VERMONT PASSES SINGLE-PAYER HEALTH CARE BILL

In May, 2011, the Legislature passed a far-reaching health care reform law, supported by a broad coalition of individuals and organizations. While its full realization is dependent on Federal government action (permissions and waivers including Medicaid and, ideally, Medicare), this bill is a huge step forward toward providing health care for every Vermonter. It sets Vermont on the path toward a single-payer system, but several important pieces must be put in place before that can happen. The financing plan must assure that single payer will cost less than the current system. The final study by William Hsiao, PhD, and his team, completed in February 2011, made it clear that a single-payer system is financially feasible, while continuing on our present course is not.

Although Vermont’s economy is not growing, health care costs are rising 6.5 to 8.5 percent per year, (cont. next page)
and nearly 200,000 Vermonters are uninsured or underinsured. People are paying ever higher premiums for less and less coverage with unaffordable deductibles and coinsurance, leading them to delay care or to face financial ruin during severe illness. Psychiatrists and primary care clinicians, in particular, are aware of the crushing administrative burdens of managed care and claims processing. Patients struggle with severe lack of access to care.

The law creates a Board charged with revising the payment system and controlling growth in health care costs. A broad-based Nominating Committee has already met and the five-member Board will be appointed this fall. The Board will continue the current Blueprint for Health (medical home) projects and oversee other pilots to test new payment methodologies, with the goal of creating fair and adequate payment for providers and hospitals. The Board will also design the universal benefit package.

The Secretary of Administration will consider the benefit package, potential savings due to reform, and possible financing options, and recommend a financing plan, which will then be voted on by the Legislature in 2013. Due to the need for Federal waivers, the plan cannot take effect until 2017 (or earlier, with Congressional authorization). If the single player plan is passed, the Legislature would authorize the budget each year.

The bill also creates a health care exchange (which hopefully will later become the single payer plan). Not only is the exchange required by the national health care reform law, it would have significant financial benefit, including tax credits to make premiums more affordable. The exchange would offer two private health plans, and two multi-state plans required by federal law. It will streamline administration somewhat and help people compare plans. It becomes operative in 2014 for families, individuals, and small employers, and in 2017 for large employers.

The reforms aim to ensure that health care in Vermont is publicly and fairly financed; affordable and high quality; that all Vermonters are covered; and that health care becomes independent of employment. Check out the excellent Vermont Health Reform website at http://hcr.vermont.gov/, and click on ‘2011 Health Reform Initiatives’ for further details. This is a complex and lengthy process. Meanwhile, the opposition “spin” machine is in high gear, spreading misinformation about single-payer health care. If you would like to help with VPA’s health reform effort, contact Alice Silverman or Sue Deppe.

Note: In response to currently available data and as a reflection of the gathered preferences of its membership, the Vermont Psychiatric Association has formally endorsed the development of a single-payer health care system for the state of Vermont. However, the VPA Executive Committee recognizes the diversity of opinion regarding healthcare financing that exists within the VPA, and will remain open to dialog on this issue as the health system in our state continues to evolve.

If you have questions, comments, or concerns about health reform, the VPA Executive Committee welcomes them at any time. VPA can have substantial input into the process and the results, so your perspective is important! Sue Deppe and Alice Silverman co-chair the VPA Health Care Reform Committee. Alice is at alicehersheysilverman@gmail.com and Sue at deppe@together.net or 802.654.7265. If you prefer, you may contact any other member of the Executive Committee.
MAJOR PLAYERS . . .
Clockwise from above: VPA members speak at a January physicians' rally: Alice Silverman MD; Jonathan Weker, MD, Stuart Graves, MD, Jesse Ritvo, MD. Internist and longtime single-payer advocate Marv Malek, MD speaks.
At the signing of the bill in June, 2011: House Speaker Shap Smith; Chair of House Health Committee, Mark Larson; Advocate Deb Richter, MD, speaks. Behind her are Governor Shumlin and his health care team, including Anya Rader Wallack and Robin Lunge, Esq. In the center: Gov. Shumlin signs the bill, a core plank in his 2010 platform. Health Commissioner Harry Chen, MD, is seen at Shumlin's right.
Photos: S Deppe, MD
TROPICAL STORM IRENE FORCES EVACUATION OF STATE HOSPITAL

By A. Evan Eyler, MD

Tropical storm Irene pounded the state of Vermont on Sunday, August 28, resulting in the evacuation of the Vermont State Hospital in Waterbury. All VSH patients were evacuated to other facilities, primarily the Brattleboro Retreat, Fletcher Allen Health Care, Second Spring, and Rutland Regional Medical Center. Psychiatric care throughout the state was disrupted, as patients remained in emergency departments due to the temporary loss of VSH as a receiving facility. However, the expertise of the professional staff at VSH was amply demonstrated in a well-coordinated and thoroughly successful evacuation and relocation effort. On August 30, Robert Pierattini, MD, Chairman of the Department of Psychiatry at Fletcher Allen, wrote:

The scene at VSH was devastating. Patients and staff spent Sunday night without power and with marginal plumbing while the lowest floor was completely destroyed. Jennifer Connors was the on-call psychiatrist for what must have been one of the most unusual on-call nights anyone will ever experience. There were no land lines and spotty cell phone service. Food from the Red Cross arrived only mid-morning yesterday. The staff at VSH could not have been more professional and effective. What could have been a scene of panic and distress was actually very calm and managed. Never underestimate what the staff at VSH knows about caring for this population.

I want to especially recognize Jay Batra [Medical Director of the Vermont State Hospital], who immediately took command and led the effort to care for patients and find alternate locations. He ran the emergency response yesterday, and I don’t know how it could have gone any better. An observer would think that he did one or two hospital evacuations every year.

Dr. Connors, who graduated from the psychiatry residency at Fletcher Allen in June, added:

Everyone did a great job--staff and patients alike. We all got through the storm safe and sound. As you know, there are people who have taken care of patients at VSH for decades. Fortunate to have people with me who literally know every inch of the place. Certainly strength came from the sum of all the parts—and more than a few calls to Dr. Batra!

In order to maximize effective use of resources and provide continuity of care, VSH nurses and mental health workers have been temporarily employed on the psychiatric units of the some of the facilities that accepted the VSH patients in transfer. VSH psychiatrists who hold appointments in the residency program at Fletcher Allen are also currently caring for VSH patients who were transferred there.

At present, the needs of the Vermonters who were receiving psychiatric care at VSH are being met in other locations. However, this is a temporary solution; patients will be transferred back to VSH as soon as the facility is again safe for operations. VSH has approximately one-third of the psychiatric beds in the entire state, and provides comprehensive care to many of the most vulnerable Vermont citizens. The mental health care system in Vermont cannot function effectively without this level of intensive psychiatric care. Vermont Commissioner of Mental Health, Christine Oliver, noted:

I fully understand that the steps taken on Monday to get all patients to safety will not suffice for the long term. Our entire system is stretched very thin and we continue to assess for needed changes.

Editor’s note: Do you have a Tropical Storm Irene story or photo that you would like to share with your colleagues around the state? Please send your thoughts about this natural disaster and the practice of psychiatry to Evan Eyler or Sue Deppe. We will include additional material about these events in the next issue of the VPA newsletter.
Hello, Colleagues,

It has been a very full and exciting year as President of the Vermont Psychiatric Association. As I sit down to write this column, I find myself reflecting on the things we have accomplished and my appreciation for the hard work and contributions of our members and staff who have helped make them happen.

I have been most gratified by our strong presence during this legislative session of not one, but two lobbyists representing us at the Statehouse. Ken Libertoff was hired this year as an additional lobbyist dedicated to working on health care reform. With his strong background in advocacy as past director of the Vermont Association for Mental Health, he was most effective in helping with the passage of the Health Care Reform bill this session. VPA members testified at important committee hearings and Ken worked closely and provided leadership to the larger group of advocates working on health care reform. I am pleased to report that Ken will continue year-round as our lobbyist. Now the VPA will have a voice and presence “behind the scenes” in important committee work that will be done on health care reform between the legislative sessions as well as during the session itself. His primary focus will remain health care reform, but he will also be our “eyes and ears” at the Statehouse and alert us to issues we may want to weigh in on.

The presentation by Governor Shumlin and his staff at our spring meeting was also the result of Ken’s outreach effort and helped to further solidify our relationship with the Governor and Commissioner of Mental Health Christine Oliver. They are very important allies in our organization’s effort to assure adequate attention to the future of the Vermont State Hospital, and the problems of patient access to care and the burdens of the current insurance and Medicaid reimbursement systems. We have already weighed in with a policy statement on the future of VSH and hope to continue to provide direction to the Commissioner and Governor on these and other issues as they arise.

We are very pleased to have received an APA grant of $3,000 last year and again this year to support our legislative advocacy work on behalf of health care reform. I greatly appreciate David Fassler’s effort in obtaining these grants that will defray some, but not all, of the cost of our lobbying efforts. The VPA Executive Committee decided to raise dues slightly so that we can cover these costs. This is a very exciting time for psychiatry in Vermont. There is a strong need for representation of our interests—and especially those of our patients—in the Legislature.

There is also an ongoing need for legislative testimony by Vermont psychiatrists. It is important to educate senators and representatives about the concerns of our patients and profession. We in the VPA Executive Committee would like to hear from anyone who would like to testify. Contributions to the VPA to support its legislative work would also be greatly appreciated.

I also appreciate the work Valerie Lewis has provided during this year as our Executive Director and as my administrative support and liaison to APA. Val has participated actively in the APA Executive Directors’ meetings and worked closely with other New England District Branch directors to share resources regarding website programs and designs. We are currently in the process of exploring an upgrade to our website and will hopefully be ready to move forward with a decision and plan by the end of my term next spring.

Finally, I want to thank members of the Executive Committee for their hard work and support this past year. A special thanks to Evan Eyler and Sue Deppe for resurrecting our newsletter; to Evan Eyler and John Hammel for serving as our new representatives to the Assembly; to Corinne Pelletier for keeping the peer consultation group going; to Jonathan Weker for his willingness to do our minutes and to jump in wherever needed; to Stu Graves for his service as Chair of the Ethics Committee; to Peg Bolton for her willingness to take over that position and to provide assistance and support whenever it is needed; and to David Fassler for his ability to locate the answers to almost any question we might have about anything at a moment’s notice! I find the work we do on behalf of our members, patients, and profession very satisfying and look forward to our monthly meetings with pleasure. I invite any interested members to join us at our regular Executive Committee meetings or at our occasional dinner meetings. It is always a treat to get together with wonderful and thoughtful colleagues, so please join us when you can.

—Alice Silverman, MD
RA1SE STUDY COMPLETES ITS FIRST YEAR: PARTICIPANTS STILL WELCOME

Howard Center has completed its first year of the RA1SE Study for people who are experiencing their first episode of schizophrenia. This is an NIMH-funded study that includes 36 sites around the country. Sites are randomized to active treatment and treatment as usual; Howard Center is an active treatment site. This means that we offer specialized individualized treatment, family psychoeducation, and specialized supported employment services along with the usual array of services offered at HC.

Anyone who is experiencing his or her first episode of psychosis which appears to meet criteria for schizophrenia, schizophreniform disorder or schizoaffective disorder; is 16 years old or older; and has not taken antipsychotic medication for more than six months is likely to be eligible. There are a few exclusions which the study team can discuss with anyone wishing to refer a person to the study. We can accept people from outside of Chittenden County if transportation is available. We are accepting referrals until December, 2011.

In our first year, ten people have consented to participate and eight are currently active in treatment. Although we do not know whether active treatment will be demonstrated to be more effective than treatment as usual, the team at Howard is enthusiastic about the protocol. We have excellent coordination between the team, patients, and their families. It has been interesting to observe how insightful most of our patients have become about their illnesses, and this appears to enhance their care.

If you would like to learn more about this study or discuss a possible referral please call Anne-marie Dubois, MSW, Program Director, 488-6241 or Sandra Steingard, MD, HC PI, 488-6211.

—Sandra Steingard, M.D., Medical Director, The Howard Center for Human Services

DEATH WITH DIGNITY: TELL US WHAT YOU THINK!

At our Spring meeting the VPA had a panel discussion on the death with dignity bill which will likely be taken up by the Legislature next year. The Executive Committee sought feedback from the membership on a draft position statement via our membership listserv, and appreciates the comments thus far. It would be useful to have a broader Membership response if possible. Please share your thoughts via my email, alicehersheysilverman@gmail.com, or via the VPA listserv, vpa@vtmd.org. Thank you! —Alice Silverman, MD, VPA President

DRAFT VPA Position Statement on Death with Dignity Bill

The VPA believes that people have the right to make end of life decisions, including decisions to hasten death, provided that such decisions are not influenced or driven by a treatable mental illness. The VPA further believes that it is not unethical for physicians to be part of this process, including providing lethal prescriptions for people competent to make such decisions. Such involvement is consistent with our obligation to respect and promote patient autonomy and decision making. At the same time, the VPA recognizes that physicians have a range of opinions on these issues, and believes that no physician should be pressured, compelled or required to participate in such procedures or activities. Nor should a physician or family member pressure a patient to initiate the process. However, the VPA believes that this alternative should be available for those patients who wish to utilize it, and that physicians should be able to assist them without risk of liability or prosecution. The VPA further believes that such activities are already taking place, and that passage of legislation similar to that enacted in Oregon and Washington will help provide consistency, oversight, and monitoring, which would enhance patient safety and improve the overall quality of care.
VETERANS ADMINISTRATION TELEHEALTH PROJECT EXPANDING BUT OBSTACLES REMAIN

By Andy Pomerantz, MD

Veterans’ psychiatric services in Vermont and New Hampshire are expanding through telemedicine, though obstacles remain to full implementation.

Funding for this project has been made available from the VA Office of Rural Health, based on a grant that I prepared two years ago. Telepsychiatry services will be expanded from the four current sites to include five Federally Qualified Health Centers (FQHCs) and one community mental health center. Contracts are now in place in Richford (Northern Tier Center for Health), Bradford (Little Rivers Health Care), and Randolph (Clara Martin Center), and three sites in New Hampshire (Plymouth, Colebrook, and Berlin).

This project is designed to expand on the existing telepsychiatry program, begun at the VA clinic in Bennington in 2003 and later expanded to three other sites, by providing psychiatric care to Veterans who receive their primary care services in non-VA clinics. In addition, the participating sites have agreed to provide this service for Veterans in VA care who would prefer not to travel to White River Junction or its satellite primary care clinics in Colchester, Bennington, Newport, Littleton, or Brattleboro.

Partnerships involving federal, state, and private organizations traditionally encounter a variety of difficulties in implementation, as has been the case with the VA telehealth program. Services have begun at some of the sites and, to date, the response has been less than anticipated. The VA is limited by law in its ability to advertise services, so we have been exploring other avenues to increase visibility and utilization. Partnering more closely with community mental health centers and FQHCs that have a close working relationship with their mental health partners offers some potential. This approach has been tried in Berlin, NH and appears to be helpful. Technological upgrades, including the installation of T1 lines, are also needed in order to fully implement this project. Plans are being made to partner with the VA geriatric primary care program to provide geriatric consultation services via telehealth.

Telepsychiatry and other aspects of telemedicine have the potential to provide accessible, quality services and fill some of the gaps in care experienced by residents of rural states. I initiated this project and am still involved with it; it is now managed by Anita Bonna, RN. Both of us are open to suggestions from psychiatrists in Vermont and New Hampshire. Please feel free to contact me with any questions or ideas, at Andrew.Pomerantz@va.gov.

Editor’s note: Dr. Pomerantz served as Chairman of the Department of Psychiatry at the White River Junction Veterans Administration Medical Center for many years, and is now the VA National Mental Health Director for Integrated Care, telecommuting from Vermont to Washington, DC. (More on that in another issue, perhaps.)

GIVE US A PIECE OF YOUR MIND!
Contact a VPA officer . . . Attend an Executive Committee meeting . . . Write on the listserv vpa@vtmd.org

Newsletter Articles, Photos, Commentary . . .
YOUR CONTRIBUTIONS ARE WELCOME!
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ALICE SILVERMAN, MD, WINS 2011 GIBBARD AWARD

At the 2011 Bruce Gibbard Memorial Lecture, current VPA President, Alice Hershey Silverman, MD, of St. Johnsbury, received the Bruce Gibbard Award. Dr. Silverman worked in community mental health in the Northeast Kingdom for many years and now has an extremely busy private practice.

She has made mentoring psychiatric residents a key focus of her VPA Presidency. She sings with Continua, a hospice choir; is active in her local food co-op; and is a founding member of Northern Vermont Non-Violent Communication.

I’ve worked with Alice in VPA Executive Committee and the peer consultation group. I know her as a wonderful psychiatrist. Her deep empathy and skill with psychodynamic psychotherapy are terrific models for all of us.

She is a passionate advocate for patients at the APA, state, and local levels, and a leader in our efforts to bring universal health care to Vermonters and to all Americans.

—Sue Deppe, MD

VPA MEMBERS: LEGAL CONSULTATION SERVICE AVAILABLE

The VPA Executive Committee has recently entered into an agreement with Mickenberg, Dunn, Lachs & Smith to provide access to discounted legal consultation services for any VPA member. The goal was to have a knowledgeable person who would be available to respond to questions or concerns from VPA members around issues involving risk management, confidentiality, recordkeeping, etc. Here’s a copy of the notice describing the service:

Mickenberg, Dunn, Lachs & Smith, PLC, is pleased to offer all active members of the Vermont Psychiatric Association a substantial discount on initial consultations related to professional practice issues. The firm will charge members $100 an hour for up to two hours of consultation services. This is a 57% discount from the firm’s customary $175 an hour charge. Attorneys affiliated with the firm have substantial experience in the area of mental health law. The firm currently represents a number of community mental health centers, including HowardCenter, Inc., NFI Vermont, Inc., and Northwestern Counseling and Support Services, Inc., along with a range of private providers of mental health services. For more information regarding the firm and its attorneys, please see www.mickdunn.com. This offer extends only to legal services provided during 2011. It encompasses any legal matter associated with the provision of psychiatric or related professional services including, but not limited to, the following: Confidentiality issues arising under federal and state law; malpractice issues; professional obligations associated with the duty to warn, mandated reporting, suicidal patients, and related matters; legal issues associated with the treatment of minors; and responding to subpoenas and participation in judicial or administrative proceedings. The determination of whether a matter is a professional practice issue resides exclusively with the firm. For further information, please contact Whit Smith at Mickenberg, Dunn, Lachs & Smith, PLC, 29 Pine Street, P.O. Box 406, Burlington, VT 05402-0406. Phone: 802.658.6951. Fax: 802.660.0503. Email: whit@mickdunn.com.
OFF LEASH

By Heike

Sniffing Out Interesting Things Near and Far

STATE PNHP CHAPTER FORMED

Last winter, several VPA members were among charter members of a new Vermont chapter of Physicians for a National Health Program. The group worked actively with Vermont for Single Payer (http://www.vermontforsinglepayer.org/) during the health care reform effort. Interim President of PNHP-VT is family physician, Peggy Carey, MD. For more information or to join, contact Sue Deppe, MD, or Alice Silverman, MD. There is an excellent Q and A at: http://www.pnhp.org/facts/single-payer-faq.

SAVE THE DATE . . . SAVE THE DATE . . . SAVE THE DATE

The Vermont Ethics Network presents:

October 5, 2011 ~ 8:30 a.m.—4:00 p.m. ~ Hilton Hotel, Burlington
Online registration available SOON www.vtethicsnetwork.org or call 802.828.2909

BRIDGING THE DIVIDE

A conference fostering collaboration between Primary Care, Mental Health, Substance Abuse and Behavioral Health will be held at the Sheraton in South Burlington on Nov 10. Call 802.656.2292 or email uvmcme@uvm.edu for information, or check http://cme.uvm.edu/sell.asp?s=Sell&EventId=10025.

INSTITUTE ON PSYCHIATRIC SERVICES GOES TO FRISCO

APA’s leading educational conference on clinical services and community mental health will be held in San Francisco from 27—31 October 2011. For more information, see the APA website: www.psych.org/IPS.

2012 APA MEETING RETURNS TO PHILADELPHIA

The 2012 American Psychiatric Association Annual Meeting will be held in Philadelphia from 5-9 May 2012. Early (discounted) registration will be available later this fall.

The deadline for workshop submissions is September 12, 2011. The application form is available at http://www.psych.org.

Editor’s note: The most valuable workshops that I have attended at the APA Annual Meetings have been presented by practicing psychiatrists who can draw on their professional experience in presenting the topic of interest. The VPA membership is a professionally diverse group of psychiatrists with extensive experience in rural mental health care. I would be very interested to see more VPA involvement in the Annual Meeting. Or just come to the meeting for fun and CME credits. It’s a great place to connect with friends and colleagues in a relaxed professional environment, kind of like summer camp for adults. —Evan Eyler, MD
VPA's 2011 SPRING MEETING A HIT!
GOVERNOR'S VISIT AND MUCH COLLEGIALLY HIGHLIGHT VERNAL GATHERING

By Sue Deppe, MD

VPA members converged on Montpelier in April for the traditional spring membership gathering. The 2011 VPA Spring Meeting featured presentations on telemedicine by Terry Rabinowitz, MD, Director of Telemedicine at FAHC; a media advocacy training by Kate McCallister of APA; and an excellent panel discussion of the psychiatrist’s role in Death with Dignity, led by Robert Macaulay, MD, Clinical Ethicist at FAHC, and retired internist and academician, David Babbott, MD. After the morning Executive Committee meeting and election of officers, we were joined by Governor Peter Shumlin and several members of his administration: Commissioner of Mental Health Christine Oliver, and Robin Lunge, Esq., who was drafting the single-payer legislation as it moved through committee. We had a productive discussion of the health care bill and other issues, including Vermont State Hospital concerns.

The Real Reason to Go to these Meetings . . .

Before the Governor left, he was treated to a rendition of “Single-Payer Man”, sung to the tune of “Secret Agent Man” with lyrics and vocals by VPA’s own Dr. Jonathan Weker. The Green Mountain Psychiatrist contacted Dr. Weker. (see next column)

We received this reply:

“As memory serves (like the English Constitution, this was never written on parchment) . . . Now it belongs to the ages. —J”

SINGLE-PAYER MAN
[sung to the 1960’s tune written by PF Sloan and Steve Barri]

There's a man who led the legislature. Political risk runs in his nature. He looked around the state, Said the top job would be great. Now everyone calls him Mr. Governor.

CHORUS:
Single payer man, single payer man--
He's going to reform health care
With a single payer plan.

People in Vermont were feeling sadly. Couldn't get health care they needed badly. Their premiums were hiked, Deductibles were spiked; Health insurers took their money gladly.

CHORUS

Docs were drowning in administration. Managed care kept them from their vocation. They said, "We've had enough Of all this other stuff. We just want to practice our profession."

CHORUS

Shumlin said, "Enough commiseration. Help me put this plan into creation. Your health care is a right, So let's get out and fight. Let's show that Vermont can lead the nation."

CHORUS

(Lyrics copyright 2011 by Jonathan Weker, MD)
2011 SPRING MEETING
Photos: Sue Deppe, MD

Below: Robert Duncan, MD, discusses Vermont State Hospital issues. Christine Oliver, Commissioner of Mental Health, looks on.

Debra Lopez, MD
Governor Peter Shumlin

From left:
Drs. Terry Rabinowitz, Peg Bolton.
Right: Staff attorney Robin Lunge participates in the discussion on health care reform. Far right: Robert Jimerson, MD

L-R: Drs. A Zaur, C Pelletier, J Ritvo, J Weker; Executive Director Valerie Lewis; Drs. S Deppe, S Graves; Governor Shumlin; lobbyist Ken Libertoff, PhD; Drs. A Silverman, D Fassler, R Duncan; MH Commissioner Christine Oliver; Attorney Robin Lunge; Drs. J Hammel, J Batra, R Jimerson, P Bolton, and T Rabinowitz.