

THE GREEN MOUNTAIN PHYSICIAN

A PUBLICATION OF
THE VERMONT MEDICAL SOCIETY

Nov./Dec.
2008



"Not for
Ourselves do
we labor"

VMS motto

Vermont Medical Society

134 Main Street
PO Box 1457
Montpelier, Vermont
05601-1457

800-640-8767
802-223-7898

Fax 802-223-1201

Online at:
www.vtmd.org



NEW VMS PRESIDENT HIGHLIGHTS LEGISLATIVE PRIORITIES

During his inaugural speech, incoming President Dr. John Brumsted discussed the VMS's legislative priorities for 2009 based on the resolutions adopted at the annual meeting and called on members to be actively involved in the Society's agenda.

On the issues addressed in the resolution on *Prescription Drug Abuse and Diversion*, Dr. Brumsted emphasized the need for the VMS to work with health and public safety agencies to assist in educating health care practitioners about the risk of abuse and diversion of controlled substances. "Prescription drug abuse is becoming epidemic and physicians need to be increasingly aware of high-risk patients and the potential for abuse of prescribed medications," he said. He noted that the VMS will work with the Dept. of Health on implementation of the Vermont Prescription Monitoring System.

While medical practices are struggling with financial issues, such as the SGR, the resolution on *Reducing the Cost Burden to Patients* addresses the current economic crisis that is forcing patients to make choices between feeding their families and heating their homes, and between filling their prescriptions and paying their bills. "We cannot do our jobs as physicians if our patients cannot afford to pay for the medications that we prescribe for them, and if they choose to compromise on nutrition because they cannot afford both food and fuel," Brumsted said. The resolution directs the VMS to coordinate with local, state, and federal organizations to provide practices with information for their patients regarding heating oil assistance, public transportation and other resources.

The resolution on *Pharmaceutical Grants and Gifts to Physicians* calls for the strengthening of Vermont's disclosure law relating to gifts and other payments from pharmaceutical companies and for elimination of the trade secrets exemption in the current law. "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", said Dr. Brumsted.

Speaking about Vermont's efforts to more effectively manage chronic illness, Brumsted shared his own experience as a participant in the Blueprint for Health, the state's chronic care initiative. "During the last 3 years, communities in Vermont have implemented improved diabetes care and prevention through provider training, expanded use of information technology, Clinical Microsystems training, self management workshops and support for community prevention programs." He went on to say, "I'm personally involved in one of the Blueprint pilot communities and I feel they offer a great opportunity to provide primary care physicians with the necessary support and resources to treat their patients with chronic conditions in an optimal manner."

Dr. Brumsted is a board-certified obstetrician/gynecologist. He is currently Chief Quality Officer for Fletcher Allen Health Care and served as Chief Medical Officer for Fletcher Allen from 1998 – 2005. He was Senior Associate Dean for Clinical Affairs at the University of Vermont College of Medicine from 2000 – 2006.

CRISIS IN AMERICAN HEALTH CARE IS ONE OF COVERAGE AND ACCESS

Remarks by Senator Bernie Sanders (I-VT), at 195th VMS Annual Meeting



I don't have to tell you who work on the front lines that we have a crisis in health care in this country. For the average American, this crisis is one of coverage and access. So, improving these areas continues to be my primary goal.

Hand in hand with the move toward universal coverage must be the assurance of access to care. Fifty-six million Americans live in communities that lack adequate health care resources, especially primary care providers. Coverage would prove to be an empty promise if it did not result in access as well. The experience in Massachusetts is telling. While their universal state insurance program has cut the number of uninsured in half, it has also doubled the number of people who cannot find a doctor. Nationally, the largest increase in the use of emergency rooms in the past 10 years has been those with insurance.

Key to improving access is to increase the dwindling supply of primary care physicians. I held a Senate hearing on this earlier this year and learned some deeply troubling things. Only 2% of graduating medical students plan to work in primary care internal medicine. In an eight year period, the number of graduates entering family medicine residencies dropped by 50%. Now, only about 40% of family residency slots are filled by U.S. students. We should not have to rely on foreign-trained doctors to meet our needs when their own countries face even more acute shortages.

The reasons for this decline in primary care supply are obvious, and the good news is that they are correctable. When the average medical education debt is \$140,000 and primary care has the lowest average salary of any specialty, it is not surprising that other specialties would be preferred. Other negative factors are a 24/7 practice and excessive paperwork demands, coupled with reimbursement that pays primary care doctors at one-quarter to one-third the rate of specialists for procedures of similar complexity.

To counteract the trend away from primary care practice, I have introduced legislation that would fully fund the National Health Service Corps, so that there will be sufficient funds for all who apply for educational scholarships and loan repayment. Currently, only about one quarter of those who apply receive awards. I will also support the restoration of the Title VII Health

Professions Programs which target minority and low-income students to pursue primary care careers. They are more likely to practice in medically underserved areas.

As I did in the last Congress, I will oppose cuts in Medicare payments to doctors, although I do believe we need to pursue a more equitable reimbursement system that recognizes the value of preventative and primary care. Finally, given the maldistribution of health care resources in this country, I will continue to be the leader in expanding community health centers to every underserved area in America.

By providing coverage for all and promoting primary care, I believe we can create a true health care system and change our sorry status in the world. We should not be a country that spends more and achieves less. We should not have an infant mortality rate that is worse than 29 other nations and a life expectancy that is exceeded by over 30 other nations. We can and must do better.

Free DocSite Registry Licenses are Available from VMS

Dr. Mimi Reardon, President of the Vermont Medical Society Education and Research Foundation (VMSERF), has announced that ninety-five free DocSite registry licenses are available to assist Vermont physicians in small practices successfully report in 2008 and 2009 under Medicare's PQRI program.

In April 2008, the Centers for Medicare and Medicaid Services (CMS) announced simplified PQRI reporting requirements, authorizing sanctioned registries such as DocSite to use clinical data instead of administrative codes for patient tracking and data submission.

Vermont physicians using DocSite, or other approved registries, will have a simple and effective way to earn the Medicare PQRI bonuses in 2008 and 2009. DocSite submits clinical data on behalf of the provider, completely avoiding the G-code / CPT-II codes and claims data modification in the standard PQRI submission process.

The free licenses were obtained by the VMSERF through a Technology for Quality Grant application to the Physicians' Foundation. For information on obtaining a free DocSite registry license, please contact Valerie Lewis at the VMS at (800) 640 8767.

FEDERAL APPEALS COURT UPHOLDS NEW HAMPSHIRE PRESCRIPTION DATA MINING BAN

In a ruling that may affect Vermont's law banning the use of identifiable prescription information for data mining activities, unless a physician opted-in, the First Circuit Court of Appeals in Boston ruled on November 18, 2008 that the New Hampshire law banning the sale of prescribing information for commercial purposes is constitutional.

In 2006, legislation was introduced in New Hampshire to ban the sale of prescriber-identifiable prescription information to data mining companies, such as IMS and Verispan, which repackage the data and create of individual practitioners' prescribing histories. The data mining companies sell practitioners' prescribing profiles to drug manufacturing companies which use the profiles to improve the effectiveness of their sales force, the drug reps or detailers who visit physicians in their offices. The New Hampshire law, banning commercial use of prescriber identified information for marketing purposes became effective in June of 2006, and was immediately challenged by the data mining companies in federal district court in New Hampshire. In the spring of 2007, the New Hampshire district court found that the ban on data mining unconstitutional as a violation the commercial free speech rights of the data mining companies.

The New Hampshire Attorney General filed an appeal with the First Circuit Court of Appeals, which on November 18, 2008, reversed the decision of the lower court, finding that New Hampshire Prescription Information Law principally regulates business conduct, not speech. "The [data-miners], who are in the business of harvesting, refining and selling this commodity, ask us in essence to rule that because their product is information instead of, say, beef jerky, any regulation constitutes a restriction of speech." "While the [data-mining companies] "lip-synch the mantra of promoting the free flow of information, the lyrics do not fit the tune." In its opinion, the court noted that the New Hampshire Prescription Information Law only restricts "the ability of data miners to aggregate, compile and transfer information destined for narrowly defined commercial ends." Prescription information may otherwise be published, transferred and sold broadly. The problem is that using this information to create profiles for drug company detailers is the chief profitable application of the information. Revenue from the "sales force effectiveness" product (in excess of \$1 billion in 2007) that IMS, one of

data mining companies, sells to the drug manufacturing companies dwarfs revenue from its other lines of business. As the court points out; however, "the seller of information can not be heard to complain that its speech is infringed by a law making the most profitable use of that information illegal." "The First Amendment's core concern is with the free transmission of a message or idea from speaker to listener, not with the speaker's ability to turn a profit."

At the 2006 VMS Annual Meeting, VMS members adopted a resolution encouraging VMS to work with the Vermont attorney general's office to pass legislation similar to the New Hampshire law, banning commercial use of prescriber identifiable information. Legislation banning this use was close to passage in Vermont, when the New Hampshire District Court judge found the New Hampshire law to be unconstitutional. In response, the Vermont bill was amended to create a narrower "opt-in" program, as opposed to an outright ban, and to address other issues raised in the New Hampshire district court decision. The opt-in provision would not allow commercial use of identifiable prescription information, unless a physician opted-in to that use at the time of license renewal. Around the same time, Maine passed a law that included an "opt-out" provision that would allow prescribers to opt-out of sale of their prescription information to data miners.

After passage, the constitutionality of the Vermont opt-in law predictably was challenged by three data mining companies -- IMS, Verispan and and Wolters Kluwer -- and by the association of the drug manufacturers, PhARMA, in the federal court for the District of Vermont. Five days of hearing were held in Brattleboro by District Judge Garvan Murtha in late July. In preparation for that trial, three VMS member physicians and two VMS staff members were deposed by attorneys for IMS and PhARMA. VMS joined with AARP and others as amici curiae (friends of the court) by filing an amicus brief in support of the Vermont Attorney General. The Vermont District Court has not yet ruled on the case. Since the District of Vermont is in the Second Judicial Circuit, the recent decision of the First Circuit is not binding, but the opinion will surely be read with interest and provide guidance for the Vermont District Court.

FIVE HONORED FOR CONTRIBUTIONS TO THE HEALTH OF VERMONTERS

Five Vermonters were honored for their contributions to improving the health of Vermonters at the 195th VMS Annual Meeting held on October 25th at the Topnotch Resort in Stowe.

Distinguished Service Award - Michael Scollins, MD



left to right: VMS President John Brumsted, MD, Mildred Reardon, MD, & Michael Scollins, MD

In recognition of his outstanding medical career in General Internal Medicine, the VMS presented Dr. Michael Scollins of South Burlington with its Distinguished Service Award for 2008, the Society's highest award for its members.

Dr. Scollins practiced medicine in Vermont for 34 years before retiring in June, 2008. He provided excellent medical care to his patients at Aesculapius Medical Center in South Burlington and passed on his commitment to patient-centered medicine to his medical students and residents.

As Clinical Professor of Medicine and Pharmacology at the University of Vermont College of Medicine, Dr. Scollins delivered taught thousands of medical students, whose evaluations consistently rated his teaching as excellent. He has been recognized with multiple Teacher of the Year awards in the Department of Medicine.

Dr. Scollins served as President of the Medical Staff and Chair of the Executive Committee at the Medical Center Hospital of Vermont, as well as serving as a member of the Faculty Affairs Committee of the Department of Medicine, the Board of Censors of the Chittenden County Medical Society, and the Vermont Drug Utilization Review Board. He served more than twelve years as Chair of Vermont's Medicaid Pharmacy Peer Review Committee and also served on Vermont's Formulary Committee.

In nominating Dr. Scollins for the award, Dr. Mildred Reardon said: "As a clinician and a teacher, Mike excels. He is an outstanding physician with sharp clinical skills, who carefully evaluates, formulates and enacts a treatment plan. He promotes the highest qualities in medical professionalism and academic achievement."

Award for Community Service - Harry Chen, M.D.

For his outstanding record of community service, the VMS honored Dr. Harry Chen of Mendon with its 2008 Physician Award for Community Service.



left to right: Harry Chen, M.D., VMS President John Brumsted, MD, & Rep. Lucy Leriche

As a member of the Vermont Legislature, Dr. Chen has been instrumental in developing and supporting passage of legislation to improve the health care of Vermonters. During the legislative session he worked on health care reform legislation as a member of the House Health Care Committee while continuing to maintain a demanding Emergency Room schedule at Rutland Hospital. He was honored with the Vermont EMS Emergency Physician of the Year Award in 2005.

In addition to his service in the Vermont Legislature, Dr. Chen has been an ardent supporter of education. He has served as a member of the Mendon and Barstow Memorial School Boards, a trustee of the University of Vermont and a member of the clinical faculty of the UVM College of Medicine.

Dr. Chen is a former member of the VMS Physician Policy Council and Drug task Force, and the former Vice Chair of the Board of Medical Practice. He currently serves on the board of the Vermont Program for Quality in Health Care.

Representative Lucy Leriche, of the House Health Care Committee, described Dr. Chen as the embodiment of the public servant. "Most legislators limit their constituent service to those residing within their district boundaries. But Harry doesn't draw those kinds of lines; All of humanity is his constituency, and he is known as someone who will step up and lend a hand whenever and wherever he sees a need, regardless of who you are, where you live, or how you vote."



left to right: VMS President John Brumsted, MD, Sharon Moffatt & S. Glen Neale, M.D.

Citizen of the Year Award - Sharon Moffatt

In recognition of her outstanding career as a leader in public health, the VMS honored Sharon G. Moffatt, RN, BSN, MSN, with its Citizen of the Year Award for 2008.

As Acting Commissioner of the Vermont Department of Health (VDH), Moffatt led the state public-private strategic development and implementation of Vermont's chronic disease system of care. Throughout her lengthy public health career, she worked closely and

Continued on page 5

2008 VMS AWARDS

Continued from Page 4

effectively with a wide variety of public health and health care professionals and key community partners to systematically improve the health of Vermonters.

Prior to serving as Acting Commissioner of Health, Moffatt was Deputy Commissioner of Health, Supervisor of Public Health Nursing for VDH, Coordinator of the Statewide Healthy Babies Program and the Assistant to the Director of Field Operations for the Division of Community Public Health.

Moffatt has a strong commitment to and skill in teaching and has served as Adjunct Assistant Professor of Nursing at the University of Vermont College of Nursing and Allied Health Sciences.

In nominating Moffatt, Dr. Glen Neale said: "Throughout her public health career, Sharon has worked closely and effectively with a wide variety of public health and health care professionals and key community partners to systematically improve the health of Vermonters". Sharon's Deputy Commissioner, Christine Finley, shared that she has had the honor of working with many talented professionals in her years of teaching, clinical practice and public health but never has she enjoyed so much working with another on hard issues as she has with Sharon. She attributes this to Sharon's wonderful combination of knowledge, passion and humor."



Founders' Award - Roger Mann, M.D.

For his outstanding leadership, vision and achievement in improving the health of Vermonters, the VMS honored Dr. Roger Mann with its 2008 Founders' Award.

A graduate of the University of Vermont College of Medicine, Dr. Mann began practicing family medicine in Vermont in 1943. During his years in practice, Dr. Mann developed a statewide reputation as an outstanding family physician who carefully evaluated, formulated and enacted treatment plans for several generations of patients. Dr. Mann's 64 years of active service to the Vermont Medical Society includes service as President in 1961 and chair and long-time member of the Investment Committee until 2007.

In 1978 Dr. Mann received the UVM Physician Alumnus of the Year Award. He has also assisted physicians throughout New England with financial planning for retirement and was one of the founders of the Beacon Fund.

In presenting the award, Dr. John Brumsted, incoming VMS President, said: "In tribute to his achievements as one of the state's preeminent physicians, Vermont physicians acknowledge that they are truly standing on the shoulders of a giant."



left to right: Tom Ziobrowski, M.D., Matthew Elliott, VMS President John Brumsted, MD, & Tim Thompson, M.D.

Physician of the Year - John Elliott, MD (posthumously)

In honor of his outstanding performance in the quality of care given to his patients, his skillful and compassionate patient care, and his dedication to the welfare of his patients; the VMS posthumously awarded its 2008 Physician of the Year Award to Dr. John Elliott of Lyndonville.



LEADERSHIP

John Brumsted, M.D.
President

Robert Tortolani, M.D.
President - Elect

Paula Duncan, M.D.
Vice President

Howard Schapiro, M.D.
Secretary/Treasurer

S. Glen Neale, M.D.
Immediate Past President

STAFF

Paul Harrington
Executive Vice President

Madeleine Mongan, Esq.
Deputy Exec. Vice President

Colleen Magne
Business Manager

Stephanie Winters
Operations Director

Valerie Lewis
Communications Director

David Simmons, M.D.
VPH Medical Director

2008 VMS AWARDS

Continued from Page 5

Dr. Elliott, who died in July, was outstanding in the practice of medicine in Caledonia County for over 34 years. He has been described by patients, colleagues, and members of the community as generous, tireless, caring deeply for his patients and committed to his community. He was a strong supporter of Lyndon Institute, his alma mater, and devoted considerable time to the school and the community.

Dr. Elliott was a graduate of the University of Vermont College of Medicine and held teaching appointments at UVM and at the Dartmouth Medical School.

He was board-certified in family practice and at treated patients at Corner Medical Clinic in Lyndonville and NE Vermont Regional Hospital. In presenting the award, Drs. Tom Ziobrowski and Tim Thompson, recalled Dr. Elliott as a "physician for all seasons". "His understated, unflappable demeanor masked a highly competent and compassionate professional. ...We wouldn't go wrong if each of us practiced a bit more like John Elliott."

Dr. Elliott's son, Matthew Elliott, and mother, June Elliott, accepted the award on behalf of their family.

VMS AWARDS SCHOLARSHIPS TO UVM COLLEGE OF MEDICINE STUDENTS

The Vermont Medical Society Education and Research Foundation (VMSERF) has awarded two \$5,000 scholarships to two students at the University of Vermont College of Medicine. These awards are made possible through generous donations from VMS members, Fletcher Allen Health Care and the Chittenden County Medical Society.

"It is our hope and intention, by offering this annual scholarship, to recruit medical students to practice medicine in Vermont, especially in its less-served areas, to ensure that Vermonters in all parts of the state continue to have access to excellent medical care," said Dr. Reardon.

UVM College of Medicine students Elizabeth Rosy Hill and Aaron Shams Helminski were each awarded a

\$5,000 scholarship at the Vermont Medical Society's 195th Annual Meeting, held Oct. 25 in Stowe. In thanking the VMS for the scholarship, Hill said: "I am eager to become a member of a community of physicians that share my values and my interest in patient-centered care. I thank you all for giving me this opportunity and for reinforcing the sense of community, passion and pride that Vermont physicians take in their work."

The VMSERF is a non-profit charitable organization which supports educational and research activities in the field of health. For more info. or to make a contribution, call 800-640-8767 or write to P.O. Box 1457, Montpelier, VT 05601.



left to right: Elizabeth Rosy Hill, Mildred Reardon, M.D. & Aaron Shams Helminski



VERMONT RANKS #1 AS HEALTHIEST STATE IN THE NATION

On Dec. 3, 2008 the United Health Foundation (UHF) issued its annual report on America's health rankings. At the head of that list is Vermont, ranked for the second year in a row as the healthiest state in the nation.

The rankings are based on key health factors such as levels of obesity, number of uninsured people, and the persistence of risky health behaviors, particularly tobacco use. The report also measures a number of determinates and health outcomes that physicians play a major role in, such as the adequacy of prenatal care, the

number of preventable hospitalizations, and reduced rates of infant mortality, cardiovascular deaths and cancer deaths.

"The fact that our state has been ranked as the healthiest state in the country for the second year in a row, reaffirms the high quality of care being provided by Vermont's physicians and other health professionals to their patients and the contributions each physician makes to the health of their communities," said VMS President John Brumsted, M.D.

Continued on page 7

HEALTHIEST STATE IN THE NATION

Continued from Page 6

Vermont's ranking has steadily increased from 16th in 1990 to its current number one ranking. Vermont ranks among the top ten states on 14 of the 22 measures used to determine rankings. The state's strengths include a low percentage of children in poverty, a lower prevalence of obesity, a higher rate of high school graduation and better access to primary care.

"The well-regarded America's Health Rankings proves Vermont continues to make smart health investments and Vermonters are making wise choices," said Gov. Jim Douglas. "A cornerstone of our efforts is the Vermont Blueprint for Health. This innovative chronic care initiative is continuing to gain national recognition as a superb model for health reform."

The Vermont Blueprint for Health works to provide the information, tools and support that Vermonters with chronic conditions need to manage their own health, and that clinicians need to keep their patients healthy.

Two areas noted in the report that Vermont can be particularly proud of, according to Health Commissioner Wendy Davis, MD, are the decrease in the prevalence of smoking by 43 percent since 1990, and the 37 percent decrease in the infant mortality rate.

"Vermont's approach to health care is focused on prevention, and we will work hard to continue to provide communities, businesses and individuals with the most

effective programs and healthier living opportunities," Dr. Davis said.

Vermont's challenges include a high prevalence of binge drinking and moderate immunization coverage. Speaking at the Vermont Medical Society's annual meeting in October, Dr. Davis, addressed the downturn in immunizations, and indicated that increasing the rate of immunizations is a key objective of the Department.

About America's Health Rankings

America's Health Rankings™ analyzes 22 different health measures, which are a combination of health determinants and health outcomes. Health determinants are factors that can affect the future health of a population. Health outcomes measure what has already occurred, either through death or missed days due to illness. Actions to improve health determinants will eventually improve health outcomes for states and the nation. This year's report includes two new metrics: air pollution and geographic disparity.

America's Health Rankings™ is the result of a collaborative partnership between United Health Foundation, the American Public Health Association, and Partnership for Prevention.

**Below is a portion of the report.
View the full report at:
www.americashealthrankings.org**

United Health Foundation

AMERICA'S HEALTH RANKINGS™ 2008

Vermont

Ranking: Vermont is 1st this year, unchanged from 2007.

Strengths: Vermont ranks among the top ten states on 14 of the 22 measures. Strengths include a low percentage of children in poverty at 10.9 percent of persons under age 18, a low prevalence of obesity at 21.9 percent of the population, a high rate of high school graduation with 86.5 percent of incoming ninth graders who graduate within four years and ready access to primary care with 165.1 primary care physicians per 100,000 population. Vermont ranks higher for health determinants than for health outcomes, indicating that overall healthiness should remain high over time.

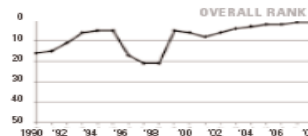
Challenges: The primary challenges are a high prevalence of binge drinking at 21.9 percent of the population and moderate immunization coverage with 79.8 percent of children ages 19 to 35 months receiving complete immunizations.

Significant Changes:

- ▲ In the past year, public health funding increased from \$96 to \$143 per person.
- ▲ In the past year, the percentage of children in poverty increased from 8.9 percent to 10.9 percent of persons under age 18.
- ▲ In the past five years, the rate of uninsured population increased from 9.7 percent to 10.7 percent.
- ▼ Since 1990, the prevalence of smoking decreased from 30.7 percent to 17.6 percent of the population.

Health Disparities: In Vermont, access to health care varies significantly by race and ethnicity as well as by gender; 17.3 percent of males lack health insurance compared to 10.9 percent of females.

State Health Department Web Site: www.healthvermont.gov



**Overall Rank: 1
Change: no change**

Strengths:

- Low percentage of children in poverty
- Low prevalence of obesity
- High rate of high school graduation
- Low premature death rate

Challenges:

- High prevalence of binge drinking
- High immunization coverage

Significant Changes:

- In the past year, the percentage of children in poverty increased by 23%
- In the past year, per capita public health funding increased by 49%
- Since 1990, the prevalence of smoking decreased by 43%
- Since 1990, the infant mortality rate decreased by 37%

C O N F E R E N C E S

20TH ANNUAL EASTERN WINTER DERMATOLOGY CONFERENCE

January 16-19, 2009
Stoweflake Resort & Spa
Stowe, VT

For more information call 802-656-2292 or go to the website at <http://cme.uvm.edu>

EMERGENCY MEDICINE UPDATE

January 28 - 31, 2009
Stoweflake Resort & Spa
Stowe, VT

For more information call 802-656-2292 or go to the website at <http://cme.uvm.edu>

18TH ANNUAL CURENT CONCEPTS & CONTROVERSIES IN SUGERY

January 28-30, 2009
Stoweflake Resort & Spa
Stowe, VT

For more information call 802-656-2292 or go to the website at <http://cme.uvm.edu>

Vermont Geriatrics Conference

April 7, 2009
Capitol Plaza, Montpelier, VT

PRESENTED BY
VERMONT AREA HEALTH EDUCATION CENTERS
(AHEC) NETWORK

To request more information, please visit <http://cme.uvm.edu> or call (802) 656-2292

Vermont Blueprint for Health

March 9, 2009
University of Vermont Conference Center
at the Sheraton, South Burlington, VT

SAVE THE DATE!

To request more information, please visit <http://cme.uvm.edu> or call (802) 656-2292

SAVE THE DATE!

October 3, 2009
Basin Harbor Club, Vergennes, Vermont

Vermont Medical Society 196th Annual Meeting

PRE-SORTED STANDARD
U.S. Postage
PAID
Montpelier, Vermont
Permit No. 97

VERMONT MEDICAL SOCIETY
PO Box 1457
Montpelier, Vermont 05601