

THE GREEN MOUNTAIN PHYSICIAN

A PUBLICATION OF THE VERMONT MEDICAL SOCIETY

"Not for ourselves do we labor"

July/August
2011

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REPORT SUGGESTS VERMONT'S DOCTORS ARE FACING NUMEROUS PRACTICE- AND FINANCE-RELATED CONCERNS

A report released in June by the Vermont Medical Society Education and Research Foundation suggests that Vermont's doctors are facing increasing time and financial pressures that threaten to jeopardize care quality in the state.

The 2011 Physician Needs Assessment was conducted by the Foundation in order to gain actionable insight about the concerns of Vermont's physicians and their patients. The timing and findings of the assessment are particularly important as the state embarks on an ambitious health care reform effort, said John Brumsted, M.D., chief medical officer at Fletcher Allen Health Care and the Foundation's president.

"There is a lot of anxiety in the physician community, especially when it comes to the uncertainty caused by health care reform," said Dr. Brumsted. "This report is the Foundation's first step toward working with doctors as well as members of the government, business and health care communities to help understand and address the implications of reform and create solutions that will lead to better patient care."

"The assessment has provided a very clear picture of what is troubling physicians in the state," said Paula Duncan, M.D., president of the Vermont Medical Society. "The Society is going to take what we've learned and use them as the basis of our future advocacy efforts on behalf of the state's physicians and their patients."

The report, which was developed through a series of interviews with a cross-section of Vermont physicians, identified three overriding themes:

Physicians don't have enough time to devote to each patient

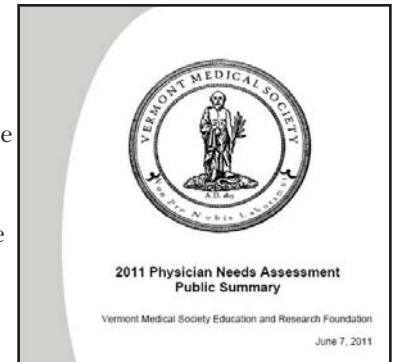
From the report: "Physicians strongly feel that the current practice environment allows too little time to see their patients and requires too much time attending to financial, regulatory and administrative requirements."

Physicians are concerned about having an appropriate say in policymaking and leadership within the profession

From the report: "A theme that resonated throughout the interviews was the fear of physicians losing their traditional role as keepers of their professional ethic ... the biggest threats to this traditional role include government and regulatory policies, and increasing professional isolation. These trends are leading to a growing number of physicians making the transition from private independent practice to being employed."

Vermont's physician workforce is in jeopardy

From the report: "The generally lower physician reimbursements found in Vermont, downward trending payments for care provided to patients receiving government-sponsored health care and general uncertainty over health care reform have combined to create a difficult financial environment that threatens the viability of many physician practices."





FROM THE PRESIDENT'S DESK

By Paula Duncan, M.D.

Welcome to the latest issue of the Green Mountain Physician. Summer has arrived in Vermont and I hope that you and your families are finding ways to get out and enjoy all that the season has to offer. While much of the state is slowing down a bit as the days get warmer, the Vermont Medical Society is already gearing up for what promises to be an active and important 2012.

On July 16th the Society held its annual planning retreat, a brainstorming session that helps determine the Society's policy priorities for the upcoming year. Taking place at the Three Stallion Inn in Randolph from 9 a.m. to 12 noon with lunch to follow, the day was a great opportunity to help steer the direction of the Society and medical care in Vermont.

While the retreat attempted to address numerous policy issues facing physicians, the event differed slightly from years past. I tried to use the retreat as an opportunity to have a wide-ranging conversation amongst peers about each member's greatest hopes and worst fears. It is my hope that by discussing our profession in these terms we will be inspired to reach our individual and collective potential as well as fortify ourselves to confront the challenges we face.

Now, back to the contents of the Green Mountain Physician, which include a number of interesting topics:

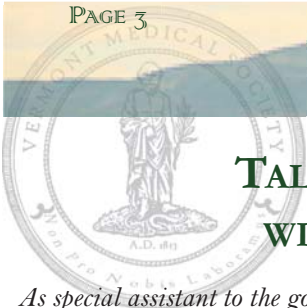
- A Vermont Medical Society Education and Research Foundation report that suggests Vermont's doctors are facing numerous practice- and finance-related concerns (page 1);
- In-depth interview with special assistant to the governor for health reform, Anya Rader Wallack, Ph.D., a policymaker with front-row views of the publicly financed health care system bill passed by the legislature earlier this year (page 3); and,
- Important details about the new HIPAA 5010 coding requirements, including what physicians can do to be ready by the Jan. 1, 2012, deadline (page 6).

Please enjoy this issue of the Green Mountain Physician, and I hope you all have a wonderful summer.

Sincerely,

Paula Duncan, M.D., President
Vermont Medical Society

P.S. With so many reform efforts being contemplated, it can be difficult to stay on top of the latest news. Luckily, there are a number of ways to stay informed. The newly redesigned VTMD.org is regularly updated, VMS' Legislative Bulletins are published in print and online throughout the legislative session and VMS' newly launched Twitter account, @VMSAdvocates, delivers up-to-the-minute news in easily digestible portions.



TALKING HEALTH CARE REFORM WITH ANYA RADER WALLACK

As special assistant to the governor for health reform, Anya Rader Wallack, Ph.D., was a key figure in the development, debate and passage of H. 202, a bill that sets Vermont on a path toward a first-in-the-nation publicly financed health care system.

The Green Mountain Physicians recently asked Dr. Wallack about the legislation, its future, and how it will impact physicians and the patients they care for.



Green Mountain Physician: Some people have argued that **H.202**, the new health care form legislation, goes too far, too fast, while others say it doesn't go far enough, quickly enough. How did the administration come to the multi-step, multi-year process that we are now on track for and since this is going to be a multi-step process, how can physicians provide their input as the details of the new system are being worked out?

Anya Rader Wallack, Ph.D.: We have tried to lay out a clear vision for where we think Vermont should go to get the most out of its health care system, while providing a thoughtful process and timeline for how we get there. Governor Shumlin believes a single payer system will be best for Vermont because it will cover everyone, de-link health insurance from employment, simplify the insurance system and reduce administrative waste. But we can't get there overnight. It will take time to develop the infrastructure for a single payer, particularly a health care budgeting system that will assure we can reduce health care cost growth without compromising the quality of our system.

There will be lots of opportunity for input from Vermonters to the further development of the single payer plan, but input from physicians will be particularly critical. The foundation for making this plan work is a redesigned health care delivery system, and we simply can't do that (or can't do it well) without guidance from physicians about what works on the ground.

The most important venues for physician input will be the Green Mountain Care Board, which will be responsible for developing cost containment, overseeing payment reform and defining benefits for the single payer, among other things. And the legislature, which will vote on a more detailed single payer plan and other elements of reform over the next several years.

GMP: It seems that whenever the state is in fiscal stress, one of the first places it looks for savings is physician reimbursement for public insurance programs such as Medicaid. A real concern of the state's physicians is that when all patients are enrolled in some form of government-controlled insurance, doctors will be even more susceptible to the yearly political winds. How can physicians trust the state as a business partner?

Dr. Wallack: This is a legitimate concern because under the current system, state budget-makers approach Medicaid cost control from the narrow perspective of Medicaid costs alone and they have crude tools for keeping costs down – cutting eligibility for coverage, cutting benefits, or cutting provider fees. As you know, provider fees are where we go, year after year, when the budget gets tight.

One of the central goals of the new health reform law is to get away from this narrow budgeting and look at the whole picture. The law requires that the Green Mountain Care Board approach budgeting on an all-payer basis, meaning cost-shifting from public payers to private payers needs to stop. This is a complex task, but the intent of the law is clear: overall budgeting, without cost-shifting, and fair pay for providers.



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REASONS TO JOIN THE VERMONT PRESCRIPTION DRUG MONITORING SYSTEM

by Harry Chen, MD, Commissioner of Health



The title of a new report by the Office of National Drug Control Policy (ONDCP) says it all: “Epidemic: Responding to America’s Prescription Drug Use Crisis.” This report tells the story, detailing the number of drugs being prescribed that have abuse potential, and the concurrent and striking rise in emergency department visits and accidental fatal overdoses.

While ONDCP recognizes the harmful effects of misusing any addictive medicine, the focus here is on prescription opiates. These drugs are powerful tools for easing pain and suffering among patients who have chronic and often debilitating injury or disease. However, the number of prescriptions written in the U.S. for opiate pain relievers jumped by nearly 50 percent in just nine years – from 174 million in 2000 (when the most-prescribed medicine was Prilosec) to 257 million in 2009 (when Vicodin was the most prescribed).

Managing pain is integral to quality patient care. The Joint Commission on Accreditation of Hospitals requires clinicians in a variety of health care settings – including hospitals and emergency rooms – to explicitly assess and treat pain. However, as Vermont providers have pointed out, there is little training and few educational opportunities to learn about proper opiate prescribing practices.

And, while fewer people in Vermont are seeking treatment for pharmaceutical opiate misuse, many more are presenting to our clinics for prescription opiate addictions. This means we should now focus our efforts on those who are at risk for abusing opiates.

In 2008, the Vermont Prescription Monitoring System (VPMS) was authorized by the Legislature to help providers understand more fully the DEA schedule II, III, and IV medication histories of their patients. The VPMS requires that pharmacists report their scheduled prescriptions once a week to a central database. These data are then made available to providers who have registered with the system. In 2010, Vermont pharmacists filled 532,146 prescriptions for opiate pain relievers, and 28,376,936 opiate dosages were dispensed.

The ability for a provider to review a prescription history of scheduled drugs could provide a “teachable moment” with patients who may not realize they are at risk for abuse or dependence, and could spark a conversation that may lead to further assessment and referral to treatment. For example, if a patient has received opiate prescriptions from multiple providers over the past few weeks, this information could be useful in formulating a treatment plan for both the problem

the patient presents with, and the possibility of an addictive disorder.

This model of early identification of potential harms may lead to behavior change and improved health outcomes, which in turn could reduce overall health care costs. Reviewing the patient’s medication record could also allow the provider to adjust both the level and amount of opiates dispensed, and alert the provider to possible dangerous drug interactions.

VPMS was developed to promote the safe use and prevent abuse of prescription. It’s easy to register, and the system provides a secure and efficient method to augment pain management treatment plans. VPMS will be most effective as a clinical tool only when all practicing prescribers are participating. If you are among the two-thirds of Vermont providers not yet registered, now is the time.

To find out more, and to register go to:
<http://healthvermont.gov/adap/VPMS.aspx>

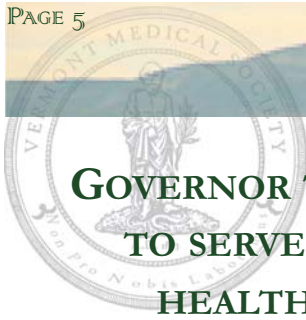
WEBINARS SCHEDULED TO HELP PHYSICIANS WITH MEANINGFUL USE QUESTIONS

VITL is offering a monthly series of free seminars designed to help physicians achieve meaningful use and assist with the registration and attestation process. The webinars are held on the third Thursday of each month from 12 noon to 1 p.m., and feature both VITL staff and guest speakers. To register, visit [VITL.net](http://vitl.net).

Any Vermont health care provider, whether they are actively working toward meaningful use or just considering getting and EHR, is welcome to participate. Participants only need to register once in order to access the webinars. Once registered, they’ll receive an email reminder before each webinar with instructions for how to connect over the Internet and/or dial in by telephone. Participants can in as many or as few webinars as they wish and can even access webinars after they take place by visiting VITL’s website.

During each monthly webinar, VITL will take audience questions live. Questions can also be sent ahead of time to slarose@vitl.net in order to ensure that VITL’s experts can properly research answers.

Webinars will be held: July 21, 2011; Aug. 18, 2011; Sept. 15, 2011; Oct. 20, 2011; Nov. 17, 2011; and Dec. 15, 2011.



GOVERNOR TAPS ROBIN LUNGE TO SERVE AS DIRECTOR OF HEALTH CARE REFORM

Gov. Peter Shumlin has appointed Robin Lunge, an attorney with the Vermont Banking, Insurance, Securities, and Health Care Administration, to serve as Director of Health Care Reform. Lunge worked on health care reform issues during the 2011 legislative session.

The post of director was created within the Agency of Administration as part of H.202, Vermont's health care reform law that puts the state on the path to implementing a single-payer insurance system. In the position, which begins on July 1, Lunge will oversee and coordinate health care reform efforts across all of state government. In addition, she will serve as liaison to the newly created Green Mountain Health Care Board. The five members of that board are expected to be named by Oct. 1 and will be charged with designing and administering major components of the state's reform plan.

Prior to joining BISHCA in January, Lunge worked as a nonpartisan staff attorney at Vermont Legislative Council and provided drafting and staff support in health and human services issues to members of the Vermont Legislature. She also worked for the Center on Budget and Policy Priorities in Washington D.C. as a senior policy analyst on public benefits issues. Her areas of expertise are federal and state public benefit programs, health care and health care reform, and international trade policy.

AMA NAMES DR. JAMES MADARA ITS NEW EVP/CEO

The American Medical Association (AMA) has named James L. Madara, M.D., as its new Executive Vice President and Chief Executive Officer. Dr. Madara will assume leadership of the nation's oldest and largest physician group on July 1.

Dr. Madara, 60, is an accomplished academic medical center physician, medical scientist and administrator who served as Timmie Professor and Chair of Pathology and Laboratory Medicine at the Emory University School of Medicine before assuming the Thompson Distinguished Service Professorship and deanship at the University of Chicago Pritzker School of Medicine, where he was the longest serving Pritzker dean in the last 35 years. Subsequently, he added the responsibility of CEO of the University of Chicago Medical Center, bringing together the university's biomedical research, teaching and clinical activities.

Dr. Madara is a noted academic pathologist and an authority on epithelial cell biology and on gastrointestinal disease. He has published more than 200 original papers and chapters, making important contributions to understanding the biology of the cells that line the digestive tract. His work has garnered both national and international awards.

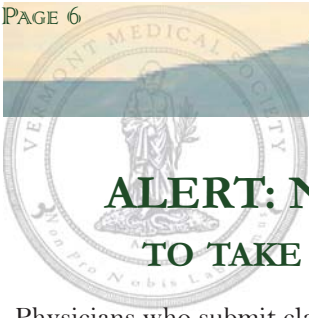
FREE PRESCRIPTION ASSISTANCE PROGRAM LAUNCHED IN VERMONT

Vermont residents now have an option to help alleviate the rising costs of health care. A new statewide prescription assistance program, called Vermont Rx Card, is now available throughout the state. Vermont Rx Card is being launched to help residents of Vermont gain access to significant savings on prescription medications.

The program is free to all residents and will provide savings of up to 75 percent on both brand and generic medications, with average savings around 30 percent.

The Vermont Rx Card was originally designed to assist the uninsured residents of the Green Mountain State afford their prescription medications. However, people with prescription coverage can use this program for medications not covered by their health plan. Such common non-covered drugs are used to treat sexual wellness, depression, attention deficit disorders, smoking cessation, weight loss, blood pressure regulation, and more. Additionally, the program can also be used by those who have health insurance coverage with no prescription benefits, which is common in many health savings accounts (HSA) and high deductible health plans.

Vermont Rx Card is open to all residents of Vermont; there are no restrictions to membership and no applications to fill out. The card is accepted at over 56,000 regional and national pharmacies. Vermont residents can download a free card, search drug pricing and locate participating pharmacies by visiting www.vermontrxcard.com.



ALERT: NEW 5010 CODES TO TAKE EFFECT JAN. 1

Physicians who submit claims electronically are at risk of not receiving private insurance and Medicare payments if they are not HIPAA 5010 compliant by Jan. 1, 2012.

According to the American Medical Association, “5010 is the next version of the HIPAA electronic transaction standards. ‘5010’ is the abbreviated way to refer to Version 005010 of the Accredited Standards Committee (ASC) X12 Technical Reports Type 3 (TR3s). The TR3s are the implementation guides for the ASC X12 administrative transactions, some of which are named in HIPAA and are required to be used when conducting the transaction electronically.

Part of the Health Insurance Portability and Accountability Act of 1996, the 5010 standards will replace the currently used 4010 codes, requiring more specific data when submitting claims. Diagnosis codes will change from three to five, mostly numeric codes to three to seven, alphanumeric codes. This will result in an increase from 13,000 codes currently in use, to 68,000 codes when 5010 takes effect. Procedure codes will change from a three or four position numeric code to a seven position alphanumeric code and some sections have been reorganized. These codes will grow from 4,000 to 87,000.

The 5010 standards are a precursor to the adoption of ICD-10, the newest International Classification of Disease codes. The 4010 codes were unable to support ICD-10. National Testing Day

Practice Resources

Physician practices are encouraged to learn more about how to become 5010 compliant by visiting www.GetReady5010.org – a website offering 5010-related information and free webinars – and the AMA’s online clearinghouse for 5010 issues – www.ama-assn.org/go/5010.

PROPOSED VERMONT LIVE DONOR REGISTRY

by Michael J. Scollins, VKA Board member

The VKA is working to establish a LIVE organ donor registry, to identify potential donors of kidney or bone marrow. Candidates would be identified by checking a box on their driver’s license application or renewal, indicating their willingness to be considered as a donor. They would then be sent a letter explaining in detail the implications of organ donation, and including a health questionnaire. This would be reviewed by a member of the FAHC transplant team, and if the candidate was then deemed potentially appropriate, he or she would be invited to undergo tissue typing (for kidney donation) or blood typing (for bone marrow donation).

Signing up for the registry would not entail a binding commitment. If a compatible recipient were identified, the potential donor would be confidentially notified, and given the option of proceeding; only if he or she consented, would the prospective recipient be told. Potential donors could withdraw from the registry at any time. It is envisioned that many potential donors would opt to wait until a convenient time in their life to donate, e.g. when their children are all in school, or after they have completed school.

The initiative has the support of the Vermont Medical Society, the transplant, hematology and ethics units at FAHC, and the Transplant Donor Network. It is hoped that the particulars of the process can be worked out by the Vermont Department of Health in conjunction with the Division of Motor Vehicles, and integrated with last year’s legislation establishing a DECEASED donor registry, thus obviating the need for further legislative action.

If we are successful, we would become only the second state with such a registry. California started one in October 2010 after prodding from Apple CEO Steve Jobs, who had recently undergone a liver transplant.

SAVE THE DATE FOR THE VMS 2011 ANNUAL MEETING

The 198th VMS annual meeting will be held Saturday, Oct. 29, 2011, at Topnotch Resort and Spa.

Mark your calendars today!

For reservations call 1-800-451-8686. Make sure to mention the VMS room block when you call.

Topnotch is a great place to bring the family for a weekend getaway. All attendees get 20% off in the spa!

REPORT SUGGESTS VERMONT'S DOCTORS ARE FACING CONCERNS....

(Cont'd from pg. 1) "I'm not surprised by the levels of physician stress identified in the report," said Paul Harrington, the Society's executive vice president. "Many doctors are wondering what their profession is going to look like in a few years while at the same time struggling with rising costs, dropping reimbursements and increased administrative burdens. That is a difficult environment to operate a business in."

In response to the issues identified by the assessment, the Foundation outlined in the report several actions it plans to take, including:

Creating the Vermont Practitioners' Resource Center, which will assist physicians with identifying and solving problems such as reimbursement for physician and staff time spent on administrative activities, professional isolation, falling job satisfaction, future recruitment of new peers, and acquisition of leadership skills.

Convening the Vermont Partnership for Value and Science-driven Health Care, established specifically to analyze, evaluate and make recommendations about health care utilization, costs, safety, and quality. The principal purpose of the Partnership will be to respond to requests for analysis, evaluation and related information to further the value and quality of healthcare in Vermont.

The full report can be found online at VTMD.org.

TALKING HEALTH CARE REFORM....

(Cont'd from pg. 3) **GMP: If you ask physicians about the biggest problems in medicine today, you'd hear from a lot of them that overbearing administrative burdens are really getting in the way of caring for patients. What effect, if any, will a publicly financed health care system have on the amount of time physicians must spend submitting and resubmitting insurance claims, justifying treatments to payers, complying with regulatory requirements, etc.?**

Dr. Wallack: One of the main reasons the Governor supports a single payer is the potential for it to vastly simplify health care administration. Right now physicians and other providers are overburdened with paperwork and insurance companies are way too involved in clinical decision-making. We need to cut out this waste and put physicians back in the driver's seat for health care.

GMP: One of the biggest arguments opponents of H.202 made was the fact that how this reform is going to be paid for has yet to be determined. How can we start planning a publicly financed health care system without first knowing the sources and size of revenue?

Dr. Wallack: Act 48 sets in motion a process to develop a single payer financing plan that will be presented to the legislature in 2013. Before the financing plan can be developed, the Green Mountain Care Board needs to be created, which by law won't be until October 1st of this year. The Board will develop the single payer benefits package. The Secretary of Administration's office will then develop a financing plan based on the proposed benefits package. We think this is a responsible approach to developing the details of the financing plan in a timely manner and allowing appropriate input and legislative oversight before we ask to move ahead.

GMP: One of the issues H.202 is going to research is how a publicly financed health care system will effect physician recruitment and retention. Do you think the system will make it easier or harder to recruit physicians to the state? Why?

Dr. Wallack: As the Governor has said, if we do this right, Vermont will be the best place in the country to practice medicine. We'll reduce the hassle factor and allow physicians to do what they were trained to do – help their patients stay healthy and treat their illnesses when they are not. The current system of health care financing is not working for Vermont's physicians. We should be able to design one that works a whole lot better.

GMP: No other state has pushed health care reform as far as Vermont. What makes the state a good place to test this concept?

Dr. Wallack: Vermont's health care system is relatively free from the type of entrepreneurial influences that make change difficult in other places. Physicians don't come to Vermont to be the wealthiest they can be. Vermont has fairly distinct health care communities that allow us to think about caring for the state's population in a different, more organized and effective way. And, we have a much simpler insurance market than many states, with just three health insurance carriers and only two in the small group market.

CONFERENCES

**NORTHERN NEW ENGLAND
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For more information
<https://ccehs1.dartmouth-hitchcock.org/eventschedule.html>
or call (603) 650-5000

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September 28-30, 2011
Sheraton Conference Center
Burlington, Vt.

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

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September 30-October 2, 2011
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**THE THIRD ANNUAL C. EVERETT KOOP, MD
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Lake Morey Inn
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