

“Not for ourselves do we labor.”



2014 Vermont Medical Society Annual Report

Vermont Medical Society
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Dear Vermont Medical Society member:

On behalf of the VMS executive committee, council and staff, it is my pleasure to present to you the Society's 2014 annual report.

Inside you will find information about the many ways in which VMS worked on your behalf last year, including:

- What VMS advocated for in 2014, including limiting VPMS use requirements that would have put additional administrative burdens on physicians, successfully advocating for a three-percent Medicaid reimbursement increase, adding a prior authorization pilot program to legislation, and defeating legislation that would have added APRN to laws that refer to "physicians" or "doctors";
- A summary of the 2014 annual meeting;
- Details on the Society's latest resolutions, which cover topics such as:
 - Improving the transition of care;
 - Act 48 triggers for publicly financing health care;
 - Encouraging evidence-based alternatives to Opioid prescribing;
 - The creation of patient portals;
 - Integrating the science of the Adverse Childhood Experience study in medical practice and education; and,
 - Timely access to psychiatric care. The treasurer's report and proposed budget;
- Education and outreach efforts conducted by staff throughout the year; and,
- Important upcoming events and meetings.

On a personal note, serving the state's physicians has been a profoundly rewarding experience. I've seen up-close-and-personally how hard each of you work to ensure that Vermonters have access to some of the best health care in the country. You do amazing work, day in and day out, and in many ways are the backbone of our local communities.

I appreciate the opportunity to serve you all.

Sincerely,

Daniel Walsh, M.D.
President, 2013-2014

Leadership

Daniel B. Walsh, M.D., President

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Norwich, Vt., resident Daniel B. Walsh, M.D. is a vascular surgeon at Dartmouth-Hitchcock Medical Center and a member of the faculty at the Geisel School of Medicine at Dartmouth. In addition to his duties at DHMC, Dr. Walsh cares for patients at the Veteran's Hospital in White River Junction and the Central Vermont Medical Center. He joined the DHMC staff in 1987.

Dr. Walsh attended Harvard College, Dartmouth Medical School and The University of Pittsburgh Medical School, and performed his residency at the University of Michigan Medical Center.

David Coddaira, M.D., President-elect

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Dr. Coddaira is a family physician at the Morrisville Family Health Center and a recipient of the 2009 Vermont Medical Society Physician of the Year Award.

He earned his M.D. at the University of Vermont College of Medicine and completed his residency at Fletcher Allen Health Care.

James Hebert, M.D., Vice President

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Dr. Hebert is a general surgeon at the University of Vermont Medical Center and a Mackay-Page Professor of Surgery at the University of Vermont College of Medicine, where he earned his M.D. He was named to U.S. News and World Report's Top Doctors list for 2012-2013, placing in the top 1 percent for excellence in General Surgery with special expertise in Biliary Surgery and Colon & Rectal Surgery.

His research interests have focused on host defenses against infection and medical education. He has been a funded researcher and has authored many peer reviewed articles, book chapters, editorials and reviews. He has been the recipient of the UVM Department of Surgery teaching and service awards. In 2002 Dr. Hebert received a Distinguished Academic Achievement Award from

the Medical Alumni Association at UVM, and in 2006 was the recipient of a Distinguished Service Award from the NBME.

Howard Schapiro, M.D., Secretary/Treasurer

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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.

Norman Ward, M.D., Immediate Past President

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Dr. Ward is a family practice physician and medical director of case management at Fletcher Allen Health Care's South Burlington Family Practice. An associate professor at the University of Vermont College of Medicine, he earned his M.D. at Brown University Medical School and completed his residency at the University of Rochester.

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.

VMS Staff

Paul Harrington, Executive Vice President

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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 The Physicians' Foundation. Paul is a graduate of the University of Vermont.

Madeleine Mongan, Vice President for Policy

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Vice President for Policy 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 represents Vermont physicians on the Medicaid Advisory Board, the Area Health Education Centers Advisory Board and the Vermont Health Resource Allocation Plan Board.

She received her B.A. from the University of Delaware, M.A. from Stanford University, and J.D. from the University of California at Davis.

Stephanie Winters, Operations Director

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Office and Membership Coordinator Stephanie Winters has worked at VMS for thirteen years. She serves as the executive director of the Vermont chapter of the American Academy of Pediatrics, and the executive director of the Vermont Orthopaedic Society. Stephanie graduated from U-32 High School in East Montpelier in 1995 and attended Champlain College in Burlington.

Stephanie was born and raised in Central Vermont.

Colleen Magne, Business Manager

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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, 18-year-old son Nathan, and 25-year-old daughter Meghan. Colleen attended Trinity College of Vermont in Burlington. She enjoys living and working in the Montpelier area, as well as attending sporting events at Union 32 High School in East Montpelier.

Justin Campfield, Communications Director

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Justin Campfield has led VMS's communications efforts since January 2009 and contributes 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 and three children in Norwich, Vermont.

Suzanne Parker, M.D., VPHP Medical Director

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Suzanne Parker, M.D., rejoined VMS as 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.

Wm. Cyrus Jordan, M.D., VMSEF Administrator

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Dr. Jordan assumed the position of Medical Director of the Vermont Medical Society's Foundation for Research and Education at the Foundation in late 2010 after serving as the Medical Director of the Vermont Program for Quality in Health Care, Inc. for 17 years.

Dr. Jordan is a graduate of Dartmouth College and the University Of Connecticut School Of Medicine. He completed both a residency in family medicine at the University of Vermont and a pediatric residency at Boston University. He received his Masters in Public Health from Harvard University. Prior to his career in quality measurement and improvement, Dr. Jordan practiced family medicine and pediatrics for a decade in inner city Boston and rural Vermont.

Dr. Jordan served as chair of the board of directors of the Vermont Information Technology Leaders, Vermont's HITECH Regional Extension Center from 2007-2009. He currently serves on the board of the Vermont Manufacturing Extension Center, a federal and state partnership to promote production and service efficiencies in both the private and public sectors including state government, education and health care.

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What We Advocated for in 2014

The Vermont Medical Society is the only organization advocating full-time on the behalf of Vermont's physicians. During 2014, VMS was actively involved in a large number of issues before the General Assembly, Governor Shumlin's administration and the Congress, including:

Legislature passes 2014 session's health care reform bill H.596 (formerly S. 252)

The General Assembly passed H.596 – this year's health care reform bill – and sent it to Governor Shumlin for his signature. The bill seeks to update the Act 48-related assumptions that will form the basis for the General Assembly's efforts to enact Green Mountain Care (GMC) - a publicly financed health care system - during the 2015-2016 legislative session.

While the bill mainly focuses on a number of health care reform-related studies, it codifies current state policy and allows small employers to purchase their health insurance plans directly from health insurance companies instead of having to pay their premiums to the problem-plagued health benefit exchange. H.596 requires the Agency of Human Services to identify by Jan. 15, 2015, the elements of GMC, such as claims administration and provider relations, for which it plans to solicit bids for an outside administrator for GMC. The bill also defines non-emergency walk-in clinics and requires them to accept patients of all ages for diagnosis and treatment of illness during all hours that the center is open to see patients. It also mandates that centers not discriminate against any patient on the basis of insurance coverage.

Green Mountain Care Board approves simplified patient consent policy

On March 13, the Green Mountain Care Board (GMCB) voted unanimously to significantly simplify the state's policy for obtaining patient consent in order for physicians to access protected health information (PHI) from other providers on the Vermont Information Technology Leaders' (VITL) health information exchange. This step should help promote greater use of the Vermont Health Information Exchange (VHIE) provider portal when it goes live this May and help improve patient care and reduce duplicative diagnostic testing. The Board action will also make the consent process less burdensome and confusing for patients.

The action was initiated by an October 2013 request to GMCB made by VMS, Fetcher Allen Health Care and the Vermont Assembly of Home Health and Hospice Agencies. The three organizations asked the Board to revise the existing multiple consent policy and instead allow for a onetime global patient

consent for provider access to information on the VHIE. The former consent policy required a separate patient consent for each participating health care provider caring for the patient. Participating health care provider was defined as a health care provider or a physician practice in any health care organization. Therefore, under the former consent policy, a patient would potentially be required to provide separate written consent to both multiple individual physicians and to different health care organizations during the course of their treatment.

Throughout the deliberations on the development of the former consent policy, concerns were raised by VMS and FAHC that the proposed policy would create significant administrative burdens for Vermont providers and their staff and it would also create significant confusion for their patients who would be faced with multiple and similar forms to sign. And as a consequence, the consent policy could result in a high degree of reluctance for health care providers to participate in the VHIE due to the lack of certainty regarding the consent status.

FY 2015 Budget: Conference committee lands on 1.6 percent Medicaid reimbursement increase

The conference committee agreed on a 1.6 percent Medicaid reimbursement increase that will be funded in part by an assessment on employers whose employees receive Medicaid benefits. The 1.6 percent reimbursement increase will cost about \$2 million and will begin on Jan. 1, 2015. In its budget proposal, the Shumlin Administration included a 2 percent Medicaid cost of living increase for physicians and other health care professionals. The House-passed budget included a 3/4 percent increase, while the Senate-passed version included the full 2 percent. VMS has advocated for annual inclusion of a cost of living increase for physicians for many years and strongly supported including the 2-percent increase in the FY 2015 budget.

The Medicaid reimbursement rate is particularly important for VMS since the Affordable Care Act (ACA) increased income eligibility for Medicaid to 133 percent of the federal poverty level. This has resulted in approximately 67,000 additional Vermonters becoming eligible for Medicaid. While many of these new Medicaid beneficiaries were formerly covered by VHAP, which reimburses at the same rates as Medicaid, some were covered by Catamount which reimbursed at approximately 10 percent more than Medicare, and still others were covered by employer sponsored insurance or were uninsured. As of the end of May, about 27,000 Vermonters were covered in the individual insurance market by Vermont Health Connect (VHC), the health care exchange. The VHC exchange plans operated by BCBSVT and MVP reimburse physicians at commercial insurance rates.

VMS continues to be concerned about whether health care reform will be adequately financed at a level sufficient to recruit and retain a high quality health

care workforce. The budget also included language that acknowledges the importance of increasing the Medicaid rates for primary care to the Medicare level. The current enhanced payments to primary care authorized by the Affordable Care Act (ACA) will expire on Dec. 31, 2014, unless Congress takes action to extend the payments.

Tax Increases – Employer Assessment and Tobacco Taxes

The tax bill included the revenue increases needed to support the spending in the budget. The tax conference committee extended the assessment on employers who do not offer health insurance to employers who do offer insurance but whose employees enroll in Medicaid. The amount of the quarterly employer assessments for the third and fourth quarters of calendar year 2014 will increase from \$91 to \$133, and future increases will be tied to premium increases. The increased assessments will raise \$2.8 million.

The tax bill also increased cigarette taxes 13 cents per pack, to \$2.75 and increased the tax on tobacco products such as snuff and smokeless tobacco an equivalent amount. These tobacco tax increases will raise \$1.1 million and \$850,000 respectively.

Loan Repayment

The Department of Health and the Area Health Education Centers (AHEC) have applied for a \$1 million federal loan repayment grant that will be matched by \$1 million state funds. Over the four-year grant period, a total of \$2 million, or \$500,000 per year, would become available for loan repayment for primary care clinicians, ob-gyns, and psychiatrists who work in Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs). The 2015 budget includes the matching funds for this grant. This new loan repayment funding will supplement the annual amount of state loan repayment funds, approximately \$800,000, and help recruit and retain clinicians to address the shortage of primary care physicians. Last year about 450 primary care clinicians in Vermont applied for loan repayment, but there was only enough funding to make awards to about 100 clinicians.

Lyme Disease

For the past six years VMS and the Department of Health have opposed bills that would create disciplinary immunity for physicians and others who prescribe long-term antibiotics to treat “chronic Lyme disease.” During this time, the Department of Health and VMS co-sponsored several CME conferences that provided education about Lyme disease epidemiology and treatment.

A bill was introduced again this year. As passed the bill will require the Vermont Board of Medical Practice, the Board of Osteopathic Physicians and the Board of

Nursing to issue policy statements communicating to licensees that the boards will not take disciplinary action against a physician, solely for the use of medical care recognized by the guidelines of the Centers for Disease Control (CDC), the Infectious Diseases Society of America (IDSA) or the International Lyme and Associated Disease Society (ILADS) for treatment of patients who are clinically diagnosed with Lyme disease or other tick-borne illness. (The ILADS guidelines support treatment of Lyme with long term antibiotics.) The bill does not preclude discipline for errors, omissions or other misconduct when following the guidelines. While VMS opposes the bill, VMS believes that version of the bill that passed is much better than the bill that was introduced.

As introduced, H.123 set a medical standard of care for Lyme disease in law by expressly permitting a physician to prescribe long-term antibiotic therapy for the purpose of eliminating or controlling the symptoms of Lyme disease. As introduced, the bill included in the law an extremely broad definition of Lyme disease. As introduced the bill expressly created immunity for treating chronic Lyme disease with long-term antibiotics. Finally, as introduced the bill included a mandate that insurers cover long-term antibiotic therapy for patients diagnosed with Lyme disease.

During the legislative process, amendments removed the definition of Lyme disease, the section of the bill that stated that a physician could prescribe “long-term antibiotic therapy for the purpose of eliminating or controlling a patient’s infection or symptoms,” the section that created express immunity for using long-term antibiotic therapy for Lyme disease, and the insurance mandate to cover long term antibiotics.

VMS believes that diagnosis and treatment of diseases are part of the standard of care and should be set by professionals, not legislatures. VMS strongly opposes legislating the standard of medical practice, which must change as science and evidence change. The legislature does not have the expertise or the flexibility to set the standard of care for medical practice, or the ability to make modifications in a timely manner.

Revisions to Vermont Board of Medical Practice procedures

Legislation that addresses the Vermont Board of Medical Practice’s investigative procedures has passed. The bill, H. 350, introduced by Reps. Kate Webb and George Till, M.D., clarifies what information about disciplinary actions taken against licensees is posted on the “Board Actions” website and the Department of Health’s physician profiles site. The bill requires the Board and the Department to remove information from the public websites when a charge filed against a licensee is dismissed by the Board or the court, or when a licensee is found to be not guilty of unprofessional conduct.

Information about disciplinary charges dismissed by other states is also required to be removed on request of a licensee, and the Board will post a summary of the final disposition of cases indicating any charges that were dismissed and any charges resulting in a finding of unprofessional conduct. Currently when a charge is dismissed, the information about the entire history of the case is retained on the “Board Actions” site and on the physician profiles site, which can be picked up by search engines.

H. 350 also sets educational standards for Board investigators. Investigators who are not currently certified as law enforcement officers must take 25 hours of relevant continuing education every year, which is comparable to the 25 hours required to maintain law enforcement certification. In addition, investigators will be required by the bill to “obtain and maintain certification from a national or regionally recognized entity regarding investigation of licensing cases as approved by the Board.” VMS supports this requirement for professional training in investigating licensing cases since the investigation of medical professional licensing and discipline cases differs from the investigation of criminal cases.

Finally, the bill requires the Board to review, and revise as appropriate, its policies and procedures for conducting unprofessional conduct investigations. As part of this review, the Board is required to accept suggestions from interested stakeholders, such as VMS. The bill also requires the Board to report to the legislature next year on the outcome of the review and any resulting changes the Board has made to its investigation policies and procedures. VMS supported H. 350 throughout the legislative process and looks forward to working with the VBMP to review and revise its investigation procedures.

Amendments to gift ban and disclosure requirements for educational sessions offered by device manufacturers

H. 350 permits device manufacturers to sponsor and provide educational programs at national or regional professional society meetings where accredited professional education programs, such as CME courses, are also offered. Manufacturer funding may be used for the educational programs and for meals and food for program participants at these sessions.

VMS heard from physicians that device manufacturers have barred Vermont physicians and other health care professionals from attending educational sessions at national and regional conferences, and from attending meals associated with the educational sessions. Vermont law prohibits manufacturers from offering educational sessions and food, unless the educational sessions have received formal accreditation from an organization such as the Accreditation Council for Continuing Medical Education (ACCME). When manufacturers support accredited CME, they may not specify or direct the content of those sessions.

Physicians reported that manufacturer-sponsored sessions can be the only way to obtain current information about devices and issues related to the use of devices. Vermont is the only state that bans this type of educational sessions and Vermonters attending their national conferences reported feeling singled out. Massachusetts had a similar ban but repealed it in 2012 and now permits payment for modest meals provided for the purpose of educating health care practitioners about drugs or devices. The Vermont gift ban prohibition on educational sessions and associated food also affected other Vermont professionals such as nutritionists and nurses who reported either being banned from attending sessions at their national meetings or billed for expensive sandwiches after the fact.

To address this issue, VMS met with the Office of the Attorney General and worked with Rep. Till to introduce H. 633, a bill that would permit Vermonters to attend manufacturer-sponsored educational sessions at their national and regional conferences. The text of this bill, H. 633, was added to H. 350 at the end of the session.

Unlike device manufacturers, pharmaceutical manufacturers are still not permitted to sponsor this type of educational sessions and food to Vermonters. They may continue to support more formal educational sessions that are accredited by the ACCME or a similar accrediting entity. Legislators stated that while access to device education is limited, there are many ways to obtain education about drugs, such as academic detailing.

New policy on the use of opioid analgesics for the treatment of chronic pain adopted by Vermont Board of Medical Practice

At its April meeting, the Board adopted a Policy on the *Use of Opioid Analgesics in the Treatment of Chronic Pain*. While the policy serves as a guideline, not a hard and fast rule, it will be used by the Board when they review medical care in investigations, and physicians who do not follow the policy should document their rationale. In its introduction to the policy, the Board included the following statement about how it will apply the policy in determining whether a licensee has followed the standard of care:

This is a policy that provides guidelines. On its own, the policy will not be the basis for an allegation of unprofessional conduct. It is offered to assist providers. However, parts of the policy reflect Vermont and federal laws and regulations that must be followed.

In addition, the policy reflects the Board's understanding of the standard of care at the time the policy is adopted. Thus, failure to follow the guidance may put a provider at risk of failing to meet the standard of care, which could lead to an allegation of unprofessional conduct.

The VMS Council and primary care physicians and physicians with expertise in pain management and addiction treatment reviewed the draft policy prior to its adoption and based on the review, VMS submitted comments. The Board considered the VMS comments at their March meeting and accepted some of them.

The Board Policy updates the VBMP's prior (2006) policy on *Use of Controlled Substances for the Treatment of Pain* and, like the current policy, includes specific and detailed guidelines. The guidelines in the new 2014 VBMP policy include detailed provisions addressing:

1. Patient Evaluation and Risk Stratification,
2. Development of a Treatment Plan and Goals,
3. Informed Consent and Treatment Agreement,
4. Initiating an Opioid Trial,
5. Monitoring and Adapting the Treatment Plan,
6. Periodic Drug Testing and Response to Evidence of Aberrant Behavior,
7. Consultation and Referral,
8. Discontinuing Opioid Therapy,
9. Medical Records,
10. Compliance with Controlled Substance Laws and Regulations, and
11. Practice Systems.

The Board policy is based on the Federation of State Medical Board's (FSMB) 2013 Model Policy on the Use of Opioid Analgesics for the Treatment of Chronic Pain. While the Board policy tracks the FSMB policy quite closely, it makes a number of changes.

VMS appreciates the Board's adoption of clear guidelines for physicians and other licensees who are prescribing opioids, and also appreciated the opportunity to provide input to the Board on the draft policy.

Mental health / Involuntary medication

Consistent with the VMS Policy on Acute Inpatient Mental Health Care adopted at the February 2014 VMS Council meeting (<http://www.vtmd.org/advocacy-and-policy/vms-resolutions>), VMS worked in partnership with the Vermont Association of Hospitals and Health Systems (VAHHS), the Department of Mental Health, and Fletcher Allen Health Care (FAHC) to pass S. 287, a bill that improves timeliness of treatment for acutely ill psychiatric patients.

Delayed treatment for acutely ill psychiatric patients has been a serious problem in Vermont. Data from the Vermont Department of Mental Health found that in Vermont the average time from a patient's admission to a level 1 acute care hospital to a medication court order that permits the administration of involuntary medication was 72 days. This time period did not include the time spent waiting

in emergency departments for a bed in a level 1 acute care hospital. A national comparison done by the Treatment Advocacy Center found that Vermont was one of only five states with significant delays in delivering medication over patients' objections. The study found that in Vermont the typical delay in providing medication to patients in psychiatric crisis who were unable to recognize their need for treatment was more than two months.

Commitment process will begin in the emergency department

Acknowledging the reality of the decentralized mental health acute care system in Vermont, S. 287 requires the legal commitment process to start when a patient is held in an emergency department prior to admission to a level 1 acute care psychiatric bed.

As of Nov. 1, 2014, an emergency examination (EE) by a psychiatrist will be required within 24 hours after the patient arrives in the emergency department or hospital, and an application for involuntary commitment must be filed within 72 hours after the emergency examination, even if the patient is still in the emergency department.

Patients are deemed to be in the temporary custody of the Commissioner of Mental Health when they are held involuntarily in a hospital or emergency department prior to commitment. The Commissioner must ensure that patients in temporary custody are receiving temporary care and treatment as needed to protect the safety of the patient and others, respect the privacy of the patient and other patients, and prevent physical and psychological trauma. Under current law a patient is not placed in the custody of the Commissioner until a court orders involuntary commitment, which can take many weeks.

Expedited review of commitment cases

H. 287 expressly permits the court to authorize an expedited review in certain types of cases. Expedited review is permitted for patients who, even when hospitalized, demonstrate a risk of causing "serious bodily injury" to self or others. The term "serious bodily injury" is narrowly defined as injury that creates a substantial risk of death, impairment of function, impairment of health, or disfigurement. Expedited reviews are also available for patients who have received involuntary medication in the past two years and it is unlikely that additional time will lead to a therapeutic relationship or the patient's regaining competence. If the court grants an expedited review, the commitment hearing must be held within 10 days after the expedited hearing is ordered. Commitment cases that are not expedited can take up to 20 days or longer if continuances are granted and the bill authorizes the court to grant each party a onetime continuance of seven days and authorizes the court to grant one or more additional seven-day continuances if the court finds that the parties would be prejudiced or if the parties stipulate to the continuance.

When commitment cases are not heard in 60 days, the Commissioner of Mental Health is required to ask the attorneys and the court to provide the reasons for the delay and the Commissioner is required to submit a report to the Court and the Secretary of Human Services explaining why the delay was warranted or making recommendations about how delays of this type can be avoided in the future.

Time for filing involuntary medication applications and consolidation of medication and commitment cases

In cases involving a risk of serious bodily injury that the court has expedited, an application for involuntary medication may be filed prior to the commitment order. In these cases, the court is required to consolidate the medication hearing and the commitment hearing.

An application for involuntary medication may also be filed prior to commitment in cases where the case has been pending without a hearing for more than 26 days and the treating psychiatrist certifies that additional time will not lead to a therapeutic relationship or regained competence and serious deterioration of the patient's mental condition is occurring. In these cases, after a review of the psychiatrist's certification, the court must consolidate the medication and commitment hearings and hold a hearing within ten days.

The bill removes the automatic 30-day stay for involuntary medication orders, allowing medication orders to be enforced immediately, while retaining the patient's ability to apply for a stay when they plan to appeal the order.

Family consent to hospice admission; rules for consent to Do Not Resuscitate (DNR) and Clinician Orders for Life Sustaining Treatment (COLST)

H. 874 allows a family member or person with a known close relationship to a patient to consent to admit the patient to hospice care if the person does not have an agent or guardian, or if the agent or guardian is unavailable. The bill also specifies that decisions made by the family member or person with a known close relationship must protect the patient's own wishes in the same manner as an agent is required to make decisions under the advance directive statutes. Whenever possible the person providing consent must base the hospice admission decision on the patient's wishes or substituted judgment. When the patient's wishes about hospice care are unknown, the person providing consent must base the decision on the patient's best interests.

The bill also delayed until July 1, 2016, a requirement that the Department of Health promulgate rules adopting criteria for surrogate consent to DNR or COLST orders when patients do not have agents or guardians and deleted a requirement that the rules address access to a hospital's "internal ethics

protocols” in the event of disagreement about who should give informed consent to DNR/COLST for a patient. Hospitals testified that they do not have “internal ethics protocols.”

Pretrial services, risk assessments, medication assisted treatment

S. 295 establishes a process for risk assessments, needs screenings and referrals for substance abuse treatment to be conducted at all stages of the criminal justice system.

The screenings and referrals are designed to identify and divert individuals from the traditional criminal justice response and serve them through programs such as recovery support, restorative justice programs, community-based treatment, rehabilitative services, case management, drug treatment, and offender reentry programs. The bill also requires the Department of Corrections to establish a pilot project that would allow detainees and sentenced inmates in Department of Corrections facilities to continue to receive medication–assisted treatment.

Rules for Buprenorphine Prescribers

Because of concerns raised about the diversion of buprenorphine, the bill requires the Secretary of Human Services to adopt rules requiring physicians who prescribe buprenorphine to query the Vermont Prescription Monitoring System (VPMS) the first time they prescribe buprenorphine and at regular intervals thereafter. The Commissioner of Health is also directed to promulgate rules that include requirements that physicians treating fewer than 30 patients with buprenorphine ensure that their patients are screened to determine their need for counseling and that patients who are determined to need counseling or other support services are referred as needed.

VMS will work with the Agency of Human Services and the Department of Health as the rules are promulgated. Earlier versions of the bill had required the rules to mandate that physicians to check the VPMS each time they prescribed buprenorphine and to ensure that their patients received counseling. While the final version of the bill was an improvement, VMS remains concerned that imposing administrative burdens on physicians who prescribe buprenorphine may create a disincentive for physicians in smaller practices to prescribe buprenorphine. If physicians refer their patients to one of the seven medication-assisted treatment hubs in Vermont, it could result in longer waiting lists at the hubs. Currently the state’s hub and spoke program is unable to support the smaller practices that prescribe buprenorphine to fewer than five patients.

Workers Compensation / opioid usage

This year the legislature added a provision requiring the Commissioner of Labor to promulgate rules about opioid prescribing to a bill that made various changes

to the workers' compensation laws. When this provision was proposed VMS expressed concern about different state agencies adopting rules that potentially could have required physicians to apply different rules to treating patients with the same condition. The bill was amended to require the Commissioner of Labor to consult with the Department of Health and VMS about promulgating the rules. The rules will address "prescription of opioids, including patient screening, drug screening, and claim adjudication for patients prescribed opioids for chronic pain." Requirements that the rules address appropriate diagnoses for opioid treatment and opioid dosage amounts were removed in the final version, based on VMS' concerns.

To address VMS' concerns about different state agencies creating multiple standards for patients with chronic pain, physicians specializing in occupational medicine and rehabilitation medicine were added to the Department of Health's Uniform Pain Management System Advisory Council (UPMSAC), a large group of clinicians, licensing board representatives, and consumer groups. The purpose of the UPMSAC is to advise the Commissioner of Health on rules, standards and guidelines for treating chronic pain. Adding the Commissioner of Labor and physicians who specialize in occupational and rehabilitation medicine to this group will ensure that the standards created by the Department of Labor are consistent with the standards endorsed by the Department of Health.

Prohibiting use of handheld portable devices while driving

The ban on portable handheld devices while driving passed both the House and Senate after being stalled in the Senate. The bill was tacked on to a miscellaneous motor vehicles bill (H.314) in the last week of the session. The new compromise plan will make it illegal to talk on a phone or use other electronic devices while operating a motor vehicle beginning Oct. 1, 2014, and also directs the state to launch educational public service announcements by Aug. 1, 2014.

The bill will carry a fine of at least \$100 for a first offense, followed by fines up to \$500 for subsequent offense. The violation will not carry points against a driver's license, however.

The Governor has not been supportive of this legislation, but with the bill on the fast-track to his desk, Shumlin's office indicated Wednesday he will sign it.

The VMS advocated in strong support of this legislation as a result of a 2011 resolution on distracted driving:

<http://vtmd.org/sites/default/files/files/2011%20Distracted%20Driving.pdf>.

Prohibiting smoking in vehicles with minors

H.217 takes significant steps to protect children and adults in Vermont from secondhand smoke exposure by addressing smoking in several venues:

- Hotels – expands current law to prohibit smoking in guest rooms, making all Vermont hotels 100% smoke free;
- State owned property – creates a 25-foot smoke free zone around all state owned buildings and prohibits smoking on the grounds of any state owned hospital or residential recovery facility;
- Public schools – expands current tobacco prohibition to include electronic cigarettes on public school grounds and at public school-sponsored events;
- Child care facilities – expands current tobacco prohibition to include electronic cigarettes on the premises of any licensed child care facility or after school program;
- State parks and forests – prohibits smoking in designated smoke free properties or grounds owned or leased by the state; and
- Prohibiting smoking in motor vehicles when children under the age of eight are present. This is the section of the bill that the VMS most strongly advocated for.

Resolutions Adopted in 2014

During its 201st annual meeting held Oct. 25, 2014, VMS adopted policy resolutions that addressed a number of issues critical to the delivery of health care and that formed the basis of the organization's 2015 public policy efforts on behalf of its 2,000 physician members.

The adopted resolutions were:

Compliance with Act 48 Triggers for Publicly Financing Health Care – Called on VMS to analyze the Administration's proposal and assumptions for publicly financing Green Mountain Care, and develop findings regarding the relevant Act 48 conditions or triggers.

Encouraging Access to Evidence-Based Alternatives to Opioid Prescribing – Called on VMS to support the work of the Uniform Pain Management Advisory Council to increase access to, and coverage for, evidence-based non-pharmacological treatment and non-opioid pharmacological treatment for chronic pain.

Timely Access to Level One Inpatient Psychiatric Care in Vermont – Called for VMS to work with the Department of Mental Health, the General Assembly and the Vermont Association of Hospital and Health Systems to assess the current status of access to level one inpatient psychiatric care in Vermont and, if deemed to still be inadequate, urge the State to adopt further measures to enhance level one psychiatric inpatient treatment resources.

Integrating the Science of the Adverse Childhood Experience (ACE) Study in Vermont Medical Practice and Medical Education – Urged the Vermont Department of Health to continue to monitor the population-based impact of ACE using data collection strategies such as (but not limited to) the Behavioral Risk Factor Surveillance System. Additionally, VMS will work with public and private partners to identify, and rigorously evaluate and promote, strategies for the integration of strength based, data-driven and age-appropriate prevention, screening and follow-up/referral activities throughout Vermont's health care delivery system and medical training.

Working with the Green Mountain Care Board to Develop the Vermont Health Resource Allocation Plan – VMS urged the Green Mountain Care Board to partner with physicians and other health professionals to develop a statewide health resource allocation plan that uses the medical needs of all Vermonters as the underlying construct rather than a community market based approach. Further, the plan should weigh heavily issues of equity and patient centeredness. VMS also urged the Board to prioritize the current and future needs of the workforce by ensuring an adequate primary care and mental health/substance abuse workforce that is readily available to all Vermonters, as well as regionalized specialty medical and surgical workforce that is reasonably available and a tertiary and quaternary workforce that is emergently available to all the state's residents.

Supporting Funding and Positions for Graduate Medical Education in Vermont – Called for VMS to work with academia, government, hospitals, insurers, and providers to increase GME opportunities and funding in Vermont, as well as aligning GMEs with the state's evolving medical needs.

Patient Portals – Called for VMS to join eligible hospitals and eligible providers in working with VITL in order to explore building a statewide patient portal function on top of the Vermont Health Information Exchange Network and encourage VITL to consider serving as an aggregator for existing patient portals.

Transition from Pediatric to Adult Care in the Present Medical Model – Called for VMS to identify and support opportunities to educate physicians about evidence-based practices in health care transition.

Corporate Affiliate Program

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:

Medical Mutual Insurance Company of Maine (MMIC)

MMIC was founded in 1978 by a group of 12 physicians in response to a nationwide crisis in the professional medical liability insurance industry. Today, Medical Mutual is recognized as a stabilizing force in the medical communities of Maine, New Hampshire and Vermont. Unlike commercial insurers, whose fiduciary responsibility is to make money for their investors, Medical Mutual's business is driven solely by the needs of those involved in medical liability disputes. We're here to help protect the assets, financial integrity and reputations of the physicians, hospitals and other healthcare providers we insure in the event of a claim. And should the claim be deemed justified, we are equally responsible for paying the patient a fair settlement. Please visit their website for more information at: <http://medicalmutual.com>

Pastore Financial Group, LLC

Pastore Financial Group understands the unique needs of physicians. They help physicians make informed financial decisions. They organize all of your financial information on your personal secure website which is updated daily and integrated into a plan to meet your unique needs. With professional guidance they help you uncover and fill financial gaps, take advantage of opportunities and implement financial strategies and solutions. As a member of VMS you are entitled to a complimentary website. Request a personal call. Request your personal website. Contact us at: (802) 863-1248

New VMS Member Benefit: VMS Disability Insurance Program with discounted premiums. Are you paying too much for your current disability policy? Does your policy have high quality provisions? Is your coverage adequate? Now you can receive a policy review and compare benefits. For further information please visit their website at: <http://www.pastorefinancialgroup.com>

VermontRxCard.com

Vermont's Official Statewide Prescription Assistance Program As a resident of Vermont, you and your family have access to a statewide Prescription Assistance Program (PAP). This card will provide you with Rx medication savings of up to 75% at more than 56,000 pharmacies across the country including Hannaford, Kinney Drugs, Osco, Walgreens, Walmart and many more. Visit their website at: <http://vermontrxcard.com/index.php>

Baystate Financial

The Baystate Financial Medical Division was created to specifically address the unique challenges that face physicians and medical practitioners in today's financial environment. We help medical practitioners, at all stages of their careers, plan for the financial future for themselves, their practice and their families. The Team at Baystate Financial MD offers a variety of financial planning and management services specifically geared to the medical professional and can custom tailor a plan to meet your individual needs. For more information please contact John Bourland at 802.865.4067 or jbourland@pfavt.com. Visit their website at: www.baystatefinancial.com

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.

Online: VMS members can keep up-to-date by visiting VTMD.org and the Society's Twitter feed, [Twitter.com/VMSAdvocates](https://twitter.com/VMSAdvocates).

Insurance

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

Guide to Health Care Law: VMS has recently updated its Vermont Guide to Health Care Law. The guide, which covers practice issues, business issues, and regulation of health professionals, is available on the VMS Web site.

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.

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.

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.
- RESIDENTS and STUDENT members are medical students or physicians in residency programs.
- LIFE members are retired because of incapacity or disability with 10 or more years as a VMS member, or more than 70 years old with at least 10 years of VMS membership.

New active members receive a 50-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.

2014 Membership Dues (County dues are not included in the below price)

- Active members: \$525
- Associate members: \$100
- Affiliate members: \$200
- Life members, residents and students: \$0

Peer Support Services

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.

VMS Foundation

The Vermont Medical Society Education and Research Foundation, Inc. is a not-for-profit public benefit corporation organized exclusively for charitable, educational and scientific purposes. The mission of the VMS Foundation is to advance the public good by supporting education, improvement and evaluation in the field of health.

The Vermont Medical Society created the Foundation as a distinct entity with its own governance structure in order to separate its traditional advocacy role from the Foundation's goal of promoting the health of all Vermonters through physician leadership, professionalism and shared-decision making.

In 2014 the Foundation issued two whitepapers to the Green Mountain Care Board in order to give the Board qualitative research aimed at eliciting physician opinion on topics relevant to the Board's activities, including health resource planning, the measurement of health care outcomes, and payment reform.

The first whitepaper addressed the topic of optimizing hospital-based care in Vermont, while the second addressed ways to optimize rural care in the state.

"The Green Mountain Care Board realizes the wealth of knowledge practicing physicians have about the Vermont's health care system, and to their credit, the Board is very interested in their input and ongoing evaluation," said Dr. Jordan, the foundation's director. "Many Vermont physicians recognize that the health care reform efforts underway are an opportunity to rethink the way they do

business and re-build a system of care that better serves their patients. This report captures their thoughts on how to go about doing that.”

The 60-page hospital-based care whitepaper was the result of detailed interviews with 17 physicians who collectively direct and provide inpatient care at the majority of the state’s hospitals.

The whitepaper made nine physician recommendations for optimizing hospital care in Vermont:

1. Construct a health resource allocation plan for the state as a whole;
2. Health care reform should be patient centered;
3. Plan three levels of hospital resources: Community based care; Regional centers of excellence; and Tertiary care.
4. Care for patients at the right level of care through coordination of resources;
5. View the direct patient care workforce as the key resource for health care reform;
6. Push hard for a seamless integrated information technology;
7. Encourage more meaningful and efficient accountability measurement;
8. Align payment reform with providing high quality care; and, Include direct caregivers in ongoing policy discussions and evaluation efforts.

The Foundation developed the rural care whitepaper through detailed interviews with 22 Vermont clinicians who practice in the rural settings in eastern central Vermont. A number of those providers joined primary author, Foundation director Cy Jordan, M.D., in presenting the whitepaper’s findings and recommendations to the Board.

The seven recommendations made by the whitepaper are:

1. Center the care system on patient needs;
2. Design three levels of care;
3. Coordinate clinical services;
4. Dovetail clinical and social services;
5. Measure meaningful and actionable metrics;
6. Anticipate the workforce; and,
7. Partner with those clinicians at the leading edge of care.

Technical assistance – VMS staff provide assistance to VMS members on practice issues and legal issues, and help interface with public and private payers, addressing questions about medical records, terminating patients, timely payment and other reimbursement-related issues.

Education and Outreach

In 2014, membership dues allowed VMS to bring educational programs to physicians and other health care professionals around Vermont. Educational topics included prescription drug abuse, the federal Patient Protection and Accountable Care Act and Vermont's Act 48.

Additionally, staff served on a number of boards, committees and working groups, including: the Physicians' Foundation, Vermont Information Technology Leadership, the Governor's Vermont Chronic Care Initiative (Blueprint for Health), Program for Quality in Health Care, Vermont Health Care Innovation Project Steering Committee, Green Mountain Care Board Technical Advisory Committee, Vermont Partners for Health Care Reform, Medicaid Exchange Advisory Board, the DVHA Clinical Utilization Review Board (CURB), Vermont Health Care Innovation Project.

Treasurer's Report and Proposed 2015 Budget

At the October 26th council meeting held at the Equinox Resort in Manchester, VT, the VMS council approved the following budget for operation of the Society for the calendar year 2015. This budget assumes an increase in our income over 2014. In 2014 the Society had a loss of health insurance premium revenue however it was able to receive additional membership dues from physicians employed at VT hospitals.

In 2014 the Society was finally able to achieve enough funds for one year's operating budget in the contingency fund. This was due to the financial expertise of the VMS Investment Committee. The VMS was also able to contribute \$10,000 in 2014 to add to the contingency fund.

If you would like a detailed copy of the 2015 budget or the 2014 financial statements, please contact Colleen Magne our VMS Business Manager

VMS Proposed Budget Summary 2015

| | |
|--------------------------|-----------|
| Total Income | \$730,800 |
| Expenses | |
| Total Operating Expenses | \$145,775 |
| Total Payroll Expenses | \$453,975 |
| Total VPHP Expenses | \$94,600 |
| Total Property Expenses | \$23,200 |
| Total Other Expenses | \$12,000 |
| Total Expenses | \$729,550 |

Net Projected Revenue over Expenses \$ 1,250

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 2014 was: 1472

Active: 1017
Associate: 18
Affiliate: 200
Life: 174
Resident: 56
Honorary: 2

Mission Statement

The mission of the Vermont Medical Society 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.

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 on Ethics
- Committee on Grievances Committee on Investments
- Jurisprudence 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.

VMS Annual Meeting

The 201st Annual Meeting of the Vermont Medical Society was held on Saturday, Oct. 25, at the Equinox in Manchester Village.

Welcoming remarks were given by Daniel Walsh, M.D., VMS president, and Rick Morin, III, M.D., dean of the University of Vermont College of Medicine.

The first CME, titled "Congestive Heart Failure: Bundled Payments & Readmissions," was given by Dr. Stanley Shapiro, a cardiologist at Rutland Regional Medical Center. The second CME, titled "Adverse Childhood Experiences: Evidence-Based Practice," was presented by Dr. Wendy Davis, the former Vermont Secretary of Health and a pediatrician with the Vermont Child Health Improvement Program. The final CME covered Polycystic Ovary Disease and was delivered by Dr. Peter Casson, an obstetrician/gynecologist specializing in reproductive endocrinology and infertility. He is co-founder of the recently opened Northeastern Reproductive Medicine in Colchester.

Lunch featured an interactive discussion with Green Mountain Care Board Chair Al Gobeille.

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.

James Hebert, M.D., was elected president-elect, while Wendy Davis, M.D. was elected vice president.

Eight resolutions were discussed, amended and approved by members.

Following the adoption of resolutions, the traditional exchanging of gifts between the incoming and immediate-past presidents took place, with Dr. Daniel Walsh receiving a chair with the VMS seal and Dr. David Coddair receiving the president's brief case and medallion. Dr. Coddair then addressed the membership as the new president.

In the evening, VMS's annual awards banquet began with Dr. Coddair providing opening remarks and introducing distinguished guests.

Following the evening's highlight, the bestowing of numerous awards, guests enjoyed music and dancing.

The annual meeting was co-sponsored by the University of Vermont College of Medicine and supported by Fletcher Allen Health Care and the University of Vermont Medical Group, Medical Mutual Insurance Company of Maine, Coverys, Pastore Financial Group, Blue Cross Blue Shield of Vermont, The Physicians Foundation, and Vermont Rx Card.

Vermont Medical Society Honors Outstanding Service to Health Care and Community

The Vermont Medical Society recognized four Vermonters for their outstanding contributions to the health and well being of the state's residents during its 201st annual meeting.

The Distinguished Service Award was presented to **David Butsch, M.D.**, of Barre, Vt., for his work as a physician and surgeon at the Central Vermont Medical Center for more than 40 years, treating patients and assisting in their recuperation. His patients describe him as both a great surgeon and as an amazing man who is compassionate about the people he is treating. Dr. Butsch has served as the President of VMS, and as its delegate to the AMA for six years. In addition to his career as a surgeon, he was a cofounder of the Central Vermont Civic Center, a nonprofit organization that in 1998 opened a multipurpose building which during the winter months is operated as an ice rink that is home to interscholastic, youth, and adult leagues' hockey games.

The Distinguished Service Award, the highest award VMS can bestow upon one of its members, is given on the basis of meritorious service in the science and art

of medicine and for outstanding contributions to the medical profession, its organizations, and the welfare of the public.

The Physician of the Year award was presented to **David Little, M.D.**, of Milton, Vt., for his exemplary and respectful care that he has given to his many patients and their families, and the role model he has provided within the physician community. Dr. Little is well respected by his colleagues and beloved by his patients for the caring and compassionate style of delivering comprehensive high quality care. He is a Professor of Family Medicine at the University of Vermont College of Medicine and a past recipient of the Vermont Family Physician of the Year Award.

The Physician of the Year Award is granted annually to a physician licensed in the state of Vermont who has demonstrated: outstanding performance in the quality of care given to his/her patients; skillful and compassionate patient care; and, dedication to the welfare of his patients in accordance with accepted principles of good medical practice.

Jill Lord, RN. M.S., of Windsor, Vt., received the Citizen of the Year Award for her efforts as Director of Patient Care Services and Chief Nursing Officer at Mt. Ascutney Hospital and Health Center. In 1998, Lord was instrumental in creating the Vermont Nursing Internship Program in order to help mentor and support new nursing graduates going into clinical roles and continues to serve as President of its board. She was also recognized for her strong presence in community health through service on the Windsor Area Community Partnership, the Blueprint for Health, the Windsor Area Drug Task Force, and the PATCH Network, in addition to a myriad of other community health initiatives. Her dedication to growth and care have helped create structured teen activities after school, alcohol and drug counseling and recovery programs, food and clothing for the needy, mental health services, dental services, and navigation through the changing environment of health care.

The Citizen of the Year Award is given to 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.

Devon Green, J.D., of Montpelier, Vt., was presented with the Founders' Award, which is presented annually to an individual who has demonstrated outstanding leadership, vision, and achievement in improving the health of Vermonters and all Americans.

Green was recognized for her successful work as a staff attorney at Vermont Legal Aid on the landmark nationwide class action lawsuit "Jimmo v. Sebelius." The case challenged the Medicare "Improvement Standard" which denied care to Medicare beneficiaries who needed services to maintain their health status but who could not demonstrate that their condition would improve. Many thousands

of Medicare patients should benefit from the Jimmo decision by helping them stay in their communities and avoid or delay hospitalizations and nursing home placements.

VMS Foundation Awards Scholarship to UVM College of Medicine Students

During a ceremony held during the 201st annual meeting, the Vermont Medical Society's Education and Research Foundation awarded two \$5,000 scholarships to University of Vermont College of Medicine students Tara Higgins and Whitney Thomas.

A member of the class of 2016, Higgins is a 2009 graduate of Bates College and completed the UVM College of Medicine's Post baccalaureate Premedical Program in 2011.

Her work in health care has included completing a reproductive health externship at Planned Parenthood of New England, and research assistantships at the UVM the Department of Obstetrics, Gynecology and Reproductive Sciences, and the Department of Psychiatry's substance abuse treatment center.

She has also worked to improve the lives of children through her work as a writing tutor, literacy volunteer and mentor.

Thomas, also a member of the class of 2016, has served as a teacher at the UVM College of Medicine and Community Health Center of Burlington's WeCare project, a reproductive education initiative that helps educate Somali and Somali-Bantu women in the Burlington area about prenatal health and pregnancy. Additionally, she has served as a coordinator of the SmileDocs program – a student-run initiative that teaches elementary students about medicine, organ systems, nutrition and health – and was a research assistant at Fletcher Allen Health Care's breast ultrasound research project, Imaging the World.

She is a 2008 graduate of Bates College and received an M.A. in medical science from Boston University in 2012.

“It is our hope and intention that by offering this annual scholarship we can successfully persuade medical students to practice medicine in Vermont, especially in its less-served areas, ensuring that Vermonters in all parts of the state continue to have access to excellent medical care,” said Dr. Mildred Reardon, the award's namesake and a faculty member at the College of Medicine who was instrumental in forming the Vermont Medical Society Education and Research Foundation.

The scholarship is funded through generous contributions from Fletcher Allen Health Care, members of the Vermont Medical Society, and the Chittenden County Medical Society.

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 its 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.

VMS Council

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Orthopedic Surgery

David Clauss, M.D.
UVMMC-West Pavilion, Level 1
111 Colchester Ave.
Burlington, VT 05401
Emergency Medicine

Stephen Leffler, M.D.
UVMMC-West Pavilion, Level 1
111 Colchester Ave.
Burlington, VT 05401
Emergency Medicine

Claude Deschamps, MD
11 Colchester Avenue
Main Campus, East Pavilion, Level 5
Burlington, Vermont 05401

Resident Representative

Anthony Dinizio, M.D.
UVMMC 326 PA1
111 Colchester Avenue
Burlington, VT 05401

Specialty Society Representatives

Anesthesiology
David C. Adams, M.D.
UVMMC-West Pavilion, Level 2
111 Colchester Avenue
Burlington, VT 05401
Anesthesiology

Alternate
Rebecca Jones, M.D.
138 Elliot Street
Suite One
Brattleboro, VT 05301

Cardiology
Stanley Shapiro, M.D.
Rutland Heart Center
12 Commons Street
Rutland, VT 05701
Cardiology

Emergency Medicine
William Nowlan, M.D.
116 Carrigan Road
Moretown, VT 05660

Emergency Medicine

Dermatology
Julie Lin, M.D.
UVMMC-East Pavilion, Level 5
111 Colchester Ave.
Burlington, VT 05401
Dermatology

Alternate
Ed Haak, M.D.
P.O. Box 1238
St. Albans, VT 05478
Emergency Medicine

Family Practice
Allyson Bolduc, M.D.
3 Timber Lane
So. Burlington, VT 05403
Family Practice

Family Practice
Alternate
Norman Ward, M.D.
UVMMC - Mod B 218 - 108PA2
111 Colchester Ave.
Burlington, VT 05401
Family Practice

Internal Medicine
Mark Levine, M.D.
Adult Primary Care-Essex
87 Main Street
Essex Jct., VT 05452
Internal Medicine

Alternate
Heather M. Smith, MD
RRMC
160 Allen Street
Rutland, VT 05701
Internal Medicine

Neurology Neurosurgery
Joseph McSherry, M.D.
UVMMC-Patrick, Level 5
111 Colchester Ave.
Burlington, Vermont 05401
Neurology/Neurosurgery

Oncology
Johannes Nunnink, M.D.
792 College Parkway, Suite 207
Colchester, VT 05446-3040

Oncology

Alternate
Allan Eisemann, M.D.
The Cancer Center
160 Allen Street

Rutland, VT 05701
Oncology

Ophthalmology
Phil Aitken, M.D.
56 Deforest Heights
Burlington, VT 05401
Ophthalmology

Orthopedics
S. Glen Neale, M.D.
31 Rams Roc Road
Morrisville, VT 05661

Orthopedic Surgery

Otolaryngology
David Charnock, M.D.
ENT & Audiology
69 Allen Street, Suite 1
Rutland, VT 05701
Otolaryngology

Pediatrics
Barbara L Frankowski, M.D.
UVMMC-Children's Hosp. Primary
Care
1 So. Prospect Street
Burlington, VT 05401
Pediatrics

Alternate
Jill Stuart Rinehart, M.D.
Hagan, Rinehart & Connolly Peds.
PLLC
128 Lakeside Ave., Suite 115
Burlington, VT 05401

Psychiatry
Simha Ravven, M.D.
Brattleboro Retreat
1 Anna Marsh Lane
Brattleboro, VT 05302
Psychiatry

Surgery
Victor Pisanelli, M.D.
6 Common Street
Rutland, Vermont 05701
General Surgery

3270 Airport Road, Berlin
Barre, VT 05641
General Surgery

Surgery
Alternate
David W. Butsch, M.D.

Urology
Ernest Bove, M.D.
145 Allen Street
Rutland, VT 05701
Urology

County Councilors

Addison
C. Wade Cobb, M.D.
Porter Hospital
115 Porter Drive
Middlebury, VT 05753
Radiology

2687 Hinman Settler Road
Newport, VT 05855

Bennington
Keith Michl, M.D.
PO Box 1431
Manchester Center, VT 05255
Internal Medicine

Orleans/Essex
Alternate
Denise Niemira, M.D.
5452 US Rte. 5
Newport, VT 05855
General Practice

Chittenden
Patricia Fisher, M.D.
28 Centre Drive
Milton, VT 05468
Family Medicine

Rutland
Harvey Reich, M.D.
Rutland Regional Medical Center
160 Allen Street
Rutland, VT 05701
Internal Medicine – Critical Care
Medicine

Franklin/Grand Isle
Joseph Nasca, M.D.
302 Ledge Hill Drive
St. Albans, VT 05478
Pediatrics

Alternate
William Krause, M.D.
160 Allen Street
Rutland, VT 05701
Internal Medicine – Critical Care
Medicine

Lamoille
Joseph Subasic, M.D.
Copley Hospital
528 Washington Highway
Morrisville, VT 05661
Emergency Medicine

Washington/Orange
Marylin Hart, M.D.
438 Town Hill Rd.
Montpelier, VT 05602
Internal Medicine

Orleans/Essex
William Brunelli, M.D.

Alternate
Jeremiah M. Eckhaus MD, ABHM
Montpelier Integrative Family Health

156 Main Street
Montpelier, VT 05602

Windham
Carolyn Taylor-Olson, M.D.
2124 Packer Corners Rd.
Guilford, VT 05301
Hospital Medicine

Alternate

Rebecca Jones, M.D.
138 Elliot Street
Suite One
Brattleboro, VT 05301

Windsor
John Leppman, M.D.
1 Hospital Court
Bellows Falls, VT 05101
Internal Medicine

Medical Staff Representatives

Brattleboro Memorial Hospital
Elizabeth A. McLarney, M.D.
17 Belmont Avenue
Richards Bldg. Suite 1051
Brattleboro VT 05301

Porter Hospital
C. Wade Cobb, M.D.
115 Porter Drive
Middlebury, Vermont 05753
Radiology

Central Vermont Medical Center
Philip A. Brown, D.O.
CVMC- Emergency Department
P.O. Box 547
Barre, VT 05641

Southwestern Vermont Healthcare
Carl "Trey" Dobson, M.D.
SVHC
100 Hospital Dr.
Bennington, VT 05201

Dartmouth Hitchcock Medical Center
Daniel Walsh, M.D.
DHMC
One Medical Center Drive
Lebanon, NH 03756
Vascular Surgery

Past Presidents and Award Winners

Past VMS Presidents

2013.....Daniel Walsh, M.D.
2012.....Norman Ward, M.D.
2012.....Victor Pisanelli, M.D.
2011.....Paula Duncan, M.D.
2010.....Robert E. Tortolani, M.D.
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 Michl, 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.....Mildred A. Reardon, 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.
1981-2...Arthur S. Faris, M.D.
1980.....John E. Mazuzan, M.D.
1979.....William E. Allard, 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. Buttles, 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.....E.H. Buttles, 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. Ricker, 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 due to Influenza
Epidemic
1917.....C.W. Bartlett, M.D.
1916.....C.H. Beecher, M.D.
1915.....Edward H. Ross, M.D.
1914.....William W. Townsend, M.D.
1913.....Albert L. Miner, M.D.
1912.....Bingham H. Stone, M.D.
1911.....Fred T. Kidder, M.D.
1910.....Henry C. Tinkham, M.D.
1909.....Walter L. Havens, M.D.
1908.....Charles W. Peck, M.D.
1907.....George H. Gorham, M.D.
1906.....Donley C. Hawley, M.D.
1905.....Myron L. Chandler, M.D.
1904.....Patrick McSweeney, M.D.
1903.....William N. Bryant, M.D.
1902.....Edmund M. Pond, M.D.
1901.....John B. Wheeler, M.D.
1900.....William Huntington, M.D.
1899.....Mark R. Crain, M.D.
1898.....Shailer E. Lawton, M.D.
1897.....Lyman Rogers, M.D.
1896.....Frederick R. Stoddard, M.D.
1895.....C.F. Branch, M.D.

| | |
|-----------------------------------|------------------------------------|
| 1894.....J. Hatch Linsley, M.D. | 1863.....P.D. Bradford, M.D. |
| 1893.....Arthur B. Bisbee, M.D. | 1862.....J.N. Stiles, M.D. |
| 1892.....H.R. Wilder, M.D. | 1861.....Adrean Woodward, M.D. |
| 1891.....Charles S. Caverly, M.D. | 1860.....B.F. Morgan, M.D. |
| 1890.....James N. Jenne, M.D. | 1859.....A.E. Knights, M.D. |
| 1889.....H.S. Brown, M.D. | 1858.....Charles L. Allen, M.D. |
| 1888.....John M. Clarke, M.D. | 1857.....H.F. Stevens, M.D. |
| 1887.....Edward R. Campbell, M.D. | 1856.....Walter Carpenter, M.D. |
| 1886.....S. Brooks, M.D. | 1855.....Joseph Perkins, M.D. |
| 1885.....D.G. Kemp, M.D. | 1854.....E.D. Warner, M.D. |
| 1884.....Joseph Draper, M.D. | 1853.....G.W. Thayer, Jr., M.D. |
| 1883.....S.S. Clark, M.D. | 1852.....B.W. Palmer, M.D. |
| 1882.....Leroy M. Bingham, M.D. | 1851.....Middleton Goldsmith, M.D. |
| 1881.....O.W. Sherwin, M.D. | 1850.....Charles L. Allen, M.D. |
| 1880.....J. Henry Jackson, M.D. | 1849.....John L. Chandler, M.D. |
| 1879.....S.W. Thayer, M.D. | 1848.....John L. Chandler, M.D. |
| 1878.....G.B. Bullard, M.D. | 1847.....James Spaulding, M.D. |
| 1877.....C.M. Chandler, M.D. | 1846.....James Spaulding, M.D. |
| 1876.....George Dunsmore, M.D. | 1845.....Horace Eaton, M.D. |
| 1875.....L.C. Butler, M.D. | 1844.....Anderson G. Dana, M.D. |
| 1874.....L.C. Butler, M.D. | 1843.....Anderson G. Dana, M.D. |
| 1873.....L.C. Butler, M.D. | 1842.....John Burrill, M.D. |
| 1872.....Henry D. Holton, M.D. | 1841.....John Burrill, M.D. |
| 1871.....Edward F. Upham, M.D. | (No meeting until 1841) |
| 1870.....S. Putnam, M.D. | 1829.....Josiah Shedd, M.D. |
| 1869.....Henry James, M.D. | 1818-28.....Joseph A. Gallup, M.D. |
| 1868.....J.S. Richmond, M.D. | 1817.....Ebenezer Huntington, M.D. |
| 1867.....C.P. Frost, M.D. | 1816.....Seelah Gridley, M.D. |
| 1866.....E.D. Warner, M.D. | 1815.....Seelah Gridley, M.D. |
| 1865.....William McCollom, M.D. | 1814.....Ezekiel Porter, M.D. |
| 1864.....O.F. Fassett, M.D. | |

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.

| | |
|----------------|---|
| 2014 | Jill Lord, R.N., M.S. |
| 2013 | Senator Patrick Leahy |
| 2012 | Senator Kevin Mullin |
| 2011 | Eileen Elliott, Esq. |
| 2010 | Ken Libertoff, PhD - Montpelier |
| 2009 | William H. Sorrell, Esq. - Burlington |
| 2008 | Sharon Moffatt, R.N., BSN, MSN - Burlington |
| 2007 | Judith S. Shaw, R.N. - Burlington |
| 2006 | Sen. James P. Leddy - Burlington |
| 2005 | Sen. Richard Sears - Bennington |

2004 Holly Miller - Burlington
2003 Thomas Perras, M.S. - Burlington
2002 June Elliott - St. Johnsbury
2001 Sen. Nancy Chard - Brattleboro
2000 Helen Riehle - Montpelier
1999 Cornelius Hogan - Plainfield
1998 Janet Stackpole - Burlington
1997 Karen Kitzmiller - Montpelier
1996 Margaret Martin - Middlebury
1995 No Award Given
1994 No Award Given
1993 Ann Seibert - Norwich
1992 Arthur Gibb - Middlebury
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.

2014 David Butsch, M.D.
2013 John Bookwalter, M.D.
2012 Virginia Hood, M.D.
2011 Allan Ramsay, M.D.
2010 Peter Gibbons, M.D. - Brattleboro
2009 Wendy S. Davis, M.D., FAAP - Burlington
2008 Michael Scollins, M.D. - So. Burlington
2007 John P. Fogarty, M.D. - Burlington
2006 John J. Murray, M.D. - Colchester
2005 J. Lorimer Holm, M.D. - Barre
2004 Jerold F. Lucey, M.D. - Burlington
2003 Jan K. Carney, M.D. - Charlotte
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
1994 Richard E. Bouchard, M.D. - Burlington
1993 Arthur & Elizabeth Faris, M.D. - Shaftsbury
1992 William Luginbuhl, M.D. - Vergennes

1991 Stanley L. Burns, M.D. - Burlington
1990 Charles Cunningham, M.D. - Springfield
1989 John H. Davis, M.D. - Burlington
1988 George Wolf, Jr., M.D. - Jericho
1987 Paul Stanilonis, M.D. - Williston
1986 Roy V. Buttles, M.D. - Montpelier
1985 John Lantman, M.D. - Williston
1984 Frederic Guilmette, M.D. - Springfield
1983 Philip Wheeler, M.D. - Brattleboro
1982 John F. Bell, M.D. - S. Burlington
1981 Edward French, M.D. - Hyde Park
1980 Ernest V. Reynolds, M.D. - Barre
1979 R.M.P. Donaghy, M.D. - Burlington
1978 Ralph Jardine, M.D. - Lyndonville
1977 Woodhull Hall, M.D. - Bennington
1976 John E. Mazuzan, Jr., M.D. - Burlington
1975 Elbridge E. Johnston, M.D. - St. Johnsbury
1974 Robert W. Coon, M.D. - Burlington
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
1967 Bertrand F. Andrews, M.D. - Middlebury
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. Buttles, 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.

- 2014 David Little, M.D.
- 2013 Mark Nunlist, M.D.
- 2012 Joyce Dobbertin, M.D.
- 2011 Howard Weaver, M.D.
- 2010 Neil Hyman, M.D. - Burlington
- 2009 David M. Coddair, 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
- 2004 Joseph Haddock, M.D. - Williston
- 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 Ellerson, M.D. - Montpelier
- 1996 Theodore Collier, M.D. - Middlebury
- 1995 Thomas A.E. Moseley, M.D. - Newport
- 1994 No Award Given
- 1993 Victor Pisanelli, Sr., M.D. - Rutland
- 1993 Ernest Tomasi, M.D. - Montpelier
- 1992 Deogracias Esguerra, M.D. - St. Albans
- 1991 William Pratt, M.D. - Rutland
- 1990 G. Richard Dundas, M.D. - Bennington
- 1989 No Award Given
- 1988 Eugene Bont, M.D. - Cavendish
- 1987 Louis J. Wainer, M.D. - Hinesburg

Physician Award for Community Service

1. The recipient must be a physician licensed in the state of Vermont. 2. The recipient must be living. Awards are not presented posthumously. 3. The recipient has not been a previous recipient of the Award (formerly the A.H. Robins award and more recently, Wyerth-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.

2014 No Award Given
2013 Louis DiNicola, M.D.
2012 Harry Rowe, M.D.
2011 George Till, M.D.
2010 Barbara Frankowski, M.D. - Burlington
2009 Audrey von Lepel, M.D. - Fairfax
2008 Harry Chen, M.D. - Mendon
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
1999 John H. Elliott, M.D. - Lyndonville
1998 Edward Haak, D.O. - St. Albans
1997 Arthur Bergner, M.D. - Burlington
1996 William Hodgkin, M.D. - Hinesburg
1995 Joseph Hagan, Jr., M.D. - S. Burlington
1994 Alan Rubin, M.D. - Burlington
1993 Arnold Golodetz, M.D. - Burlington
1992 Henry Tulip, M.D. - St. Albans
1991 Arthur Wolk, M.D. - Rutland
1990 No Award Given
1989 J. Carleton Stickney, M.D. - Rutland
1988 E. Sherburne Lovell, M.D. - Springfield
1987 Howard Dean, M.D. - Shelburne
1986 Ronald Ferry, M.D. - Montpelier
1985 No Award Given
1984 William Brislin, M.D. - Rutland
1983 Lester Wallman, M.D. - Burlington
1982 Walter Rath, M.D. - St. Albans
1981 Lester Judd, M.D. - Enosburg
1980 Samuel Eppley, M.D. - Enosburg
1979 J. Ward Stackpole, M.D. - S. Burlington
1978 Frederick C. Holmes, M.D. - St. Albans
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
1973 John D. Boardman, M.D. - Burlington
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
- 1967.Ray W. Collins, M.D. - Middlebury
- 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.)

- 2010. Devon Green, J.D.
- 2010. Anya Rader Wallack, PhD
- 2010. Toni Keading, M.S., R.N.
- 2010. Donald Berwick, M.D., M.P.P.
- 2010. Honorable James Douglas - Middlebury
- 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
- 2003. John C. Lantman, M.D. (Posthumously)
- 2002. Sen. James M. Jeffords - Shrewsbury
- 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