

# THE GREEN MOUNTAIN PHYSICIAN

A PUBLICATION OF THE VERMONT MEDICAL SOCIETY

*"Not for ourselves do we labor"*

Jan./Feb.  
2011

## CONSULTANTS' REPORT RECOMMENDS SINGLE-PAYER PLAN

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Harvard health care economist William Hsiao, PhD, delivered to the General Assembly his much anticipated plans for meeting criteria set out in Act 128, which as passed by the legislature last year called for the design of three different health care models for Vermont.

The three different approaches to health care reform – a single payer plan (Option 1), a public option (Option 2) and Dr. Hsiao's recommended single-payer plan (Option 3) – will be considered by lawmakers during this legislative session. After receiving input from an initial public comment period, Dr. Hsiao presented a revised, final version of the report to the legislature that at press time was unavailable. The report can be accessed at [VTMD.org](http://VTMD.org).

In the report Dr. Hsiao said that his single-payer plan, designed to provide coverage to every Vermonter while reducing health care costs for most of them, would reduce eight to 12 percent of health care costs immediately (once implemented in 2015), and an additional 12 percent to 14 percent over time. In addition, he said it will help create 5,000 new jobs because it will enable businesses that are burdened by health care costs to expand.

If Vermont adopted the hybrid single-payer system he proposes, Dr. Hsiao said the state's projected absolute savings over time would be \$490 million in 2015; \$1.35 billion in 2019; and \$2.1 billion in 2024 (with a margin of error of 15 percent). The savings would be used to provide coverage for uninsured and underinsured Vermonters, and would be invested in primary care services. Dr. Hsiao points to 15 major barriers to reform, including waivers for Medicare, Medicaid, the federal law governing employment-based benefits known as ERISA, and the Patient Protection and Affordable Care Act (PPACA).

Dr. Hsiao's report, co-authored with Policy Integrity's Steve Kappel, MPA, and MIT professor Jonathan Gruber, PhD, indicated that the single-payer system designed under Option 1 and Option 3 would achieve universal insurance. All Vermont residents would be covered under this system with a uniform benefits package and will have their medical costs paid for through a single public insurance fund. Among eligible residents, there will be no uninsured individuals. However, benefits for Medicare beneficiaries would remain the same.

In comments made to the Green Mountain Physician, Dr. Hsiao stated that the way physicians practice medicine would change under his plan, although those changes would take place over time.

"In the short term, it won't change at all, other than reducing their administrative hassles over billing and insurance-related matters," said Dr. Hsiao. "Long term, however, we are creating incentives for physicians to become a part of an integrated delivery system and that means being part of an organized network. But these kinds of changes will take years."

Dr. Hsiao also said that his interaction with VMS members shaped the direction of the report.

"My discussions with VMS leadership influenced the designs to ensure that Vermont would protect the benefits from PPACA and that reforms should come after that and not jeopardize it," said Hsiao, who in addition to attending VMS' annual meeting in November met with VMS members on several occasions. "Discussions with Vermont physicians also revealed the impact of the shortage of primary care doctors and some unique aspects of practicing in rural Vermont. In our proposal, we try to address these issues."



## FROM THE PRESIDENT'S DESK

*By Paula Duncan, M.D.*

Health care reform has been all the rage lately in the halls of the Vermont Statehouse. Perhaps never before has so much change been proposed in such a brief period of time.

Whether it is the proposed expansion of Medicaid or single-payer plans proposed separately by Governor Peter Shumlin and legislative consultant Dr. William Hsiao, one thing is clear; the next couple of months in Montpelier could change the way health care is delivered in this state.

This issue of the Green Mountain Physician, in addition to the regular assortment of news and information, includes articles about three major health care reform efforts underway in the state:

- A single-payer bill, H.202, supported by Gov. Shumlin and introduced to the house (pg 3);
- A separate, legislature-authorized report from Dr. Hsiao recommending the formation of a single-payer system in Vermont (pg 1); and,
- A bill that would transfer Catamount beneficiaries into Medicaid (pg 4).

While VMS and its members will have respectful differences of opinion with Governor Shumlin and the legislature on some proposals (see VMS Council Formally Opposes Plan to Transfer Catamount to Medicaid on page XX), we all share a common goal: improving Vermonters' access to quality, affordable health care. Even when the Council voted to oppose the Catamount transfer, one of the reoccurring themes of the night was that the membership really wants to work with the governor and the legislature to improve the health of Vermonters.

Part of "working with them" is providing the insight that can only come from those who have dedicated their lives and careers to caring for Vermont's residents. That is why I encourage you to reach out to your government representatives and let your opinion be heard through letters, e-mails, phone calls and even personal visits to the statehouse.

VMS staffers diligently advocate your interests before the statehouse and administration, but the expertise and respect physicians can bring to the debate is unparalleled.

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.

~SAVE THE DATE~

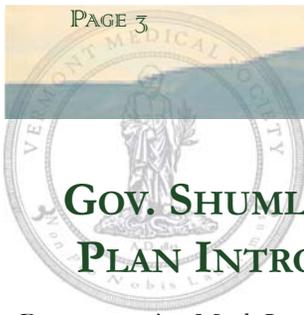
### VMS 2011 ANNUAL MEETING

The VMS 198th Annual meeting will be held Saturday,  
October 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!



## GOV. SHUMLIN'S SINGLE-PAYER PLAN INTRODUCED IN HOUSE

Representative Mark Larson of Burlington recently introduced H.202, legislation backed by Governor Peter Shumlin that would lead to the creation of a single-payer system in Vermont.



Among the key provisions of the legislation are the:

- Creation of a five-person Vermont Health Reform Board to develop mechanisms to reduce the rate of growth in health care expenditures in the state;
- Creation of a new Vermont Health Benefit Exchange within the Department of Vermont Health Access (DVHA). The exchange provides a mechanism for individuals to purchase insurance if it's not available from their employer or they are not eligible for Medicaid or Medicare;
- Establishing Green Mountain Care as the name of the universal access single payer program designed to cover all Vermont residents, which will be implemented after the state receives a federal waiver exempting Vermont from the requirements of the PPACA. Once Vermont receives the PPACA waiver, Green Mountain Care will offer an essential benefit package as determined by the Health Reform Board that will include primary care, preventive care, chronic care, acute episodic care and hospital services. The board will also establish cost sharing levels, and waive cost sharing for patients who are participating in chronic care management and for primary and preventive care. Once Green Mountain Care is implemented, private insurers will be limited to selling policies that supplement Green Mountain Care benefits and would be prohibited from covering services that are covered by Green Mountain Care;
- Creation of a Consumer and Health Professional Advisory Board that will review and comment to the Commissioner of the Department of Vermont Health Access on agency policy initiatives pertaining to quality initiatives, health care benefits, and eligibility;
- Directing the secretary of administration to study: the feasibility of creating a no-fault medical malpractice system in Vermont; medical malpractice insurance reform in other states; opportunities for captive insurance to expand into the area of malpractice; and the impacts in Vermont and other states of the SorryWorks program. The secretary's report is due on Jan. 15, 2012; and,
- Recognizing that Vermont has a shortage of primary care professionals and suggesting that the licensing boards for physicians and nurses collaborate to optimize the primary care workforce by reviewing licensing process, scope of practice requirements, and identifying barriers to augmenting the primary care workforce.

The bill requires the Secretary of Administration to recommend two financing plans to the legislature by January 2013. One will address financing for universal coverage through the health benefit exchange if Vermont does not obtain a federal ACA waiver. The second will address financing for Green Mountain care and system changes need to achieve a public-private single payer health care system, funded through a public financing system. The reports will also address funding needed to support recruitment and retention for primary care health care practitioners and to address shortages.

To read the full text of H.202, please go to:  
<http://www.leg.state.vt.us/docs/2012/bills/Intro/H-202.pdf>

The House Health Care and Senate Health and Welfare Committees held a Joint Public Hearing on health care reform legislation, H.202/S.57, on Vermont Interactive Television, Monday, March 7, 2011.



**Vermont Medical  
Society**

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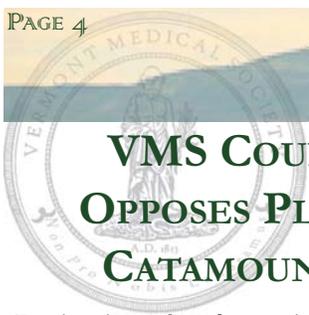
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**Cyrus Jordan, M.D.**  
VMSERF Administrator

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## VMS COUNCIL FORMALLY OPPOSES PLAN TO TRANSFER CATAMOUNT TO MEDICAID

During its Feb. 9th meeting, the Vermont Medical Society Council voted to formally oppose a fiscal year 2012 budget proposal by Governor Peter Shumlin that would allow all Vermonters eligible for Catamount Health Plans to enroll in the state's Medicaid program.

In opposing the proposed budget, Council and VMS staff cited numerous adverse impacts the plan would likely have on the delivery of health care in Vermont, including:

- Greatly expanding the pool of Medicaid-eligible residents in Vermont, even to those with high incomes;
- A 32.8-percent cut in reimbursements to physicians treating Catamount Health Plan patients, and in general, putting the financial viability of numerous physician practices at risk;
- An increase in the number of Vermonters with Medicaid but without a doctor in their area who can afford to see them;
- Further shifting costs to employers, making it harder for them to provide health insurance to their employees; and
- Incompatibility of the budget proposal with the goals of the Governor's health care bill, most notably eliminating the shift of costs between the payers of health services by ensuring reimbursements to health care professionals are sufficient.

Among the most troubling aspects of the plan according to VMS is how Catamount's eligibility criteria, which do not include personal income limits, would allow high-income residents that meet Catamount criteria to enroll in Medicaid.

"The expansion of Medicaid without regard to income violates the social contract between the state and physicians who have accepted Medicaid's below cost reimbursement because they wanted to make sure that those in the greatest needed received care," said Paula Duncan, M.D., VMS' president. "Increasing the number of Medicaid patients while paying doctors substantially lower than all other payers would be financially devastating to physicians in the state. Many simply wouldn't be able to afford to keep their doors open to new Medicaid patients."

Currently, Medicaid reimburses physicians at approximately 79 percent of Medicare and VMS estimates that private insurance companies reimburse Vermont physicians at approximately 125 to 135 percent of Medicare. Greatly expanding the number of patients whose treatments are paid at the 79 percent to Medicare rate would result in millions of dollars in lost revenue for physicians.

## NEW FACES GRACE HEALTH CARE COMMITTEE LEADERSHIP

So far during the early weeks of the 2011 legislative session, health care has been the dominant issue. Both Governor Shumlin and a Harvard health care economist hired by the legislature have made several proposals – including single payer plans – that have potentially put Vermont on a path to significant health care reform.

But while the way health care is delivered is posed for major changes, the committees that will be tasked with hammering out the health care details are also undergoing change of their own.

Senator Claire Ayer and Representative Mark Larson are the new chairs of the Senate Health and Welfare and House Health Care committees, respectively. Each have assumed leadership of the committees after long-time chairmen, Doug Racine in the Senate and Steve Maier in the House, left the legislature. Gov. Shumlin tabbed Racine to be secretary of human services while Maier took a position with the Department of Vermont Health Access.

But while the faces of the committees' leadership may be different, Senator Ayer says that the overarching themes of the work they'll be doing remain the same from 2010.

"How we look at health care this year will have a lot to do with Dr. Hsiao's report (see page 1)," said Senator Ayer. "Act 128 passed last year, developed the principles we'll measure our progress by. So while we're different people, we're working from the same set of principles."

As for goals for the upcoming session Sen. Ayer hopes to make progress on a single payer plan.

"I hope to have us down the road toward single payer, providing health care to everybody we can given the resources we have," said Senator Ayer. "It'll be a two-year project but I hope to have all of the groundwork done for that."

In an interview with NPR's Bob Kinzel, Rep. Larson also signaled a desire to move forward with reforms.

"The more we wait the worse things are going to get," said Larson. "The cost of health care isn't going to stop growing because we take extra time. So there is a push and pull between the desire to take things deliberately and be sure that all the assumptions are actually accurate and are working, while also recognizing that Vermonters need health care reform soon because the crisis is getting worse and worse."

For a complete list of this committee, and other committees that are likely to play a role in health care legislation during the 2011 session, visit the advocacy section of [www.VTMD.org](http://www.VTMD.org).

## VMSERF APPOINTING FIRST EVER ADMINISTRATOR

The Vermont Medical Society Education and Research Foundation has moved to significantly enhance its grant-winning capabilities by appointing health care quality improvement expert Cy Jordan, M.D., as its first ever administrator. While VMSEF has previously focused on awarding scholarships to UVM students, under Jordan the organization will also promote programs that support Vermont physicians and their patients through education and quality improvement.



Jordan aims to create a resource dedicated to meeting the needs of Vermont's physicians by speaking with leadership and key physicians, actively seeking funding, and expanding the Foundation programs.

"A physician-led and sustained organization is the best vehicle to fulfill these needs," said Jordan. "The Foundation will be an active agent in ensuring physicians have the support and standards necessary to practice at their best, and that the needs of our patients remain at the forefront of our profession."

A graduate of Dartmouth College, the University of Connecticut School of Medicine, and the Harvard School of Public Health, Jordan offers decades of clinical and management experience. After practicing family medicine and pediatrics in Vermont and Boston, Jordan served as the Vermont Program for Quality in Health Care's medical director for 17 years. In that role he accomplished many achievements that are particularly relevant to his new position, including the development of consensus clinical practice recommendations and learning collaboratives.

"Cy is going to be a great addition to VMSEF," said VMSEF Chairman John Brumsted. "His considerable experience and his enthusiasm for seeking opportunities to assist physicians and their patients will add an exciting new dynamic to the foundation."

## UVM COLLEGE OF MEDICINE STUDENTS RESEARCH DIESEL EXPOSURE



A group of UVM College of Medicine students recently authored and presented a poster titled "Assessing Health Concerns & Obstacles to Diesel Exposure Reduction in Vermont Diesel Vehicle Operators."

The poster aimed to, among other things, determine whether or not Vermont diesel drivers were aware of the dangers linked to diesel emissions and which potential sources of health information they trusted the most. The students conducted a poll of 67 diesel drivers in Burlington and Rutland.

The study found that three-fourths of drivers were not aware of the potential harmful effects and less than one in five reported being "very satisfied" with their understanding of the health issue. Among sources of information that they were most likely to trust were physicians and their employers.

Students participating in the development of the poster were Renee Bratspis, Maria Furman, Quillan Huang, Melissa Marotta, Brett Porter, William Timbers, and Joseph Yared. UVM faculty members Gerald Davis, M.D., and Jany Carney, M.D., MPH served as team mentors.

Marotta, a third-year medical student who last fall was awarded a \$10,000 scholarship from the Vermont Medical Society Education and Research Foundation, presented the poster to the 138th annual meeting of the American Public Health Association last November in Denver, Colo.

## DEADLINE TO SUBMIT 2010 PQRI INCENTIVES APPROACHING

The deadline to submit 2010 Physician Quality Reporting Initiative (PQRI) incentives offered by the Centers for Medicare and Medicaid Services is March 15, 2011.

As part of its membership benefits package, VMS offers its members the opportunity to take advantage of free PQRI submission through DocSite. In order to submit your PQRI data and take advantage of this special offer today, just follow these two simple steps:

1. Contact Colleen Magne at [cmagne@vtmd.org](mailto:cmagne@vtmd.org) to receive your coupon code.
2. Visit [www.DocSite.com/PQRI](http://www.DocSite.com/PQRI) and submit your data. To learn more visit [www.docsite.com/PQRI](http://www.docsite.com/PQRI) or call one of their customer support specialists at (919) 256-9500 ext. 11.

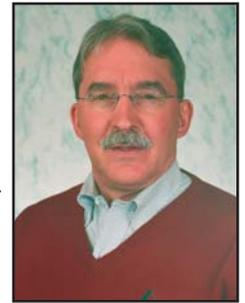
Some practices received more than \$20,000 in 2009 PQRI incentives and 2010 is the last year physicians will receive the two-percent reimbursement rate. The rate will drop to one percent in 2011.

For the most up-to-date and comprehensive information on PQRI, please visit [www.cms.gov/pqri/](http://www.cms.gov/pqri/).

## 10 QUESTIONS WITH.....VMS VICE PRESIDENT NORMAN WARD, M.D.

**Green Mountain Physician:** Where do you practice and how long have you been practicing there?

**Norm Ward, M.D.:** South Burlington Family Practice from 1998 to present and Colchester Family Practice from 1987 to 1998.



**GMP:** How did you become interested in a career in medicine?

**Dr. Ward:** I was very impressed growing up with Dr. Bestoso in Newport, R.I., who was my family doctor. He took out my appendix, did hernia repairs on family members, made house calls, and drove a little red sports car.

**GMP:** If you weren't a doctor, what would you be?

**Dr. Ward:** A carpenter/general contractor or architect. My father did a lot of wood working. I will build a house myself one day ...

**GMP:** You were recently elected by the VMS membership as the Society's vice president. Why did you feel it was important to take a leadership role in the organization?

**Dr. Ward:** There could not be a more exciting time to be involved in the future of the medical profession than right now. In my role at both Vermont Managed Care and Fletcher Allen, I have interacted with all specialties on a regular basis and think I bring a unique perspective on being able to represent their varying perspectives.

**GMP:** What would you like to accomplish during your term?

**Dr. Ward:** Contribute to a system that yields better health outcomes for all citizens while preserving a profession that will continue to attract the best and brightest to do work that is still in many ways a calling.

**GMP:** How do you relax and unwind?

**Dr. Ward:** I am a hockey parent, which means lots of driving and cheering. I enjoy mowing the grass and a good movie.

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

**Dr. Ward:** Work place safety and health. I have a real fascination with how things are made and what people do for work and how those circumstances can affect their health. I did such a survey in medical school and would like to expand on that work.

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

**Dr. Ward:** A system whereby clinical outcomes and efficacy data of any new technology would be entered into a national research database to help ensure that new treatments deserved endorsement.

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

**Dr. Ward:** Lack of billboards and the mountains.

**GMP:** Why are you involved with the Vermont Medical Society?

**Dr. Ward:** It is very important for non-physicians to understand where we are coming from on lots of current issues and for the profession to speak with as unified a voice as possible.

## UNDERSTANDING WORKERS' COMPENSATION: PART I – HISTORY OF WORKERS' COMPENSATION IN THE UNITED STATES AND VERMONT

*By Neal Hass, M.D., MPH, FACOEM, Director of Occupational Medicine at North Country Hospital*

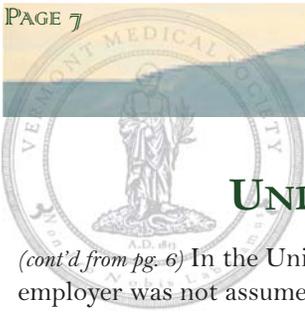
*Editor's note: This is the first article in a series by VMS member Dr. Neal Haas regarding workers compensation. A full version of this article, which includes references, can be found at VTMD.org.*

### Introduction

Workers' compensation claims involve procedural and ethical issues about which many doctors are uninformed and marginally-concerned, and that are seldom covered during medical education. However, knowing workers' compensation statutes, rules, and precedents; applicable

medical ethics; and methods for determining causation will prepare physicians for the role they must play in caring for workers' compensation claimants. This is the first in a series of articles that will cover the history of workers' compensation, the structure of the workers' compensation system, Vermont's workers' compensation rules, medical ethics applicable to the workers' compensation system, and widely-embraced approaches to determining and causation using medical evidence.

*Continued on page 7*



## UNDERSTANDING WORKERS' COMPENSATION: PART I

(cont'd from pg. 6) In the United States in the early 1900s, the employer was not assumed to be responsible for workplace injuries unless blatantly negligent. Common law contained three defenses that shielded employers from liability: (1) the doctrine of contributory negligence, which asserted that no damage could be recovered by a worker from a workplace injury if the worker was at fault in any way; (2) the fellow servant rule, which precluded workers from recovering any damages from an employer if there was any contribution to the injury from a fellow employee; and (3) the assumption of risk, which assigned risk to the employee for workplace injuries and illness with the presumption that they were willing to assume the risks of a job when they took the job. With these defenses, employers may have been held liable for no more than one-eighth workplace injuries; but lawsuits were costly for both employer and employee; and when an employer was found culpable for an employee's injury, the employee could sue for pain and suffering, and awards for damages could be large.

The remedy for this unpredictable and cumbersome system was a no-fault system under which employers gave up the three defenses described above and employees gave up their right to sue for pain and suffering. Restitution was limited to payment of medical expenses and replacement wages for lost time. In most states, administration of workers' compensation claims was handled administratively rather than judicially.

### History of the Workers' Compensation System in VT

The existent workers' compensation laws were passed in the United States by individual states between 1911 and 1948. Vermont instituted its first workers' compensation law in 1910, which focused on accidental death, and was full of restrictions preventing liberal application of the law, but provided for payments when an accident was due to poor working conditions ("a defect in the condition of the ways [or] works... connected with the business of the employer"). The focus of Vermont's 1910 and 1915 laws was on accidental death and injury. In 1947, under pressure from the granite unions, a Commission to Study Occupational Diseases Hazards in Vermont was formed, primarily to study silicosis in granite workers; which was followed by a Division of Industrial Hygiene in the Department of Health in 1949 and an occupational disease act in 1951. The work of the Division of Industrial Hygiene was primarily limited to the granite industry, with secondary projects in foundries and asbestos works, with an emphasis on monitoring air quality and development of lung disease. In 1967, the Vermont legislature created the Department of Labor and Industry, which succeeded the Department of Industrial Relations and assumed enforcement responsibilities for occupational health and safety. In 2005, the Department of Labor & Industry was merged with the department of

employment & Training and renamed the Department of Labor.

Since 1915, Vermont's workers' compensation system has expanded from its initial scope that was limited to accidental death and disability, to some occupational diseases in the 1940s, to today's law that includes workplace accidents and "disease[s] that results from... conditions characteristic of... a particular trade, occupation, process, or employment, and to which an employee is not ordinarily subjected or exposed outside or away from the employment." The 1915 law was also expanded for its original exclusion of "domestic servants or to employers who regularly employ... ten employees or less" to include all employees from all industries, although persons who legitimately work as independent contractors are not included.

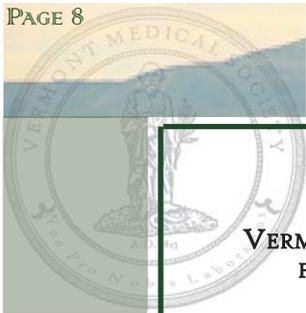
### Common Feature of United States Workers' Compensation Systems and Conclusion

Workers' compensation laws vary among states, but have common elements that include:

1. Assumption that workplace injuries and illness, in the absence of wanton negligence on the part of the employee, are the responsibility of the employer, including in cases where another employee, a customer, or equipment or material defect referable to a third-party supplier contributed to the employee's injury;
2. An allowance that employers may dispute the fact of causation of or disability from a workplace injury or illness (the employer may dispute causation, but cannot shift blame to others);
3. Workers' compensation benefits cover costs of most reasonable medical expenses and at least partially cover lost wages;
4. Workers' compensation is the exclusive remedy for employees to recover damages from a workplace injury or illness, with the consequence that an employee cannot sue his or her employer for pain and suffering, nor can they pursue coworkers for damages in the absence of wanton negligence; and
5. All employers in covered industries must cover all their employees with workers' compensation insurance.

Under workers' compensation laws, the employer no longer can use the defenses that an employee assumed the risk inherent in their occupation when they took a job, or that it was the negligence of the employee or others as a defense against an employee's claims of workplace injury; however, the employee must prove that any injury arose from work. In Vermont, the workers' compensation system grew from a modest start of limited coverage and administration to a comprehensive system covering all workplace accidental injuries and diseases caused by work.

# CONFERENCES



### VERMONT BLUEPRINT FOR HEALTH

April 11, 2011  
Sheraton Conference Center  
Burlington Vt.

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

### VERMONT GERIATRICS CONFERENCE

April 12, 2011  
Capitol Plaza  
Montpelier, Vt.

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

### CHILD PSYCHIATRY

May 5-6, 2011  
Doubletree Hotel  
So. Burlington, Vt.

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

### GRAND ROUNDS: CORPORATE BEHAVIOR AND CANCER - WHEN PRODUCTS KILL PEOPLE

March 24, 2011  
DHMC  
Lebanon, Nh.

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

### THE 33RD MEETING OF THE NEW HAMPSHIRE-VERMONT HOSPITAL ETHICS COMMITTEE NETWORK

April 18, 2011  
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Lebanon, Nh.

For more information call  
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## Vermont Medical Society 18th Annual Meeting

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