“Not for ourselves do we labor”

Vermont Medical Society

“I really like the motto of the medical society, not for ourselves do we labor. The absolute center of the organization’s attention is focused on the care of the people in Vermont. Why wouldn’t I be involved in an organization like that?”

Robert Tortolani, M.D.
Brattleboro, Vermont

2009 Annual Report

“Not for ourselves do we labor”
Contacting the Vermont Medical Society

**By Mail**
PO Box 1457
Montpelier, Vermont 05601

**By Phone**
802.223.7898 or 800.640.8767

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**By E-mail**
See pgs. 6 & 7 for a list of emails

Visit us on the Web:
www.vtmd.org

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Just search for Vermont Medical Society

“Not for ourselves do we labor”
Dear Vermont Medical Society Member:

On behalf of the Vermont Medical Society executive committee, council and staff, it is my pleasure to present to you the Society’s 2009 annual report. Inside you will find information about the ways in which VMS worked on your behalf during the last year – including legislative accomplishments, fiscal reports, and education and outreach efforts – as well as a summary of the Society’s priorities for 2010.

Despite being dominated by a tough economic environment, 2009 was a successful year for VMS. Important accomplishments included:

· Limiting an administration-proposed physician Medicaid reimbursement rate cut of 9.8-percent to a two-percent cut on a smaller number of billing codes;
· Reducing the payment of workers’ compensation claims from 45 to 30 days;
· Improving contract standards regulations in areas such as timely payment, access to fee schedules, contract and amendment standards, and access to claim editing information; and,
· Helping to document to policy makers the high quality and low cost care Vermont physicians provide to their patients.

These important achievements were made possible by the many members who made their voices heard on the important issues, as well as the tremendous amount of goodwill that physicians have engendered in the state. In my interactions with elected officials and government decision makers during the past year, it was clear to me that physicians are held in very high regard and their input and opinions are highly valued.

That is important to keep in mind as health care reform, both nationally and locally, is certain to drastically change how we treat our patients in the future. With key issues such as quality improvement initiatives and restructured payer methods being proposed, it is more important than ever before that we make certain we are a prominent part of the debate.

Our input is needed and can have a profound impact on the future of health care. I hope you’ll continue to be a part of VMS’s efforts in these important areas.

Sincerely,

John R. Brumsted, M.D.
President, 2008-2009
Robert Tortolani, M.D., President
63 Belmont Ave., Suite 1, Berlin, VT 05602
254-1113
robert.e.tortolani@dartmouth.edu

Dr. Tortolani is a family practice physician in Brattleboro who has been practicing since 1973. He earned his medical degree from the University of Rochester in 1967 and did his residency in family practice at the Medical Center Hospital of Vermont. He is board certified in family practice and geriatric medicine. He has been an instructor at the University of Vermont College of Medicine, the Dartmouth Medical School and the University of Massachusetts.

Paula Duncan, M.D., President-Elect
VCHIP Arnold 5, Burlington VT 05401
656-9622
paula.duncan@uvm.edu

Dr. Duncan is a Professor of Pediatrics at the University of Vermont College of Medicine, where she is the Youth Project Director for the Vermont Child Health Improvement Program and the Medical Director for UVM's Area Health Education Centers program.

Dr. Duncan received her bachelor of arts from Manhattanville College, her medical degree from Women's Medical College in Philadelphia, trained in pediatrics at Albany Medical Center and Stanford and did an adolescent medicine fellowship while a Robert Wood Johnson Clinical Scholar at Stanford.

Nationally, Dr. Duncan is the chair of the American Academy of Pediatrics Bright Futures Implementation Advisory Committee and was one of the co-editors of the third edition of Bright Futures Guidelines for Preventive Services.

Victor Pisanelli, M.D., Vice-President
241 Stratton Road, Rutland, VT 05701
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vicpisanelli@comcast.net

Dr. Pisanelli is a surgeon at Rutland Regional Medical Center and a Vermont Medical Society council member. Dr. Pisanelli earned his medical degree from the UVMCM and began practicing in 1973 when he joined his father’s surgical practice in Rutland. Dr. Pisanelli was chairman of the hospital’s department of surgery in the mid 1980s, president of its medical staff from 1994 to 1996 and a member of its board of directors from 1992 to 2006.
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Howard Schapiro, M.D., Secretary/Treasurer
111 Colchester Ave., Burlington, VT 05401
847-2415
howard.schapiro@vtmednet.org

Dr. Schapiro is an anesthesiologist at Fletcher Allen Health Care (FAHC) and the chairman of the Department of Anesthesiology at the University of Vermont College of Medicine (UVMCM). He received his bachelor of arts in biology and masters of science in natural sciences/epidemiology from the State University of New York at Buffalo and his medical degree at UVMCM.

An attending anesthesiologist at FAHC since 1986, Dr. Schapiro is currently a member of the hospital’s strategic management, faculty practice finance, medical staff executive, and operating room steering committees.

John Brumsted, M.D., Immediate Past President
111 Colchester Ave., Burlington, VT 05401
847-3450
john.brumsted@vtmednet.org

Dr. Brumsted is the chief quality officer at Fletcher Allen Health Care (FAHC) in Burlington and the senior associate dean for clinical affairs at the University of Vermont College of Medicine (UVMCM).

Dr. Brumsted received his medical degree from Dartmouth Medical School in 1978. His internship was at Hartford Hospital in Hartford, Conn., and his residency was at the UVMCM Department of Obstetrics and Gynecology. He also did a fellowship in reproductive endocrinology at UVMCM.

He was the chief medical officer at FHMC 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 Emeritus
366 South Cove Rd., Burlington, VT 05401

After graduating from the University of Vermont College of Medicine (UVMCM) 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 UVMCM Department of Anesthesia and was a member of the Vermont Board of Medical Practice for eight years. A VMS member since 1961, he served as its treasurer from 2002 to 2008 and received the Distinguished Service Award in 1976 and the Founders Award in 1999.
“Not for ourselves do we labor”

**VMS Staff**

**Paul Harrington, Executive Vice President**
Ext. 11 - pharrington@vtmd.org

Executive vice president Paul Harrington has worked at 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.

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

**Madeleine Mongan, Deputy Executive Vice President**
Ext. 17 - mmongan@vtmd.org

Deputy executive vice president Madeleine Mongan has been at 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 is past chair of the Vermont Bar Association Health Law Committee. 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.

**Stephanie Winters, Operations Director**
Ext. 10 - swinters@vtmd.org

Operations director Stephanie Winters has worked at VMS for twelve years. She serves as the executive director of the American Academy of Pediatrics Vermont Chapter, the executive director of the Vermont Orthopaedic Society and the executive director of the Vermont Ophthalmological Society. Stephanie 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.
Colleen Magne, Business Manager
Ext. 14 - cmagne@vtmd.org

Business manager Colleen Magne has worked at VMS since September 2005. In addition to her duties as business manager, Colleen also is the program administrator for the Vermont Practitioner Health Program. Previously she was employed by Blue Cross and Blue Shield of Vermont for nearly 12 years. Her positions there included customer service, nongroup sales, account representative, and senior account representative.

Colleen lives in Middlesex with her husband David, 17-year-old son Nathan, and 24-year-old daughter Meghan. Colleen attended Trinity College of Vermont in Burlington.

Justin Campfield, Communications Specialist
Ext. 12 - jcampfield@vtmd.org

Communications specialist Justin Campfield joined VMS in January 2009 and brings to it more than a decade of communications and public affairs experience.

As a public relations executive in both agency and in-house settings, Justin has led communications programs for a wide array of clients, including two community hospitals in Florida. He is an occasional contributing columnist for the American College of Healthcare Executives’ membership magazine, Healthcare Executive, and in 2008 joined two Dartmouth Medical School professors in co-authoring a paper that was published by the Journal of Healthcare Management.

Justin, a graduate of Florida Southern College, lives with his wife Hillary and twin toddlers, Abby and Emma, in Norwich, Vermont.

Suzanne Parker, M.D., VPHP Medical Director
(802) 223-0400 - lifeform22@aol.com

Suzanne Parker, M.D., rejoined VMS as Interim Director of VPHP in early 2010. She previously served in the role from 2001 to 2008. During her career, Dr. Parker has received numerous awards, including the Alan Buckland Award for Distinguished Service in the Field of Substance Abuse Prevention and Treatment, the 2006 VMS Physician of the Year Award and the University of Vermont College of Medicine Alumni Award for Service to Medicine and the Community.

In private practice since 1987, Dr. Parker received her M.D. from the University of Vermont and conducted her residency in psychiatry at Fletcher Allen. Dr. Parker is also an instructor at the UVM College of Medicine, with an emphasis on the topics of substance abuse, physician impairment and pain management.
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FREE DOCSITE REGISTRY LICENSES ARE AVAILABLE FROM VMS

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What We Advocated For In 2009

The Vermont Medical Society represents the interests of more than 1,800 physicians, residents and medical students before the state and federal governments and is the only organization advocating full-time on the behalf of Vermont’s physicians. During 2009, VMS provided an effective voice for its member physicians on these issues:

Appropriations

Despite a severe budget shortfall and rapidly declining revenue forecasts, at the urging of the VMS the Vermont General Assembly was unwilling to go along with a 9.8-percent cut in physician Medicaid reimbursement rates proposed by Gov. James Douglas, instead passing legislation limiting the cut to two percent.

VMS staff and members worked very hard to prevent the further reductions proposed by the administration in its alternative budget. VMS particularly thanks members who weighed in with legislators and the administration to ensure that they understood the effect of the proposed cuts on access of physician services.

However, VMS still remains concerned. The two-percent reduction is on top of a 7.5-percent cut for the same procedures enacted in 2005 and the evaluation and management codes will continue to be reimbursed at the 2006 Medicare rate, which has fallen significantly below current Medicare reimbursement for the same procedures.

Additional cuts proposed by the administration but turned back by the legislature include 20 percent on most procedures for the state’s 16,000 Medicare/Medicaid eligible patients and the $5.00 primary care and case management fee.

In his testimony on S. 129, VMS President John Brumsted, M.D., pointed out that Vermont consistently ranks as one of the lowest cost and most efficient health care systems in the country. He also indicated the major reason for examining practice variation should be to improve the quality of health care and that it should not be used solely as a mechanism to reduce health care costs.

By Jan. 15, 2010, BISHCA is required to report to legislative committees on their analysis and to consult with VMS, the Vermont Association of Hospitals and Health Systems, Inc. (VAHHS), and others, to recommend: a process to ensure appropriate utilization in treatments or procedures across Vermont; modifications to existing regulatory processes; solutions to reduce inappropriate low or high utilization; and, incentives for
hospitals and health care professionals to change inappropriately low or high utilization.

**Health Care Reform**

The health care reform omnibus bill passed by the General Assembly contained numerous provisions favorable to physicians drafted by a VMS-led workgroups, including reducing the time for both health insurers and workers’ compensation carriers to pay claims, establishing contract standards for health plan contracts with physicians, regulating rental networks and making modest adjustments to Vermont’s access to health care initiatives.

**Workers’ Compensation**

H. 444 addresses the timely payment of workers’ compensation medical bills by including provisions drafted by a VMS-led workgroup that highlighted the difficulties physicians face in receiving timely payment for workers compensation claims.

The bill adds to Title 21 new timely payment requirements of medical bills under a workers’ compensation claim. H. 444 reduces the amount of time an insurance carrier has to either pay the bill, or provide written notification to the injured employee, healthcare provider and Commissioner Department of Labor that the bill is contested, from 45 to 30 days, following receipt of a medical bill. It also clarifies that a physician is able to bring a complaint against an insurance carrier to the Department of Labor.

If the employer or insurance company denied the medical bill based on insufficient information to determine liability for payment, the bill requires the insurance carrier to pay or deny payment within 30 days after receiving additional information. The bill establishes a 12-percent annual interest rate for unpaid medical bills.

H. 444 adds to Title 21 protections against recoupment of payments to physicians by workers’ compensation carriers and also prohibitions against down coding by these companies.

**Contract Standards**

Another VMS-led workgroup’s findings impacted H. 444 as the bill took significant steps toward administrative simplification, improved transparency and greater balance in the relationship between health insurers and physicians by addressing:

- **Timely Payment** – The bill reduces the time for payment of clean claims, both paper claims and electronic claims to 30 days from the 45 days permitted by existing law. Effective date: July 1, 2010.
Access to Fee Schedules – H. 444 requires plans to provide physicians with the fee schedule amounts, on request, for any codes they actually bill or codes that physicians in the same specialty typically bill. Plans may provide this information on a CD-ROM, electronically or in hard copy if a hard copy is specifically requested. Effective date: plans required to provide fee schedule on request beginning July 1, 2009.

Access to Claim Editing Information – The bill requires plans to disclose the claim editing software they use and the additional percentages they pay for modifiers, such as modifiers for multiple procedures, assistant surgeons, office visits on same day as surgery, or bilateral procedures (effective date: July 1, 2010). The bill also requires interested parties to study and make recommendations about the most appropriate way to ensure that health care practitioners can obtain information about the edit standards that are applied to the services they provide by health plans. Effective date: July 1, 2011.

Contract and Amendment Standards – The bill creates standards for contracts addressing contract amendments, disclosure of products covered by the contract, term of the contract, termination notice period, and mechanisms for resolving grievances. H. 444 also requires a summary disclosure form or executive summary of the contract to be included with contract and amendments as contracts are often more than 20 pages long. Beginning July 1, 2009, summary provided on request within 60 days of request. Summary included in contracts entered or renewed on or after July 1, 2009. No later than July 1, 2014 for all other existing contracts.

Most Favored Nation Clauses – The bill prohibits the use of “most favored nation” clauses in health care contracts, which are often used by health plans to prevent practitioners from granting better discounts to other health plans. Effective date: July 1, 2009.

Rental Networks (Silent PPOs) – The bill ensures oversight and accountability of rental networks by requiring them to register with BISHCA if they are not already licensed or registered. The bill also creates transparency requirements for rental networks and requires all parties to a rental network contract to comply with all of the terms of the underlying contract with the physician. As well, the health care practitioner must agree to this type of rental transaction in the underlying contract and a contracting entity or health plan engaging in this practice must:

- Create a list, posted on its Web site & updated at least every 90 days, of third parties with access to the network & discounts;
- Require the third party to identify the source of the contract discount on each remittance advice or explanation of payment form; and
The bill prohibits “downstream rental” which occurs when an entity which itself obtained access to the network through a rental arrangement in turn rents the network to other entities. Vermont is the only state that has banned such downstream rentals. Effective date: Jan. 1, 2010.

Enforcement – The bill clarifies the authority of BISHCA to enforce the timely payment and contract standards provisions enacted last year and this year. BISHCA may examine and investigate health plans and other contracting entities, order them to cease and remediate violations and may impose administrative penalties of up to $1,000 for each violation or up to $10,000 for each willful violation. Effective: July 1, 2009.

Pain and Palliative Care
At the urging of VMS, a mandate that all physicians licensed by the Vermont Board of Medical Practice (VBMP) complete a minimum of four hours of continuing medical education on palliative care every two years as a condition of license renewal was not included in the final version of H. 435.

As passed, the bill directs VBMP and the Vermont Board of Nursing (BON) to review the CME issue and report back to the legislature by Jan. 15, 2010. The report must include “recommendations for improving the knowledge and practice of health care professionals in Vermont with respect to palliative care and pain management.” The VBMP and BON are specifically directed to consider:

- Continuing medical education requirements;
- Use of live interactive training programs;
- Implementation of training programs as a condition of hospital credentialing;
- Appropriate frequency and intensity of training for health care practitioners in different fields of practice;
- Enhancing informed patient choice through use of the patient’s bill of rights;
- Identifying barriers to effective communication and proposing solutions to overcome them;
- Integration of palliative care and hospice referrals into health care providers’ practices; and,
- Methods for informing the public of the training that health care providers have received in palliative care and pain management.
Marketing of Prescribed Products
A final VMS-supported compromise deleting the public disclosure of free
drug samples, allowed for the passage of S. 48. The legislation revises the
current pharmaceutical disclosure law, bans many gifts outright and
mandates full disclosure of allowable expenditures to physicians, health
care organizations, state-funded academic institutions, and non-profit
groups.

During a statehouse press conference in support of the bill, VMS
President John Brumsted, M.D., said “patients need to have confidence in
the prescribing decisions of their doctors. Greater transparency around
relationships with pharmaceutical companies allows for that confidence
and protects the doctor/patient relationship.”

Under the bill a new distinction is created between “allowable
expenditures” that may or may not be reported to the Office of the
Attorney General (OAG) and “gifts,” most of which would be banned. By
October 1st of each year, every pharmaceutical, medical device and
biological product manufacturer would be required to disclose to the OAG
the value, nature, purpose, and recipient of any allowable expenditures
(with the exception of royalties and licensing fees). The disclosures
would be made in a form established by the OAG and would be publicly
available and searchable by prescribers on the OAG’s Web site. By April
1st of each year, the OAG would report on the allowable expenditures and
gifts disclosed during the past year to the Governor and the General
Assembly.

Colorectal Cancer Screening Insurance Mandate
With the passage of H. 24, health insurers in Vermont will now be
required to cover colorectal cancer screenings. The screenings must be in
accordance with American Cancer Society guidelines and patients cannot
be charged co-payments of more than $100.

Tobacco Use in the Workplace
The General Assembly passed legislation (S. 7) that further restricts the
use of lighted tobacco products in most workplaces. The intent of the
bill was to close some loopholes in the existing Smoking in Public Places
Law (Clean Indoor Air Act).

Disclosure of Patient Information to Medical Examiner
Under a bill spurred by the Department of Health and supported by
VMS, health care providers will now be required to provide the medical
records of deceased patients to the state’s chief medical examiner when
requested.
Vermont Once Again Named Nation’s Healthiest State

For the third year in a row Vermont has been named as the nation’s healthiest state in the United Health Foundation’s America’s Health Rankings.

Vermont scored in the top 10 of more than half of the 22 criteria used to formulate the rankings, and was particularly strong in the areas of high school graduation, violent crime and childhood poverty rates, per capita public funding and uninsured residents.

The study illustrated Vermont’s steady rise in the rankings over the last two decades, as the state has moved up from 20th in 1990 and 1991 to its current No. 1 ranking. Recent trends helping push the state to the top of the rankings include: the incidence of infectious disease decreasing from 8.0 to 4.8 cases per 100,000 people over the last five years; the rate of deaths from cardiovascular disease decreasing from 334.8 to 248.9 deaths per 100,000 people over the last ten years; and, since 1990, the prevalence of smoking decreasing from 30.7 percent to 16.7 percent of the population.

“Vermont’s physicians can take a lot of pride in the state earning the results of these rankings,” said Dr. Robert Tortolani, VMS’s president. “The quality of care that we provide our patients, as well as our ability to educate them about healthy lifestyle choices, are very evident in Vermont being named the nation’s healthiest state. I hope to see our state at the top of these rankings for a very long time.”

The 2009 rankings also showed areas Vermont could improve upon, namely its comparatively low immunization rates for children ages 19 to 35 months (37th out of 50 states) and a high prevalence of binge drinking at 17.6 percent of the population (37th).

For more information, visit www.AmericasHealthRankings.org.
Advocacy Priorities for 2010

As part of its extensive efforts to represent physicians before the Vermont General Assembly, executive branch and various state agencies, the Vermont Medical Society’s top priorities for 2009 are:

1) Preserving patient access to physicians by reducing administrative burdens and improving reimbursement

To counter a growing shortage of physicians that threatens to severely limit patient access to health care, VMS will advocate for public policies that improve the state’s ability to recruit and retain physicians.

Remedies to be pursued by VMS include advocating loan repayment funding, adequate public and private payer reimbursement for physicians, and calling for communicating to Vermont’s federal delegation the need to ensure that health care reform legislation address Medicare and Medicaid reimbursement issues such as a national floor for Medicaid reimbursement, a Geographic Practice Cost Index floor and repair of the Medicare Sustainable Growth Rate formula.

2) Preventing childhood obesity

As part of its extensive efforts to represent physicians before the Vermont General Assembly, executive branch and various state agencies, the Vermont Medical Society’s top priorities for 2010 are:

VMS has declared childhood obesity a major public health issue and calls upon the appropriate public and private entities to study and adopt public policies that address the impending childhood obesity crisis.

Among the approaches to be suggested by VMS include eliminating the sales of sugared drinks and candy from all public k-12 schools, reviewing physical education requirements in public schools, establishing funding for grants that encourage innovative school-based obesity prevention programs, and studying the prevalence of “junk food” marketing directed toward children in Vermont and research and recommend potential methods of restricting or eliminating such marketing.

3) Collaborating with the Vermont Department of Health on H1N1

As the threat of the H1N1 flu virus looms, VMS will collaborate with the Vermont Department of Health (VDH) to disseminate information on H1N1, immunization efforts, common sense hygiene techniques, physician
preparedness and volunteer needs to its members through all communication avenues and in turn will report back to the department any feedback from physicians. VMS will also support its members and VDH by encouraging the medical community to participate in any VDH volunteer recruitment efforts.

4) **Increasing the immunization rates of Vermonters**
VMS has called for an increase in immunization rates in the state and encourages its members to participate in VDH’s immunization program and immunization registry. Additionally, a resolution passed by members at the 2009 annual meeting called for collaboration with the American Academy of Pediatrics Vermont Chapter, Vermont Academy of Family Physicians and VDH to educate their members and the public about the importance of fully immunizing the population in order to achieve the highest immunization rates possible.

5) **Strategies to address rising health care costs**
Among the strategies to be pursued by VMS to control the cost of health care are to reduce the burden of preventable disease, make health care delivery more efficient, reduce non-clinical health system costs that do not contribute value to patient care, and promote value-based decision-making at all levels.

An annual meeting resolution passed by members called for accomplishing some of the above objectives by advocating that sources of medical research funding give priority to studies that collect both clinical and cost data and widely disseminate cost effective information to physicians and other health care decision-makers, providing refunds or other incentives to enrollees who successfully complete certain behavior modification programs, and urging the General Assembly to enact medical liability reform.
"Not for ourselves do we labor"

Medical Mutual of Maine, ProMutual Group and Fletcher Allen Health Care's Captive Insurance Company Make Donations to VPHP

The Vermont Practitioner Health Program's (VPHP) was once again supported by companies who value the service it provides, receiving $6,000, $6,500 and $5,000 from Medical Mutual Insurance Company of Maine, ProMutual Group Fletcher Allen Health Care's Captive Insurance Company, respectively.

"One of the most fundamental tenets of our mission is to support the medical communities of Northern New England and the Vermont Practitioner Health Program clearly falls within the realm of that charge as it benefits both physicians and their patients”, said Terrance J. Sheehan, M.D., Medical Mutual’s president and CEO.

ProMutual Vice President Maureen Mondor said that ProMutual Group supports the Vermont Practitioner Health Program because “impaired, depressed, and emotionally overwrought physicians represent a significant risk to their patients. We believe that physician health programs have shown that many of these talented, skilled professionals can be successfully treated and restored to practice.”

"Fletcher Allen's captive insurance company is pleased to support the good work done by the Vermont Practitioner Health Program,” said Paul Taheri, M.D. (left), president of the Fletcher Allen Faculty Practice Group and a member of the captive’s board of directors. “We are fortunate that the Vermont Medical Society has established such an effective program to meet the needs of physicians who are struggling with health issues that may be impacting their ability to provide high quality care.”

“The Vermont Medical Society and the Vermont Practitioner Health Program thank Medical Mutual, ProMutual Group, and the Fletcher Allen Faculty Practice Groups for these generous donations,” said Paul Harrington, executive vice president of VMS.

Former VPHP Medical Director
David Simmons, M.D. (left) and
Medical Mutual President and CEO
Terrance J. Sheehan, M.D.

Dr. Simmons (right) and Thomas Lavoie, senior marketing representative for the ProMutual Group.
The Vermont U.S. District Court in Bennington in late April upheld a Vermont law prohibiting data mining companies from accessing and selling physician prescription information for marketing purposes. The decision, supported by VMS, prevents manufacturing companies from using prescribing information to tailor their marketing messages in order to convince doctors to change their prescribing practices.

After the ruling VMS President John Brumsted, M.D., said “physicians who write prescriptions for their patients have a reasonable expectation that the information in that prescription will not be used for purposes other than the filling and processing of the payment for that prescription.” He went on to say, “Prescribers do not consent to the trade of that information to drug company marketers and no such trade should take place without their consent.”

VMS was named as a defendant in the lawsuit challenging the law that was filed by data mining and pharmaceutical companies. In defending the law, VMS argued that the use of prescribing data in marketing efforts is directed almost exclusively toward increasing sales and market share of newer brand drugs, as opposed to often equally effective, but less expensive, generic or over-the-counter drugs. In a thoughtfully crafted opinion, District Court Judge Garvan Murtha upheld the law citing a substantial state interest in restricting these commercial activities and affirmed VMS’s opinion that tailored marketing using individual prescriber’s data “is an intrusion into the way physicians practice medicine” that creates the “possibility that representatives could exert too much influence on prescription patterns.”

Two VMS members who played roles in the adoption and legal defense of the law were past presidents Peter Dale, M.D., and David Johnson, M.D.

“We need to do everything we can to base our prescribing on sound medical and scientific evidence without undue influence from market and a keen eye on the costs of prescription medication,” said Dale. “This law will help toward both of those goals.”

Aside from the health care implications, Dr. Johnson also believed that the case had a larger significance as well.

“This had to be done in order to prove that lobbying can’t win out all the time and that you can’t bully your way to a court ruling,” said Dr. Johnson. “I thought that this was one of those times when we as physicians had to protect the integrity of the health care delivery system.”
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. These include communications, insurance and practice management assistance.

COMMUNICATIONS

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 and as needed throughout the year, VMS members receive frequent updates on the progress of bills at the Statehouse and policies in the rulemaking process. Members are often alerted when they should take appropriate action.

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.

INSURANCE BENEFITS

Group Health Insurance: VMS offers its members many choices for health insurance options, five Vermont Freedom plans, two comprehensive high-deductible health plans offered in conjunction with a Health Savings Account, five HMO plans, 7 HMO high deductible health plans offered 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.

Practice Management

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 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.

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

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.
“Not for ourselves do we labor”

FREE DOCSITE REGISTRY LICENSES ARE AVAILABLE FROM VMS

Free DocSite licenses are available to assist solo- and small-physician practice physicians in successfully reporting 2010 (?) under Medicare’s PQRI program.

Vermont physicians using DocSite, or other approved registries, will have a simple and effective way to earn the expanded four percent Medicare PQRI bonus in 2010 – two percent for Medicare PQRI quality measure submissions and two percent for the new e-Prescribing bonus. DocSite submits clinical data on behalf of the provider, completely avoiding the burdensome G-code / CPT-II administrative codes and claims data modification in the standard PQRI submission process.

The free licenses were obtained by VMSERF through a Technology for Quality Grant application to the Physicians’ Foundation. For information on obtaining a free DocSite registry license, please contact VMS’s Colleen Magne at (802) 223-7898 or via e-mail at cmagne@vtmd.org.

Madeleine Mongan (left) and Paul Harrington working for you at the Vermont Statehouse.
Peer Support

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

**Vermont Practitioner Health Program**
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. Because of its important work, the program has received donations from three insurance companies (see accompanying article). Suzanne Parker, M.D., who specializes in substance abuse, physician impairment and pain management, is the program’s interim medical director and oversees the program with a committee of trained practitioners who provide support to their colleagues 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 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.

**County and Specialty Society Chapter Support**
VMS offers administrative and policy support for county and specialty society chapters. Staff provide logistical support for planning meetings, including mailing reminders, booking locations, and helping arrange speakers, and attend county society meetings as requested to review policy and legal issues of interest to physicians. 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
“Not for ourselves do we labor”

Academy of Pediatrics, working with the societies to reach their policy and advocacy goals.

Support for Other Events and Organizations:
In 2009, the VMS provided financial and/or logistical support to the following: AHEC Recruitment Day, People’s Health & Wellness Clinic, Prevent Child Abuse Vermont, Primary Care Collaborative - UVM, Vermont Association for Mental Health, Vermont Ethics Network, and the Vermont Food Bank

Education and Outreach

In 2009, VMS was able to deliver and participate in several educational in outreach programs involving physicians and other health care professionals in Vermont. Those efforts included:

· In collaboration with Departments of Health and Public Safety, continuing a series of Grand Rounds on Prescription Drug abuse with presentations at Northeastern Vermont Regional Hospital, Newport, Dartmouth Hitchcock, the Veterans Administration, the Brattleboro Retreat, and Fletcher Allen Health Care.
· Participating in a roundtable discussion on informed consent and guardianship issues at FAHC in collaboration with the rural ethics network.
· VPHP Medical director, David Simmons, MD, and staff participating in a grand rounds on physician health and recovery at FAHC.
· VMS staff and members serving on the Department of Health’s Vermont Prescription Monitoring System Advisory Committee, Medical Advisory Committee and Prescription Drug Task Force and on the University of Vermont’s Area Health Education Center Statewide Advisory Board and the Academic Detailing Program Advisory Board.
· VMS also worked to keep members abreast of the ever-evolving federal healthcare reform legislation being developed by Congress by providing healthcare reform overviews to the medical staffs of FAHC, North County Hospital, Springfield Hospital and the Windham and Rutland county medical societies. Additionally, VMS provided frequent e-mail health care reform related updates to both the VMS Council and membership.
How to Become a VMS Member

When you consider all the advocacy, member benefits, peer support services, and education and outreach that VMS provides, membership 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. |
| 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. |
| RESIDENTS and STUDENT members are medical students or physicians in residency programs. |

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

A VMS member with a physician spouse receives a 25-percent discount on the second membership. The VMS offers a 10-percent discount if all members of a large group practice join the VMS.
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2010 VMS Member Dues
(County dues are not included in the below price)

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

To request an application
please contact Stephanie Winters at
800-640-8767 or swinters@vtmd.org

2009 Annual Meeting In Pictures

Dr. Robert Tortolani (left) and
Dr. John Leppman at the luncheon.

Dr. David Johnson (left) receives
a certificate of appreciation from
Dr. John Brumsted

From left to right: Paula Duncan, M.D., VMS President-elect, Dorothy Douglas,
Honorable James Douglas, Governor of the State of Vermont, John Brumsted, M.D.,
VMS Immediate Past President, and Robert Tortolani, VMS President

Below left: Dr. Tortolani Presents Dr. Brumsted with his outgoing president certificate.
Right: The leadership of the VMS from left to right: Paula Duncan, M.D., President-elect,
Victor Pisanelli, M.D., Vice President, Robert Tortolani, M.D.,
President, John Brumsted, M.D.,
Immediate Past President
The 196th Annual Meeting of the Vermont Medical Society was held on Saturday, Oct. 3, at the Basin Harbor Club in Vergennes.

Welcoming remarks were given by John Brumsted, M.D., president of VMS, and Dr. Frederick Morin, dean of the University of Vermont College of Medicine.

A CME panel presentation entitled “Receiving up to $44,000 for the Meaningful Use of Certified EHRs” was given by Bruce Bullock, M.D., David Cochran, M.D., and Chuck Podesta. A second CME session, “The Blueprint for Health’s Advanced Medical Home” was given by Craig Jones, M.D., and Charles Maclean, M.D. A CME panel presentation entitled “Accountable Care Organization and Delivery System Reform” concluded the CME portion of the meeting. Panel participants were: Julie Lewis, Jim Hester, PhD, and John Brumsted.

During lunch, attendees were treated to a keynote address by Governor James Douglas in which he extolled the quality of health care in Vermont and credited physicians for their skill and commitment.

The VMS Annual Membership Meeting began later that afternoon when it was called to order by moderator John Murray, M.D. After the introduction of distinguished guests and medical students in attendance, a memorial was held for departed members. Elections were then held for life members and 50-year members.

Members heard reports from VMS Executive Vice President Paul Harrington, Vermont Practitioner Health Program Medical Director David Simmons, M.D., One Health Initiative’s Millie Armstrong, and the Vermont Medical Group Managers Association’s Monique Corcoran.

Paula Duncan, M.D., was then elected president-elect of VMS and Victor Pisanelli, M.D., was elected vice president.

Five resolutions were discussed, amended and approved by members (see Advocacy Priorities for 2010 on page 16 for more details). They were:

· Preserving patient access to physicians by reducing administrative burdens and improving reimbursement;
· Preventing childhood obesity;
· Collaborating with the Vermont Department of Health on H1N1;
· Increasing the immunization rates of Vermonters; and,
· Addressing rising health care costs.

Following the adoption of resolutions, Dr. Brumsted addressed the members as the outgoing president of VMS and presented a briefcase to incoming
“Not for ourselves do we labor”

president Tortolani. There was an exchange of medallions and pins and Dr. Tortolani gave Dr. Brumsted a chair with the VMS seal as thanks for his year of service. Dr. Tortolani then addressed the membership as the new president.

In the evening, VMS’s annual awards banquet was held, with Dr. Tortolani providing opening remarks and introducing distinguished guests. Following the bestowing of numerous awards (see below), Cyril “Kim” Hetsko, M.D., an internist from Madison, Wisc., and a member of the American Medical Association’s board of trustees, delivered a keynote address that provided insight into the status of national health care reform.

The annual meeting was co-sponsored by the University of Vermont College of Medicine and supported by Blue Cross Blue Shield of Vermont, Hackett, Valine and MacDonald, MBA HealthGroup, Medical Mutual Insurance Company of Maine, Northeast Medical Practice Management, Pastore Financial Group, ProMutual Group, SymQuest Group, TD Bank, Unsworth and Barra, and VT Information Technology Leaders.

Seven Outstanding Individuals Honored by VMS

**DISTINGUISHED SERVICE AWARD**
Wendy Davis, M.D.
(with Robert Tortolani, M.D., right)

**PHYSICIAN OF THE YEAR AWARD**
David Coddaire, M.D.
(with Glen Neale, M.D., left)

**PHYSICIAN AWARD FOR COMMUNITY SERVICE**
Audrey von Lepel, M.D.
(with Robert Tortolani, M.D., right)

**CITIZEN OF THE YEAR AWARD**
William Sorrell, Esq.
(with David Johnson, M.D., right)

**FOUNDERS AWARD**
Lois Howe McClure
(with Mildred Reardon, M.D., right)

**DR. MILDRED REARDON SCHOLARSHIP**
The annual Scholarship was presented this year to two medical students, Issac Leader, right, & Amy Odefy, left, (with Mimi Reardon, M.D.)
The Vermont Medical Society constantly works to enhance its Corporate Affiliate Program, which is designed to help members practice medicine more effectively and run their practices more efficiently. Through the program, VMS members can receive discounted rates from the following companies:

**Beacon Wealth Management**
Financial services  
(802) 654-8900

**Hackett, Valine & MacDonald**
Business, personal and specialty insurance, Employee benefits and Captive management  
(802) 658-1100

**MBA HealthGroup**
Healthcare consulting, medical billing, revenue cycle management, and electronic medical records  
(802) 383-4699

**Northeast Medical Practice Management**
EHR’s  
(802) 229-4100

**Pastore Financial Group, LLC**
Financial planning  
(802) 863-1248

**Symquest Group, Inc**
Technology  
(802) 658-9812

**Vermont Information Technology Leaders**
EHR’s  
(802) 223-4100

To learn more about these companies and the services they provide, visit the corporate affiliate section of the VMS Web site - www.vtmd.org.
At the October 4th Council meeting held at the Basin Harbor Club, Vermont, the VMS Council approved the following budget for operation of the Society for the calendar year 2010. Included in the Operating Expenses is the capitol purchase of a new telephone operating system and painting of an outside wall of the VMS building.

In 2009 the Society was able to apply $12,000 toward our contingency fund. With our 2010 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 especially in the current situations in the financial market.

If you would like a detailed copy of the 2010 budget or 2009 financial statements, please contact Colleen Magne our VMS Business Manager.

Howard Schapiro, M.D.
Secretary/Treasurer

VMS PROPOSED BUDGET SUMMARY 2010

Total Income $694,150

Expenses:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Total Operating Expenses</td>
<td>113,650</td>
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<tr>
<td>Total Payroll Expenses</td>
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<tr>
<td>Total VPHP Expenses</td>
<td>85,250</td>
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<tr>
<td>Total Property Expenses</td>
<td>23,500</td>
</tr>
<tr>
<td>Total Other Expenses</td>
<td>22,000</td>
</tr>
</tbody>
</table>

Total Expenses $687,000

Net Projected Revenue over Expenses $7,150
VMS Structural Overview

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, VMS offers its members a host of personal and professional services.

Total VMS membership in 2009 was: 2051

Active: 913
Associate: 35
Affiliate: 148
Life: 187
Resident: 297
Student: 469
Honorary: 2

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.

Organizational Framework

The individual physician member is the base of all authority in VMS. The decisions of our members ultimately determine the nature, direction and goals of its activities.
**Governance**

Each member has an equal voice at the annual meeting and special membership meetings. These meetings are VMS’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 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.

**2009 VMS Council Meetings were held:**
- Monday, February 2, 2009: Vermont Interactive Television
- Saturday, April 4, 2009: Best Western, Waterbury, VT
- Thursday, June 4, 2009: Vermont Interactive Television
- Thursday, Sept. 3, 2009: Vermont Interactive Television
- Sunday, October 4, 2009: Basin Harbor Club, Vergennes, VT

**2010 VMS Council Meetings are scheduled for:**
- Tuesday, January 26, 2010, 7:00 - 8:30 p.m. VIT
- Saturday, April 10, 2010, 10:00 – noon, Best Western, Waterbury, VT
- Saturday, June 19, 2010, 9:00 - noon, Three Stallion Inn, Randolph, VT
- Tuesday, September 7, 2010, 7:00 - 8:30 p.m., VIT
- Sunday, November 7, 9:00 - 11:30 a.m., Equinox Hotel, Manchester, VT

**Sites** Bennington, Brattleboro, Lyndon, Middlebury, Montpelier, Newport, Randolph, Rutland, Springfield, St. Albans, Waterbury, WRJ, & Williston

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 VMS’s 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 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 VMS, as determined by its 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

**PHYSICIANS POLICY COUNCIL**
The Physicians Policy Council (PPC) was organized by VMS in 1994 to act as a “provider bargaining group” for Vermont physicians. PPC is authorized by Vermont law to negotiate with state government agencies such as the Office of Vermont Health Access 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 recognized specialties are:

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
“Not for ourselves do we labor”

History of the Vermont Medical Society

For nearly 200 years, VMS has contributed to the health and well being of Vermonters by facilitating and enhancing the capabilities of the state’s caring, community-minded physicians.

Incorporated by an act of the state legislature on Nov. 6, 1813, VMS traces it roots to October of 1784, while Vermont was still a republic. It was then that seventeen dedicated physicians from Rutland and Bennington counties were recognized as the First Medical Society of Vermont by the republic’s general assembly.

The Second Medical Society of Vermont came into being in Windham County in 1794, and was followed by Chittenden County’s Third Medical Society of Vermont in 1803. When VMS was incorporated in 1813, physicians from each county were authorized to form county associations, which in turn elected three delegates to represent the counties in VMS.

Early VMS members played a critical role in regulating the practice of medicine and formulating the education required to become a physician. In 1825 and 1826 VMS petitioned societies in other New England states and New York to substantially increase requirements for admission to medical schools, impose a minimum course of study and enact uniform standards for licensure. These petitions ultimately led to a national medical convention being held in New York City in 1846, which in turn led to the formation of the American Medical Society.

Other notable aspects of VMS’s history include the 1874 election of the first female VMS member, an 1876 act passed by the legislature required practicing physicians to obtain a certificate from either a county society or VMS itself, and involvement in the establishment of the currently existing State Board of Medical Practice in 1976.

Editor’s note: The above historical record draws heavily upon previous VMS history research performed by Drs. Lester Wallman and A. Bradley Soule.
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VMS Council

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“Not for ourselves do we labor”

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jsclab@gmail.com
Past Presidents and Award Winners

Past Presidents

2009.....John R. Brumsted, M.D.
2008.....S. Glen Neale, M.D.
2007.....David L. Johnson, M.D.
2006.....Peter Dale, M.D.
2005.....Harvey Reich, M.D.
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 Michi, 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.....Robert T. Burtis, 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.
1982-2.....Arthur S. Faris, M.D.
1980.....John C. Lantman, M.D.
1979.....C. Peter Albright, 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.....Dewees H. Brown, M.D.
1968.....Richard E. Bouchard, M.D.
1967.....Walter Buttrick, Jr., M.D.
1966.....Roy V. Buttes, 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.....Fred 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.....H.E. Butters, 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. Rickard, 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-
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<td>C.P. Frost, M.D.</td>
<td>1866</td>
<td>E.D. Warner, M.D.</td>
<td>1865</td>
<td>William McCollom, M.D.</td>
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<td>P.D. Bradford, M.D.</td>
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"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.

2009 . . . . . William H. Sorrell, Esq. - Burlington
2008 . . . . . Sharon Moffatt, R.N., BSN, MSN - Burlington
2007 . . . . . Judith S. Shaw, R.N. - Burlington
2004 . . . . . Holly Miller - Burlington
2003 . . . . . Thomas Perras, M.S. - 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.

2009 . . . . . Wendy S. Davis, M.D., FAAP - Burlington
2007 . . . . . John P. Fogarty, M.D. - Burlington
2006 . . . . . John J. Murray, M.D. - Colchester
2005 . . . . . J. Lorimer Holm, M.D. - Barre
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
1993 . . . . . Arthur & Elizabeth Faris, M.D. - Shaftsbury
1991 . . . . . Stanley L. Burns, M.D. - Burlington
1990 . . . . . Charles Cunningham, M.D. - Springfield
1988 . . . . George Wolf, Jr., M.D. - Jericho
1986 . . . . Roy V. Buttles, M.D. - Montpelier
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. Buttes, 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.
“Not for ourselves do we labor”

2009 . . . . David M. Coddaire, M.D. - Morrisville
2008 . . . . John Elliott, M.D. - (Posthumously)
2007 . . . . No Award Given
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
2000 . . . . No Award Given
1999 . . . . No Award Given
1998 . . . . William A. Flood, M.D. - Bennington
1997 . . . . R. David Ellison, M.D. - Montpelier
1996 . . . . Theodore Collier, M.D. - Middlebury
1995 . . . . Thomas A.E. Moseley, M.D. - Newport
1994 . . . . No Award Given
1993 . . . . Victor Pisanelli, Sr., M.D. - Rutland
1992 . . . . Ernest Tomasi, M.D. - Montpelier
1991 . . . . Deogracias Exguerra, M.D. - St. Albans
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.

2009 . . . . Audrey von Lepel, M.D. - Fairfax
2007 . . . . Allan Ramsay, M.D. - Colchester
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
“Not for ourselves do we labor”

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
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.)

2009 . . . . Lois Howe McClure - Burlington
2008 . . . . Roger Mann, M.D. - Jeffersonville
2007 . . . . John E. Wennberg, M.D. - Hanover, NH
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
“The Vermont Medical Society staff would like to thank its members for their continued support and involvement.

2010 Annual Meeting

Saturday, November 6, 2010

Equinox Hotel
Manchester, Vermont

!!! SAVE THE DATE !!!

Mark Your Calendar, Spend the Weekend and Bring the Whole Family!

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
(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
(888) 248-6950

Provider Services
Medicare Part B policy information, limiting charge, and fee schedule queries
(888) 248-6950

Provider Certification Unit
Medicare Part B physician/provider enrollment queries
(888) 248-6950

Electronic Data Interchange Support Services
Electronic Data Interchange (EDI) is the process of transmitting Medicare Part B claims by electronic means. Healthcare providers and suppliers apply to NHIC Corp. EDI, to receive a submitter ID number and a password. Once enrolled in EDI, providers can bill directly to Medicare, using their own billing software, or allow a billing agency, clearinghouse, or vendor to send electronic claims on their behalf.
(877) 386-1056

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
“Not for ourselves do we labor”

**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**  
Members: (800) 244-6224, Healthcare Professionals: (800) 882-4462

**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) 728-7000  
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) 883-2151  
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) 232-4636  
National Institutes of Health (NIH): (301) 496-4000  
CMS Boston: (617) 742-6830  
Health Care Ombudsman: (800) 917-7787