



Right - from left to right: newly installed president, Harvey Reich, M.D. and immediate past president James O'Brien, M.D.



Below from left to right, in front row: David Johnson, M.D., John Mazuzan, M.D., Carol Mazuzan, LeeAnn Podruch. In back row from left to right: Joy Ibey and Carolyn Taylor-Olson, M.D.



Left: Dr. Benjamin Littenberg and his band play it up at the Awards Banquet.



Below: Senator Patrick Leahy speaks with a group (including immediate past president James O'Brien, M.D.) at the Presidents Reception



# Vermont Medical Society

191<sup>st</sup>

# Annual Meeting

# 191<sup>ST</sup> ANNUAL MEETING OF THE VERMONT MEDICAL SOCIETY

## A G E N D A

### 8:00 A.M. REGISTRATION

### 8:45 A.M. WELCOME & INTRODUCTIONS

James K. O'Brien, M.D., President, VMS and  
John Evans, PhD, Dean, UVM College of Medicine

### 9:00 A.M. CME: "MILITARY SURGERY IN AFGHANISTAN AND IRAQ."

Matthew A. Conway, M.D.

### 10:15 A.M. CME: "ERRORS IN HEALTH CARE."

Benjamin Littenberg, M.D.

### 11:30 A.M. CME: "QUALITY IN ACTION."

J. Edward Hill, M.D., President-Elect, AMA  
Mark Novotny, M.D.  
Norman Ward, M.D.  
Dana Kraus, M.D.

### 12:30 P.M. LUNCHEON & KEYNOTE ADDRESS

Melinda Estes, M.D., CEO, Fletcher Allen Health Care

### 2:00 P.M. ANNUAL MEMBERSHIP MEETING

### 6:00 P.M. VMS PRESIDENT'S RECEPTION

### 7:00 P.M. AWARDS BANQUET WITH ADDRESSES BY

U.S. Senator Patrick Leahy  
J. Edward Hill, M.D., President-Elect, AMA  
Robert McAfee, M.D., Past President, AMA

### 8:00 P.M. ENTERTAINMENT

PROVIDED BY BEN LITTENBERG, M.D. AND HIS JAZZ BAND

## GIVE US YOUR IDEAS FOR THE 2005 ANNUAL MEETING

Do you have ideas for topics you would like to  
hear about at the October 15th meeting?

Let us know what you think!

### Send your response by mail to:

Stephanie Winters  
PO Box 1457  
Montpelier, Vermont 05601

### By email to:

swinters@vtmd.org

### Or by fax to:

802-223-1201

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Thank you for your input!







## SECTION 6: PEER SUPPORT

### VERMONT PRACTITIONER HEALTH PROGRAM

The Vermont Practitioner Health Program (VPHP) 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. Suzanne Parker, M.D., who specializes in addiction medicine, oversees VPHP with a committee of trained practitioners who provide support to their colleagues who are affected by a substance abuse illness.

VPHP is available to any licensed physician, podiatrist, or physician assistant in the state of Vermont. The program maintains confidential telephone and fax lines to protect the identity of practitioners or concerned others who reach out for help. The program has been successful in monitoring and helping maintain the recovery of practitioners who have sought out our services. This enables them to be able to practice medicine while maintaining the integrity of safe patient care.

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

### VERMONT MEDICAL SOCIETY EDUCATIONAL AND RESEARCH FOUNDATION

The Vermont Medical Society Educational and Research Foundation, Inc. is a nonprofit charitable organization sponsored by the Vermont Medical Society organized exclusively for charitable, educational and scientific purposes, including the making of distributions to organizations that qualify as exempt organizations.

The purpose of VMSERF is to advance the public good by supporting educational and research activities in the field of health. The foundation will provide grants to deserving medical students who have matriculated to the University of Vermont College of Medicine and have financial need. The intent of such grants is to provide an incentive for candidates to pursue a career in medicine and to provide motivation for college of Medicine graduates to practice in Vermont.

All contributions to VMSERF are charitable contributions and tax deductible as such. Many physicians have requested their settlement from the recent class action lawsuit against CIGNA insurance be directed to VMSERF. We expect to receive these funds in 2005 and anticipate making our first awards available to UVM medical students with earnings from these monies.

If you would like more information on VMSERF or would like to make a tax deductible charitable contribution to the foundation, please contact Joy Ibey at the Vermont Medical Society, 800-640-8767.

### SUPPORT FOR COUNTY AND SPECIALTY SOCIETY CHAPTERS

The VMS continues to offer administrative and policy support for county and specialty society chapters. VMS staff offered logistical support for planning 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.





*Harold Dauerman, M.D.,  
Director, Cardiac  
Catheterization Laboratory*

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. Contact Stephanie Winters at 800-640-8767 or [swinters@vtmd.org](mailto:swinters@vtmd.org) if your society is interested in any of the above assistance.

#### **SUPPORT FOR OTHER EVENTS AND ORGANIZATIONS**

The Vermont Medical Society continues to provide support for other worthy causes. In 2004, donations were made to the following:

- Governors Conference on Improving Health Care
- Dean B. Warshaw Memorial Fund
- Vermont Blueprint for Health
- Tobacco Free Vermont
- Coalition 21 - Transforming Health Care for a New Century
- Arthritis Foundation of Northern New England
- Vermont Physician's Conference on Addicton Medicine
- Vermont Ethics Network: Advance Directives and the Changing Landscape of Medical Decisions



## **Vermont Medical Society**

*"Not for  
ourselves do we  
labor."*

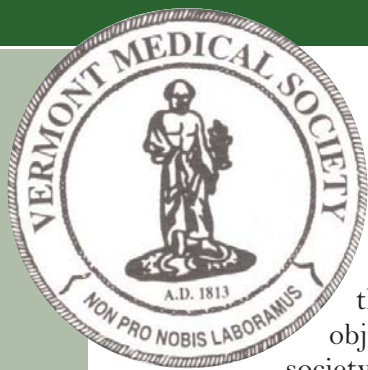
**GET THE  
INFORMATION ON  
THE VMS WEBSITE!**

**\* Check \* us \* out \* at \*  
[www.vtmd.org](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: 2005 PRIORITIES

### ADVOCACY PRIORITIES FOR 2005

Immediately following the 2004 Annual Meeting, the VMS Council met to establish policy goals and objectives for 2005 that are consistent with the society's mission and the results of the membership meeting. The Council adopted the following policy goals for 2005.

#### IMPROVEMENT OF VERMONT'S HEALTH CARE SYSTEM

In 1992, the Vermont Medical Society issued "A Call For Health Care Reform" and it made a commitment to active participation in the reform of the health care system. It stated the consensus of the VMS Council was "that all Vermonters must have access to health insurance in an expeditious but responsible time frame."

The Final report issued on December 4, 2001 of the Governor's Bipartisan Commission on Health Care Availability and Affordability, "The Hogan Commission," found significant numbers of Vermonters find that health insurance is financially inaccessible; the health insurance coverage they have is no longer affordable; and, the health insurance coverage they have is insufficient because of limits, deductibles, and exclusions.

The Commission further found that some independent health care providers are experiencing or in danger of experiencing financial difficulties that would jeopardize their ability to care properly for their patients and also jeopardize the economic survival of their institution or practice; and, that the current health care coding, authorization and payment process is complex, opaque, outmoded, and prone to error, creating costly and inappropriate administrative burdens and patient accessibility barriers.

The Vermont Medical Society 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 Vermont Medical Society 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.

#### ENSURING PROMPT & ADEQUATE MEDICAID REIMBURSEMENT

The Vermont Medicaid Program is the largest payer of health care services to Vermont residents, in 2002 accounting for 25.4% of total Vermont Health Care Expenditures.

The Vermont Medicaid program severely underpays Vermont physicians and in many cases pays less than their overhead costs; and Vermont physicians have experienced increasing difficulty and delay in obtaining reimbursement from Medicaid.

VMS will work for adequate Medicaid reimbursement and annual cost-of-living increases and stress the importance of preserving access to physician services for Medicaid patients.

## **ENACTMENT OF STATE & NATIONAL MEDICAL LIABILITY REFORM**

Vermont physicians' professional liability insurance premiums have increased by an average of 50 percent between 2001 and 2004; and during the same period, Vermont physicians' reimbursements have either been reduced, remained unchanged or only increased by single digits.

Higher professional liability costs are curbing the recruitment of young physicians and precipitating closure of practices and shortages of certain types of specialists and services.

In the recent Institute of Medicine report "Fostering Rapid Advances in Health Care," the IOM states that "the current liability system hampers efforts to identify and learn from errors and likely encourages defensive medicine."

The Vermont Medical Society will actively promote the enactment of Medical Liability Reform legislation at both the state and national level in order to reduce the prohibitively high cost of medical liability insurance premiums and to help ensure that patients have continued access to physician services.

## **REPEAL OF MEDICARE'S SUSTAINABLE GROWTH RATE REIMBURSEMENT FORMULA**

Medicare pays for services provided by physicians and numerous other health care professionals on the basis of a payment formula that is updated annually in accordance with a sustainable growth rate (SGR); and payments under the SGR formula are tied to the gross domestic product which bears no relationship to patients' health care needs or physicians practice costs.

The flaws in the SGR formula led to a 5.4% physician payment cut in 2002; and the Medicare Trustees have projected that physicians and other health professionals face pay cuts of 5% a year from 2006 through 2012. The result, according to 2004 Annual Report of the Medicare Board of Trustees, is a cumulative reduction of more than 31 percent in physician payment rates 2005 through 2012, while medical practice costs (MEI) during that time frame are expected to increase by 19 percent.

In 2000, Vermont received the lowest Medicare payments per beneficiary of any state -- while at the same time it received the country's second highest health quality ranking for Medicare beneficiaries; and a physician access crisis is looming for Vermont's Medicare patients unless action is taken to enact a long-term solution to the current SGR physician payment formula.

The Vermont Medical Society will work with our Congressional delegation to enact legislation blocking Medicare physician reimbursement reductions from 2005 through 2012; and replacing it with a system where updates are based on an assessment of increases in practice costs, adequacy of payment rates, and ensuring beneficiaries' access to care.

## **INCREASED PHYSICIAN REIMBURSEMENT UNDER VERMONT'S WORKERS' COMPENSATION MEDICAL FEE SCHEDULE**

Recently enacted legislation relating to Vermont's workers' compensation system mandates that the Vermont Department of Labor & Industry develop and implement mechanisms designed to control medical costs while assuring patients access to medical services; and the legislation indicates these mechanisms shall strive to reduce medical costs at least 4%.

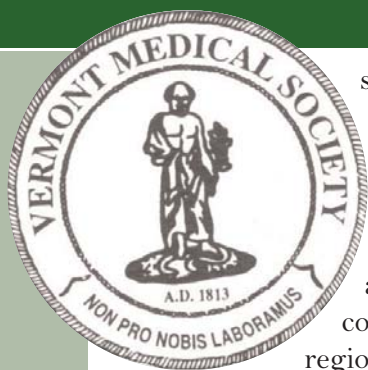
Under the existing Workers' Compensation Fee Schedule, physicians receive a specific dollar amount set in 1995 for each of more than 3000 Current Procedure Terminology codes (CPT). These amounts were based on the physician fee schedules used by Blue Cross Blue Shield of Vermont in 1994.

There has been a dramatic increase in physicians' medical liability premiums and other office and hospital expenses over this ten year period and a recent study has determined that the practice expense involved in treating a workers' compensation case is twice as much as for a Medicare patient with the same condition.

A 2001 study indicates that physician reimbursements under Vermont's Workers' Compensation Fee Schedule is ranked as the second lowest fee







schedule in the New England/New York region and the eighth lowest in the country.

The Vermont Medical Society will work to ensure that any new Workers' Compensation Fee Schedule reimburses physicians based on the average amount paid under workers' compensation in the New England/New York

region and, in order to assure patients access to

medical services in the future, the Vermont Medical Society

will urge the Commissioner of the Department of Labor & Industry to include an annual cost of living adjustment in the development of any new Workers' Compensation Fee Schedule.

### **CONFRONTING THE OPIOID CHALLENGE FACING VERMONTERS**

Opioid dependence is a brain-related medical disorder which can be effectively treated with resulting benefits to patients and to society; and opioid dependence, including heroin dependence, is a significant public health problem in Vermont.

The prevalence of this problem is escalating especially among Vermont's youth, with twice as many Vermonters in the 8th-12th grades reporting heroin use compared to the national average; and the state does not currently have enough practitioners and clinics to treat the increasing number of Vermonters who agree to receive help.

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.

### **REDUCING THE SECONDARY EFFECTS OF CIGARETTES**

Secondhand smoke is the third leading cause of preventable death and kills 53,000 non-smokers in the U.S. each year. It causes cancer, heart disease, strokes and many other illnesses. Secondhand smoke also exacerbates other medical conditions such as asthma, emphysema, heart failure and anemia

Cigarettes are also the leading cause of fatal home fires in the United States. Annually, between 900 and 1,000 people in the United States die from fires started by cigarettes and an additional 2,500 to 3,000 are injured.

The Vermont Medical Society will work to strengthen the 1993 Clean Indoor Air Act by eliminating the Cabaret License Exemption which allows smoking in bars and restaurants; and it will collaborate with representatives of public safety, insurance companies, legislators, and others to require fire-safe cigarettes in Vermont.

### **REDUCING CHILDHOOD OBESITY**

According to the Centers for Disease Control and Prevention, rates of childhood obesity have nearly tripled in the past 20 years and the increase in childhood obesity is partially due to reduced physical activity and higher fat content in convenience foods found both in school and at home.

Obesity and being overweight are associated with increased risk for heart disease (the leading cause of death), cancer (the second leading cause of death), diabetes (the 6th leading cause of death), and musculoskeletal disorders.

The Vermont Medical Society will work with the Department of Health, and the Vermont General Assembly to reduce the proportion of children and adolescents who are overweight or obese and to improve the health conditions for our children by:

### **IMPROVED 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.

The Vermont Medical Society will 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.

### **DOMESTIC VIOLENCE AS A HEALTH CARE CONCERN**

Domestic and sexual violence have major consequences in Vermont: in 1999, according to the Vermont Department of Public Safety, there were 16 homicides and of those fatalities, 7 met the Domestic Violence Fatality Review Commission's definition of domestic violence related fatalities and in the same year 1,276 domestic assault offenses were reported.

Physicians are uniquely positioned to help victims by routinely screening for domestic and sexual violence and offering appropriate referrals and interventions.

The VMS will work with the Health Care and Domestic Violence Leadership Team, a state-wide coalition led by the Vermont Department of Health and the Vermont Network Against Domestic Violence and Sexual Assault, implement the action plan to improve the healthcare response to domestic violence in Vermont, including educational and policy initiatives.

## **SECTION 8: TREASURER'S REPORT AND BUDGET FOR 2005**



At the October 23rd Council meeting held at the Wyndham Hotel in Burlington, Vermont, the VMS Council approved the following budget for operation of the Society for the calendar year 2005. This budget assumes a modest increase in our income over calendar year 2004.

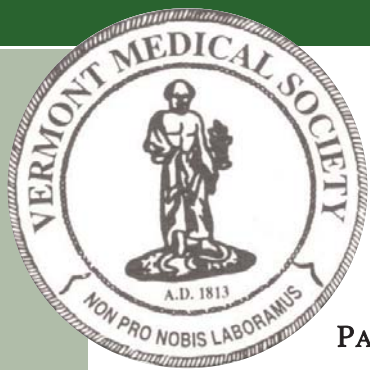
In 2004 the Society was able to apply over \$50,000 toward our contingency fund. With our 2005 budget we will continue to work toward our goal of having enough money in this fund to sustain the Society for one year in case of unforeseen difficulty. Our efforts to be good stewards of the society's finances will help us achieve this goal.

If you would like a detailed copy of the 2005 budget or 2004 financial statements, please contact Joy Ibey our VMS Business Manager.

*John Mazuzan, M.D.*  
**Treasurer**

### **VMS PROPOSED BUDGET SUMMARY 2005**

Total Income		\$659,100
Expenses:		
Total Operating Expenses	136,080	
Total Payroll Expenses	400,278	
Total VPHP Expenses	73,185	
Total Property Expenses	20,200	
Total Other Expenses	26,000	
Total Expenses		<u>655,743</u>
<b><u>Net Projected Revenue over Expenses</u></b>		<b><u>\$ 3,357</u></b>



## SECTION 9: PAST PRESIDENTS OF VMS AND PAST AWARD RECIPIENTS

### PAST PRESIDENTS

2004.....James K. O'Brien, M.D.  
2003.....Carolyn Taylor-Olson, M.D. (Acting Aug.-Oct.)  
2003.....Lloyd Thompson, M.D.  
2002.....Carolyn Taylor-Olson, M.D.  
2001.....Maureen K. Molloy, M.D., J.D.  
2000.....John T. Chard, M.D.  
1999.....David M. McKay, M.D.  
1998.....John J. Murray, M.D.  
1997.....Robert S. Block, M.D.  
1996.....David W. Butsch, M.D.  
1995.....J. Michael Schnell, M.D.  
1994.....Frederick Crowley, M.D.  
1993.....Edward Leib, M.D.  
1992.....Keith Michl, M.D.  
1991.....Richard Ryder, M.D.  
1990.....James E. Thomas, M.D.  
1989.....William H. Stouch, M.D.  
1988.....John A. Leppman, M.D.  
1987.....Mildred A. Reardon, M.D.  
1986.....Richard T. Burtis, M.D.  
1985.....Frederick C. Holmes, M.D.  
1984.....Robert LaFiandra, M.D.  
1983.....William B. Beach, Jr., M.D.  
1981-2...Arthur S. Faris, M.D.  
1980.....John E. Mazuzan, M.D.  
1979.....William E. Allard, M.D.  
1978.....C. Peter Albright, M.D.  
1977.....J. Ward Stockpole, M.D.  
1976.....Hugh P. Hermann, M.D.  
1975.....Stanley L. Burns, M.D.  
1974.....Charles C. Cunningham, M.D.  
1973.....John C. Lantman, M.D.

1972.....James A. Gray, M.D.  
1971.....Porter H. Dale, M.D.  
1970.....Harry Rowe, M.D.  
1969.....Deweese H. Brown, M.D.  
1968.....Richard E. Bouchard, M.D.  
1967.....Walter W. Buttrick, Jr., M.D.  
1966.....Roy V. Buttles, M.D.  
1965.....Ralph R. Jardine, M.D.  
1964.....Clifford Harwood, M.D.  
1963.....J. Bishop McGill, M.D.  
1962.....John R. Hogle, M.D.  
1961.....Roger W. Mann, M.D.  
1960.....Benjamin F. Clark, M.D.  
1959.....Frederick Van Buskirk, M.D.  
1958.....Wayne Griffith, M.D.  
1957.....James P. Hammond, M.D.  
1956.....Philip H. Wheeler, M.D.  
1955.....W. Douglas Lindsay, M.D.  
1954.....Howard J. Farmer, M.D.  
1953.....Woodhull S. Hall, M.D.  
1952.....Paul K. French, M.D.  
1951.....Wilmer W. Angell, M.D.  
1950.....Elbridge E. Johnston, M.D.  
1949.....Hiram E. Upton, M.D.  
1948.....Roland E. McSweeney, M.D.  
1947.....Benjamin F. Cook, M.D.  
1946.....Frank C. Angell, M.D.  
1945.....Leon E. Sample, M.D.  
1944.....Frank J. Hurley, M.D.  
1943.....Charles H. Swift, M.D.  
1942.....Roland E. McSweeney, M.D.  
1941.....E.H. Buttles, M.D.  
1940.....A.M. Cram, M.D.  
1939.....C.F. Ball, M.D.  
1938.....E.A. Hyatt, M.D.  
1937.....F.C. Phelps, M.D.

1936.....William G. Ricker, M.D.  
1935.....Lester W. Burbank, M.D.  
1934.....George G. Marshall, M.D.  
1933.....John H. Woodruff, M.D.  
1932.....Lyman Allen, M.D.  
1931.....E.J. Rogers, M.D.  
1930.....William K. Johnstone, M.D.  
1929.....George R. Anderson, M.D.  
1928.....Charles F. Dalton, M.D.  
1927.....Stanton S. Eddy, Sr., M.D.  
1926.....T.S. Brown, M.D.  
1925.....E.A. Tobin, M.D.  
1924.....E.A. Stanley, M.D.  
1923.....F.E. Farmer, M.D.  
1922.....J.A. Stevenson, M.D.  
1921.....F.A. Sears, M.D.  
1920.....S.W. Hammond, M.D.  
1919.....M.F. McGuire, M.D.  
**1918.....No meeting-  
Influenza Epidemic**  
1917.....C.W. Bartlett, M.D.  
1916.....C.H. Beecher, M.D.  
1915.....Edward H. Ross, M.D.  
1914.....William W. Townsend, M.D.  
1913.....Albert L. Miner, M.D.  
1912.....Bingham H. Stone, M.D.  
1911.....Fred T. Kidder, M.D.  
1910.....Henry C. Tinkham, M.D.  
1909.....Walter L. Havens, M.D.  
1908.....Charles W. Peck, M.D.  
1907.....George H. Gorham, M.D.  
1906.....Donley C. Hawley, M.D.  
1905.....Myron L. Chandler, M.D.  
1904.....Patrick McSweeney, M.D.  
1903.....William N. Bryant, M.D.  
1902.....Edmund M. Pond, M.D.

1901.....John B. Wheeler, M.D.  
 1900.....William Huntington, M.D.  
 1899.....Mark R. Crain, M.D.  
 1898.....Shailer E. Lawton, M.D.  
 1897.....Lyman Rogers, M.D.  
 1896.....Frederick R. Stoddard, M.D.  
 1895.....C.F. Branch, M.D.  
 1894.....J. Hatch Linsley, M.D.  
 1893.....Arthur B. Bisbee, M.D.  
 1892.....H.R. Wilder, M.D.  
 1891.....Charles S. Caverly, M.D.  
 1890.....James N. Jenne, M.D.  
 1889.....H.S. Brown, M.D.  
 1888.....John M. Clarke, M.D.  
 1887.....Edward R. Campbell, M.D.  
 1886.....S. Brooks, M.D.  
 1885.....D.G. Kemp, M.D.  
 1884.....Joseph Draper, M.D.  
 1883.....S.S. Clark, M.D.  
 1882.....Leroy M. Bingham, M.D.  
 1881.....O.W. Sherwin, M.D.  
 1880.....J.Henry Jackson, M.D.  
 1879.....S.W. Thayer, M.D.  
 1878.....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 McCollom, M.D.  
 1864.....O.F. Fassett, M.D.  
 1863.....P.D. Bradford, M.D.  
 1862.....J.N. Stiles, M.D.

1861..... Adrean T. Woodward, M.D.  
 1860.....B.F. Morgan, M.D.  
 1859.....A.E. Knights, M.D.  
 1858.....Charles L. Allen, M.D.  
 1857.....H.F. Stevens, M.D.  
 1856.....Walter Carpenter, M.D.  
 1855.....Joseph Perkins, M.D.  
 1854.....E.D. Warner, M.D.  
 1853.....G.W. Thayer, Jr., M.D.  
 1852.....B.W. Palmer, M.D.  
 1851.....Middleton Goldsmith, M.D.  
 1850.....Charles L. Allen, M.D.  
 1849.....John L. Chandler, M.D.  
 1848.....John L. Chandler, M.D.  
 1847.....James Spaulding, M.D.  
 1846.....James Spaulding, M.D.  
 1845.....Horace Eaton, M.D.  
 1844.....Anderson G. Dana, M.D.  
 1843.....Anderson G. Dana, M.D.  
 1842.....John Burrill, M.D.  
 1841.....John Burrill, M.D.  
 (No meeting until 1841)  
 1829.....Josiah Shedd, M.D.  
 1828.....Joseph A. Gallup, M.D.  
 1827.....Joseph A. Gallup, M.D.  
 1826.....Joseph A. Gallup, M.D.  
 1825.....Joseph A. Gallup, M.D.  
 1824.....Joseph A. Gallup, M.D.  
 1823.....Joseph A. Gallup, M.D.  
 1822.....Joseph A. Gallup, M.D.  
 1821.....Joseph A. Gallup, M.D.  
 1820.....Joseph A. Gallup, M.D.  
 1819.....Joseph A. Gallup, M.D.  
 1818.....Joseph A. Gallup, M.D.  
 1817.....Ebenezer Huntington, M.D.  
 1816.....Seelah Gridley, M.D.  
 1815.....Seelah Gridley, M.D.  
 1814.....Ezekiel Porter, M.D.



## PAST AWARD RECIPIENTS

### CITIZEN OF THE YEAR AWARD

2004 . . . . . Holly Miller - Burlington  
 2003 . . . . . Thomas Perras, M.S. - Burlington  
 2002 . . . . . June Elliott - St. Johnsbury  
 2001 . . . . . Sen. Nancy Chard - Brattleboro  
 2000 . . . . . Helen Riehle - Montpelier  
 1999 . . . . . Cornelius Hogan - Plainfield  
 1998 . . . . . Janet Stackpole - 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 Mallary - Brookfield  
 1990 . . . . . No Award Given  
 1989 . . . . . Susan Spaulding - Montpelier

### DISTINGUISHED SERVICE AWARD

2004 . . . . . Jerold F. Lucey, M.D. - Burlington  
 2003 . . . . . Jan K. Carney, M.D. - Charlotte  
 2002 . . . . . Robert J. McKay, 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. - Shaftsbury  
 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, Jr., M.D. - Jericho  
 1987 . . . . Paul Stanilonis, M.D. - Williston  
 1986 . . . . Roy V. Buttles, M.D. - Montpelier  
 1985 . . . . John Lantman, M.D. - Williston  
 1984 . . . . Frederic Guilmette, M.D. - Springfield  
 1983 . . . . Philip Wheeler, M.D. - Brattleboro  
 1982 . . . . John F. Bell, M.D. - S. Burlington  
 1981 . . . . Edward French, M.D. - Hyde Park  
 1980 . . . . Ernest V. Reynolds, M.D. - Barre  
 1979 . . . . R.M.P. Donaghy, M.D. - Burlington  
 1978 . . . . Ralph Jardine, M.D. - Lyndonville  
 1977 . . . . Woodhull Hall, M.D. - Bennington  
 1976 . . . . John E. Mazuzan, Jr., M.D. - Burlington  
 1975 . . . . Elbridge E. Johnston, M.D. - St. Johnsbury  
 1974 . . . . Robert W. Coon, M.D. - Burlington  
 1973 . . . . Robert B. Aiken, M.D. - Shelburne  
 1972 . . . . Chester A. Newhall, M.D. - Burlington  
 1971 . . . . A. Bradley Soule, M.D. - Burlington  
 1970 . . . . John C. Cunningham, M.D. - Burlington  
 1969 . . . . Albert G. Mackay, M.D. - Burlington  
 1968 . . . . John F. Daly, M.D. - Burlington  
 1968 . . . . Benjamin F. Cook, M.D. - Rutland  
 1968 . . . . Benjamin Clark, M.D. - St. Johnsbury  
 1967 . . . . Bertrand F. Andrews, M.D. - Middlebury  
 1966 . . . . John R. Hogel, M.D. - Brattleboro  
 1965 . . . . Ellsworth L. Amidon, M.D. - Burlington  
 1964 . . . . William McFarland, M.D. - Barre  
 1963 . . . . George A. Russell, M.D. - Arlington  
 1962 . . . . F. Russell Dickson, M.D. - Concord  
 1961 . . . . William Huntington, M.D. - Rochester  
 1960 . . . . Wilhelm Raab, M.D. - Burlington  
 1959 . . . . Albert C. Eastman, M.D. - Woodstock  
 1958 . . . . Stanton Eddy, Sr., M.D. - Middlebury  
 1957 . . . . Nathan R. Caldwell, M.D. - Brattleboro  
 1956 . . . . Charles E. Griffin, M.D. - Fair Haven  
 1955 . . . . Lyman Allen, M.D. - Burlington  
 1954 . . . . Aymer S.C. Hill, M.D. - Winooski  
 1953 . . . . Frank C. Angell, M.D. - Randolph  
 1952 . . . . John H. Woodruff, M.D. - Barre

1951 . . . . Ernest H. Buttles, M.D. - Burlington  
 1950 . . . . Frank J. Hurley, M.D. - Bennington  
 1949 . . . . Clarence Beecher, M.D. - Burlington  
 1948 . . . . Clarence F. Ball, M.D. - Rutland

**PHYSICIAN OF THE YEAR AWARD**

2004 . . . . Joseph Haddock, M.D. - Williston  
 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  
 1993 . . . . Ernest Tomasi, M.D. - Montpelier  
 1992 . . . . Deogracias Esguerra, M.D. - St. Albans  
 1991 . . . . William Pratt, M.D. - Rutland  
 1990 . . . . G. Richard Dundas, 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**

2004 . . . . Frederick Bagley, M.D. - Rutland  
 2003 . . . . Joan Madison, M.D. - Shelburne  
 2002 . . . . William Pratt, M.D. - Rutland  
 2001 . . . . Delight Wing, M.D. - Jericho  
 2000 . . . . John R. Carmola, M.D. - St. Albans  
 1999 . . . . John H. Elliott, M.D. - Lyndonville  
 1998 . . . . Edward Haak, D.O. - St. Albans  
 1997 . . . . Arthur Bergner, M.D. - Burlington  
 1996 . . . . William Hodgkin, M.D. - Hinesburg  
 1995 . . . . Joseph Hagan, Jr., M.D. - S. Burlington  
 1994 . . . . Alan Rubin, M.D. - Burlington  
 1993 . . . . Arnold Golodetz, M.D. - Burlington  
 1992 . . . . Henry Tulip, M.D. - St. Albans  
 1991 . . . . Arthur Wolk, M.D. - Rutland

1990 . . . . No Award Given  
 1989 . . . . J. Carleton Stickney, M.D. - Rutland  
 1988 . . . . E. Sherburne Lovell, M.D. - Springfield  
 1987 . . . . Howard Dean, M.D. - Shelburne  
 1986 . . . . Ronald Ferry, M.D. - Montpelier  
 1985 . . . . No Award Given  
 1984 . . . . William Brislin, M.D. - Rutland  
 1983 . . . . Lester Wallman, 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. - Burlington  
 1975 . . . . Dewees H. Brown, M.D. - Bristol  
 1974 . . . . Julius H. Manes, M.D. - Bennington  
 1973 . . . . John D. Boardman, M.D. - Burlington  
 1972 . . . . Louis G. Thabault, M.D. - Winooski  
 1971 . . . . Philip H. Wheeler, 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  
 1967 . . . . Ray W. Collins, M.D. - Middlebury  
 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. - Manchester  
 1960 . . . . Benjamin Clark, M.D. - St. Johnsbury

**FOUNDERS' AWARD**

2004 . . . . Mildred Reardon, M.D. - Williston  
 2003 . . . . John C. Lantman, M.D. (*Posthumously*)  
 2002 . . . . Sen. James M. Jeffords - Shrewsbury  
 2001 . . . . No Award Given  
 2000 . . . . John Evans, PhD - Burlington  
 1999 . . . . John E. Mazuzan, M.D. - Burlington  
 1998 . . . . No Award Given  
 1997 . . . . Hon. Howard Dean, M.D. - Shelburne

# 2005 ~ VMS COUNCIL

## **Harvey Reich, M.D.**

President  
Rutland Regional Medical Ctr.  
160 Allen Street  
Rutland, VT 05701  
747-3851  
hreich@rrmc.org

## **Peter Dale, M.D.**

President - Elect  
Mountainview Medical  
195 Hospital Loop Suite #3  
Berlin, VT 05602  
223-6196  
padale@adelphia.net

## **David Johnson, M.D.**

Vice President  
7360 Spear Street  
Shelburne, VT 05482  
847-2415  
david.l.johnson@vtmednet.org

## **John Mazuzan, M.D.**

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

## **James K. O'Brien, M.D.**

Immediate Past President  
18 Mansion Street  
Winooski, VT 05404  
655-3000  
james.o'brien@vtmednet.org

## **AMA DELEGATE**

John Murray, M.D.  
51 Timber Lane  
So. Burlington, VT 05403  
863-5069  
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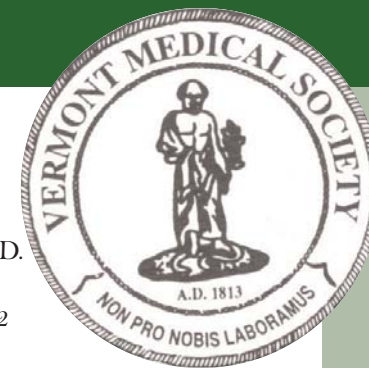
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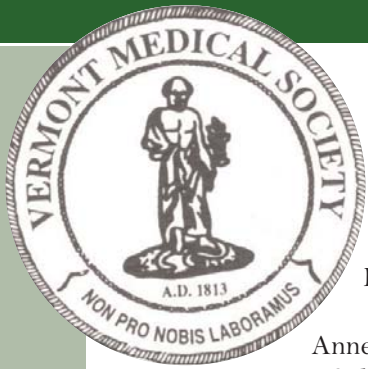
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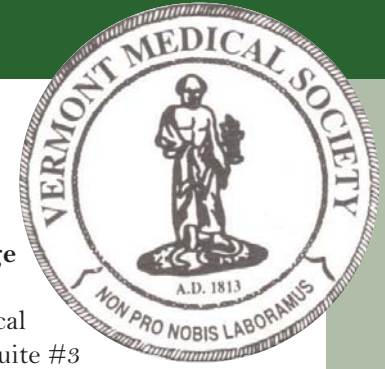
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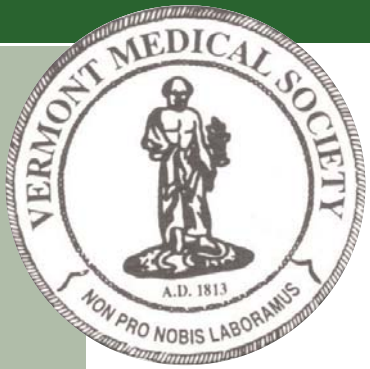
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# CONGRATULATIONS TO THE 2004 VMS AWARD RECIPIENTS



*From Left to right: John Murray, M.D. presents the Distinguished Service Award to Jerold F. Lucey, M.D.*



*From Left to right: Joseph Haddock, M.D. accepts the Physician of the Year Award from Harvey Reich, M.D., President of the VMS*



*From Left to right: Frederick Bagley, M.D. accepts the Physician Award for Community Service from his colleague Daniel Foley, M.D.*



*From Left to right: Joan Madison, M.D. presents the Citizen of the Year Award to Holly Miller*

**If you wish to nominate someone for one of these awards, watch your mail this summer for the nomination forms....**



*Mildred Reardon, M.D. (middle) accepts the Founders Award from Harvey Reich, M.D. (left) and John Evans, PhD, Dean of the UVM College of Medicine*

SAVE THE DATE FOR THE  
192<sup>ND</sup> ANNUAL MEETING OF  
THE VERMONT MEDICAL SOCIETY



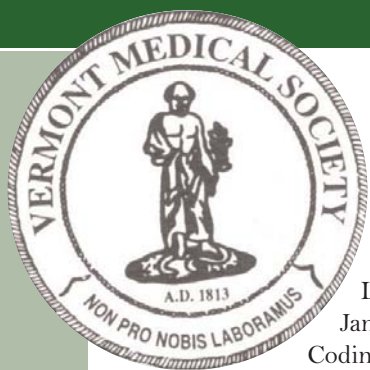
SATURDAY, OCTOBER 15, 2005  
KILLINGTON GRAND HOTEL  
KILLINGTON, VERMONT



WATCH YOUR MAIL FOR DETAILS LATER THIS SUMMER!

MARK YOUR CALENDARS TODAY!





# FREQUENTLY USED PHONE NUMBERS

## CODING & BILLING INFORMATION

### The Coding Center

Laurie Desjardins, CPC

Jana Purell, CPC

Coding & Reimbursement Specialist

(888) 889-6597

### Medicare Carrier in VT - NHIC:

Provider Inquiries

Routine Medicare Part B inquiries, claim status, Automated Audio Response Unite, and routine UPIN queries

(866) 539-5595

### Provider Services

Medicare Part B policy information, limiting charge, and fee schedule queries

(866) 539-5595

### Provider Certification Unit

Medicare Part B physician/provider enrollment queries

(866) 539-5595

### Provider Telephone Reviews

Medicare Part B claims telephone review requests

(207) 294-4322

### Electronic Data Interchange Support Services

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 of 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: (800) 247-2583, General: (802) 223-6131

### EDS Provider Services

(800) 925-1706

### CIGNA Healthcare

Member Services: (800) 345-9458, General: (800) 380-3530

### MVP Health Plan - Vermont

Member Services: (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) 365-7357

**Mt. Ascutney Hospital & Health Center:** (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

**Southwestern Vermont Health Care:** (802) 442-6361

**Springfield Hospital:** (802) 885-2151

**Vermont State Hospital:** (802) 241-1000

**VA Medical & Regional Office Center:** (802) 295-9363

## MISCELLANEOUS

**Vermont Department of Health:** (802) 464-4343

**Vermont Board of Medical Practice:** (802) 657-4220, (800) 745-7371

**Centers for Disease Control and Prevention:** (800) 311-3435

**National Institutes of Health (NIH):** (301) 496-4000

**CMS Boston:** (877) 267-2323

**Health Care Ombudsman:** (800) 917-7787



## INTRODUCING THE MASCOTTS FOR THE VMS: Ernie and Roberta



Ernie and Roberta joined us in early 2004, and have become a permanent fixture of the VMS office.  
So if you hear quacking in the background when you call, you know who it is!

We hope you enjoy these pictures!

