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VMS motto

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Let us Not Lose the Soul of Medicine

By Oglesby Young, M.D.
President, New Hampshire Medical Society

I was pleased that your President, Glen Neale, asked me to speak at the Vermont Medical Society's annual meeting on October 25th about the importance of relationships in our practice of medicine. It was a great honor to to have been asked to speak to the Medical Society of my second favorite state. It is particularly special to be at the reception of your new president, John Brumsted, who has been a long time friend. John was a first year OB-GYN resident when I was a chief resident at Medical Center Hospital of Vermont (MCHV).

Our two small New England states have much to be proud of in medicine. For years New Hampshire and Vermont have ranked one and two nationally as the states with the lowest infant mortality. Also, Vermont ranks first and New Hampshire second in lowest teenage pregnancy rates. At the other end of life's spectrum, we should be equally proud that according to an article in JAMA, 2004, New Hampshire ranks first and Vermont second in quality care measures of our Medicare patients. Remarkably, New Hampshire is second only to Hawaii in lowest costs and Vermont ranks seventh. Such data is consistent with the findings of Jack Wennberg and his colleagues at Dartmouth who have shown that the quality of care is often inversely proportional to its cost.

When I tell people from other states at national meetings about our proud rankings, they try to tell me that these results are only because no one lives in Vermont and New Hampshire. I would like to think that we have much to teach physicians in larger states.

I have practiced obstetrics and gynecology in Concord, NH for over 25 years, and one of the great joys I have experienced in my practice is seeing the children whose births I have attended when they accompany their moms to our office. The other day a 4-year-old girl named Melissa, came with her mom who is currently pregnant at term with another daughter. I said to Melissa that I hoped her sister would come out as healthy, and as smart, and as kind, and as pretty as she. Melissa looked at me and said "And, and, and, no cavities".

Although these conversations do not save any lives, they do represent daily encounters which have kept me going through my journey in medicine. I always tell our Dartmouth medical students that new technology in medicine is fascinating and exciting and that our expanding fund of knowledge is intellectually challenging and gratifying, but that it will be their relationships with patients and colleagues which ultimately will keep them going on their journeys in medicine. It is this "soul" of medicine—the joy that springs forth from deeply connecting with others, which keeps us as physicians richly fulfilled even in the most difficult times.

We must not let anyone or anything jeopardize this soul of medicine. I have long held that there is an unwritten sacred social contact between physicians and society.

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The Soul of Medicine

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As physicians we sacrifice a good part of our youth and young adulthood for education and training so that we may devote our working lives to the care of our fellow human beings. All we ask in return is that society provide us with a reasonable and fair working environment. In today's complicated medical world, society does not always seem to hold up its end of this social contact. I am concerned that many physicians feel overwhelmed by the challenges we face in our medical practices and unfortunately some of us are losing sight of the values that drew us to medicine in the first place.

There is no better example of these challenges than our primary care crisis. I feel for my primary care colleagues who are caring for a growing aging population of patients who have very complicated chronic illnesses with increasing demands and unrealistic expectations. I recently heard Ian Morrison, a health futurist speak at an AMA meeting. He is from Scotland, but now resides in California. He said that when he goes home and asks his relatives what they think about death, they tell him it is inevitable. When he travels, to Germany or Japan or Canada or to any other developed country where health care costs are half of what they are in our country, people tell him death is a certainty. But when he comes back to California and asks his neighbors about death, they tell him it's optional!

I learned long ago that as an obstetrician I can devote my life to delivering healthy babies, but it will not mean a thing if we do not take care of those moms and babies when they leave our hospitals. It was to this purpose that we established a Healthy Beginnings Endowment at our hospital in Concord. This endowment fund provides grants to programs in our community which support and educate new parents. I am convinced that the first few years of life last forever—that those of us who love well have been well loved, that those of use who care deeply, have been deeply cared for. A pediatric colleague of mine said it best when he exclaimed "We can pay for the care of kids now, or we can build more prisons 20 years later at a much greater cost to society." As President of our New Hampshire Medical Society this year, I have tried to help politicians understand the wisdom of those words.

I am worried today that as physicians we are looking into the screens of computers more than we are looking into the faces of our patients. I am concerned that we are sending our patients to the radiologists for a diagnosis not having listened closely to their stories nor having carefully examined them. Medical judgment and relationships take time. It is unfortunate that time is such a rare commodity in medicine today where appointments are clocked in minutes. Physician author, Jerome Groopman, in his recent book entitled "How Doctor's Think" wisely writes "While modern medicine is aided by a dazzling array of technologies like MRI scans and DNA analysis, language is still the bedrock of clinical practice".

I believe that even more important than our words is our presence. I will always remember a young woman who died of ovarian cancer one year after I had delivered her baby girl. I operated on her widespread cancer when she had returned for her postpartum visit still looking pregnant having an abdomen full of ascites. Following her surgery she received chemotherapy, but unfortunately her cancer continued to progress. As I watched her die with her baby in her arms, I helplessly apologized for my failed care. She stopped my words of apology, graciously smiled, and simply thanked me for caring. Years later I realized she was teaching me the most important lesson in medicine—that as physicians we do not just fix patients through medication and surgery—but that healing sometimes can only come from just being present, from just listening and validating a patient's experience of suffering, acknowledging with them our own mortality.

I was an intern when I admitted an elderly gentleman to the hospital. I met him in the emergency room sitting up on his stretcher with his wife of 60 years at his side. He labored hard just to gain a breath. He was unable to give me a history because of his exhaustion, but his purple lips and nails and labored breathing with rales to the base of the scapulas bilaterally was all that was necessary for diagnosis. After starting his IV and drawing his labs, I gave him some oxygen, a small amount of morphine and a bolus of Lasix. I ran an EKG which showed no acute changes. His chest x-ray confirmed congestive heart failure with findings of an enlarged heart and severe diffuse pulmonary edema. Finally I transported him to his medical ward.

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Vermont Medicaid Updates

License Renewals - In an effort to work with physicians and the Medical Practice Board to ensure that all license renewals are issued prior to 11/01/08 for Vermont Medicaid providers, please be advised of the following:

- On December 1, 2008, the OVHA must be able to verify that your updated license has been issued by the Medical Practice Board in order to authorize the filling of prescriptions and processing of claims.
- The Medical Board mailed license renewal packets in August. Please be sure to return your license renewal application and fee to the Medical Practice Board prior to November 14, 2008 to allow the Board sufficient time to process your renewal application and issue your renewal license prior to December 1, 2008. Your active license on file with the Medical Practice Board ensures that the licensure requirement is met.
- The OVHA and EDS will work in collaboration with the Medical Practice Board to verify that your renewed license is on file.

If you have questions, please contact Mary A. Gover at OVHA at 802-879-5937.

Missed Appointment Reporting - Since January, 2008 the Office of Vermont Health Access (OVHA) has provided practices with the capability to report missed appointments and late cancellations. Procedure code 99199 (medical) can be used for reporting these problems. To ensure that your practice is accurately being represented in this data collection process, you will need to bill procedure code 99199 with a $0.00 billed amount or $0.01 if your billing system will not allow $0.00. The 99199 code is for reporting purposes only. The information will allow OVHA to identify and follow up with beneficiaries who are missing appointments or canceling late.

Medicare Publishes Billing Edits to Reduce Payment Errors

Providers can now access data that the Centers for Medicare & Medicaid Services uses to automatically detect certain billing errors that result in overpayments.

On Oct. 1, CMS began publishing on its Web site most system edits in the Medically Unlikely Edit (MUE) program to improve the accuracy of claims payments, according to a news release from the agency.

System edits, such as those used in the MUE program, are automated processes that detect billing errors. These edits check the number of times a service is reported by a provider or supplier for the same patient on the same date of service. Providers and suppliers report services on claims using HCPCS/CPT codes along with the number of times (i.e. units of service) that the service is provided. The edits are applied during the processing of all claims. The program has grown from edits for about 2,600 billing codes to edits for about 9,700.

The edits were developed by CMS with the cooperation and participation of national health care organizations representing physicians, hospitals, non-physician practitioners, laboratories, and durable equipment suppliers.

At the beginning of each calendar quarter, CMS will publish most MUEs active for that quarter, according to the release. CMS said most MUEs would be available Oct. 1 and that additional edits would be added Jan. 1, 2009.

For more information on the MUEs including FAQs: *http://www.cms.hhs.gov/NationalCorrectCodInitEd/08_MUE.asp#TopOfPage.*

E-prescribing guide for physicians available

The eHealth Initiative and other groups have issued a guide to help office-based physicians transition from paper to electronic prescribing systems. The guide provides an overview of e-prescribing and the steps involved in planning, selecting and implementing an e-prescribing system. It was produced in partnership with the American Medical Association, American Academy of Family Physicians, American College of Physicians, Medical Group Management Association and Center for Improving Medication Management. Under provisions in the Medicare Improvements for Patients and Providers Act of 2008, physicians and other eligible professionals who meet federal requirements as an electronic subscriber between 2009 and 2013 will receive incentive payments from Medicare. To download the guide, go to: *http://www.ehealthinitiative.org/assets/Documents/e-Prescribing_Clinicians_Guide_Final.pdf* or at *www.vtmd.org.*

Dr. Paula Duncan Receives AAP Awards

Paula M. Duncan, M.D. FAAP has been awarded the 2008 American Academy of Pediatrics (AAP) Clifford G. Grulee Award, the Oral Health Service Award, and the Job Lewis Smith Award. The Grulee Award recognizes outstanding service to the Academy beyond that required of leadership. The Oral Health Award recognizes an individual who, during the course of his/her career, has made significant contributions to the advancement of pediatric oral health through activities within the Academy. The Job Lewis Smith Award recognizes outstanding service in community pediatrics.

Dr. Duncan is professor of pediatrics at the University of Vermont, College of Medicine. She is also medical director of UVM's Area Health Education Center (AHEC), as well as youth project director for the Vermont Child Health Improvement Program (VCHIP). Dr. Duncan co-directs a second-year medical school course and helps facilitate medical student community projects. Her research focuses on practice-based primary care improvement strategies.

Dr. Duncan serves as chair of the AAP Bright Futures Implementation Advisory Committee and co-editor of Bright Futures. In addition, she chairs the AAP Council Management Committee and serves on the Annual Leadership Forum Planning Committee, the AAP Oral Health Workgroup, the AAP Task Force on Mental Health, and the AAP Adolescent Health Partnership Project.

At its annual meeting in October, Dr. Duncan was elected Vice President of the Vermont Medical Society.

CMS announces new tool to help access PQRI reports

In an effort to respond to provider concerns about accessing their reports for the Physician Quality Reporting Initiative (PQRI) 2007, the Centers for Medicare and Medicaid Services (CMS) announced a new Web-based tool. A new self-service look-up tool is now available on the PQRI portal (*https://www.qualitynet.org/portal/server.pt*) that allows providers to see whether or not their 2007 PQRI Feedback Reports are available.

On the Web site, look to the bottom, left of the screen for the section labeled "Verify TIN Report Portlet." In that section, enter the tax identification number of the provider who participated in PQRI, and a message will appear that tells you whether the 2007 report is available. This new portal does not give access directly to the 2007 PQRI Feedback Reports. However, the portal is useful for providers who need to know if their reports are available before they register for an account to access the reports.

In order to access the actual reports, providers need to register for access through a CMS security system known as the Individuals Authorized Access to CMS Computer Services (IACS). Further information about that registration process, and how to access the 2007 PQRI Feedback Reports, for both individual practitioners and group practices can be found online.

The PQRI was introduced by CMS in July of 2007. The program pays physicians a bonus for reporting quality data to CMS on their claims forms. The program has been renewed, and is underway for 2008.

Visit the VMS website for more information on PQRI at *www.vtmd.org/Education/PQRI/PQRIindex.html*

The Soul of Medicine

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Before leaving his bedside, I pulled out a small black notebook from my white coat. This was my medical bible that contained in my own handwriting everything from the differential diagnosis of abdominal pain to pediatric doses of antibiotics for H flu meningitis. Any of you who trained in the same era had the privilege of working a year as a rotating intern and experienced an incredibly intense year of learning before starting a residency. And, you know what this little black notebook meant to me. I turned to the page entitled "Acute Pulmonary Edema" and I carefully read my list of orders which included a complete evaluation and treatment making certain I had not forgotten anything of importance. I then smiled at my patient and his faithful wife and explained that I would be back several times that night to be sure that he continued to improve.

The next morning he looked like a rose, lying restfully on one pillow with a foley catheter overflowing with urine. His wife was still there, tired, but also looking much more restful. I ran into my attending physician later that day and he complimented me on my care of that couple. He said "They really liked you". I responded that "I was just pleased he was so much better". Then he asked me "Do you know why they liked you so much?" The reason seemed obvious given his improvement. With a twinkle in his eye he looked at me and said "They knew they were in good hands when after you had completed all of your medical work you pulled out a small bible from your white coat and read a few scriptures." He winked at me and said "Keep up the good work."

It has been over 30 years since that moment and I have tried to keep up the good work just as all of you have every day. As a president of my medical society, I have worked hard to protect the environment in which we practice medicine. I ask that you might consider being a more active member of your medical society so that we may work together to preserve this sacred, social contract between physicians and society. None of us as physicians should ever underestimate the meaning of our support for one another. And, let us never lose the soul of medicine.

This article is based on Dr. Young's keynote address during the VMS annual meeting awards banquet on October 25th, 2008 at Topnotch Resort in Stowe, Vermont.

Vermont Receives Over $2 Million to Support At-Risk Veterans

The Vermont Agency of Human Services (AHS) Department of Mental Health (DMH) has announced that the Substance Abuse and Mental Health Administration (SAMHSA) has awarded Vermont a five year, $2.1 million grant to create an infrastructure project to serve veterans with trauma-spectrum illnesses, and are at risk or have already become involved with the criminal justice system. This project will be carried out in conjunction with the UVM College of Medicine, Department of Psychiatry's Division of Public Psychiatry.

The grant will support the creation of a statewide intergovernmental initiative intended to address the needs of Vermont veterans and other adults with trauma spectrum-illness who are involved in the criminal justice system through identification, screening and assessment, and diversion from the criminal justice system to evidence-based treatment and supports.

During the project's first three years, DMH will pilot its infrastructure and intervention model in Chittenden County, screening an estimated 14,000 veterans and other adults in the criminal justice system for trauma-related illness and diverting an estimated 300 from detention to evidence-based treatment and supports. In years three-five, the project will progress toward statewide implementation, screening an additional 24,500 adults and diverting roughly 525 to treatment. Over the grant term, about 38,500 adults will be screened and 825 will be diverted to evidence-based care, resulting in increased access to trauma informed services and evidence-based trauma treatment and community supports for these veterans.

The DMH and community partners are currently working out the details of a plan to implement these expanded services for veterans.

New Board of Directors Elected at VITL

Vermont Information Technology Leaders, Inc. (VITL), the private non-profit organization that operates Vermont's health information exchange network has announced the election of a new board of directors.

Seating the new board of 11 directors successfully concludes a five-month process to examine VITL's governance structure and recompose the organization's board of 21 directors. The process was undertaken at a time when VITL's focus is shifting from start-up operations to implementation and long-term sustainability.

"When VITL incorporated in July 2005, the board was selected to achieve buy-in from a large number of stakeholders for the concept of a statewide health information exchange network," said VITL President Gregory Farnum. "The smaller board will help us concentrate on developing strategies for network build-out, and the collaborative policy development process will continue as well."

Key stakeholder groups continue to be represented on the new board, including hospitals, physicians, health plans, consumers, state government, and employers, Farnum noted. "VITL's board of directors remains well balanced," he said.

Even though VITL's new board is smaller in size, the amount of input into the decision-making process has increased. Board-level advisory committees for health care providers and health care consumers have been created.

"Each of those advisory committees will be chaired by a VITL board member, who will be responsible for presenting recommendations of the advisors to the full board for consideration," said Don George, vice president for managed health systems at Blue Cross Blue Shield of Vermont. George will serve as the chair of the new board.

VITL operates as a partnership between the public and private sectors. VITL receives funding from government sources, but it is incorporated in Vermont as a private non-profit company. VITL is accountable to the public, providing frequent reports to legislators and state officials. Board of directors meetings are open to the public and minutes of those meetings are posted on the VITL website at www.vitl.net. Legislation that created Vermont's new Health IT Fund gives the state substantial oversight of VITL's spending, as it facilitates the adoption of electronic health records systems by physicians and operates Vermont's statewide health information exchange network.

VITL
VERMONT INFORMATION TECHNOLOGY LEADERS

VITL's new board of directors is as follows:

Don George, Chair
Blue Cross Blue Shield of Vermont

Lisa Ventriss, Vice Chair
Vermont Business Roundtable

Paul Harrington, Treasuer
Vermont Medical Society

Bea Grause, Secretary
Vt Association of Hospitals and Health Systems

Andrea Lott
Northeastern Vermont Regional Hospital

Chuck Podesta
Fletcher Allen Health Care

Paul Reiss, MD

Gertrude Hodge

Jim Hester
Commission on Healthcare Reform

Craig Jones, MD
Blueprint for Health

Judy Higgins
Office of Vermont Health Access

New tool highlights look-alike/sound-alike drug errors

A new online tool enables physicians and consumers to look up drug names that have been identified with a medication error. The USP Drug Error Finder, from U.S. Pharmacopeia, is based on the nonprofit group's annual report on medication errors involving drug nomenclature.

The free Web tool includes more than 1,400 drugs that have been involved in look-alike and/or sound-alike errors. It lists the other drugs involved in the mix-up, as well as designating the severity of the reported error.

Dr. Charles MacLean Named Interim Associate Dean for Primary Care

University of Vermont College of Medicine Dean Frederick Morin III, M.D., today announced the appointment of Charles MacLean, M.D., associate professor of medicine, as interim associate dean for primary care. Dr. McLean will replace John Fogarty, M.D., who left UVM to become dean at Florida State University College of Medicine. MacLean will maintain his faculty appointment and role as research director for the Office of Primary Care, and continue his teaching, research and clinical practice within the Primary Care Internal Medicine division.

MacLean was appointed research director for the UVM Office of Primary Care in 2006, and is the principal investigator for its Area Health Education Centers (AHEC) Program. He joined UVM/Fletcher Allen Health Care in 1988, and served as physician practice manager of the Given Health Care Center Essex site from 1994-2006. MacLean was co-investigator and Project Director of a National Institute of Diabetes and Digestive and Kidney Disease-funded project entitled the Vermont Diabetes Information System, and he participated in the development of the Vermont Program for Quality in Health Care-Vermont Department of Health "Guidelines for Management of Diabetes in Vermont". He currently serves on the executive committee of the Vermont Blueprint for Health and is the co-chair of the Provider Practice Workgroup.

MacLean received his medical degree from McGill University and served a one-year internal medicine residency at Boston Veterans Administration Medical Center and a two-year primary care internal medicine residency followed by a chief residency at the University of Rochester. He completed a two-year fellowship in the Faculty Development Program in Internal Medicine at the University of North Carolina, Chapel Hill.

As highlighted by UVM's ranking by U.S. News & World Report as fifth in the nation for primary care education, the College has an important role to play in enhancing strong networks of community faculty, in strengthening teaching and research programs, in preparing the workforce for the future, and in continuing to build upon academic-community, public-private collaboration to provide needed health care for Vermonters.

Self-Prescribing and Prescribing for Family Members Prohibited

Because of some recent cases opened by the Board of Medical Practice, the Board wishes to underscore that Board Rule 4.3 prohibits a licensee from prescribing controlled substances listed in DEA Schedules II, III, and IV for a licensee's own use. This prohibition extends to such prescriptions for members of the licensee's "immediate family," except in a bona-fide emergency of short term and unforeseeable character.

"Immediate family" is defined in the Rule as including "a spouse (or spousal equivalent), parent, grandparent, child, sibling, parent-in-law, son/daughter-in-law, brother/sister-in-law, step-parent, step-child, step-sibling, or any other person who is permanently residing in the same residence as the licensee."

Opinion 8.19 of the American Medical Association's Code of Medical Ethics provides some excellent background and rationale for the Rule's prohibitions.

Vermont Medical Society