

THE GREEN MOUNTAIN PHYSICIAN

A PUBLICATION OF THE VERMONT MEDICAL SOCIETY

"Not for ourselves do we labor"

March/April
2010

In This Issue:

Page 1

• Merchants Bank
Launches EHR Loan
Program for Physician
Practices

Pg. 2

• From the EVP
• Gubernatorial
Candidates Forum

Pg. 3

• Suzanne Parker, M.D.,
Takes the Helm of VPHP

Pg. 4

• Ed Ziedens, M.D.
Appointed CVMC Canter
Liasion
• MDI Launches Web-
based Tool
• Allen Hinkle, M.D.
Named Chief Medical
Director of BCBSVT

Pg. 5

• VMS Supports VT
AHEC
• 10 Questions With.....

Pg. 7

• ICD-10 Implementation
• EHR Service Contracts

Pg. 8

Contact Us

PO Box 1457
Montpelier, VT 05601

800-640-8767 or 223-7898
Fax 802-223-1201

Online at:
www.vtmd.org



House Health Care Committee Chair Representative Steven Maier and VMS President Robert Tortolani, M.D., discuss health care reform at the April 10th VMS Council meeting. Representative Maier provided council members with an update on the legislature's health care-related efforts during the ongoing 2010 session and possible future reforms.

MERCHANTS BANK LAUNCHES EHR LOAN PROGRAM FOR PHYSICIAN PRACTICES

The federal government is willing to give physician practices incentives of up to \$44,000 if they adopt electronic health records. But if practices can't get the funding until after they've implemented EHRs, how can many of them afford the upfront costs?

Merchants Bank may be the answer.

The Vermont-based bank is now offering a new loan program that gives practices the option of making interest-only payments until they begin receiving their federal incentive payments. Interest-only payments can be made either monthly or quarterly, and principal payments will mirror the Medicare incentive payment schedule.

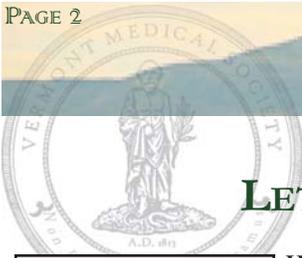
"This loan program will be very beneficial to practices because it softens the impact of the upfront adoption costs," said Paul Harrington, executive vice president of the Vermont Medical Society. "I think a lot of doctors want to implement EHRs but are concerned about the costs. This helps mitigate that substantially."

Merchants Bank initiated the program because it believes EHRs can improve the delivery of health care in the state.

"We've witnessed some of the benefits of the PRISM (Patient Records & Information Systems Management) initiative at Fletcher-Allen Health Care," said Leo Business Loan Officer Leo Cruickshank, a business loan officer at Merchants Bank, which has 34 full-service offices in the state. "The ability to seamlessly and instantly have access to comprehensive patient information throughout the health care system can pay significant dividends in quality of delivery and cost efficiency."

Under the American Recovery and Reinvestment Act of 2009 signed by President Obama, early adopters could receive as much as \$44,000 in incentives over a five-year period beginning in 2011. Non EHR users will begin facing penalties of minus-one percent of Medicare fees in 2015, minus-two percent in 2016 and minus-three percent in 2017 and

Continued on Page 2



LETTER FROM THE EXECUTIVE VICE PRESIDENT



Welcome to the latest edition of The Green Mountain Physician. In it you'll find insight and information that we hope both interests and informs you.

Our front-page article involves a topic that is probably on a lot of members' minds lately – how to pay for the implementation of electronic health records. As detailed on the cover of this issue, Merchants Bank is now offering an innovative loan program that allows practices to use expected federal incentive payments to qualify for a loan to cover the costs of implementations. Practices will only make payments on the loan's interest until their federal incentives begin to kick in. I'd like to thank Merchants Bank for offering this important option to our state's physicians.

The Vermont Practitioner Health Program (VPH) is under new leadership as a familiar face has returned to the program (see page 3). Suzanne Parker, M.D., who headed VPH from 2001 to 2006, has reassumed the position of medical director. Dr. Parker is a widely recognized expert in addiction-related issues and will be a tremendous asset to VMS and VPH. Many thanks and best wishes go to VPH's former medical director, David Simmons, M.D., for the invaluable service he provided to the program and the physicians enrolled in it.

And finally, VMS is happy to announce that it is partnering with the Vermont State Dental Society and the University of Vermont College of Medicine to host a gubernatorial candidate's forum at UVM on Sept. 16th, subject to the candidates availability. I hope that all VMS members are able to attend and contribute to what promises to be an insightful health care conversation.

Please enjoy these and other articles in this issue of The Green Mountain Physician and do not hesitate to contact me or other VMS staff members if you have any questions, concerns or comments.

Paul Harrington
Sincerely,

Paul Harrington
Executive Vice President

EHR LOAN PROGRAM FOR PHYSICIAN PRACTICES

(Cont'd from pg. 1) thereafter. Rural physicians, of which there are many in Vermont, could see even higher incentives as there will be a 10-percent bonus for health professionals in shortage areas.

Practices interested in learning more about the loan program are encourage to e-mail Cruickshank (lcruickshank@mbvt.com) or Christine Auriemma (cauriemma@mbvt.com) or reach them by phone at 1 (800) 322-5222. Practices can expect loan decisions to be made with 48 hours of applying.

VMS TO CO-HOST GUBERNATORIAL CANDIDATES FORUM

Vermont's medical community will have the opportunity to hear from the candidates for governor first hand as the Vermont Medical Society, Vermont State Dental Society and the University of Vermont College of Medicine are teaming up to host a gubernatorial candidates forum.

Tentatively scheduled for the evening of Sept. 16, on the campus of the University of Vermont in Burlington, the forum will encourage conversation about a topic that will surely occupy a lot of the next governor's time and energy – the delivery of health care in the state.

"The forum will be a great way for members to see the candidates up close and get an idea of where they stand on various health care related issues," said Paul Harrington, executive vice president of VMS. "Whomever is elected the next Governor of Vermont is going to have a major impact on the delivery of health care in the state, so it is important that members of the health care community be able to ask questions of the candidates and decide whom to vote for accordingly."

All VMS members and their family, friends and staff are encouraged to attend and participate. More details will be communicated as planning progresses.



SUZANNE PARKER, M.D., TAKES HELM OF PRACTITIONERS' HEALTH PROGRAM

Suzanne Parker, M.D., has been named medical director of the Vermont Practitioner Health Program (VPHP) following the resignation of former medical director David Simmons, M.D., because of health reasons. She was instrumental in the program's development and previously served as medical director from 2001 to 2006.

"Susy's wealth of knowledge and experience will be a tremendous asset to physicians who are struggling with addiction-related issues," said Robert Tortolani, M.D., president of the Vermont Medical Society (VMS). "They will be in very good hands."

President Tortolani also commended Dr. Simmons for his work with the program.

"David's contributions to VPHP have been substantial and appreciated," said Dr. Tortolani. "He raised the awareness of the program considerably and always worked with the best interest of his clients in mind. We wish him well as he continues to return to good health."

VPHP is a confidential service provided by VMS 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. Dr. Parker oversees the program with a committee of trained practitioners who provide support to their colleagues affected by substance abuse illness.

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.

From 1979 to 1985 Dr. Parker served as psychiatry director of the Department of Substance Abuse at the Henry Ford Hospital in Detroit. She was active in Michigan in physician illness intervention and treatment. Upon returning to Vermont in 1987, she started the UVM Medical College Student Wellness program at the Fletcher Allen Physician Health and Advocacy program.

In private practice since 1987, Dr. Parker received her B.A. in Biology from the University of Massachusetts, Boston, 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 University of Vermont College of Medicine, with an emphasis on the topics of substance abuse, physician impairment and pain management.



LEADERSHIP

Robert Tortolani, M.D.
President

Paula Duncan, M.D.
President - Elect

Victor Pisanelli, M.D.
Vice President

Howard Schapiro, M.D.
Secretary/Treasurer

John Brumsted, 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

Justin Campfield
Communications Specialist

Suzanne Parker, M.D.
VPHP Medical Director

2010 Annual Meeting

Saturday, November 6, 2010

Equinox Hotel
Manchester, Vermont

Make your reservations today! Call 1-877-854-7625.

(Make sure you tell them you are with the VMS)



BERLIN'S ED ZIEDINS, M.D., APPOINTED CVMC CANCER LIAISON

Ed Ziedins, M.D., of Berlin recently received a three-year appointment as Cancer Liaison Physician for the cancer program at Central Vermont Medical Center. The appointment places Dr. Ziedins among a national network of more than 1,600 volunteer physicians who are responsible for providing leadership and direction to establish, maintain, and support their facilities' cancer program.

Dr. Ziedins, who has a significant interest in the diagnosis and treatment of patients with malignant diseases, is a member of the multidisciplinary cancer committee at Central Vermont Medical Center, an institution that is dedicated to facilitating the delivery of comprehensive quality cancer care.

An integral part of cancer programs accredited by the American College of Surgeons Commission on Cancer (CoC), Cancer Liaison Physicians are responsible for spearheading CoC initiatives within their cancer program; collaborating with agencies, such as the American Cancer Society; and facilitating quality improvement initiatives utilizing data submitted to the CoC's National Cancer Database. The CoC collects data from its accredited cancer programs and provides tools back to these facilities to facilitate the analysis of patterns of diagnosis, treatment, and quality of care.



MDI LAUNCHES WEB-BASED TOOL FOR END-OF-LIFE CARE

The Madison-Deane Initiative (MDI), a program of the Visiting Nurse Association of Chittenden and Grand Isle Counties, has launched a new web site designed to help individuals and families find information and resources about palliative and end-of-life care. Vermont Palliative and End-of-Life Care Resource Connections – www.vtprc.org – was created by MDI with support from the Vermont Palliative Care Collaborative of the University of Vermont College of Medicine.

Designed for lay people and professionals alike, the web site offers valuable information and connects people to end-of-life care resources available in Vermont. Patients, their families, physicians, and caregivers can learn about palliative and hospice care options, get reliable information, find community services, locate providers, access supports, and identify learning opportunities.

The mission of Madison-Deane Initiative is to transform end-of-life care through education, collaboration and inspiration. MDI seeks to be responsive to emerging needs, to future challenges and to opportunities to increase understanding about end-of-life care issues as they arise in our community. For more information about MDI, please contact Madison-Deane Initiative at (802) 860-4419 or visit www.vmacares.org.

ALLEN HINKLE, M.D., NAMED CHIEF MEDICAL DIRECTOR OF BCBSVT

After nearly a decade in Massachusetts, Allen Hinkle, M.D., the recently named chief medical director of Blue Cross Blue Shield of Vermont, is happy to be returning to Northern New England.

"I've always liked the local nature of medicine the way it is practiced in Northern New England," said Dr. Hinkle, who was the director of pediatric anesthesia services at Dartmouth Hitchcock Medical Center from 1982 to 1993. "It was an opportunity to come back home."

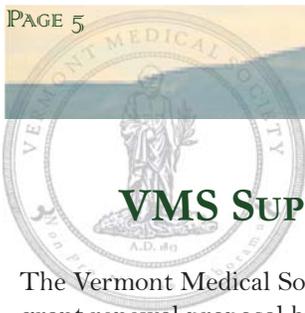
At the Vermont Medical Society's April 10th council meeting, Dr. Hinkle told members that he looked forward to getting to know the state's physicians and relayed his preference for a good working relationship between physicians and payers.

"The closer we can get to physicians, the better health care will be," Hinkle said.

Dr. Hinkle was most recently with the Tufts Health Plan where he served as senior vice president and chief medical officer since 2004. From 2001 to 2004, he served as medical director and vice president of health care quality, policy and innovation for Blue Cross Blue Shield of Massachusetts. From 1995 to 2000, Allen served as chief medical officer and senior vice president of quality health care management at Blue Cross and Blue Shield of New Hampshire.

Allen holds a B.S. from the University of Massachusetts and an M.D. from the Albert Einstein College of Medicine.

"We are very pleased to have Allen joining our team, given his extensive physician leadership and health plan experiences," said Don C. George, president and CEO, Blue Cross and Blue Shield of Vermont.



VMS SUPPORTS VERMONT AREA HEALTH EDUCATION CENTERS

The Vermont Medical Society recently lent its backing to the Vermont Area Health Education Centers' (AHEC) two-year grant renewal proposal by sending a letter of support to the granting organization, the U.S. Health Services and Resources administration.

Vermont AHEC links the resources of the University of Vermont College of Medicine to local communities and health care delivery systems through programs that promote health careers to youth statewide, support medical and nursing students at UVM and improve the state's ability to recruit and retain qualified health care professionals. Additionally, since 1997 AHEC has administered the state health professionals loan repayment program, which benefits primary care clinicians including family physicians, general internists, pediatricians, ob-gyns, psychiatrists, nurse practitioners and physician assistants.

Founded in the late 90s, Vermont AHEC includes three regional offices and a central office located at the University of Vermont College of Medicine in the Office of Primary Care, all of which work to recruit, train, and retain health care professionals in the workforce in Vermont. The central AHEC program office is the academic partner of AHEC's academic-community partnership, while the three regional AHECs provide community voices and community connections. The entire network mutually benefits both the academic and community partners and serves the health care interest of Vermonters.

10 QUESTIONS WITH ...

UVM COLLEGE OF MEDICINE DEAN FREDERICK C. MORIN, III, M.D



Green Mountain Physician (GMP):

How did you become interested in medical academia?

Dean Morin: I didn't become interested in medical school until late in my junior year of college. In my family an aunt was the only one who had gone to college and just graduating from one had been my goal. I was interested in biology and psychology, what we'd now

call neuroscience. I screwed up my courage and went to Chris Anderson, my psychology professor, to speak with him about getting a masters degree. He responded that I should get my doctorate and if I wanted to work with people I should get an M.D. degree first and then consider a PhD. My head was spinning when I left his office but it certainly broadened my horizons. In medical school at Yale I worked with pediatric cardiologist Norm Talner and perinatologist John Hobbins doing a research project on fetal echocardiography. That experience and mentorship during my residency from Phil Sunshine, chief of neonatology at Stanford, lead me to an academic career in Neonatology.

GMP: What do you see as your prime responsibility as dean of the UVM College of Medicine?

Dean Morin: My primary responsibilities are recruiting, retaining and developing faculty, as well as creating, communicating and funding the vision of the future for the college. I take very seriously our mission to educate students to become physicians and scientists, which in turn develops the physician workforce for the state and fuels economic growth in biomedical research.

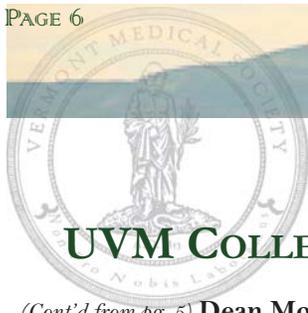
GMP: Where did you grow up?

Dean Morin: I have ancestors from Vermont, including a great grandfather Frederick Napoleon Morin, but I grew up in Springfield, Virginia from the age of five.

GMP: How does the college of medicine prepare its students to enter the medical profession when the practice environment is evolving so rapidly?

Dean Morin: Our M.D and residency programs have produced nearly 40 percent of the practicing physicians in Vermont and our graduates are recognized among the very best physicians and scientists in the world. However, there is a sea change to which we must adapt. In response to increasing demand for physicians across all specialties, like other medical schools we have increased class size significantly. The number of seats in medical schools in the US will have increased by 30 percent between 2006 and 2014. However, the number of applicants remains relatively stable. So the competition to attract top students has become more intense. The solutions to many of the educational challenges we see in the next decade have their roots in qualities that have existed on our campus for generations. We have long recognized that a patient is not just a constellation of symptoms but a person who is part of a family and a community.

GMP: In many respects, with the Blueprint for Health being a prime example, Vermont is on the leading edge of the health care delivery system. How does that affect the college of medicine's mission to educate and prepare the physicians of tomorrow?



10 QUESTIONS WITH ...

UVM COLLEGE OF MEDICINE DEAN FREDERICK C. MORIN, III, M.D

(Cont'd from pg. 5) **Dean Morin:** Historically, the college has always collaborated with the state of Vermont on a broad range of health care projects. Currently, we are working with the Agency for Human Services to study how care is delivered in the state, how the state looks at the outcome of that care, and how we set health care policy. We also helped to recruit the medical director for Medicaid in Vermont, Dr. Michael Farber, and we have a long history of working with the state and primary care physicians on quality improvement projects through VCHIP.

GMP: Which colleges or universities did you attend? What campus activities were you involved in?

Dean Morin: I earned my B.S. at the University of Notre Dame, and while there I tried out as a walk on for the football team and made it to the final cut. But as the smallest player on my high school team, I just didn't have the size to make the team at Notre Dame. I did play lacrosse for a couple of semesters and also became interested in film as an art form. In medical school at Yale, I sailed at the school yacht club and made a satirical film about the faculty and students for our second year show. The most important event was meeting my future wife, Tracy, at a dance. I then headed for the west coast for a residency in pediatrics at Stanford University and a research fellowship in neonatology at the University of California's Cardiovascular Research Institute. The main event was the birth of our first child, but I did take up back-country skiing in the Sierras with my wife.

GMP: How do you relax and unwind?

Dean Morin: I love the outdoors. Hiking, biking skiing, sailing, and fishing are the kinds of things that I have always loved to do. I've been out fly-fishing in the streams with my wife. The place we've loved most is up near Waterville, the north branch of the Lamoille, and it's just gorgeous.

GMP: The college of medicine has an excellent national reputation for producing primary care physicians. What makes UVM students so enthusiastic about entering this area of the medical profession?

Dean Morin: It is no surprise that many of our students choose primary care career paths, as they have the opportunity to learn and practice with physicians around the entire state, many of whom are leading the way in innovative and improved health care delivery practices. It is easy for our students to see what a significant impact a primary care physician has on the health of a community, and many of our students are drawn to that kind of career path.

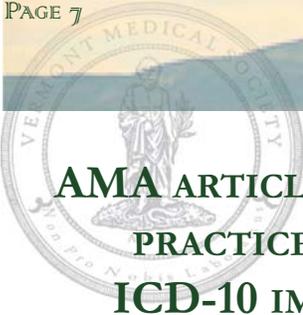
GMP: What do you like the most about living in Vermont?
Dean Morin: When I was considering this new job, I was impressed by the closeness of the University, Fletcher Allen, the college of medicine, and the state government. Over the last two-and-a-half years I've come to more fully appreciate the cohesiveness of the faculty and the student body. On the personal side, Vermont is a Mecca for the activities I love. With some faculty friends I have hiked pretty much every trail up Mansfield and Camel's Hump, and skied down half of them. Most importantly, my wife and I have found a wonderful, tight knit, welcoming community in the "five sisters" neighborhood in the south end of Burlington where we live.

GMP: Why are you involved with the Vermont Medical Society?

Dean Morin: As the only medical school in the state, our relationship with VMS is critically important. Physicians in Vermont are so much a part of the fabric of our school. Most members have some connection with UVM, whether they attended medical school here, completed a residency, are on the faculty, teach our students, collaborate on research or are involved in other projects. In addition, we learn from VMS members what the challenges are in their practices, and how the college's resources might be applied to help find solutions. One of the great benefits of our small state is that a small group of people can affect real change, and the forum and a voice that VMS provides is fully engaged in the issues that impact the health of our state and its citizens.



*Health Science Research Facility
at the University of Vermont College of Medicine*



AMA ARTICLE HELPS PHYSICIAN PRACTICES PREPARE FOR ICD-10 IMPLEMENTATION ON OCTOBER 1, 2013

Currently in the United States, ICD-9 is the code set used to report diagnoses and inpatient procedures. "ICD-9" stands for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). ICD-9-CM is based on the official version of the World Health Organization's (WHO) ninth revision of the International Classification of Diseases. ICD-9 is designed for the classification of patient morbidity (sickness) and mortality (death) information for statistical purposes. ICD-9 was named as the standard code set for reporting diagnoses and inpatient procedures under the Health Insurance Portability and Accountability Act (HIPAA) and was implemented in 2003.

On January 15, 2009, the U.S. Department of Health and Human Services (HHS) announced that starting on October 1, 2013, ICD-10 will replace ICD-9 as the HIPAA adopted code set for use in inpatient settings for coding diagnoses and inpatient hospital procedures and in physicians' offices and other outpatient settings for diagnoses. Current Procedural Terminology (CPT®) will continue to be the code set for reporting procedures in physician offices and outpatient settings. The ICD-10 diagnosis code set has much more specificity in the codes, increasing the code set from 14,000 to 68,000 codes. The regulation does not allow for use of the ICD-10 codes prior to the compliance date of October 1, 2013.

The conversion to ICD-10 will affect not only physicians' administrative and billing systems but also their business practices and clinical systems. Physicians will need to review their practice for all of the situations in which they use ICD-9 codes today, including their electronic health record, quality reporting and public health reporting.

The VMS plans on sponsoring a ICD-10 related CME session at its annual meeting on November 6th. In addition, the AMA has prepared the article "Preparing for the Conversion from ICD-9 to ICD-10; What you Need to be Doing Today" to help physicians and their practice staff prepare for these changes.

The AMA article may be found at:

<http://www.ama-assn.org/ama1/pub/upload/mm/399/preparing-for-the-conversion-from-ICD9-ICD10.pdf>

DON'T LET THE DOOR HIT YOU ON THE WAY OUT: EHR SERVICE CONTRACTS AND COSTS OF IMPLEMENTATION

By Northeast Medical Practice Management

The High Tech Initiative is encouraging medical practices to move forward in selecting an EHR solution.

As you work with different solution providers, you need to go into the contract negotiations with your eyes wide open. Remember, no matter what the salesperson tells you, the terms of the written contract will likely be the determining factor as to what you are entitled to receive.

Everyone realizes, in reviewing a contract, it is important to address all the areas essential to system implementation including licensing, implementation, training, and support. Interfaces are another important area not to be underestimated given cost considerations to interface with other systems (e.g. Rx, labs, radiology, patient portals) and 3rd party vendors (e.g. diagnostic equipment). But don't stop there. Be sure you understand what it takes to leave a vendor should the unfortunate situation arise where you need to change solutions. If you miss this, you will likely be "hit by the door on the way out".

It is crucial your vendor give you the costs associated with a de-conversion. You as the purchaser of the product and service need to be informed upfront what it would cost to walk away. What would happen if the vendor is acquired, goes out of business, or you simply are not satisfied with the product or service? Here are some questions to consider:

- Do you "own" the data?
- How do you obtain the data?
- Is there a cost to getting your data from the company hosting your software?
- Will charts be printed to hard copy OR exported into an industry-standard format?
- If there are existing interfaces in place, do you have access to the specs to transfer data?

Not all surprises are good surprises. Get ALL the costs ... going in and going out.

CONFERENCES

2ND ANNUAL OTOLARYNGOLOGY UPDATES FOR THE PRIMARY CARE PROVIDER

May 10, 2010
DHMC
Lebanon, NH

For more information call
603-653-1531 or go to the website at
<http://ccehs.dartmouth-hitchcock.org>

ULTRASOUND FOR EMERGENCY PROVIDERS: BASIC AND ADVANCED

May 20-21, 2010
DHMC
Lebanon, NH

For more information call
603-653-1531 or go to the website at
<http://ccehs.dartmouth-hitchcock.org>

THE 6TH ANNUAL DARTMOUTH CONFERENCE ON ADVANCES IN HEART FAILURE: "SPECIAL TOPICS 2010"

May 24, 2010
DHMC
Lebanon, NH

For more information call
603-653-1531 or go to the website at
<http://ccehs.dartmouth-hitchcock.org>

WOMEN IN MEDICINE

May 26-30, 2010
Resort at Squaw Creek
Lake Tahoe, CA

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

FAMILY MEDICINE REVIEW COURSE

June 8-11, 2010
Sheraton Hotel
Burlington, VT

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

Save the Date!

Vermont Medical Society 197th Annual Meeting
November 6, 2010
Equinox Hotel, Manchester, Vt.

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

VERMONT MEDICAL SOCIETY
PO Box 1457
Montpelier, Vermont 05601