

THE GREEN MOUNTAIN PHYSICIAN

A PUBLICATION OF THE VERMONT MEDICAL SOCIETY

"Not for ourselves do we labor"

May/June

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2014

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Vermont's Director of Health Care Reform Robin Lunge (right) speaks to VMS members during the Society's Council meeting in April. See page 4 for a "10 Questions with ..." interview with Lunge, that among other topics, explores her charge from the governor, how workforce retention and growth are key components of the state's reform efforts and how she got her start in public policy.



Council members gather five times a year to discuss topics of interest to VMS members and all Vermont physicians.



Pictured from left to right, Drs. Howard Schapiro, Joe McSherry, David Coddair and Stephen Leffler.

The VMS Council is comprised of county, specialty and hospital medical staff representatives.



Picture from left to right, Drs. Marilyn Hart & Wendy Davis.

Council members and past presidents, Drs. John Leppman, Victor Pisanneli and Bob Block represent the southern part of the state (pictured left to right).





FROM THE PRESIDENT'S DESK

By Daniel B. Walsh, M.D.



Hello fellow VMS members:

After a particularly long winter and begrudging spring, summer has finally reached Vermont. The warmer weather inspires summer barbecues, golf, boating, gardening, and, a particular highlight, the annual VMS Council planning retreat.

This retreat is the Society's annual moment to thoughtfully consider the strategic opportunities and challenges facing us as an organization and profession. Many of the issues raised during the brainstorming session will, likely, become resolutions that members will vote on during the Oct. 25th annual meeting at The Equinox in Manchester Village.

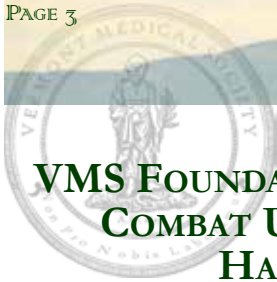
I have always found the retreats to be informative and productive. The retreat also provides an opportunity for Council members to know each other's issues and concerns in a more rich and personal way. I look forward to it each year. This year's event will be held July 12th, from 9 a.m. to 12 noon, at the classic Vermont home of Paul and Elaine Harrington.

Sincerely,

A handwritten signature in cursive script that reads "Daniel B. Walsh".

Daniel B. Walsh, M.D.

President



VMS FOUNDATION AWARDED \$500,000 GRANT TO COMBAT UNNECESSARY AND POTENTIALLY HARMFUL MEDICAL TESTING

The Vermont Medical Society Education and Research Foundation has been awarded a \$548,829 grant to develop a statewide program that reduces unnecessary and potentially harmful medical testing.

The grant, awarded by the Vermont Health Care Innovation Project (VHCIP) Grant Program, will be used to launch the Vermont Hospital Medicine Choosing Wisely® Project, a 26-month effort focused on decreasing waste and potential harm in the hospital setting.

“It’s been estimated that approximately 30 percent of health care costs are spent on avoidable wasted care that, if eliminated, would have no adverse affect on quality of care,” said Dr. Cyrus Jordan, director of the VMS Foundation and the grant’s principal investigator. “That’s a lot of money that does nothing to make patients healthier. For instance, in 2017 Vermont’s health care expenditures will total about \$6 billion, so within that amount there is the potential for savings of close to \$2 billion. This grant will allow us to put plans and procedures in place that will go after saving that money.”

The principal activity made possible by the grant will be two, 12-month Institute for Healthcare Improvement (ICI) Breakthrough Learning Collaboratives focusing on two or more clinical areas. The first clinical area will be reducing the performance of repetitive laboratory testing in the face of clinical and lab stability. The clinical targets of the second Collaborative will be chosen by participating faculty and institutions based on practicality, cost, ROI and potential to avoid waste and improve safety.

Each Collaborative will consist of an initial three-month planning and pre-work phase followed by a nine-month improvement effort consisting of three day-long Learning Sessions and two intervening Action Periods. The third Learning Session will also serve as an Outcomes Congress giving teams an opportunity to celebrate their accomplishments and maintain their momentum for future improvement interventions.

In describing the vision behind its Breakthrough Learning Collaboratives, IHI says that, “...sound science exists on the basis of which the costs and outcomes of current health care practices can be greatly improved, but much of this science lies fallow and unused in daily work. There is a gap between what we know and what we do. The Breakthrough Series is designed to help organizations close that gap by creating a structure in which interested organizations can easily learn from each other and from recognized experts in topic areas where they want to make improvements. A Breakthrough Series Collaborative is a short-term (six- to 15-month) learning system that brings together a large number of teams from hospitals or clinics to seek improvement in a focused topic area.”



VMS Education & Research Foundation
helping physicians help patients & communities



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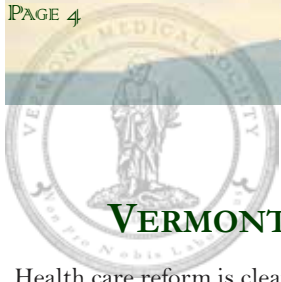
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10 QUESTIONS WITH ...

VERMONT DIRECTOR OF HEALTH CARE REFORM ROBIN LUNGE

Health care reform is clearly near-and-dear to Gov. Peter Shumlin's heart. So the person whose job it is to oversee those efforts on his behalf would have a pretty big job, right?

Well, that job falls on the capable shoulders of his director of health care reform since July 2011, Robin Lunge. Whether it's testifying before the legislature, serving as a resource to the press or managing a thousand details behind the scenes, she is the Governor's point person on health care reform.

Lunge discussed the current status of reform in the state, as well as a number of other issues at the Vermont Medical Society's April 26th Council meeting. Afterward, she agreed to a "10 Questions with ..." interview with the Green Mountain Physician.

GMP: As the director of health care reform, what is your charge from the Governor?

Lunge: My job is to ensure that someone is looking across Vermont's health reform initiatives to keep the policies aligned and moving forward efficiently. My office is also in charge of the planning for Green Mountain Care, which is universal, publicly financed health coverage.

GMP: How did you get your start in health care public policy?

Lunge: I spent several years working as nonpartisan staff for the Vermont legislature and focused on health and human services policy. This was a great learning experience because of the breadth and depth of the issues presented to the legislature.

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

Lunge: I grew up in Brattleboro. I felt like I needed to broaden my horizons, so went to the University of California, Santa Cruz, for undergrad and studied Sociology. I worked as a residential assistant at Porter College at UCSC, and usually had at least one other job, so there wasn't much time for other activities.

I got my law degree from Cornell University, where I also learned to rock climb and enjoyed the beautiful outdoor activities in Ithaca. In 2013, I had the honor of being in the inaugural class for a new Masters Degree in Health Care Delivery Science from Dartmouth College, which was a joint program for working professionals between the Tuck Business School and the Dartmouth Institute.

GMP: What do you do to relax and unwind?

Lunge: Exercise! Although I haven't had enough time in this job to spend as much time outdoors as I'd like. I also love to travel.

GMP: If you were awarded a full year's sabbatical to study any issue, what would it be?

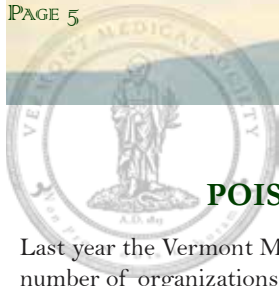
Lunge: International comparisons of health systems. I would love to look for what is working best and worst in health systems around the world. Most other countries have universal coverage, so they don't have uninsured people and mostly don't have underinsured. It would be fascinating to look at the issues with delivery system models in other places as well as policy and political challenges in other systems.

GMP: Some physicians are looking forward to working in a single payer system, while others are very leery of it. But regardless of where individual physicians stand on the ideological issue, there is a lot of uncertainty on both sides as to whether the new system will compensate providers enough to retain and attract a well-qualified health care workforce. Does a sustainable workforce factor into the work you and your team do and how?

Lunge: Absolutely. Without physicians and other health care providers, there is no health system. Vermont has to remain competitive in order to ensure we attract and retain physicians. But we also know that if costs continue to rise at the current rate, Vermonters won't be able to afford to use the health care system or afford health insurance. This is, quite frankly, as much if not more of a threat to the livelihood of health care providers, not just here in Vermont, but in every state. The status quo is not a sustainable option.

GMP: While discussing the costs of health care during the Council meeting, you said that policymakers ought to start thinking about things from an expense perspective, as opposed to a revenue perspective. Can you elaborate on that more?

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PARTNERS FOR HEALTH CARE REFORM POISED TO IMPACT SINGLE-PAYER FINANCING POLICIES

Last year the Vermont Medical Society joined forces with a number of organizations committed to health care reform in Vermont to form Vermont Partners for Health Care Reform (VPHCR). The group's first act was to commission a study examining key assumptions the Shumlin Administration used in estimating the cost of providing all Vermonters with health care coverage.

Among other items, the report found that the state's initial \$1.6 billion revenue estimate to publicly fund Vermont's health care system was likely too low, that the Administration's financing plan proposed to generate revenue by cutting provider payments by nearly one dollar in six, and that much of the administrative savings gained by the proposed single-payer system may not be realized because the administrative expense levels in Vermont are already quite low.

With the release of the report's findings, a lot more attention was being paid to important assumptions the Administration was using to base single-payer's financing on. And as a direct result of the group's study, stakeholders now talk about a range of system cost estimates, as opposed to only the lower figure presented by the Administration. The Legislature, hoping to draw its own conclusions from the differing figures, is now seeking its own analysis.

It is that kind of success right out of the gates that has VPHCR committed more than ever to continuing to provide essential information based on factual data and research-based analyses to shape the smart and effective reform of Vermont's health care system.

So, now that VPHCR has put itself on the health care reform map, who and what is VPHCR and how did it get started? And what's next?

Who and what is VPHCR and how did it start?

The Vermont Partners for Health Care Reform is comprised of eight organizations who represent various segments of the health care system, including providers and the public: Fletcher Allen Health Care, Dartmouth-Hitchcock Medical Center, Vermont Chamber of Commerce, Vermont Assembly of Home Health and Hospice Agencies, Inc., Blue Cross Blue Shield of Vermont, Vermont Association of Hospitals and Health Systems, Vermont Medical Society, and Vermont Business Roundtable.

The coalition formed in January 2013, with an interest in providing data-driven information and research-based analyses to help shape effective reform of Vermont's health care system.

"It was important for us to be a part of VPHCR because we have to get health care reform right," said Bea Grause,

president and CEO of Vermont Association of Hospitals and Health Systems. "Improving local access to high quality services is central to the wellbeing of Vermonters and our state's economy. Because of that, we have to make sure that every change we make is directly tied to improving the access, cost and quality."

For another member of the coalition, the motivation to join the group came from a desire and willingness to work on an issue of such great importance to current and future Vermonters.

"Vermont has begun one of the most significant and far reaching public policy initiatives in its history," said Don George, president and CEO of Blue Cross Blue Shield Vermont. "The form and manner in which it is evaluated will have profound and far reaching implications for Vermont and generations of Vermonters. The significance of this proposed transition cannot be over-emphasized, nor should the monumental task at hand be under-estimated."

What's next?

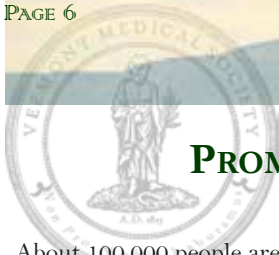
With its initial report helping to reconfigure the discussion in Montpelier, VPHCR plans to continue looking for ways to add its broad, diverse voice to the health care reform conversation. And for at least one member of the coalition, the group's voice filled a void in the health care reform debate.

"Before VPHCR existed there was only one source of information and that was the Administration," Betsy Bishop, president of the Vermont Chamber of Commerce. "Creating a dialogue that looks at reform from different perspectives ensures that Vermont creates a sustainable system in the future."

It's those "different perspectives" that may be the group's defining quality, one that in the end gives its opinions and expertise a lot of weight among policy makers in Montpelier.

"Together, the group's constituents represent an important cross-section of the Vermont economy and stakeholders in the health care industry," said Lisa Ventriss, president of Vermont Business Roundtable. "We will be able to provide the Administration with critical input on the direct and indirect impacts of any financing plans.

"These extremely complex layers of reforms must be benefitted from having someone ask the challenging questions, second guess assumptions, provide independent analysis and, in doing so, provide a service to all Vermonters so that these significant changes meet their stated goals and are indeed sustainable over time."



PROMOTING ORGAN DONATION AND TRANSPLANTATION

By Michael J. Scollins, M.D.

About 100,000 people are awaiting kidney transplants in the U.S. In Vermont nearly 300 patients are on dialysis for kidney failure, and most of them are hoping to find a live kidney donor, or are on a list for a deceased organ donor. The average wait time is three years, and the longer the wait, the poorer the chances for successful transplant. Some die while waiting. Smaller numbers await hearts, livers or lungs.

I practiced primary care internal medicine in Vermont for 34 years, and also taught Clinical Pharmacology at the University of Vermont College of Medicine. I encountered only a few cases of kidney failure, and no transplants, during those years, so when my wife Mary, a Developmental Pediatrician, was found to have kidney failure in 2002, I suddenly faced a new perspective. She presented with hypertension, and was found to have massive proteinuria and a serum creatinine of 1.5 mg percent (her baseline 0.7mg percent). A biopsy confirmed IgA nephropathy, and she was started on high-dose prednisone and cyclophosphamide. These were stopped after three months due to severe steroid myopathy.

At that point she was referred by the social worker to a support group known as the Transplant Donor Network (TDN), and I accompanied her since she was too weak to drive herself. There I met Jim Carter, the facilitator and founder, who lost a teenage daughter in a motor vehicle accident 22 years ago, and arranged for donation of all her organs. Since then he has spoken extensively to high school students around the state about seat belts and organ donation. I also met people waiting for kidney, liver and heart transplants, recipients of kidneys, livers and hearts, and several people who had been live kidney donors.

Mary was advised that if possible she should identify a relative or close friend who would donate a kidney when her disease progressed, as this would obviate the need for dialysis or being placed on a wait list for a deceased organ donor, and provide the best chance for successful transplant. Three such people quickly volunteered in succession, but for various reasons each time the procedure was cancelled. This was in 2008, and miraculously and inexplicably, Mary has been stable at 16 percent of normal kidney function, without any further deterioration over the past five years, and has still not needed dialysis or transplant! During this time fully 12 people in all have offered a live kidney donation (many likely would have been medically disqualified), but she has decided, at age 70, that she would deflect any live kidney donation to a younger recipient. After seven years on the deceased donor list, she's been assured that a kidney would become available within a few months if she is moved to the active list.

This journey has fired my interest in promoting organ donation and transplantation, for the many in our state who are desperately awaiting compatible organs, and who have until now had little or no voice in the process.

Five years ago I joined the board of the Vermont Kidney Association, but their main focus has been the support of dialysis patients by subsidizing transportation and medication costs. I felt the state needed a coordinated program focusing on raising awareness of the need for deceased organ donation and for live kidney donation (I'm convinced that more people would come forward to make live kidney donations if they were aware of the need and great benefit).

Health Commissioner Dr. Harry Chen and FAHC transplant surgeon Dr. Antonio DiCarlo (succeeded a few months ago by Dr. Carlos Marroquin), were in strong support. We then went to the legislature and enthusiastically supported a bill that proposed formation of a Governor's Advisory Council on Organ Donation and Transplantation, with membership including the principals within our state as well as those from our two regional Organ Procurement Organizations (OPO's): Boston's New England Organ Bank (NEOB), which secures deceased organs for the eastern part of Vermont, and Albany's Center for Donation and Transplant (CDT), which serves our western half. With the great support of Senators Patsy French and Ann Pugh in the House Human Services Committee, the legislation was passed in May 2011, creating a working group chaired by Dr. Chen and authorized for one year. In May 2012 the legislature agreed to extend the Council for two more years, with a final report to the Governor due in January 2015.

The first major task of the group was clear cut. Up until January 2013, less than five percent of Vermont drivers were registered on DonateLife.com as deceased organ donors, despite the fact that the legislature several years earlier had mandated that the DMV modify its computer system to automatically upload donation info to the website. Programming problems, compounded by changing ownership of the contracting company, presented formidable challenges, but pressure exerted by the Advisory Council and strong efforts and cooperation by Rob Ide and Mike Smith at DMV finally resulted in an effective work-around solution that was launched in January 2013. Since then, the number of drivers registered on the DonateLife website as

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VMS FOUNDATION

(Cont'd from pg. 4) Lunge: Right now, the financial incentives for hospitals and providers are to do more to increase revenue. But at the same time, we don't actually know the real costs of services, so the focus is on how to make more revenue. In other industries, there is a constant pressure to innovate, to look for operational efficiencies, and to do better for the customers. Because the U.S. health system is not sustainable, these pressures have come to health care. So, we can't just look at how to increase volume to increase revenue, we need to take a different approach and look for operational efficiencies to reduce expenses. We know from research using Medicare data that spending more per patient does not result in better outcomes and better care – it's just the opposite. There is the opportunity in health care to reduce costs and to further improve the good quality care already provided in Vermont.

GMP: If you were named U.S. Secretary of Health and Human Services, what would be your first policy enactment?

Lunge: I would focus on encouraging states to adequately fund Medicaid to reduce the cost-shift to private premiums and to pursue multi-payer payment reform to streamline administrative hassles for health care providers. The cost-shift has an impact on HHS, as well as private premium payers, because of the Affordable Care Act premium tax credits. This creates a federal incentive to ensure states keep up with health care inflation. In Vermont, the Governor included inflationary rate increases in the Medicaid budget recommendation to the legislature for the past two years, because the state should keep up with inflation, like all other payers.

GMP: What do you like the most about living in Vermont?

Lunge: Vermont is my home, so I really wouldn't live anywhere else. I love our sense of community and commitment to the natural environment.

GMP: At the end of the day, how will we know is Vermont's health care reform efforts have been successful or not?

Lunge: I believe that there are already signs of success. Health care inflation is showing signs of reducing. For example, hospital budgets have increased less than three percent the past two years. Vermont has the highest per-capita enrollment in its health benefits exchange, Vermont Health Connect, even with the technology challenges we've seen. And there is vibrant engagement among health care leaders – payers, providers, consumer groups, and government – around reforming the way we pay for and delivery health care, as illustrated by the 300 people engaged in the Vermont Health Care Innovation Project.

DONATION

(Cont'd from pg. 6) deceased organ donors has risen rapidly, but leveled off at 45 percent of registrants. While this is a dramatic improvement, to our surprise and disappointment fully 55 percent of drivers are declining to be deceased organ donors.

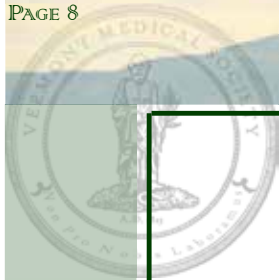
Several states have higher rates, in the 55-60 percent range, and being Vermont, we certainly anticipated a higher response. We surmise that failure to fully understand the question, i.e. that drivers are only being asked to consent to organ donation AFTER death, or failure to have taken time before hand to ponder the question, or to be properly educated about the need, are all likely factors.

At the beginning of this initiative, in September 2009, VMS approved a resolution to promote awareness of the need for organ donation and transplantation, and now seems the ideal time to implement that commitment. I suggest that the VMS take up the challenge of encouraging its primary care physicians to include among the standard "health maintenance" questions, two questions about organ and tissue donation: have you registered as a deceased organ donor, or are you prepared to do so when you next renew your driver's license, and have you considered the possibility of becoming a live kidney donor? If these questions prompt further conversation, the practitioner could opt to engage the patient, or simply refer him or her to the DonateLife.org website, or to various readily accessible sites and pamphlets.

Boosting awareness of the need for organs and tissue for transplant, represents good medical practice, and should be included along with questions about living wills, seatbelts, smoking, alcohol and drug use, and eating and exercise habits. Those whose practice style don't allow time for these questions are encouraged to rethink their approach, or to utilize a questionnaire to be given to patients prior to a visit, that would cover such essential topics.

This endeavor would embody good medicine, a key social service, as well as responsible cost savings (a kidney transplant costs about \$100,000, approximately the cost of one year of dialysis). The Green Mountain Care Board would certainly support this project, and it could ultimately weigh favorably in deliberations regarding compensation for primary care physicians.

I hope the VMS will agree to support this proposal.



SAVE THE DATE

Vermont Medical Society

201st Annual Meeting

October 24 & 25, 2014

Equinox Resort, Manchester, Vt.

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