"Not for ourselves do we labor"

Vermont Medical Society

2006 Annual Report

Our Mission
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....

"Not for ourselves do we labor"
Contacting the Vermont Medical Society

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Check us out on the Web:
www.vtmd.org
Dear Member of the Vermont Medical Society:

I can honestly say that 2006 was a good year for health care in Vermont, and the Vermont Medical Society played a large role in making it happen.

The biggest advancement was passage of Catamount Health, which will reduce the number of uninsured Vermonters. The VMS helped to shape the bill, and when it seemed like negotiations were stalled, the VMS urged the various parties to continue negotiating and reach an agreement. Because of our efforts, more Vermonters will be able to buy commercial health insurance next October when the law takes effect.

The VMS was also very influential in securing a $5 million increase in Medicaid reimbursement for physicians, and implementation of a new workers’ compensation fee schedule that will increase reimbursement for the first time since 1995.

On the national scene, Congress eliminated a planned reduction in Medicare reimbursement. The VMS actively lobbied Vermont’s congressional delegation to eliminate the cutback.

In 2006, at the VMS’s urging, the General Assembly passed a safe apology law, which allows physicians to apologize to patients for medical errors without fear of having that disclosure used in medical malpractice litigation. Hopefully, this will help improve the medical liability climate in the state.

This annual report describes a number of the VMS’s other successes. But we’re not resting on our laurels in 2007, as much work remains to be done in areas such as easing the physician shortage in Vermont, increasing Medicaid reimbursement, and tort reform. I hope you will join me in this effort.

Sincerely,

Peter Dale, M.D.
VMS President 2005-2006
“Not for ourselves do we labor”

VMS Leadership

David Johnson, M.D., President
7360 Spear Street, Shelburne, VT 05482
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Dr. Johnson is an anesthesiologist at Fletcher Allen Health Care in Burlington, and is an associate professor of medicine at the University of Vermont College of Medicine.

He received his medical degree from the Medical College of Wisconsin in 1976, and did his residency in anesthesiology at the Medical Center Hospital of Vermont from 1976 to 1979. Dr. Johnson completed a fellowship in cardiac anesthesia at Massachusetts General Hospital in 1983. He has practiced at Fletcher Allen Health Care since 1979.

Dr. Johnson is a member of the Admissions Committee at the University of Vermont College of Medicine, and is chairman of the Vermont Medical Society’s Physician Policy Council. He served as the president of the Vermont-New Hampshire chapter of the Society of Anesthesia from 1990 to 1992.

S. Glen Neale, M.D., President - Elect
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Dr. Neale is an orthopaedic surgeon at Copley Hospital in Morrisville and North Country Hospital in Newport. He received his medical degree in 1985 from the University of Vermont College of Medicine, and did his internship at the Maine Medical Center. He did his residency in orthopaedic surgery at the University of Vermont.

Dr. Neale is on the board of councilors of the American Academy of Orthopaedic Surgeons and is a trained peer counselor for AAOS members involved in medical liability litigation. Dr. Neale is a clinical assistant professor of orthopaedics at the University of Vermont College of Medicine.

He has served on numerous committees and the board of trustees at Copley Hospital. He has also been the president of the Vermont State Orthopaedic Society.

John Brumsted, M.D., Vice President
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Dr. Brumsted is the chief quality officer at Fletcher Allen Health Care in Burlington, and the senior associate dean for clinical affairs at the UVM College of Medicine.
Dr. Brumsted received his medical degree from the Dartmouth Medical School in 1978. His internship was at Hartford Hospital in Hartford, Conn., and his residency was at the UVM College of Medicine Department of Obstetrics and Gynecology. He did a fellowship in reproductive endocrinology at the UVM College of Medicine.

He was the chief medical officer at Fletcher Allen Health Care from 1998 until 2005, and was FAHC’s interim chief executive officer from 1997 to 1998. Dr. Brumsted has also served as the medical director of The Vermont Health Plan and Vermont Managed Care.

John Mazuzan, M.D., Treasurer
366 South Cove Rd., Burlington, VT 05401
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After graduating from the University of Vermont College of Medicine in 1954, Dr. Mazuzan did his internship at the Mary Fletcher Hospital in Burlington, and his residency at Massachusetts General Hospital. He returned to Burlington in August 1959, and practiced anesthesiology in Burlington area hospitals until retiring in 1996.

Dr. Mazuzan has served as the chairman of the University of Vermont Department of Anesthesia, and was a member of the Vermont Board of Medical Practice for eight years. He served on the state Board of Health for 20 years.

Dr. Mazuzan has been a VMS member since 1961 and has been the society’s treasurer since 2002. He received the VMS Distinguished Service Award in 1976, and the Founders Award in 1999.

Peter Dale, M.D., Immediate Past President
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Dr. Dale is an internist at Mountainview Medical in Berlin and has been on the medical staff at the Central Vermont Hospital since 1988. He is certified by the American Board of Internal Medicine, with a subspecialty in infectious diseases.

Dr. Dale received his medical degree from the University of Vermont College of Medicine in 1980, and did both his internship and residency in internal medicine at Boston City Hospital. From 1983 to 1986, he did a fellowship in infectious diseases at the Boston University School of Medicine.

Dr. Dale has served on the board of directors of The Hitchcock Alliance since 1997, and has been a member of the board of directors at the Central Vermont Medical Center since 1994. He was chairman of CVMC’s board from 2001 to 2003. Dr. Dale has been chairman of the Infection Control Committee at the Central Vermont Hospital since 1990.
Executive Vice President Paul Harrington has worked at the VMS since April 2002. Previously, Paul was the majority health policy director for the U.S. Senate Committee on Health, Education, Labor and Pensions under the chairmanship of Senator James M. Jeffords. He has also served as deputy commissioner of the Vermont Department of Labor and Industry, a board member of the Vermont Health Care Authority, and as the chair of the Commerce Committee in the Vermont House of Representatives, where he served three terms as a representative of Middlesex, Worcester, and Calais.

In addition to his duties at the VMS, Paul is the treasurer of Vermont Information Technology Leaders, Inc.; he is on the executive committee of the Governor’s Vermont Chronic Care Initiative; he is a board member of the Vermont Program for Quality in Health Care; and is on the AMA’s State Technical Advisory Team. Paul is a graduate of the University of Vermont.

Vice President for Policy Madeleine Mongan has been at the VMS since January 1996. She works with the Vermont Legislature, state agencies and insurers on health care policy and provides education and technical assistance to Vermont physicians on legal issues. As an attorney, her practice addresses a range of health law issues including confidentiality, licensing, managed care, scope of practice, liability reform, public health, contracting, and fraud and abuse.

Madeleine is a member of the American Medical Association Advocacy Resource Center Advisory Board, the American Health Lawyers Association, the American Society of Medical Association Counsel, the Vermont Bar Association, and co-chairs the Vermont Bar Association Health Law Committee. She represents Vermont physicians on the Medicaid Advisory Board, the Area Health Education Centers Advisory Board, and the Vermont Health Resource Allocation Plan Board.

She received her B.A. from the University of Delaware, M.A. from Stanford University, and J.D. from the University of California at Davis.
Office and Membership Coordinator Stephanie Winters has worked at the VMS for nine years. Stephanie is also the executive director of the Vermont Orthopaedic Society and the American Academy of Pediatrics Vermont Chapter. Stephanie graduated from U-32 High School in East Montpelier in 1995 and attended Champlain College in Burlington.

Stephanie was born and raised in Central Vermont and lives in Williamstown with her husband Terry and their two cats and two dogs. Stephanie enjoys spending time with her family, graphic design and cooking.

Business Manager Colleen Magne has worked at the VMS since September 2005. She is also the program administrator for the Vermont Practitioner Health Program. Previously she was employed by Blue Cross and Blue Shield of Vermont for almost 12 years. Her positions there included customer service, nongroup sales, account representative, and senior account representative.

Colleen lives in Middlesex with her husband David, 14-year-old son Nathan, and 21-year-old daughter Meghan. Colleen attended Trinity College of Vermont in Burlington. She enjoys living and working in the Montpelier area, as well as attending sporting events at Union 32 High School in East Montpelier.

Communications Director Steve Larose has worked at the VMS since June 2003. He is responsible for the VMS’s newsletters, weekly email news summary, and press relations. He is also the executive director of the Vermont Psychiatric Association and the Vermont Chapter of the American College of Physicians. Steve has more than 25 years of experience in journalism, having worked for WCAX-TV, the Rutland Herald/Barre-Montpelier Times Argus, and Vermont Business Magazine. Before joining the VMS, he was health care newsletters managing editor at Aspen Publishers in Gaithersburg, Md.

Steve serves as the chair of the Coalition for a Tobacco Free Vermont, and is a board member of the Vermont Ethics Network. He is an active member of the Green Mountain Club, serving as the chair of its Publications Committee. Steve received his B.A. from the University of Vermont and a M.S. degree from the University of Maryland.

"Not for ourselves do we labor"
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What We Advocated For In 2006

The Vermont Medical Society is the only organization advocating full-time on the behalf of Vermont’s physicians. The VMS represents the interests of more than 1,800 physicians, residents, and medical students before the state and federal governments. During 2006, the VMS provided an effective voice for its member physicians on these issues:

**Federal Advocacy**

- **Sustainable Growth Rate (SGR) Repeal:** Due to the SGR, the 2006 Medicare Trustees report forecasts cumulative cuts in the Medicare physician payment update of 37 percent by 2015. The VMS worked with other physician groups nationally to stop a 5 percent cut in Medicare physician payments in 2007.

- **Geographic Practice Cost Indices (GPCI) Reform:** The VMS advocated for the reauthorization of the 1.0 floor in the GPCI work component of RBRVS that expired December 31, 2006. The 1.0 work floor has resulted in a 1.8 percent annual increase in Medicare reimbursement for Vermont physicians. Congress did reauthorize the GPCI work floor for one more year.

- **Federal Medical Liability Reform:** The VMS continues to advocate that Vermont’s congressional delegation should support the passage of federal medical liability reform, including a $250,000 cap on non-economic damages.

**State Advocacy**

- **Act 191 Catamount Health Plan:** The VMS advocated that Catamount Health be available through private insurers in order to avoid it becoming a further expansion of the Medicaid program. The General Assembly adopted this approach. The VMS was named as a member of the executive committee for the “Blueprint for Health” — the state’s plan for chronic care infrastructure, prevention of chronic conditions, and chronic care management program.
N o t f o r o u r s e l v e s d o w e l a b o r

VMS staff also serve on a common claims work group that will make recommendations for simplifying the claims administration and credentialing process. In addition, the VMS is working with the Vermont Association of Hospitals and Health Systems and the Vermont Department of Health to develop a comprehensive patient safety surveillance and improvement system for the purpose of improving patient safety, eliminating adverse events in Vermont hospitals, and supporting and facilitating quality improvement efforts by hospitals.

- **Vermont Pay for Performance:** VMS staff is working to ensure that the primary goal of any pay-for-performance program must be to promote quality patient care that is safe and effective, rather than to achieve monetary savings. The VMS is also advocating that programs must finance bonus payments based on specified performance measures with supplemental funds.

- **Drug Formularies:** VMS staff is working with the Office of Vermont Health Access and the Centers for Medicare and Medicaid Services to minimize the administrative burden of Medicare and Medicaid drug formularies.

- **Workers’ Compensation Medical Fee Schedule:** The VMS successfully advocated for the implementation of a new workers’ compensation fee schedule that increases physician reimbursement as of Jan. 1, 2007. Payments for physicians under Vermont’s workers’ compensation medical fee schedule have not increased since 1995.

- **Medicaid Reimbursement:** The VMS was successful in obtaining a $5 million increase in Medicaid reimbursement for physicians to begin addressing the adverse impacts of low Medicaid reimbursement on access and the cost shift. Beginning January 1, 2007, the legislation provides for an increase in base rates for certain evaluation and management procedure codes to a level equivalent to the 2006 rates in the Medicare program.

- **Advance Directives:** VMS staff collaborated with the Vermont Department of Health and other organizations on rules to implement the Vermont advance directive law, the advance directive registry, emergency services rules, and clinician orders for life sustaining treatment.


“Not for ourselves do we labor”

- **Safe Apology:** VMS staff worked to secure passage of a “safe apology” statute in Vermont in order to encourage greater communication between physicians and their patients about possible medical errors, without fear of the discussion being used against the physician in a future civil proceeding.

- **State Medical Liability Reform:** The VMS was successful in having legislation introduced in the Vermont General Assembly that would establish pre-trial screening panels, expert witness standards, and $250,000 limits on non-economic damages.

- **Emergency Preparedness:** VMS staff worked with the Vermont Association of Hospitals and Health Systems and the Vermont Department of Health to ensure that medical volunteers will have access to workers’ compensation coverage, liability protection, and malpractice protection in the event of an all-hazards emergency.

- **Death with Dignity/Physician Assisted Suicide:** VMS staff presented to legislators the society's position against laws concerning physician assisted suicide that was developed in 2003. After additional discussion and debate, a bill failed to pass out of a House committee with a vote of five to five.

- **Prescription Monitoring Program:** The VMS worked with the Vermont Department of Health and the Vermont Department of Public Safety to secure passage of a bill authorizing a prescription monitoring program for Schedule II, III and IV controlled substances.

- **Optometry Formulary:** The VMS successfully advocated to retain in law a formulary requirement for optometrists that the Office of Professional Regulation in the Secretary of State’s Office proposed to repeal. The repeal would have permitted optometrists to prescribe any oral drug.

- **Fluoridation:** VMS staff collaborated with the Vermont State Dental Society, the Chittenden County Medical Society, the UVM College of Medicine, the Area Health Education Centers, the Vermont Department of Health, and other groups on a successful campaign to defeat efforts to repeal fluoridation of water supplies in Burlington, Montpelier, and Bellows Falls.

- **Tobacco Cessation:** VMS staff serve on the executive committee and the policy committee of the Coalition for a Tobacco Free Vermont. The VMS worked to fund Catamount Health in part through an increase in the cigarette tax.
Advocacy Priorities for 2007

As the VMS continues to represent physicians before the Vermont General Assembly and the executive branch of state government in 2007, these initiatives will be top priorities:

1) Recruitment and Retention of Physicians in Vermont.
The Vermont Department of Health’s 2004 Physician Survey reported a statewide shortage of primary care physicians, with only four counties and five hospital service areas reporting an adequate supply of primary care physicians. In 2005, the Health Resources Allocation Plan identified psychiatry as a physician specialty that is in short supply in remote and rural areas and general surgeons, urologists, neurologists, hospitalists, dermatologists and gastroenterologists as being among the most difficult specialties to recruit in Vermont.

Long-term strategy: The VMS will work with organizations that currently conduct physician workforce surveys, supplementing those surveys as necessary, in order to identify workforce needs and gaps. The VMS will advocate for increased loan repayment funding as a means to assist in recruitment and retention of physicians in Vermont and it will advocate for increased Medicaid reimbursement and medical malpractice reform as a means to support the financial viability of physician practices.

2) Prompt and Adequate Medicaid Reimbursement.
The Vermont Medicaid Program is the largest payer of health care services to Vermont residents, in 2004 accounting for 25.8 percent of total Vermont health care expenditures. That was the highest percentage in the country. The Vermont Medicaid program severely underpays Vermont physicians and in many cases pays less than their overhead costs. Vermont also does not include regular cost-of-living increases for physicians in the Medicaid budget. In a recently released report, the Vermont Department of Banking, Insurance, Securities and Health Care Administration estimates that as much as 14 percent of this year’s health insurance premium increases may be due to increased cost shifting.

Long-term strategy: The VMS will work for adequate Medicaid reimbursement and annual cost-of-living increases in order to address the cost shift and to preserve access to physician services for Medicaid patients.
3) **Sustainability of the Vermont Blueprint for Health.**
Chronic conditions are the leading cause of illness, disability and death, touching the lives of most Vermonters and consuming more than three-quarters of the $2.8 billion spent each year on health care. Vermont’s response to the challenge of chronic conditions is embodied in the Vermont Blueprint for Health, a collaborative project begun in the fall of 2003 and led by a public-private partnership that includes the VMS. The cost of information technology solutions are significant and reimbursement varies among payers — complicating physicians’ ability to apply uniform approaches to the treatment and management of the same condition.

**Long-term strategy:** The VMS will advocate for and support strategies to cover the financial and administrative costs of adopting the new office systems, decision support tools, and information systems associated with the implementation of the Blueprint. The VMS will advocate for administrative uniformity by payers regarding treatment and management of the same condition. We will also seek the payment by payers of a case management fee to physicians for services relating to coordinating and managing the care of patients with chronic conditions.

4) **Ensuring the Privacy of Prescription Information.**
Pharmaceutical company marketing representatives create physician prescribing profiles that allow for tailored sales pitches in order to convince physicians to prescribe their brand name drug, rather than a competitor’s or generic drug.

**Legislation:** The VMS will work with appropriate consumer organizations and the Vermont Attorney General to enact legislation, similar to legislation recently enacted in New Hampshire, that would prohibit the disclosure of a physician’s prescribing information for any commercial purpose while permitting legitimate uses such as reporting requirements and research.

5) **Establishing Pre-trial Screening Panels for Medical Liability Claims.**
For the past 20 years, Maine has required pre-trial screening panel review of all medical liability claims. The purpose of the screening panels is to encourage the early resolution of claims that have merit and the withdrawal of those that do not. The Maine Bureau of Insurance found that the panels have been successful in promoting
quicker recovery for those who receive awards and promoting earlier dismissal of claims that conclude with no award. New Hampshire recently enacted legislation that was based on Maine’s successful law requiring pretrial screening panels in medical malpractice lawsuits in the hope of controlling rising insurance costs for doctors.

**Legislation:** The VMS will again urge the Vermont General Assembly to enact legislation establishing pre-trial screening panel review of all medical liability claims modeled on the legislation enacted in Maine and New Hampshire.

6) **Repeal of Medicare’s Sustainable Growth Rate (SGR) Formula and Reauthorization of the GPCI Work Floor.**

In 2006, the VMS worked with other physician groups nationally to successfully repeal a 5 percent cut in Medicare physician payments scheduled to go into effect in 2007. On December 20, President Bush signed H.R. 6111, the “Tax Relief and Health Care Act of 2006,” into law. The following is an overview of key Medicare provisions contained in H.R. 6111:

SGR/Medicare Physician Payment Update: Prevents a 5 percent cut in 2007 Medicare physician payment rates due to the Sustainable Growth Rate (SGR) by freezing the Medicare conversion factor at its 2006 level. Therefore, the new conversion factor for 2007 is 37.8975 (same as the 2006 and 2005 conversion factor). This means physicians will not have an increase in the Medicare conversion factor for three years in a row.

GPCI: The work Geographic Practice Cost Index (GPCI) floor used to calculate physician reimbursement is extended for one year, averting an additional payment cut of 1.68 percent in Vermont where the geographic adjustment was set to expire. The extension of the work GPCI floor was a high priority for the VMS.

Medicare Physician Quality Reporting Program for 2007: Establishes a Medicare physician quality reporting program using 66 Physician Voluntary Reporting Program (PVRP) quality measures for July 1, 2007 through December 31. A bonus payment of 1.5 percent will be paid to physicians who report on at least three of these measures. For additional information on the PVRP, please go to [http://www.cms.hhs.gov/PVRP/](http://www.cms.hhs.gov/PVRP/)
The Congressional Budget Office has announced that physician payment rates under Medicare will return to prior-law level in 2008, which would reduce physician reimbursement by 10 percent in 2008.

**Legislation:** In order to prevent an 11.68% cut in the Medicare’s 2008 fee schedule for Vermont physicians, the VMS will work with the state’s Congressional delegation and other physician organizations to enact legislation that provides for a positive Medicare physician payment update in 2008 that reflects the increased cost of practicing medicine. Since the GPCI work floor for RBRVS will expire on December 31, 2007, the VMS will also advocate for its reauthorization.

**Education:** In order to assist Vermont physicians in qualifying for the 1.5 percent bonus payment, the VMS will schedule meetings with hospital medical staffs and county medical societies to provide additional details on the Medicare Physician Quality Reporting Program for 2007.

**7) Financial Support for Implementing Electronic Medical Records.**
A national effort is being made to encourage physicians to add electronic medical records (EMR) to their offices within ten years. This effort is based on the experience that electronic medical records and the secure exchange of medical information will help to improve health care quality, prevent medical errors, and improve administrative efficiencies. However, many physicians are already struggling with the cost of practicing medicine with spiraling liability costs and low reimbursement rates and most payers have not provided additional physician revenue to offset the implementation costs of EMRs or comparable electronic information technology.

**Long Term Strategy:** The VMS continue its active involvement in efforts to define and promote standards that will facilitate the efficacy and interoperability of health information technology systems. In additional, the VMS will advocate that the use of electronic medical records not be required until national uniform standards for interoperability are established and adequate financial resources are made available to assist physician practices in obtaining and maintaining new technologies.
Physicians and Hospitals Thank Senator James Jeffords

The VMS, the Vermont Association of Hospitals and Health Systems, and Fletcher Allen Health Care said thanks to U.S. Senator Jim Jeffords for his 32 years of work in Congress on health care issues, at a reception on Nov. 15 attended by more than 100 people.

Jeffords was presented with a framed copy of a joint resolution from the VMS and VAHHS, honoring him for his role in improving health care. Making the presentation were Dr. David Johnson, president of the Vermont Medical Society, and Peter Hofstetter, CEO of the Northwestern Medical Center in St. Albans and chairman of VAHHS.

Dr. Melinda Estes (right), president and CEO of Fletcher Allen Health Care, unveiled a plaque dedicating the “Senator James M. Jeffords Institute for Quality.”

During his time in Washington, Jeffords had a long-standing interest in national health policy issues. Early on, Jeffords identified chronic disease management and protection from catastrophic illness leading to financial harm as important characteristics of a universal form of health care. From 1997 to 2001, Jeffords was the chair of the Senate Committee on Health, Education, Labor and Pensions.
Jeffords co-sponsored legislation reauthorizing the Agency for Healthcare Research and Quality to conduct and support health care research and quality improvement activities. He was the lead sponsor of the Patient Safety and Quality Improvement Act of 2005, which established a non-punitive system through which physicians and hospitals could voluntarily report incidences of medical errors without fear of litigation.

“As chairman of the Senate HELP Committee, and as a member of the Senate Finance Committee, Sen. Jeffords was a leader on every major health care initiative that came before Congress,” said Dr. Johnson. “Sen. Jeffords has been instrumental in expanding Medicaid and Medicare coverage, protecting patients’ rights, and improving patient safety. As Vermonters and Americans, we should all thank him for a job well done.”

“Not for ourselves do we labor”

Thanks Again Jim!

Photos by Gordon Miller

Senator Jeffords (right) catches up with VMS EVP Paul Harrington at the Thanks again Jim event.

Senator Jeffords (left) gives a big thumbs up after VMS President, David Johnson, M.D. (center) and VHHHS Chairman of the Board Peter Hofstetter (right) presented him with the VMS/VHHHS joint resolution.
VMS Membership Benefits

Physician members of the VMS enjoy a broad array of benefits that help them practice medicine more effectively and run their practices more efficiently.

Group Health Insurance: The VMS offers its members several choices for health insurance options, including five traditional comprehensive plans, three Vermont Freedom plans, as well as two high-deductible health plans in conjunction with a Health Savings Account, and over 65 retirement plans. For more information concerning health insurance options, call Colleen Magne at 800-640-8767.

Group Dental Plan: VMS members and their employees can participate in the Northeast Delta Dental Benefit Program.

Disability and Life Insurance: Hackett, Valine and MacDonald provides disability and life insurance for VMS members and their employees at discounted rates.

Auto., Homeowner, Tenant, Umbrella, Condo and Boat Insurance: Hackett, Valine and MacDonald provides all of the above insurances for VMS members and their employees at discounted rates.

Continuing Medical Education: Members can request that the VMS document their fulfillment of continuing medical education requirements. The VMS provides several CME programs during its Annual Meeting.

Weekly E-mail News Updates: VMS members receive via e-mail the weekly VMS News Scan, a concise digest of health care news in Vermont and the nation. Each news item includes a direct link to the original source on the Internet, so that readers can readily access the full details.

Legislative Bulletins: During the legislative session, VMS members receive frequent updates keeping them informed about the progress of bills at the Statehouse. Members are alerted when they should take action to support or oppose important legislation.
The Green Mountain Physician Newsletter: Six times a year, the VMS publishes The Green Mountain Physician, a member newsletter that contains in-depth original articles about issues concerning physicians. In 2006, coverage included pre-trial screening panels, the Board of Medical Practice’s new pain treatment policy, electronic medical record use in Vermont, and academic detailing.

Coding Assistance: VMS members have access to The Coding Center, a program that assists physicians with coding and reimbursement problems. VMS members can call a toll-free coding hotline, or arrange for on-site education sessions. The Coding Center also offers coding certification courses. Contact Jana Purrell at 888-889-6597 or by email at jnpurrell@thecodingcenter.org.

Guide to Health Care Law: The VMS is co-sponsoring a revised and expanded Vermont Guide to Health Care Law. The guide, which covers practice issues, business issues, and regulation of health professionals, is available on the VMS web site (see page 21 for more information).

Technical Support: The VMS staff is available to offer technical assistance to members on a range of non-clinical issues. Staff members regularly field inquiries regarding practice issues such as medical records, fraud and abuse, workers’ compensation, debt collection, scope of practice for allied health professionals, payor administrative requirements, HIPAA, and the Medicaid Preferred Drug List (PDL).

An attorney on the VMS staff is available to provide technical assistance on legal issues to members and, for a small fee, to review insurer contracts for suggestions on how to make them more favorable for physicians.
Vermont physicians, other health care practitioners, and managers of health care facilities now have fast and easy access to information about state and national health care laws. A new edition of The Vermont Guide to Health Care Law has been posted on the VMS web site, www.vtmd.org.

Vermont Guide to Health Care Law is the result of a collaboration between the Health Law Committee of the Vermont Bar Association, the VMS, the Vermont Association of Hospitals and Health Systems, the University of Vermont College of Medicine, and the Vermont Law School.

Topics in the guide are arranged alphabetically. Within each topic area, information is presented in a question-and-answer format, so that users can quickly find answers to the most frequently asked questions.

The guide was researched and written by attorneys, physicians, and practice managers who donated their time. “Despite their busy schedules, they devoted many, many volunteer hours to this project. Their dedication, knowledge and experience made the guide the high quality resource that it is. We couldn’t have done it without them,” said Madeleine Mongan, vice president of policy at the VMS, who coordinated production of the guide along with Tracy Bach, a professor at Vermont Law School.

The 15 chapters of the online guide cover: business issues; consent, privacy and medical records; employment issues; end-of-life care; fraud and abuse compliance; the relationship between health care professionals and patients; recovery programs for health professionals; medical marijuana; mental health and substance abuse; pharmaceuticals; professional liability; regulation of physicians and other health care professionals; reimbursement; reporting by health care professionals; and risk management.

Use of the guide is free and open to all interested parties. The online format will allow the guide to be continually updated as the laws change, and it is expected that more chapters will be added in the future.
Peer Support

To support physicians in practice and medical students in their education, the VMS manages several programs, and contributes to worthwhile programs run by other organizations.

Vermont Practitioner Health Program:
The VMS operates the Vermont Practitioner Health Program, a confidential service for licensed physicians, podiatrists, and physician assistants to address the disease of substance abuse, including alcoholism. The program is designed to help identify, refer to treatment, guide, and monitor the recovery of practitioners with substance use disorders. David Simmons, M.D., who specializes in addiction medicine, oversees the program with a committee of trained practitioners who provide support to their colleagues who are affected by substance abuse illness.

Vermont Medical Society Education and Research Foundation:
The VMS sponsors a nonprofit charitable organization that supports educational and research activities in the field of health. The foundation, in collaboration with the Chittenden County Medical Society, awards the annual Dr. Mildred Reardon $10,000 scholarship to a deserving third-year medical student at the University of Vermont College of Medicine. The scholarship for 2006 was awarded to Robert Klein. The intent of such grants is to provide an incentive for candidates to pursue a career in medicine and to provide motivation for graduates to practice in Vermont. All contributions to the foundation are tax deductible.

Vermont Medical Society Political Action Committee:
The VMS PAC makes financial contributions to candidates for the Vermont General Assembly who have demonstrated that they understand the challenges physicians face caring for Vermont’s citizens. In the 2006 election, the VMS PAC was able to contribute to approximately 30 candidates to thank them for their work in improving health care for Vermonters.

County and Specialty Society Chapter Support:
The VMS offers administrative and policy support for county and specialty society chapters. VMS staff provide logistical support for planning meetings, including mailing reminders, booking locations, and
“Not for ourselves do we labor”

helping arrange speakers. VMS staff attend county society meetings as requested to review policy and legal issues of interest to physicians. VMS staff also provide support for specialty societies, including the Vermont Psychiatric Association, the Vermont Orthopaedic Society, the Vermont chapter of the American College of Physicians, and the Vermont chapter of the American Academy of Pediatrics. VMS staff work with the specialty societies to reach their policy and advocacy goals.

Support for Other Events and Organizations:
In 2006, the VMS provided financial and/or logistical support to the following:

- Vt. Ethics Network
- Vt. Blueprint for Health
- Montpelier Downtown Community Assoc.
- Hospice & Palliative Care Council
- Coalition for a Tobacco Free Vermont
- Prevent Child Abuse Vermont
- Vt. Association for Mental Health
- Excellent Care at the End of Life
- Vt. Bar Assoc. Health Law Committee
- Vt. Area Health Education Centers
- Vt. Program for Quality in Health Care
- Vt. Info. Technology Leaders

Education and Outreach

In 2006, your membership dues allowed the VMS to bring educational programs to physicians and other health care professionals around Vermont.

The VMS, in conjunction with the Vermont Department of Health’s Alcohol and Drug Abuse Program and the Vermont Department of Public Safety’s Drug Task Force, did four additional trainings on prescribing controlled substances in 2006. The statewide collaborative effort was highlighted in a national publication of the Federation of State Medical Boards.

Also in June, the VMS provided a legislative update with a focus on advance directives and physician-assisted suicide at the annual meeting of ExCEL (Excellent Care at the End of Life).

The VMS made presentations on health care reform in Vermont to the American Medical Association state legislative meeting in August, the board of the American Academy of Family Practice, the annual meeting of the New Hampshire Medical Society, and to the Vermont Medical Group Managers Association.

How to Become a VMS Member

When you consider all the advocacy, member benefits, peer support services, and education and outreach that the VMS provides, membership in the VMS is an investment with a guaranteed return.

There are five membership categories:

- **Active** members are practicing doctors of medicine or osteopathy with a Vermont license.
- **Associate** members are physicians who have moved out of state, retirees with a Vermont license, or former members not currently in practice and not Vermont licensed.
- **Affiliate** members are physicians who work outside of Vermont, but live in Vermont or have a Vermont license.
- **Resident** and **Student** members are medical students or physicians in residency programs.
- **Life** members are retired because of incapacity or disability with 10 or more years as a VMS member, or more than 70 years old with at least 10 years of VMS membership.

New active members receive a 50% discount for their first year of membership, and a 25% discount for their second year of membership.

A VMS member with a physician spouse receives a 25% discount on the second membership. The VMS offers a 10% discount if all members of a large group practice join the VMS.
“Not for ourselves do we labor”

2007 VMS Member Dues Are:

REGULAR MEMBERS $525.00
ASSOCIATE MEMBERS $100.00
AFFILIATE MEMBERS $200.00
LIFE MEMBERS $0.00
RESIDENTS & STUDENT $0.00

(County dues are not included in the above dues price)

Discounts
New active members: 50% discount 1st year of membership, 25% discount 2nd year of membership.

Physician Spouse: 25% discount for physician spouse (2nd Membership)

Active member Early payment discount of $30.00, if member dues paid by December 31 of the year first dues bill is received.

To request a VMS membership application form, please contact Stephanie Winters at 800-640-8767 or swinters@vtmd.org.

Vermont Medical Society
“Not for ourselves do we labor.”

After a welcome and introductions by Peter Dale, M.D., VMS president, and John Fogarty, M.D., interim dean of the University of Vermont College of Medicine, attendees participated in four continuing medical education sessions.

Robert Monsey, M.D., spoke on the pathophysiology and treatment of lumbar degenerative disease. Dr. Monsey is an associate professor of orthopaedics in the Department of Orthopaedics and Rehabilitation at the University of Vermont and the medical director of the Spine Institute of New England.

W. Kemper Alston, M.D., M.P.H., spoke on the recent advances and future directions in immunization. Dr. Alston is an attending physician in the Infectious Disease Unit at Fletcher Allen Health Care in Burlington, and an associate professor of medicine at the University of Vermont College of Medicine.

A panel discussion was held on New Hampshire’s prescription data privacy bill, and its use as a model for legislation in Vermont. Panelists included Rep. Cindy Rosenwald, sponsor of the New Hampshire bill; Marc Sadowsky, M.D., president of the New Hampshire Medical Society; Jeremy Lazarus, M.D., vice speaker of the American Medical Association’s House of Delegates; and William Sorrell, Vermont’s attorney general.

A panel discussion was held on implementing Vermont’s health care reform legislation and the physician’s role in doing so. Panelists included Sen. James Leddy, chair of the Senate Health and Welfare Committee; Sharon Moffatt, RN, MSN, acting commissioner of the Vermont Department of Health; Helen Riehle, executive director of the Vermont Program for Quality in Health Care; and Peter Dale, M.D., president of the VMS and an internal medicine physician.

The luncheon speaker was John Fogarty, M.D., interim dean at the University of Vermont College of Medicine and chair of the Department of Family Medicine. He provided VMS members with an update on curriculum and research activities at the College of Medicine.
In the afternoon, the VMS annual membership meeting was held. Members voted to adopt resolutions on implementing electronic medical records, ensuring the privacy of prescription information, the sustainability of the Vermont Blueprint for Health, and restrictive covenants in physician employment contracts.

Dr. Peter Dale gave his remarks and thanked the membership for the opportunity to serve as VMS president over the past year. Dr. David Johnson was installed as president of the society for the ensuing year. After the exchange of medallions and other gifts, Dr. Johnson addressed the membership.

At the Annual Awards Banquet that evening, the VMS honored four outstanding individuals.

**DISTINGUISHED SERVICE AWARD**
John J. Murray, M.D., F.A.A.P. *(with Mimi Reardon, M.D., center and Dave Johnson, M.D., right)*

**PHYSICIAN OF THE YEAR AWARD**
Suzanne Parker, M.D. *(pictured with Skip Linton, M.D., right)*

**CITIZEN OF THE YEAR AWARD**
Senator James P. Leddy *(pictured with Maureen Molloy, M.D., left)*

The annual Dr. Mildred Reardon Scholarship in the amount of $10,000 was presented to third-year UVM College of Medicine student Rob Klein *(with Mimi Reardon, M.D., right)*.

The keynote address on the upcoming elections and Vermont’s changing political landscape was presented by University of Vermont political science professor Frank Bryan.
“Not for ourselves do we labor”

**Treasurer’s Report for 2006 & Budget for 2007**

At the October 15th Council meeting held at the Basin Harbor Club, Vergennes, Vermont, the VMS Council approved the following budget for operation of the Society for the calendar year 2007. This budget assumes a modest increase in our income over calendar year 2006.

In 2006 the Society was able to apply over $12,000 toward our contingency fund. With our 2007 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.

If you would like a detailed copy of the 2007 budget or 2006 financial statements, please contact Colleen Magne our VMS Business Manager.

__John Mazuzan, M.D.__
Treasurer

**VMS Proposed Budget Summary 2007**

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<td>Net Projected Revenue over Expenses</td>
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“Not for ourselves do we labor”

VMS Structural Overview

The VMS has been providing services to Vermont physicians for more than 200 years. Along with providing assistance, information, and lobbying services on legislative and regulatory matters, the VMS offers its members a host of personal and professional services.

**Total VMS membership in 2006 was: 1688**

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**Mission Statement**

The mission of the VMS is to serve the public by facilitating and enhancing physicians' individual and collective commitments, capabilities, and efforts to improve the quality of life for the people of Vermont 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.
"Not for ourselves do we labor"

**Organizational Framework**
The individual physician member is the base of all authority in the VMS. 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 Meeting and special membership meetings. These meetings are the society's definitive governing authority. In the intervals between member meetings, the VMS Council conducts the society's affairs. The Council meets to discuss the policy, governance, operations, and finances of the VMS. 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.

**2006 VMS Council Meetings were held:**
- Sat., April 1, 2006: Best Western, Waterbury
- Wed., June 7, 2006: Vermont Interactive Television
- Wed., Sept. 6, 2006: Vermont Interactive Television

**2007 VMS Council Meetings are scheduled for:**
- Thurs., February 1, 2007, 7:00 - 8:30 p.m., VIT
- Sat., April 7, 2007, 10:00 – 12:00, Best Western, Waterbury
- Wed., June 6, 2007, 7:00 - 8:30 p.m., VIT
- Wed., September 5, 2007, 7:00 - 8:30 p.m., VIT
- Sun., October 21, 2007, 9:00 - 11:30 a.m., Hilton, Burlington

**Council meetings are open to all VMS members.**

Officers elected at the Annual Meeting represent member physicians. The Executive Committee is comprised of the president, the immediate past president, the vice president, the secretary, and the treasurer. The Executive Committee meets regularly and reports to the VMS Council.

The Executive Committee also reviews the operating budget of the organization and reports to the Council on the society's finances. An annual outside audit or review is conducted and is available upon request to all members.
NOT FOR OURSELVES DO WE LABOR

The Investment Committee oversees the reserve and special funds of the VMS, in concert with an outside financial advisor.

COMMITTEES
Members are strongly encouraged to get involved by serving on committees. Participation enables members to have an impact on VMS programs and policy.

The following committees are comprised of officers of the VMS, as determined by the bylaws.

Executive Committee
   Finance Committee
      Nominating Committee
      Personnel Committee
      Pension Committee

The following committees are standing committees and boards established by the society's bylaws. Members of these committees are proposed by the Council and elected by the membership at the Annual Meeting.

   Judicial Board
   Board on Ethics
   Committee on Grievances
   Committee on Investments
   Jurisprudence Committee
   Committee on Medical Benevolence
   Committee on Medical Economics and Insurance

Other committees are formed by the Council on an ad hoc basis. The members of these committees are appointed by the president of the VMS with approval of the Council. They include:

   Committee on Awards
   Bylaws Revision Committee
   Ethics Committee
   School Health Committee
   Vermont Practitioner Health Program Committee
ISSUE TEAMS
The VMS does its policy work through issue teams. Along with the Physician Policy Council, 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 the VMS lobbies the Vermont General Assembly and the executive branch, as well as presents the concerns of Vermont physicians to private entities.

The issue team structure enables the VMS staff to tap into the diverse expertise of more than 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 telephone, 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 interests. 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 VMS 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 on all matters related to reimbursement, quality, and health care regulation for Vermont physicians.

The PPC is organized by physician specialty. Each specialty society or organization in Vermont that is recognized by the VMS Council has a seat on this important negotiating body.

The PPC met on December 14 with representatives of the Office of Vermont Health Access, Blue Cross Blue Shield of Vermont, MVP Healthcare, CIGNA and the Vermont Department of Labor to discuss their efforts relating to pay for performance.

The recognized specialties are listed below:

- 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
VMS Council

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“Not for ourselves do we labor”
VMS Council

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john.a.leppman@dartmouth.edu
**Past Presidents and Award Winners**

**Past Presidents**

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<td>Harvey Reich, M.D.</td>
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<td>James K. O'Brien, M.D.</td>
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<td>Carolyn Taylor-Olson, M.D. (Acting Aug.-Oct.)</td>
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<td>David M. McKay, M.D.</td>
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<tr>
<td>1998</td>
<td>John J. Murray, M.D.</td>
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<td>1997</td>
<td>Robert S. Block, M.D.</td>
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<td>1996</td>
<td>David W. Butsch, M.D.</td>
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<td>1995</td>
<td>J. Michael Schnell, M.D.</td>
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<td>1994</td>
<td>Frederick Crowley, M.D.</td>
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<td>1993</td>
<td>Edward Leib, M.D.</td>
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<td>1992</td>
<td>Keith Michl, M.D.</td>
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<td>1991</td>
<td>Richard Ryder, M.D.</td>
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<td>1990</td>
<td>James E. Thomas, M.D.</td>
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<td>1989</td>
<td>William H. Stouch, M.D.</td>
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<td>1988</td>
<td>John A. Leppman, M.D.</td>
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<td>1987</td>
<td>Mildred A. Reardon, M.D.</td>
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<td>1986</td>
<td>Richard T. Burtis, M.D.</td>
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<td>1985</td>
<td>Frederick C. Holmes, M.D.</td>
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<td>1984</td>
<td>Robert LaFiandra, M.D.</td>
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<td>1983</td>
<td>William B. Beach, Jr., M.D.</td>
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<td>1982</td>
<td>Arthur S. Faris, M.D.</td>
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<td>John E. Mazuyan, M.D.</td>
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<td>1979</td>
<td>William E. Allard, M.D.</td>
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<td>1978</td>
<td>C. Peter Albright, M.D.</td>
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<td>J. Ward Stockpole, M.D.</td>
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<td>Hugh P. Hermann, M.D.</td>
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<td>Stanley L. Burns, M.D.</td>
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<td>Walter Buttrick, Jr., M.D.</td>
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<td>1966</td>
<td>Roy V. Buttles, M.D.</td>
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<td>1965</td>
<td>Ralph R. Jardine, M.D.</td>
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<td>Clifford Harwood, M.D.</td>
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<td>J. Bishop McGill, M.D.</td>
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<td>1962</td>
<td>John R. Hogle, M.D.</td>
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<td>1961</td>
<td>Roger W. Mann, M.D.</td>
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<td>1960</td>
<td>Benjamin F. Clark, M.D.</td>
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<td>1959</td>
<td>Fred Van Buskirk, M.D.</td>
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<td>1958</td>
<td>Wayne Griffith, M.D.</td>
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<td>1957</td>
<td>James P. Hammond, M.D.</td>
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<td>1956</td>
<td>Philip H. Wheeler, M.D.</td>
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<td>1955</td>
<td>W. Douglas Lindsay, M.D.</td>
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<td>1954</td>
<td>Howard J. Farmer, M.D.</td>
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<td>1953</td>
<td>Woodhull S. Hall, M.D.</td>
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<td>1952</td>
<td>Paul K. French, M.D.</td>
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<td>1951</td>
<td>Wilmer W. Angell, M.D.</td>
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<td>1950</td>
<td>Elbridge E. Johnston, M.D.</td>
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<td>1949</td>
<td>Hiram E. Upton, M.D.</td>
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<td>1948</td>
<td>Roland E. McSweeney, M.D.</td>
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<td>1947</td>
<td>Benjamin F. Cook, M.D.</td>
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<td>1946</td>
<td>Frank C. Angell, M.D.</td>
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<td>1945</td>
<td>Leon E. Sample, M.D.</td>
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<td>1944</td>
<td>Frank J. Hurley, M.D.</td>
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<td>1943</td>
<td>Charles H. Swift, M.D.</td>
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<td>1941</td>
<td>E.H. Buttles, M.D.</td>
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<td>1940</td>
<td>A.M. Cram, M.D.</td>
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<td>1939</td>
<td>C.F. Ball, M.D.</td>
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<td>1938</td>
<td>E.A. Hyatt, M.D.</td>
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<td>1937</td>
<td>F.C. Phelps, M.D.</td>
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<td>1936</td>
<td>William G. Ricker, M.D.</td>
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<td>1935</td>
<td>Lester W. Burbank, M.D.</td>
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<td>1934</td>
<td>George G. Marshall, M.D.</td>
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<td>1933</td>
<td>John H. Woodruff, M.D.</td>
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<td>1932</td>
<td>Lyman Allen, M.D.</td>
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<td>1931</td>
<td>E.J. Rogers, M.D.</td>
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<td>1930</td>
<td>William K. Johnstone, M.D.</td>
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<td>1929</td>
<td>George R. Anderson, M.D.</td>
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<td>1928</td>
<td>Charles F. Dalton, M.D.</td>
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<td>1927</td>
<td>Stanton S. Eddy, Sr., M.D.</td>
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<td>1926</td>
<td>T.S. Brown, M.D.</td>
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<td>1925</td>
<td>E.A. Tobin, M.D.</td>
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<td>1924</td>
<td>E.A. Stanley, M.D.</td>
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<td>1923</td>
<td>F.E. Farmer, M.D.</td>
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<td>1922</td>
<td>J.A. Stevenson, M.D.</td>
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<td>1921</td>
<td>F.A. Sears, M.D.</td>
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<td>1920</td>
<td>S.W. Hammond, M.D.</td>
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<td>1919</td>
<td>M.F. McGuire, M.D.</td>
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<td>1918</td>
<td>No meeting-Influenza Epidemic</td>
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<td>1917</td>
<td>C.W. Bartlett, M.D.</td>
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<td>1916</td>
<td>C.H. Beecher, M.D.</td>
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</table>
“Not for ourselves do we labor”

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…..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.

Past Presidents (from left):
John Chard, M.D., Robert LaFiandra,
and Carolyn Taylor-Olson, M.D.
“Not for ourselves do we labor”

Past Award Recipients

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

2004 . . . . Holly Miller - Burlington
2002 . . . . June Elliott - St. Johnsbury
2000 . . . . Helen Riehle - Montpelier
1999 . . . . Cornelius Hogan - Plainfield
1998 . . . . Janet Stackpole - Burlington
1996 . . . . Margaret Martin - Middlebury
1995 . . . . No Award Given
1994 . . . . No Award Given
1991 . . . . Jean Mallary - Brookfield
1990 . . . . No Award Given
1989 . . . . Susan Spaulding - Montpelier

Distinguished Service Award - The Distinguished Service Award is the highest award the Society can bestow upon one of its members. It shall be awarded on the basis of meritorious service in the science and art of medicine and of outstanding contribution to the medical profession, its organizations, and the welfare of the public.

2006 . . . . John J. Murray, M.D. - Colchester
2005 . . . . J. Lorimer Holm, M.D. - Barre
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
1993 . . . . Arthur & Elizabeth Faris, M.D. - Shaftsbury
1992 . . . . William Lugninhulu, M.D. - Vergennes
1990 . . . . Charles Cunningham, M.D. - Springfield
1988 . . . . George Wolf, Jr., M.D. - Jericho
1986 . . . . Roy V. Buttle, M.D. - Montpelier
NOT FOR OURSELVES DO WE LABOR

1984 . . . . Frederic Guilmette, M.D. - Springfield
1983 . . . . Philip Wheeler, M.D. - Brattleboro
1982 . . . . John F. Bell, M.D. - S. Burlington
1980 . . . . Ernest V. Reynolds, M.D. - Barre
1979 . . . . R.M.P. Donaghy, M.D. - Burlington
1977 . . . . Woodhull Hall, M.D. - Bennington
1976 . . . . John E. Mazuzan, Jr., M.D. - Burlington
1975 . . . . Elbridge E. Johnston, M.D. - St. Johnsbury
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
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. Buttsles, 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 - The recipient must be a physician licensed in the state of Vermont who has: 1. Demonstrated outstanding performance in the quality of care given to his/her patients; 2. Demonstrated skillful and compassionate patient care; and 3 Demonstrated dedication to the welfare of his/her patients in accordance with accepted principles of good medical practice.

2006 . . . . Suzanne Parker, M.D. - Charlotte
2005 . . . . Allan Ramsay, M.D. - Burlington
2003 . . . . Robert W. Backus, M.D. - Townshend
2002 . . . . Lewis C. Blowers, M.D. - Morrisville
2001 . . . . Don Swartz, M.D. - Burlington
"Not for ourselves do we labor"

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 Esquerra, 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 - 1. The recipient must be a physician licensed in the state of Vermont. 2. The recipient must be living. Awards are not presented posthumously. 3. The recipient has not been a previous recipient of the Award (formerly the A.H. Robins award and more recently, Wyeth-Ayerst Laboratories award). 4. The recipient has compiled an outstanding record of community service, which, apart from his/her specific identification as a physician, reflects well on the profession.

2006 . . . . No Award Given
2005 . . . . David Butsch, M.D. - Berlin
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
1996 . . . . William Hodgkin, M.D. - Hinesburg
1994 . . . . Alan Rubin, M.D. - Burlington
1993 . . . . Arnold Golodetz, M.D. - Burlington
1992 . . . . Henry Tulip, M.D. - St. Albans
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
“Not for ourselves do we labor”

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
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
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 - The Vermont Medical Society Founders' Award is presented to an individual who has demonstrated outstanding leadership, vision and achievement in improving the health of Vermonters and all Americans. (In the event that no suitable candidate is nominated in a given year, the award need not be given.)

2006. . . . No Award Given
2005 . . . . No Award Given
2004. . . . Mildred Reardon, M.D. - Williston
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
2007 Annual Meeting

Saturday, October 20, 2007

UVM College of Medicine
Burlington, Vermont

!!! SAVE THE DATE !!!

Mark Your Calendar

If your Specialty Society is interested in having its meeting in conjunction with the VMS meeting contact Stephanie at 802-223-7898 or at SWINTERS@VTMD.ORG
“Not for ourselves do we labor”

**Important Phone Numbers**

**Coding & Billing Information**  
The Coding Center  
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
**Important Phone Numbers**

**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 Cetner: (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
“Not for ourselves do we labor”

VMS year in Pictures.... 2006

Harvey Reich, M.D. (left), and Peter Dale, M.D. (right) met with Governor James Douglas (center) to discuss the 2006 VMS priorities.

The Harringtons & Dales with Senator Jeffords after he received an award from the National Endowment for the Arts.

Dr. Dale accompanied by Paul Harrington met with the VT Delegation in Washington while attending the AMA Presidents Forum.

Peter Dale, M.D. (right), met with Senator Patrick Leahy (left) while in Washington, D.C.

From Left to Right: Peter Dale, M.D., Left and Paul Harrington, Center ran into Howard Dean, M.D. in the Burlington Airport upon returning from a trip to the AMA.

Senator James Jeffords, (left) accepts the joint VMS/VAHHS resolution presented by David Johnson, M.D. (right).
The Vermont Medical Society staff would like to thank its members for their continued support and involvement.

Other Staff Members...

Ernie & Roberta