

THE GREEN MOUNTAIN PHYSICIAN

A PUBLICATION OF THE VERMONT MEDICAL SOCIETY

"Not for ourselves do we labor"

Nov./Dec.
2011

Q&A WITH GREEN MOUNTAIN CARE BOARD MEMBERS

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Contact Us

PO Box 1457

Montpelier, VT 05601

800-640-8767 or 223-7898

Fax 802-223-1201

Online at:

www.VTMD.org

On October 1 of this year, the Green Mountain Care Board appointed by Governor Peter Shumlin began its work. Its task? Revolutionize the way health care is delivered in the state.

The last issue of the Green Mountain Physician featured a Q&A with the board's chair Anya Rader Wallack, Ph.D. In this issue, the four other board members –

Karen Hein, M.D., Al Gobeille, Con Hogan and Allan Ramsay, M.D. – responded to a series of questions, including why they are interested in the delivery of health care, what they'd ultimately like to see happen in the state and how physicians can make their voices heard.

Green Mountain Physician: The Green Mountain Care Board is made up of a fairly diverse group of people. How will your background be valuable to the health care reform process?

Dr. Hein: I've worked in five sectors which all, I hope, are relevant to the deliberations of the (Green Mountain Care Board): (1) academia; (2) government (professional staff of the US Senate Finance Committee); (3) "think tank" as executive officer of The Institute of Medicine; (4) philanthropy (as president of The William T. Grant Foundation); and (5) global health and development (focusing on the professionalization of humanitarian assistance). As a physician with additional experience in these five sectors, I am hoping to bring my extensive network of people and ideas to make Green Mountain Care effective for all Vermonters in improving health as well as making it the best system of care for all of us providing care and needing care.

Mr. Gobeille: I am a small business owner from Burlington. I care deeply about the people of our State, our economy, and the quality of life we enjoy. I have seen firsthand the challenges that our current insurance model has placed upon my business, my family, and my employees. I hope to use my strategic business experience and my unique operational perspective to enhance our team's vision.

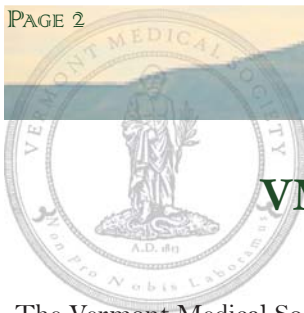
Mr. Hogan: I've been active in health care issues in Vermont since 1991 when I became Secretary of Human Services where I served for most of the 90's. Over that 20-plus years I've seen several health care 'reform' cycles. I've studied and co-written a couple of books on the subject. At this point I believe I can be helpful to the process of bringing Act 48 to life.

Dr. Ramsay: I have been a family physician in Vermont and member of the Department of Family Medicine at the College of Medicine for thirty years. Most recently I have also developed a specialty career in Palliative Care. My experiences in both primary and specialty medicine will help me understand the uncertainties my colleagues feel about whether we can make the health care system work better for patients and themselves. Both the people of Vermont and those that provide the health care want things to be better. I saw that every day in my practice and in my teaching.



Con Hogan (center), pictured with Governor Shumlin (left) and Al Gobeille

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VMS MEMBERSHIP ADOPTS NEW RESOLUTIONS, SETS PUBLIC POLICY PRIORITIES FOR 2011

The Vermont Medical Society adopted policy resolutions that address a number of issues critical to the delivery of health care, including the issuance of an annual progress report on the state government's compliance with the Act 48 principles, patient education and incentives for health, and opposition to a Medicaid tax on physicians' net revenue. VMS members approved the resolutions during the organization's 198th annual meeting held at Topnotch Resort in Stowe, Vt.

"Vermont's physicians are committed to providing the best care possible to their patients and sometimes that means adding our voices to the public policy debate," said Victor Pisanelli, Jr., M.D. (pictured right), VMS' newly elected president. "Our members believe that highlighting these issues and working toward solutions will lead to healthier and happier Vermonters."



VMS President Victor Pisanelli, M.D. addresses the membership at the 198th annual meeting.

The resolutions will form the basis of the organization's 2012 public policy efforts on behalf of its 2,000 physician members. The adopted resolutions addressed:

Issuing an annual progress report on the state government's compliance with the Act 48 principles – Act 48, which created the Green Mountain Care Board and gave it broad authority to reform the delivery of health care in the state, outlined a number of principles that are to guide the state's reform efforts, including: ensuring universal access; containing costs; ensuring provider choice; reaffirming the primacy of the physician/patient relationship; and, ensuring that the delivery of health care can be done on a solvent, sustainable basis.

By approving the resolution, the member authorizes VMS to facilitate the publication of an annual progress report on the success of state government in achieving the principles outlined in Act 48.

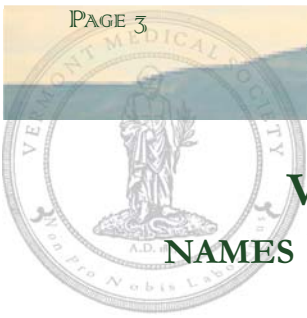
Patient education and incentives for health – Acknowledging that unhealthy lifestyle choices drive direct health care costs as well as indirect costs, relating to disability, workers compensation, absenteeism and productivity issues, VMS will work with the Department of Health to create a state health improvement plan. Additionally, VMS will work with the Green Mountain Care Board and other organizations to promote greater personal responsibility by individuals in maintaining their own health and the wise use of health resources.

Opposition to a Medicaid tax on physicians' net revenue – Citing a growing physician shortage and an already challenging financial environment for many providers, this resolution signals VMS' strong opposition to the adoption of a Medicaid provider tax on physicians. Such a tax would be potentially devastating to the state's ability to attract and retain physicians and the resulting decrease in patients' access to care in the face of current and worsening physician shortages.

The dangers of distracted driving – VMS will urge the Vermont General Assembly to enact a law similar to New York's banning the use of a hand-held cellular telephone to engage in a call while driving and work with the Vermont Agency of Transportation and the Governor's Highway commission to decrease cell phone use while driving and educate the public on the dangers of all forms of distracted driving.

Reconvening the Vermont Medical Society Physician Policy Council – In light of the recent creation of the Green Mountain Care Board and their charge to set reasonable rates for health care professionals and provider bargaining groups, VMS will reconvene the Physician Policy Council (PPC) and renew its status as a physician bargaining group approved by the state of Vermont. Additionally, the PPC will be tasked with identifying common physician purposes and concerns and creating a process to effectively engage in negotiation with the State of Vermont, and others as authorized by law with respect to physician payment rates and payment methodologies, provider regulation and quality of health care.

In broader terms, PPC will address other issues of concern to physicians and their patients, such as workforce shortages, administrative simplification, educational debt, and liability reform and will report its findings and make recommendations to the VMS Council.



VMS TAPS NEW OFFICERS; NAMES DR. PISANELLI, JR., PRESIDENT

The Vermont Medical Society has new leadership as Victor Pisanelli, Jr., M.D., was named president and Norman Ward, M.D., and Daniel Walsh, M.D., were elected president-elect and vice president, respectively, during the 198th VMS annual meeting.

Dr. Pisanelli is a surgeon at Rutland Regional Medical Center and a Vermont Medical Society council member. Dr. Pisanelli earned his medical degree from the University of Vermont College of Medicine in 1973 and joined father's Rutland surgical practice in 1977.

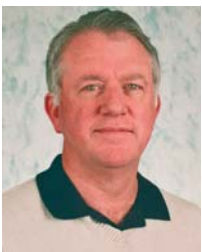
Dr. Pisanelli is the chairman of the RRMC credentials committee and the cancer liaison physician between the hospital's cancer center and the American Commission on Cancer. Previously he served as chairman of the hospital's department of surgery in the mid 1980s, president of its medical staff from 1994 to 1996 and a member of its board of directors from 1992 to 2006.

The Pisanelli family has a strong medical legacy in Rutland, which began when Dr. Pisanelli's father, Dr. Victor Pisanelli Sr., opened a surgery practice in the family's home on West Street in 1947. The younger Dr. Pisanelli joined the practice in 1977 and his sister, Patricia, began practicing there in 1985. Two other Pisanelli siblings and his mother were or still are, nurses.

Dr. Pisanelli assumes leadership of the Society in a time of rapid changes in the physician profession, especially in Vermont where numerous reform efforts are underway.

"Health care delivery is undergoing a fundamental transformation that physicians need to both help direct and be prepared for," said Dr. Pisanelli. "My job for the next year is to make sure that physicians' voices are heard, our patients are protected and our state as a whole takes positive steps toward the sustainable practice of medicine that results in healthier Vermonters. I'm looking forward to the challenges ahead."

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. Dr. Ward will assume the presidency of the Society next fall.



Dr. Walsh (pictured left) is a Norwich, Vt., resident and vascular surgeon at Dartmouth-Hitchcock Medical Center. A professor of surgery at Dartmouth Medical School, he earned his M.D. at the University of Pittsburgh School of Medicine and completed his residency at the University of Michigan Medical Center. He joined the DHMC staff in 1987.



New VMS President Victor Pisanelli, M.D. (left), pictured with President-Elect Norman Ward, M.D.



Vermont Medical Society

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Norman Ward, M.D.
President - Elect

Daniel Walsh, M.D.
Vice President

Howard Schapiro, M.D.
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Paula Duncan, M.D.
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VPH Medical Director

Cyrus Jordan, M.D.
VMSERF Administrator

VMS HONORS OUTSTANDING SERVICE TO HEALTH CARE AND COMMUNITY

Five Vermonters were recognized during the Vermont Medical Society's 198th annual meeting for their outstanding contributions to the health and well being of the state's residents.

The Distinguished Service Award was presented to **Allan Ramsay, M.D.** A professor at the University of Vermont's Department of Family Medicine and director of Palliative Care at Fletcher Allen, Dr. Ramsay is a national leader in palliative care who has played a tremendous role in developing unique models for making sure that patients' wishes are followed at the end of their lives.



Allan Ramsay, M.D. (right) with VMS President Victor Pisanelli, M.D. (center) and Robert Tortolani, M.D. (left).

"Every year I have lived in Vermont it has become a more special place for me and for my family," said Dr. Ramsay. "To be recognized for distinguished service to the people of Vermont is something I will always cherish."

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.



Eileen Elliott, Esq. (left) with VMS President-Elect Norman Ward, M.D. (right).

Eileen Elliott, Esq., received the Citizen of the Year Award, which is presented to a non-physician who has made a significant contribution to the health of the people of Vermont. A partner in the Burlington law firm of Dunkiel, Sauders, Elliott,

Raubvogel and Hand, Elliott was instrumental in the VMS's U.S. Supreme Court support of a Vermont law banning data mining companies from selling prescription information to drug companies. Ms. Elliott dedicated countless hours to the effort, including drafting an amicus brief in support of the law that forcefully called for the protection of medical privacy and reinforced the importance of the doctor-patient relationship.

"It was a privilege to receive this award," said Elliott. "I share it with my partners, who wholeheartedly supported the time and effort we put into writing the amicus brief, and with my colleagues Jessica Oski, Geoff Hand and Elizabeth Catlin, who were directly responsible for the quality of our

arguments. We all believe the doctor/patient relationship has to be carefully protected from intrusion and exploitation by outsiders who want to use it solely to make money. Although we disagree with the Court's decision, we will never regret the honor of standing up for doctors who are sick of being targeted for pharmaceutical marketing schemes that focus on the drug more than the patient."

The Physician of the Year award was presented to **Howard Weaver, M.D.**, for his tireless dedication to his patients as an internist and gastroenterologist in Rutland for more than 35 years. During that time, he has shown consistent and strong leadership in advocating for the welfare of his patients as well as for physicians taking active leadership roles throughout the health care system.



Howard Weaver, M.D. (left) with VMS President Victor Pisanelli, M.D. (right).

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.

Donald W. Berwick, M.D., M.P.P., 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.

Dr. Berwick was honored for his decades of work in promoting patient safety and quality improvement. Most recently the administrator for the Centers for Medicare & Medicaid Services, Dr. Berwick formerly was president and CEO of the Institute for Healthcare Improvement, clinical professor of pediatrics and health care policy at the Harvard Medical School and served as chair of the national advisory council of the Agency for Healthcare Research and Quality. Dr. Berwick's contributions to health care in Vermont stem from a presentation he gave that spurred the creation of the Vermont Program for Quality in Health Care. Dr. Berwick also partnered with a team of prominent health care leaders in the state to press the U.S. Congress to enact Vermont Senator James Jefford's Patient Safety and Quality Improvement Act of 2005 and contributed to the establishment of the James M. Jeffords Institute for Quality and Operational Effectiveness at Fletcher Allen Health Care.

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VMS EDUCATION AND RESEARCH FOUNDATION AWARDS SCHOLARSHIP TO UVM COLLEGE OF MEDICINE STUDENT

The Vermont Medical Society's Education and Research Foundation has awarded a \$10,000 scholarship to University of Vermont College of Medicine student Delia French.

A third-year medical student, French is a native of Shrewsbury, Vt., and hopes to practice primary care in the state. She earned a Bachelor's of Arts in English from Vassar College in 2006 and a Post-Baccalaureate Pre-Medical Program Certificate from the University of Vermont in 2008.

"I feel incredibly honored to have been rewarded the Vermont Medical Society scholarship," said French. "This reward makes a significant impact on my ability to pursue my goal of providing primary care in Vermont."

Earlier this year she participated in a program to promote childhood vaccination in Orange County and as a 2010-2011 Schweitzer Fellow, implemented a community health program for Bhutanese refugees in the Burlington area. In 2010, she was a researcher in the Freeman Medical Scholars program, taught an anatomy course for a medical translator certification program through Champlain Valley AHEC, and spent her summer assisting "Health Brigades" in remote areas of Ecuador and in downtown Quito.

Each year the Vermont Medical Society Education and Research Foundation gives one or more scholarships to medical students who are committed to practicing medicine in Vermont and caring for Vermonters. The scholarship program was created to encourage young doctors to return to Vermont after completing their residency training.

"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.



Delia French (left) with VMSERF President John Brumsted, M.D.

VMS HONORS



George Till, M.D. (right) with Marjorie Meyer, M.D.

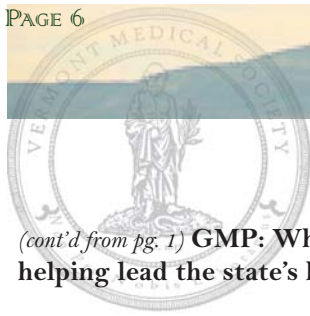
(Cont'd from pg. 4)
The Physician Award for Community Service was given to **George Till, M.D.**, in recognition of his outstanding record of community service not only as a

physician but as a member of his local school board and the Vermont House of Representatives. An important legislative voice during the ongoing health care reform debates, Dr. Till has served his community and profession as a member of the House Committee on Health Care and on the Vermont Commission on Health Care Reform. By bringing the perspective of a practicing physician to legislative discussions, Dr. Till's aims to ensure that the physician-patient relationship is an integral part of health care reform efforts.

"With all of the tremendous community service Vermont physicians perform, this is a tremendous honor and I am both humbled and grateful to the VMS for this award," said Dr. Till. "More importantly, serving in the legislature has given me an up close look at the work of the VMS. There are no more respected, nor more effective, lobbyists in the State House than Paul Harrington and Madeleine Mongan. They do a great job for the physicians of Vermont and we all owe them a tremendous debt of gratitude".

The Physician Award for Community Services is granted annually to a physician who has compiled an outstanding record of community service, which, apart from his or her specific identification as a physician, reflects well on the profession.





Q&A WITH GMCB MEMBERS

(cont'd from pg. 1) **GMP: What spurred your interest in helping lead the state's health care reform efforts?**

Mr. Gobeille: I became interested when I joined the state's payment reform advisory committee. I also became increasingly engaged when I learned more about the affordable care act (ACA). The more time I spent on the subject the more optimistic I became that Vermont would be able to do something better than Washington.

Mr. Hogan: The primary driver for me is seeing what the uncontrolled cost is doing to Vermonters, property owners, school systems, and government itself and even the effect that these costs are having on our economy. We simply must bring these costs under control if we are to maintain the high quality of care in Vermont, and have a chance at making sure everyone in Vermont has access to care.

Dr. Ramsay: I saw this as an opportunity to change a system that is not working and one that is not sustainable for Vermont. I would hear my colleagues tell stories about how difficult it has become to focus on caring for the patient. The pressure to increase productivity continually is cutting into the precious time we have to spend with our patients. Many of my physician friends just wanted to be able to have a meaningful relationship with their patients again. They knew that is the most important thing to improve quality of care.

Dr. Hein: I've lived in Vermont for the past decade and owned a home here for 41 years. Ever since I was a medical student at Dartmouth from 1966 to 1968, Vermont has been the place where we felt most at home...and now I have a way to give back to the place and people in our community and state. Hopefully, if we are successful, we will also show the nation a path forward to improving health and health care for everyone in the country.

GMP: Looking down the road, in your mind what does the ideal reform outcome look like?

Mr. Hogan: Health care costs would be rising in proportion to economic realities, the unnecessary cost and wastefulness of 'chasing the money' would have been greatly lessened and simplified, physicians could spend more time with their patients instead of paperwork, and every Vermonter would have access to high quality care.

Dr. Ramsay: All Vermonters will have access to a comprehensive and integrated health care system. They will pay according to their ability. The delivery system is designed by those that provide the health care. Insurers and government are not the experts at this; we are. Payment to all those that provide health care is fair. There will be a primary care foundation that stresses health – both in the

prevention of illness and in promoting healthy behaviors throughout the life cycle. If we can accomplish even a few of these goals the health care system in Vermont will be better.

Dr. Hein: Ideally the reform will mean improved health for Vermonters. It will mean a simplified system of care in which three contributions to our health will work together: (1) Personal; (2) Public Health and (3) Health Care Delivery. By considering all three, not just the contribution of the delivery system, we can help people become and stay healthy.

Mr. Gobeille: Better Access, Better quality, Lower cost is the simplified version. My "complicated vision" is a Hospital and Provider lead reform of the current delivery system. The improved system should lead to decreased costs and higher Provider satisfaction. I realize this falls under the easy to say banner, and that it will take great energy and effort.

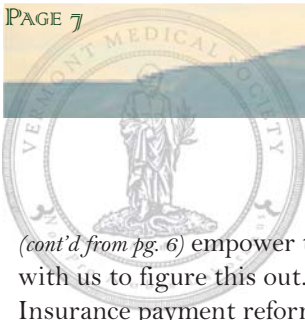
GMP: One of physicians' biggest concerns today is the increasing amount of time they spend dealing with overbearing administrative burdens; time that could be used to treat patients. What can be done to reduce these burdens?

Dr. Ramsay: Every doctor I speak to agrees that the best part of the day is when they are providing care to their patients. It is the time before and after that has become an insurmountable burden. The medical record has become less a way to communicate important patient information and stories, and more a tool to justify a billing code for an insurance provider. The cost of claims re-submissions, prior authorizations, and denials is not only a financial one it has also become an emotional burden on physicians throughout the state. We need to move away from this fee-for-service model and toward a reimbursement system that rewards us for quality and cost effectiveness. That is the only way to reduce the administrative burden; change the system.

Dr. Hein: Simplification is a major goal of our reform for physicians, other health professionals and everyone involved in our care, particularly our patients! By having a simple, unified registration form and procedure, by helping support seamless connections between individuals, offices, hospital, pharmacy and community, by encouraging connections between practices and best practices, we can begin to transform the experience for all of us.

Mr. Gobeille: I was fortunate to be invited by Dr. Tim Bicknell to spend an afternoon shadowing himself and his staff. The paperwork burden was abundantly clear. Great solutions come from great process and I feel we need to

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Q&A WITH GMCB MEMBERS

(cont'd from pg. 6) empower the Provider community to work with us to figure this out. Electronic Medical Records, Insurance payment reform, improving interagency communication are all pieces. The Providers are in the best position to suffer in a bad system and help build a new system.

Mr. Hogan: Much of the time of physicians is spent, as I indicated before, 'chasing the money' in an amazingly complex environment of confusion and uncertainty. As we move toward consolidating payment systems and toward proscriptive payment systems for providers this simplification will have a positive impact on the current condition of 'overbearing administration'.

GMP: With an aging population Vermont is forecast to experience a physician shortage in the near future. How does the Board plan to address physician recruitment and retention?

Dr. Hein: Aligning incentives will be a magnet to attract the best and brightest of the new graduates. Salaries are only one piece of incentives to get the mix of primary care and specialists we want and need in Vermont. The practice environment is as important as monetary rewards. The Vermont Blueprint is setting the foundation for learning about the incentives, and we hope to be a 'learning health system' that modifies as we go along to make Vermont THE place to be for physicians and the people we serve.

Mr. Gobeille: I believe it is the job of our board to create/reform a system that Doctor's want to work in.

Mr. Hogan: We obviously have a lot of homework on this piece of the problem, but based on several physician surveys that have been done here in Vermont and beyond, that making the conditions of practice more about the care and less about chasing the money would have a positive impact on the overall medical workforce, including physicians. Simply put, Vermont could end up being a place where docs would want to practice medicine.

Dr. Ramsay: One of our foremost goals is to make Vermont the best place in the nation to practice medicine. When the 200,000 Vermonters who are either uninsured or underinsured have access to a comprehensive health care system we will need more physicians and other health care professionals. I have had colleagues say they would likely leave the state if health care reform caused significant sacrifices. I try to reassure these physicians that our goal is to make a better system for everyone. The doctors in Vermont already provide high quality, cost-effective care. I believe the sacrifices we make for our patients will be minimal once the waste is taken out of the system.

GMP: Many of the decisions made by the Board will have a tremendous affect on how physicians care for their patients and are compensated for their work. How can physicians make sure their voices are heard?

Mr. Gobeille: I am available and our Board is committed to transparency. My email address is al.gobeille@state.vt.us, our Board meets on Tuesday and Thursday afternoons in Montpelier at 1 p.m. and there is a portion of the meeting for public comment. That being said, I realize the tremendous weight of the subject matter we have before us.

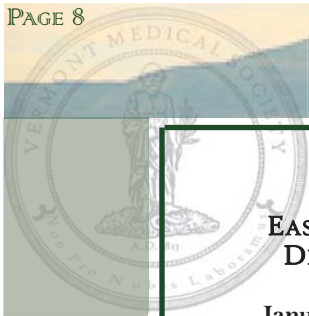
Mr. Hogan: This is going to be a process that spans years to get to where we need to be. Knowing that most physicians are not in a position to attend multiple public hearings and legislative processes, the importance of the Vermont Medical Society in both keeping docs informed and engaged, and having an impact on the results that unfold over time, will be paramount. This interview is but a small piece of the coming interaction.

Dr. Ramsay: Act 48 includes a requirement that the Green Mountain Care Board have advisory committees. Our Board meetings are open to the public and the agenda is announced on our website, www.healthcare.vermont.gov. The Vermont Medical Society will be an active voice in the reform process by providing advice to the Green Mountain Care Board and the new ideas generated by its members. Each Board member has made a priority of getting to as many areas of the state as possible to speak to hospitals, physician groups and community members.

Most importantly, I strongly believe that we all can better understand complex issues by hearing a personal story. I have accumulated hundreds of them over my 37-year practice career in family medicine, hospital care, teaching, nursing home directorship, hospice, and palliative care. I welcome the stories of any of my colleagues around the state and can be reached at Allan.Ramsay@state.vt.us.

Dr. Hein: All of our policy deliberations are held in public meetings. Already, in our first month, we have had one to two hearings each week with the deliberations and presentations all open to the public with resources and documents, and agendas easily available on our website. We continue to meet with the Vermont Medical Society colleagues and other groups of health professionals to hear perspectives and build upon the work of the past two decades. We hope that physicians will be central to the rollout and introduction of others as various components of reform are crafted. We are your partners in improving health in Vermont.

CONFERENCES



EASTERN WINTER DERMATOLOGY

January 13-16, 2012
Stoweflake Conference Center
Stowe, Vt.

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

EMERGENCY MEDICINE UPDATE

January 29 - February 1, 2012
Stowe Mountain Lodge
Stowe, Vt.

For more information
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CURRENT CONCEPTS & CONTROVERSIES IN SURGERY

January 30 - February 1
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Stowe, Vt.

For more information
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GASTROENTEROLOGY & HEPATOLOGY 2012: AN UPDATE FOR PHYSICIAN SPECIALISTS AND GENERALISTS; PAs, NPs AND RNs

February 6, 2012
Dartmouth-Hitchcock Medical Center, Lebanon, NH

For more information
go to: <https://ccehs1.dartmouth-hitchcock.org/login.html>
or call (603) 653-1529

Mark Your Calendars!

Woodstock Inn, Woodstock, Vt.
October 27, 2012

Vermont Medical Society 19th Annual Meeting

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