

THE GREEN MOUNTAIN PHYSICIAN

A PUBLICATION OF THE VERMONT MEDICAL SOCIETY

"Not for ourselves do we labor"

March/April
2011

SENATOR AYER AND REPRESENTATIVE LARSON ATTEND VMS COUNCIL MEETING

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In the midst of one of the busiest health-care related legislative sessions in recent memory, VMS members had the opportunity to interact with two of the legislature's most prominent health care power brokers; Senator Claire Ayer, chairwoman of the Senate Health and Welfare Committee, and Representative Mark Larson, chairman of the House Health Care Committee.

Sen. Ayer and Rep. Larson attended VMS's April 9th council meeting, discussing several topics with VMS members, including their insights into many of the health care reform bills being debated this session in Montpelier.

Representative Larson began his portion of the discussion by recognizing that the work his committee had been doing regarding a single payer bill may not have pleased everyone in the room.

"I acknowledge there are strong feelings about health care reform bill," said Rep. Larson. "One of my goals is to be able to support your commitment to health. Government hasn't always been the best partner and I realize what Medicaid budgets have done."

As he moved on to the specifics of single payer legislation, Rep. Larson countered the argument that reform was moving too quickly, suggesting that in fact, despite perception, the progress of reform has been very deliberate.

"The case has to be continually there to make this thing go forward," said Rep. Larson, referring to a series of legislative actions, or "triggers" that will have to take place in the following years before single payer will be enacted. "Quality and satisfaction we do quite well. The question is, how long can we continue to do that as underinsured and costs continue to increase? What is the cost of doing nothing?"

Sen. Ayer stressed that her health care background – she's been an RN for 30 years and is the wife of physician Dr. Alan Ayer – has given her unique insight into the health care system. And she said that during that time, she has seen enough to come to embrace many of the reforms in the single payer package before the legislature.

"Eight years ago I couldn't image doing it any other way than the way we had always done things," said Ayer. "I've since done a one-eighty. The system is about to implode. We can't keep going this way."

Both Rep. Larson and Sen. Ayer stressed to VMS members that as an integral part of Vermonters' health, any reform efforts would have to be supported by, and supportive of physicians.

"We can't have a system that under reimburses doctors," said Sen. Ayer. "To maintain a workforce and make sure that we can be competitive there are two overriding factors: access and quality of care."



Senator Ayer speaks to (left to right) Dr. Robert LaFiandra and Dr. Robert Tortolani while Representative Larson hears from Dr. Neale.



FROM THE PRESIDENT'S DESK

By Paula Duncan, M.D.

The final curtain on the 2011 legislative session has yet to close in Montpelier, leaving uncertain the fate of a wave of health-care related bills that will impact physicians for years to come. But one thing that is certain is this; Vermont's physicians made their presence and preferences felt in the halls and rooms of the statehouse this year.

In the last issue of the Green Mountain Physician, I appealed to you to become involved in the issues and make your opinions and expertise known to our elected officials. I thank you for meeting that call.

VMS members helped influence legislation by testifying before committees, participating in a Patients First Day at the statehouse, sharing their thoughts with the leaders of key House and Senate committees (see page 4) and by personally reaching out to their representatives.

While we won't claim success until all the ink has dried on the 2011 legislative session, I think it is safe to say that your efforts help defeat a number of bills that would have adversely impacted physicians. Foremost of which was a proposal to transfer Catamount beneficiaries into the Medicaid program, a move that would have resulted in a 32.8-percent cut in reimbursements to physicians treating Catamount patients



VMS Members were among the approximately 250 health care practitioners that filled the House Chamber during Patients First Day.

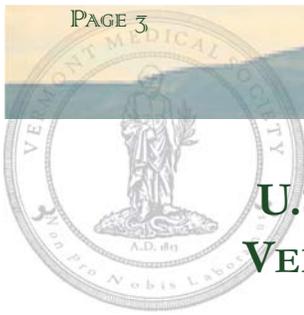
Regardless of the outcome of the final days of the legislative session, change is afoot in health care in Vermont. Thankfully, our profession's long demonstrated commitment to our patients and communities, as well as our active voice, has positioned us to help determine the direction of those changes.

Thank you for your continued support of the Society and I hope you enjoy this issue of the Green Mountain Physician.

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.



U.S. SUPREME COURT HEARS VERMONT DATA MINING CASE

The U.S. Supreme will decide whether Vermont can ban selling prescription information to drug companies – or whether the ban violates free speech.

On April 26th, justices heard oral arguments on the case. A ruling is expected in June.

IMS Health Inc. v. William Sorrell stems from a data ban passed by the Vermont Legislature in 2007 based on a resolution adopted by the Vermont Medical Society in support of such a ban. The law says companies can't sell prescription information for marketing purposes, and drug companies can't use it unless prescribing doctors consent. IMS, a company that provides physicians' prescribing information to pharmaceutical industries, argued that the law hindered its First Amendment free speech rights. The company, joined by Pharmaceutical Research and Manufacturers of America and others, sued Vermont Attorney General William Sorrell over the law's enforcement.

NATIONAL PRESS COVERS VMS'S ROLE IN SUPREME COURT CASE

The Supreme Court case pitting pharmaceutical and data mining companies against the state of Vermont has focused the national media spotlight on the state's physicians and the Vermont Medical Society, which backed the legislation at the heart of the case.

Numerous national outlets have published articles about the case and many have included quotes from VMS members and staff. National Public Radio's Nina Totenberg interviewed VMS President Paula Duncan for her article, while the New York Times' article on the case featured VMS Vice President Norm Ward. VMS Executive Vice President Paul Harrington was included in a USA Today article and a Los Angeles Times article.

The Vermont district court sided with the state, but in 2009, the 2nd U.S. Circuit Court of Appeals overturned the decision on constitutional grounds. The appellate ruling conflicted with rulings in Maine and New Hampshire that upheld similar laws in those states. In January 2011, the Supreme Court agreed to review the Vermont case.

VMS has filed an amicus brief with the Supreme Court in support of Vermont's law. Joining the VMS amicus are the New Hampshire Medical Society, the Maine Medical Association, the Medical Association of Georgia, the American Academy of Family Physicians and the American Academy of Pediatrics. All briefs in IMS v. Sorrell can be viewed by visiting www.vtmd.org/us-supreme-court-hear-vermont-data-mining-case.

The brief was drafted pro bono by two attorneys, Eileen Elliott and Jessica Oski, from the Burlington law firm Shems, Dunkiel, Raubvogel, and Saunders. This was a huge effort under a very tight timeframe and involved many members of the firm. VMS greatly appreciates the time and work that the firm devoted to the brief.



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VMS MEMBERS GIVE STATEHOUSE TESTIMONY DURING PATIENTS FIRST DAY

On March 16th, approximately 250 health care providers from throughout the state descended on the Statehouse for Patients First Day. The event, sponsored by the Vermont Association of Hospitals and Health Systems and the Vermont Medical Society, gave Vermont's physicians and hospital caregivers and staff the opportunity to testify directly to lawmakers about the importance of preserving access to health care for poor Vermonters.



*Dr. Robert Tortolani
addresses the legislature.*

Many speakers specifically addressed the adverse impact that two of Governor Peter Shumlin's fiscal year 2012 budget recommendations would have on the delivery of health care in the state: transferring the Catamount population to



*Members of the Vermont Senate
and House listen to testimony.*

Medicaid, which pays significantly lower reimbursement rates than Catamount, Medicare and private insurers; and, reducing Medicaid payments to

hospitals. The combined impact of these payment reductions to hospitals and doctors totals \$37 million.

Among those who provided testimony were several VMS members, including president Paula Duncan, M.D., and immediate-past president Robert Tortolani, M.D.

FLETCHER ALLEN RECOGNIZED HONORED FOR STROKE CARE

Fletcher Allen's Stroke Program recently received the American Heart Association/American Stroke Association's "Get With The Guidelines" Silver Plus Performance Achievement award for achieving stroke care benchmarks. The award recognizes the Stroke Program's commitment and success in implementing a higher standard of stroke care by ensuring that stroke patients receive treatment according to nationally accepted standards and recommendations.

To receive the award, Fletcher Allen's Stroke Program had to achieve at least 12 consecutive months of 85 percent or higher adherence to all Get With The Guidelines Stroke Performance Achievement indicators, and achieve at least 75 percent or higher compliance with six of 10 Get With The Guidelines Stroke Quality Measures during that same time period. Fletcher Allen met and exceeded these benchmarks in almost every category.

These measures, designed to improve quality of care, include aggressive use of medications, such as tPA (a protein designed to dissolve blood clots), antithrombotics (such as aspirin), anticoagulation (coumadin) therapy where appropriate, medications to prevent blood clots, cholesterol-reducing drugs and smoking cessation, all aimed at reducing death and disability and improving the lives of stroke patients.

"With a stroke, acting rapidly is crucial to limit brain damage, and this award validates that our staff is committed to providing best-practice care to quickly and efficiently treat stroke patients with evidence-based protocols," said Mark Gorman, M.D., UVM Medical Group neurologist and director of the Fletcher Allen Stroke Program. "Careful attention to details and appropriate use of medications are critical steps in saving the lives and improving the outcomes of stroke patients."

The Stroke Program was also recognized for excellence by The Joint Commission in 2009 as well as with the Get With The Guidelines bronze award in 2008.

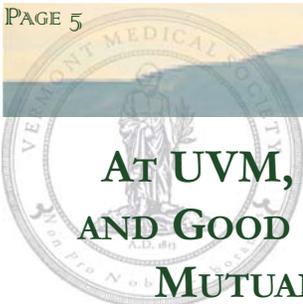
SAVE THE DATE FOR THE VMS 2011 ANNUAL MEETING

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!



AT UVM, GOOD MEDICINE AND GOOD BUSINESS ARE NOT MUTUALLY EXCLUSIVE

By Abigail Trutor, FAHC Center for Health Care Management



In the fall of 2009, Fletcher Allen Health Care launched the Center for Health Care Management. The Center's goal is to bridge the gap between the skills needed to run a team, division or department and the lack of a business-based curriculum in a physician's education.

Under the direction of Dr. Paul Taheri, president and CEO of the University of Vermont Medical Group at Fletcher Allen, the Center developed a mini-MBA program focused on providing physicians with the five core components of a traditional business school education: organizational behavior, finance, operations, marketing and strategy.

Dr. Taheri says physicians are just as concerned about the costs and business side of health care delivery as everybody else.

"Many stakeholders are trying to solve the problem," said Dr. Taheri. "Some think the solution is to pay less for the same service; I think it's to better educate the providers about the core transaction – between the doctor and the patient. The more we optimize that transaction by understanding basic business principles, the lower the cost per unit of service will be."

Now in its third year, the Center's mini-MBA program has matriculated more than 160 participants, 60 percent of whom are physicians. Nurse leaders and health care administrators are asked to join each session to simulate the entire care team. Focused on removing information silos that serve as a major barrier to improved efficiency and effectiveness, participants come together in cross-functional, inter-departmental groups to solve common problems in health care delivery using fundamental business frameworks taught throughout the program. To date, average approval ratings have been above 90 percent in all critical areas. Among physicians who've participated in the program, 89 percent stated that they would recommend this program to a colleague and 75 percent said they have applied content taught in the program to their role.

How it Works

The mini-MBA, also known as the Core Program, is presented over the course of the fall or spring semester, with full-day Friday modules occurring monthly. In each module, participants are provided with the basic frameworks and concepts of each competency area, followed by an in-class case study whereby they work with fellow physicians, nurses, administrators and residents to build a real-world solution to common problems facing modern health care.

The next offering will occur this fall on:

- September 9 – Organizational Behavior
- September 30 - Finance
- October 21 - Marketing
- November 18 - Operations
- December 9 - Strategy

Expanding its Reach

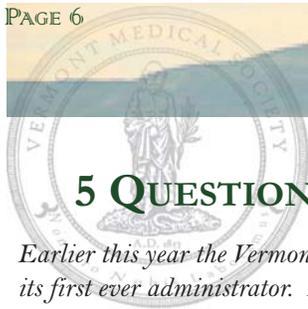
The Center is expanding its offerings this fall with the Advanced Program. Funded in part by a grant from the Physicians Foundation, the Advanced Program will build upon the concepts taught in the Core Program and is offered to those who have participated in the Core Program or have an advanced management degree. The focus of the Advanced Program will be on building leadership competencies.

If interested, contact the Center at (802) 847-0691 or Abigail.Trutor@vtmednet.org, or visit www.fletcherallen.org/healthcaremanagement.

NEW SERVICE PROVIDES PRIMARY CARE PHYSICIANS WITH SUBSTANCE ABUSE RESOURCES

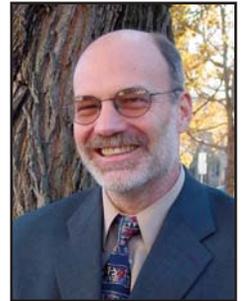
A free, nationwide service has been launched that helps primary care providers identify and advise substance-abusing patients. The service, Physician Clinical Support System for Primary Care (PCSS-P), offers peer-to-peer mentorship and resources on incorporating screening and follow-up into regular patient care.

The warm line service – called "warm" because the response is within 24 hours rather than an immediate response typical of a hotline – is available to physicians and other health care providers at no cost. Providers register with PCSS-P and receive the contact information of a mentor who is a specialist in screening, brief intervention, treatment and referral for patients with substance abuse problems. To take advantage of the service, physicians can call PCSS-P at (877) 630-8812, or register online at www.PCSSmentor.org.



5 QUESTIONS WITH.....VMSERF ADMINISTRATOR CY JORDAN, M.D.

Earlier this year the Vermont Medical Society's Education and Research Foundation hired Wm. Cy Jordan, M.D., as its first ever administrator. Prior to his appointment, Dr. Jordan—who began his career by practicing family medicine and pediatrics in inner-city Boston and rural Vermont—served as the medical director for the Vermont Program for Quality in Health Care for 17 years.



Green Mountain Physician: Your career in health care has a very interesting arc. Where and how did you start your career and where has it taken you?

Cy Jordan, M.D.: Growing up in the political, economic and social context of the 1960's, I, like many other young people choosing medicine as a career at the time, did so because of the potential to make a significant social contribution rather than a scientific contribution to society. Given this, my formal training and career that progressed through family medicine, pediatrics, public health and quality of care trace a pretty straight and consistent line.

The renewed public and professional interest in patient centeredness and patient centered medical home make primary care physicians of my age smile. The advocacy for a more patient centered delivery system seems to us as a welcome return to the social context in the 1970's when we all started out in medicine. In fact the concept of a Medical Home was first promoted by the American Academy of Pediatrics in 1967 when I was a junior in high school.

The reality of current need is markedly different from when we all started out, and will require markedly different solutions. Whereas, we were all being trained to be all things to all people, that just isn't possible anymore. Medicine is much more complex now; there are more tests that can be ordered and more treatment options. A team approach will work much better than Marcus Welby, M.D. There's too much information to be tracked and brought to bear on a patient's needs without information technology.

GMP: You've focused your career on health care quality. Why is it important to have an MD be so deeply involved in this issue?

Dr. Jordan: In my world view, quality of care happens at the "bedside"; quality of care occurs at the interface between someone with a need and someone who is able to help them in a respectful caring way.

What defines quality of care should be decided by people in need and people with knowledge and skills. The rest of the delivery system should be designed to optimize the interaction between this central dyad. Physicians are a key group that needs to have a say in policy and decisions about delivery system design, and without their input, policy making is at risk of being off base; but they are not the only ones that need to be at the table.

GMP: I would imagine that for many physicians, the day-to-day responsibilities are so great that it is difficult to step back and take a broader view on care quality and how to improve it. How can physicians take these "blinders" off?

Dr. Jordan: My reasons for leaving clinical practice were both personal and professional. I decided to shift my perspective to a population-based view, rather than a patient by patient view. It allowed me to continue to use my medical knowledge and experience, but from a stepped back perspective that fit better with my personal needs at the time with a growing family. It was a hard decision at the time having committed so many years to direct patient care, but the second phase of my professional career has been very rewarding and satisfying. I still feel that I've been of use, and made a significant impact on the quality of care in the state.

GMP: As the first ever medical director for the Vermont Medical Society Education and Research Foundation, what does your addition to the Foundation signal?

Dr. Jordan: I am honored by the Medical Society's offer to have me lead an expansion of the scope of the Foundation's work. To date the Foundation has focused on investing its capital and providing much appreciated scholarships to Vermonters at the College of Medicine. The mission of the Foundation is much broader and specifically mentions offering assistance to practicing physicians in their efforts to provide the best care to their patients. This is the piece of the mission that I, the Medical Society staff and the Foundation's board of directors are most keen on fleshing out and invigorating.

GMP: What do you hope to accomplish at the Foundation?

Dr. Jordan: My long-term goal for the Foundation is to develop a sustainable adaptive organization that is expressly designed and ever being redesigned to meet the current and future needs of physicians and their patients. This work will include both strategic planning and execution of products that have value to Vermonters.



BILLING AND COLLECTION PRACTICES IMPACT THE PHYSICIAN/PATIENT RELATIONSHIP

By Medical Mutual Insurance Company of Maine

Supporting the physician-patient relationship involves addressing the financial portion of patient care. Educating and informing patients of your expectations and their responsibilities sustains a harmonious relationship and sets the tone for prompt payment.

Office Practice Systems facilitate the exchange of relevant financial information. Be sure to:

- Ask patients to verify self-pay or their insurance coverage related to co-payments, deductibles, exclusions, and rules regarding physician services or self-referrals;
- Confirm or update the patient's current address and telephone numbers at each visit;
- Provide billing policy information in a practice brochure and in a conspicuous venue in the office;
- Clarify whether you accept credit card payment, insurance assignment or expect payment at the time of service;
- Inform patients whether you offer assistance in completing insurance forms; and,
- Notify the appropriate billing staff when a special billing arrangement is made by a physician.

Utilize strategies to enhance accounts receivable:

- Set specific due dates in your billing statements;
- Mail statements to arrive several days before the end of the month as many patients pay their bills on the first of the month;
- Include a brief note with the billing statement in which an outstanding balance is highlighted making patients aware their account is receiving personal attention;
- Print "return service requested" on the front of envelopes. The postal service will return the envelope with a forwarding address or with the reason the mail was undeliverable; and,
- Enclose a courteous letter with a past due billing statement asking the patient to cooperate in resolving an outstanding balance.

In-house collections:

- Telephone calls are an effective way to increase accounts receivable. Assign a pleasant, tactful staff member who can confidently communicate a payment demand;

- Avoid leaving a message that violates confidentiality by disclosing that the call is regarding a debt;
- Ask a patient for payment in full before you offer a payment schedule;
- Have the patient confirm his/her commitment to resolving an outstanding balance;
- Follow up with a considerate letter reiterating the promise to pay and the agreed upon terms; and,
- Remind debtors of broken promises within two days of the time a payment should have been received.

Collection options that warrant consideration:

- Initiation of a small claims court action;
- Reporting the account to a credit bureau;
- Retaining an attorney for collection purposes; and,
- Acquiring the services of a professional collections agency.

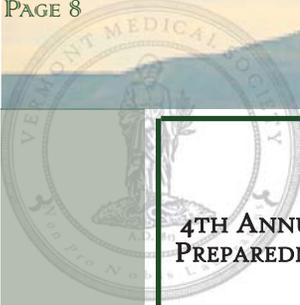
Collections Agency:

- Interview a collections agency prior to entering into a business agreement;
- Consult with your attorney to review the service contract;
- Investigate references;
- Check with your state Better Business Bureau regarding any complaints; and,
- Review and approve forms and letters used by the agency. The tone and format of these communications are interpreted by a patient as coming directly from the physician.

Liability claims are sometimes in response to collections activity. The physician must be kept informed of ongoing collections efforts. The physician's written approval must be sought before the agency files a lawsuit against a patient or former patient.

Medical Mutual's "Practice Tips" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.

CONFERENCES



4TH ANNUAL VT HEALTHCARE PREPAREDNESS CONFERENCE 2011

June 3, 2011
Hilton Burlington
Burlington Vt.

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

FAMILY MEDICINE REVIEW COURSE

June 7-10, 2011
Sheraton Conference Center
Burlington, Vt.

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

GASTROENTEROLOGY AND HEPATOBIILIARY UPDATE - 2011

June 13, 2011
Radisson Hotel Manchester
Manchester, Nh.

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

VERMONT SUMMER PEDIATRIC SEMINAR

June 16-19, 2011
The Equinox
Manchester, Vt.

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

WOMEN IN MEDICINE

July 24-28, 2011
Stoweflake Conference Center
Stowe, Vt.

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

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