The Green Mountain Physician

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"Not for ourselves do we labor"

May/June 2015

Shortage of Mental Health Beds Reaches Crisis Levels in Vermont

Dr. Justin Knapp's home phone rang at 10 p.m. just four-and-a-half hours after he had left Central Vermont Community Hospital for the day. Chaos had gripped the Emergency Room.

A psychiatric patient who went off his medication a week prior was in crisis and was threatening the staff who were frightened for their safety. Law enforcement was not available. Knapp, the psychiatric medical director at CVMC contacted his counterpart at another hospital for help only to find out that aware of CVMC's situation he had already been calling law enforcement and had, in fact, exhausted every option in the state of Vermont. So, in an attempt to ensure everyone's safety, Dr. Knapp recommended extra staff be sent into the ER for the duration – not an easy ask when staffing levels are very tight.

"They made it through the night," he said and when he arrived in the morning the patient was asleep. Knapp then spent nearly five hours of his day making calls to try to find a Level 1 psychiatric bed for this patient who needed acute psychological care, all the while reassuring the CVMC staff that he would resolve this situation quickly.

"In Vermont we spend a lot of money on our schools, we take care of our kids, we were among the first states to pass civil union legislation, there is a sense of inclusion, but in many ways mental illness is the last disenfranchised group and they aren't receiving the care that they need. There is no need for this to happen in Vermont. Vermont is not that kind of place".

"We dodged another bullet," Dr. Knapp said of this episode, "through an extraordinary amount of effort we pulled this off, but it wears me out day-to-day to walk what is basically a high-wire act to keep everyone safe."

Last July the much-anticipated Vermont Psychiatric Care Hospital opened, offering a number of new Level 1 beds. But ER doctors, who have felt the brunt of the sudden closure of the state hospital in the wake of Hurricane Irene in 2011, say that they still haven't experienced any real relief.

"The number of patients waiting for acute Level 1 beds since the state hospital opened has actually gone up," said Mark Depman, M.D., head of the ER at CVMC. "It may be a seasonal phenomenon," he is hoping that it is and that it soon changes. The new psychiatric hospital very recently opened up all 25 beds, but doctors counter that it still won't be enough to stem the tide of mentally ill wading into their ERs.

"We need more psychiatric beds in the state. We don't have enough at the new facility that was built. It just doesn't have enough beds," said Emergency Department and UVM Medical Director, Steve Leffler, M.D.

Before the Hurricane, the Vermont State Hospital accepted almost all involuntary patients without a long wait. "We had a no reject policy," explains psychiatrist Jesse Ritvo, M.D., who used to work at VSH and now works at CVMC. "If we were full we sent people to a different hospital. There was a backstop to the system." These days, Dr. Ritvo says that when he can't immediately transfer a psychiatric patient to a higher-level unit it gives him pause to consider whether to admit them in the first place. Knowing that they will be exposed to other patients in the ER plays a big role in his deliberations. The ER wasn't designed to

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From the President's Desk

By David M. Coddaire, M.D.

Welcome to the latest edition of the Green Mountain Physician.

In this issue you'll find a number of interesting articles, including:

- A closer look at the growing shortage of mental health beds in the state, and the strain it puts on individual physicians and hospitals, as well as the system as a whole;
- A new protocol developed by University of Vermont physicians and researchers that helps practitioners navigate the often complicated and troubling process of prescribing of opioids to patients suffering from chronic pain. There is a national epidemic of opioid overuse. Let us follow the evidence in our use of opioids for non-malignant pain;
- Highlights from a conversation two House committee chairs had with VMS members at the most recent Council meeting; and,
- A Q&A with Vermont Commissioner of Health Harry Chen, M.D.

It's never too early to start looking ahead to a couple important upcoming dates:

On July 11th at 9 a.m., VMS Council will hold it's annual planning retreat. This is a stimulating effort of planning and brainstorming where all Council members are invited to come and participate in a discussion about the opportunities and challenges facing Vermont's health care system. This discussion often forms the basis of the resolutions members vote on at the annual meeting, and as such, VMS' public policy priorities for the following year. More information about location to come.

And speaking of the annual meeting, this year's will take place Nov. 6-7, at Topnotch Resort in Stowe. This year we have an innovation. On Friday five specialty societies (General Surgery, Psychiatry, Pediatrics, Family Medicine and Internal Medicine) will join us in coordination to bring a joint meeting. I hope you can join us there for an informative, enjoyable weekend among colleagues.

For more information about these events and others throughout the year, visit vtmd.org/about-us/meetings.

On a personal note I hope you are enjoying summer in Vermont. Thank you for being part of the Vermont Medical Society.

Sincerely,

David Coddaire, M.D.
President

A conversation with Commissioner of Health Harry Chen, M.D.

Perhaps nobody in the history of Vermont has approached the issue of health care from as many angles as Harry Chen, M.D. Physician, state legislator, Board of Medical Practice member, and currently the Commissioner of Health, Dr. Chen has certainly made his imprint on how health care is delivered in the state.

The Green Mountain Physician recently interviewed Dr. Chen to learn more about how his past prepared in for today, and what he sees as Vermont's best health attributes and biggest challenges.

Green Mountain Physician: For many years you worked at the intersection of clinical medicine and health care public policy. But now, as Commissioner of Health, you find yourself more solidly on the public policy side. How has that transition been for you?

Dr. Harry Chen: Surprisingly easy and gratifying for a guy who never wanted to have a "desk job." It is much more satisfying to be able to get things done than participate in the extensive discussion that occurs on the legislative side of things. Doing things is the job of the executive branch of the government. I often describe myself as a converted clinician, reformed politician and a born-again leader.

GMP: Is there anything that you've seen as Commissioner of Health that you hadn't really realized was out there or was an issue when you were practicing medicine? Anything that you didn't know about and then really had to become educated on or change your thinking about as Commissioner?

Dr. Chen: I have been surprised by the passion and vehemence that surrounds issues that appear on their face to be straightforward and non-controversial, like vaccinations, Lyme disease, smart meters and wind turbines. I've learned that these are anything but cut-and-dried issues for some folks. I continue to get educated on issue after issue, whether it's Ebola, EEE, pesticides or strontium 90. The breadth of the mission has been astonishing.

GMP: How did your roles of physician, legislator and Board of Medical Practice member prepare you for the Commissioner job?

Dr. Chen: I developed a clear understanding of the varying perspectives of clinicians, policy makers, and regulators. I've cultivated relationships that serve me well with all these parties in my current position.

GMP: There are so many pressing health issues out there right now – reform, infections disease, access, etc., but what's the one thing you think should be priority No. 1 for Vermont?

Dr. Chen: Obesity is a runaway train that is headed down the track at us. We are potentially the first generation of Americans who might not live longer than our kids.

GMP: Vermont is continually ranked at the top of the nation in terms of its health. Why do you think that is? What do we get right that other states struggle with?

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New Protocol for prescription opioids helps doctors and patients

In 2012, the Vermont Medical Society Education and Research Foundation released a whitepaper that conveyed the problems and sometimes confusion that medical professionals encounter when treating patients suffering from chronic pain with opioids. In 2014, Gov. Peter Shumlin dedicated the majority of his State-of-the-State address to the problem of opioid and heroin addiction in Vermont.

A task force of University of Vermont Medical Center and College of Medicine professionals have addressed these growing concerns by developing recommendations (http://www.vtmd.org/sites/default/files/files/OpioidProtocol.pdf) for treating non-cancer chronic pain sufferers, called the Management of Chronic Opioid Protocol. The working group – made up of professionals from various disciplines, including pain specialists, primary care doctors, family practice doctors and psychologists – produced the standards-of-care protocol over the course of eighteen months while working under the academic umbrella of the University of Vermont.

"This was our response to the epidemic in Vermont," said panel member and Vice Chair of Family Medicine Alicia Jacobs, M.D.

Working with a slew of new regulations issued by the Department of Health and the state legislature, the panelists tried to find a way for prescribers to comply with the rules in an efficient manner while being respectful of their patients. A secondary goal was to ensure that the process was standardized regardless of the environment, be it a hospital, a primary care clinic, a pain clinic or a plastic surgeon's practice. "We want to become a highly reliable organization so that no matter what clinic a patient is in we are doing everything in the same manner," said the Division Chief of Anesthesia, Carlos Pino, M.D., who chaired the task force.

Since implementing the protocol in her own practice, Dr. Jacobs has noted a difference in patient care. "Our staff members are treating our patients better. Instead of treating them with suspicion, the staff feels confident that 'I have done a good evaluation of the patient,' and then they tend to treat them with more respect," she said, adding that the new procedures also created a safer working environment. "I would guess that once we move to this protocol in its entirety, we will probably decrease our number [of patients on chronic pain opioids] by about a third," Dr. Jacobs surmised.

At the moment, Dr. Jacobs is involved in communicating with other doctors about the new standards, and she says that while no one is ever excited about being told how to practice medicine, once her colleagues hear more about the protocol their interest is peaked. "I go through and show them the tools we've built and how easy it is to use and how clear it is …and how much easier it makes it to practice good medicine," she said, adding that she ends up with a very attentive audience.

The protocol defines step-by-step practices that doctors and staff should engage in when dealing with a patient suffering from chronic pain. They are meant specifically for use when starting patients on Schedule II and III opioid use that will be lasting for or exceeding 90 days. The document calls for standardizing a prescription agreement between the provider and patient, the discussion and signing of informed consents, and other practices such as urine drug screenings, pill counting, refills and patient assessments. There are also recommended practice-wide procedures, such as prescribing reviews, direction on when to query the Vermont Prescription Monitoring System, steps to take when prescribing without ADF and, finally, multidisciplinary rounds.

The standards are detailed and were created with the UVM Medical Center and the patients who utilize the large institution in mind. For this reason, they may not be appropriate for a community hospital or a smaller clinic. "I think it is important for practices throughout the state to discuss what their practices are and what they should be like and how to fit this into their reality. The idea of informed consent, standardized urine screens and pill counts are great in a big hospital like this, but if you are in a clinic with just two or three doctors, you need something that works in your setting and with your reality. It is just so important for people to talk and communicate with each other," said Dr. Pino.

Less than a year after the governor's speech, the medical community in Vermont has provided tools to help stem the opioid epidemic assaulting this and neighboring states. "Ultimately, our job is to help patients out," says Dr. Pino, "we just need to do this in a rational manner, and that is the idea behind this protocol."

The Management of Chronic Opioid Protocol was released in June to primary care physicians and, by September, the entire UVM Medical Center community had been exposed to the innovative standards. Now, Dr. Jacobs says, they are "absolutely willing to share this across the state."

Additional reading: Management of Chronic Opioid Protocol - http://bit.ly/1PJbNN8 & VMS Foundation whitepaper: Safe and Effective Treatment of Chronic Pain in Vermont - http://bit.ly/1PJfHW3

VMS Foundation awarded physician leadership grant

The Vermont Medical Society Education and Research Foundation has been awarded a $150,000 grant from The Physicians Foundation to help Vermont physicians develop the leadership skills needed to navigate Vermont's political environment and successfully influence health care policy.

The grant project, titled Pursuing High Value Care for Vermonters, will augment five existing physician leadership initiatives taking place in the state, all of which target policy changes needed to support continual improvement in patient care and maintain an attractive medical practice ecology in Vermont.

The five initiatives are:

- The Vermont Academy of Family Physicians' pursuit of a new payment mechanism for caring for Frail Elders;
- The Vermont Chapter of the American College of Surgeons' proposal for a state-wide surgical resource allocation plan;
- The Vermont Region Hospitalist Community's pursuit of CMS waivers to reimbursement rules pertaining to inter-facility transfers and patient eligibility for skilled nursing facility beds;
- The Vermont Region Hospitalist Community's effort to decrease unnecessary labs and needle sticks in hospitals; and,
- The American Academy of Pediatrics Vermont Chapter's mission to have the state direct adequate health reform resources towards child and family health care.

"This grant really builds on the success of two previous Physicians Foundation grants that the Foundation received in recent years," said Cy Jordan, M.D., director of the Foundation and the grant's principal investigator. "Four of the initiatives that this new grant supports got off the ground because of previous Physicians Foundation support, while the pediatricians' project was inspired by the other initiatives' success."

Grant funds will support both individualized leadership development for up to two key physicians in each activity as well as three statewide conferences addressing leadership needs shared across all five activities. Leadership assessments and curriculae will be developed in partnership with a nationally recognized academic partner.

"This is an important initiative to help Vermont physicians cultivate valuable leadership skills," said Alan Plummer, M.D., Physicians Foundation Vice President and chairman of the Grants committee. "We are pleased to fund and support the Pursuing High Value Care for Vermonters physician leadership initiative and the great work that will result from this grant."

AAPVT wins Outstanding Chapter Award

The American Academy of Pediatrics Vermont Chapter (AAPVT) has gained national recognition after receiving an Outstanding Chapter Award at the American Academy of Pediatrics' Annual Leadership Forum held in March in Schaumburg, Ill.

The Outstanding Chapter Awards recognize chapters for excellence in programs that promote the health and welfare of children and are presented in four categories based on membership: small chapter, medium chapter, large chapter, and very large chapter. The Vermont Chapter earned the award for the small chapter category.

"I'd like to thank all our members, and particularly our chapter's board members, for their hard work," said Barbara Frankowski, M.D., the AAPVT's president and a pediatrician at the University of Vermont Medical Group. "We are especially proud of our busy pediatricians and family medicine doctors who participate in quality improvement work through the Vermont Child Health Improvement Program (VCHIP), taking time from their busy clinical days to work on systems improvements that affect their patients."

The Vermont Chapter was recognized for its work to emphasize early brain and child development, decrease the adverse effects of poverty on childhood health, enhance quality improvement, and improve the transition of adolescents and young adults from pediatric to adult medicine, among other initiatives.

"Members of the American Academy of Pediatrics do tremendous work at the state chapter level throughout the country," said Wendy Davis, M.D., an AAPVT board member and clinical professor of Pediatrics at VCHIP. "But I think Vermont stood out for its collaborative approach to improving health care delivery and health outcomes for children and families, and for its strategic engagement of key partners, such as families themselves, the Vermont Department of Health, the University of Vermont Children's Hospital, and others involved in Vermont's health reform efforts."

The Vermont Chapter last won an Outstanding Chapter Award in 2007.

Bed Shortage

(Cont'd from pg. 1) house patients – it was built for triage medicine. "It is stressful for me and horrible for the psychiatric patient and it shouldn't be happening," he added.

Some patients are successfully moved within a 24-hour window – which the Vermont Medical Society says is still too long a wait – but others have languished from two to-up-to 20 days in the ER. The rooms have no natural light and often don't have doors, there isn't a bathroom or food service and they have a minder watching every move they make 24/7. Dr. Depman called it to a "violation of their human rights."

Meanwhile, doctors describe situations where other patients and staff in the ER are exposed to yelling, foul language, inappropriate sexual behavior, insults and violence.

After Irene, state authorities decided to change the way mental health treatment was delivered. Instead of having a centralized system they developed a more spread out, community-based arrangement that would allow mentally ill patients to remain close to their supports. What has resulted is a situation where there isn't a place for patients in intense crisis to go, so they end up in the emergency rooms with piecemeal treatment and long waits, according to Madeleine Mongan, the deputy executive vice president at VMS.

"In the last two weeks we had someone boarding in our ER for over a week waiting for a bed," said Dr. Ritvo, before adding, "It is really hard to see people suffer because there is a lack of Level 1 beds. Frankly, I hate it."

Level 1 beds at facilities in Brattleboro and Rutland were at 100-percent capacity for most of the past year, according to the Department of Mental Health.

"It's my understanding that at any one point in time in Vermont there are about eight psychiatric patients in an ER waiting for a bed somewhere," said Dr. Leffler, who doesn't believe we would put any other patients through what we put the mentally ill through. He gave an example of a patient coming to an ER for an appendectomy and argued we wouldn't return them to the ER after their surgery because they had no place to go. If that happened, he said, we would fix it, but we continue to let the mentally ill suffer for weeks at a time in emergency rooms.

The state's budget is obviously a consideration, but so is policy, as Dr. Knapp points out: "In Vermont we spend a lot of money on our schools, we take care of our kids, we were among the first states to pass civil union legislation, there is a sense of inclusion, but in many ways mental illness is the last disenfranchised group and they aren't receiving the care that they need. There is no need for this to happen in Vermont. Vermont is not that kind of place".

VMS membership has passed resolutions calling for the mental health care system and it's designated hospitals to provide sufficient capacity as well as overflow capacity so that acutely psychiatrically ill patients will not wait for a Level 1 bed at and ER or a correctional facility for more than six hours. VMS also wants to see the most acutely ill patients prioritized so they are not waiting longer than patients with less severe illnesses. Steps such as these could lead to some welcome relief in the state's swamped ERs.

Dr. Knapp says that when he wakes up in the morning, the first thing on his mind is "is there anyone boarding in the ER from last night?" He paused and added, "It isn't a nice way to start your work day."

Additional Reading:

- VMS Resolution: Timely Access to Level One Inpatient Psychiatric Care in Vermont (Oct. 2014) - http://bit.ly/1PJLbeO
- VMS Resolution: Acute Inpatient Mental Health Care (Feb. 2014) - http://bit.ly/1gOYqZP
- Notes and draft recommendations from VMS meeting with Commissioner of Mental Health (Dec. 2014) - http://bit.ly/1aQWG3H
- February 2015 Monthly DMH Report to the Mental Health Oversight Committee - http://bit.ly/1FS1nFd

Conversation with Health Commissioner

(Cont'd from pg. 3) Dr. Chen: Strong community values and access to health care for all. A commitment to support the social determinants of health, strong provider commitment, and a provider community committed to doing the right thing.

GMP: Is there anything on the horizon that threatens our perennial standing at the top of those lists?

Dr. Chen: High rates of substance abuse and mediocre rates of vaccination.

GMP: Dartmouth and UVM are collaborating on a number of initiatives, with OneCare being the most prominent example. How important is it for these two well-respected organizations to work together in complimentary ways?

Dr. Chen: It is vital that these two academic medical centers serving Vermonters collaborate, as they are responsible for providing the bulk of specialty care and most of the primary care in Vermont. And they are also important pipelines for training Vermont's future physicians.

GMP: There is a lot of conversation in the state and nationally about physician leadership, about the importance of physicians being in leadership roles in health care systems and organizations. You are a good example of that obviously. How do you encourage physicians to look for those opportunities, and how does their presence benefit the communities and systems they serve?

Dr. Chen: I have been immensely gratified by my journey into leadership. For me, it started out with establishing a work-life balance that allowed giving back to the community. I think we should be more intentional about exposing physicians to leadership skills, as it can be a challenging paradigm shift compared to clinical medicine. Physicians' participation at the table in a positive,
collaborative way is the ultimate goal.

GMP: A big issue during this year's legislative session was the removal of the philosophical exemption to immunizations. The number of parents who are using that exemption has gone up in the three years since it was last hotly debated in Montpelier. Why do you think a growing number of people are ignoring the scientific evidence and what should be done about it?

Dr. Chen: We are all challenged by the distrust of government and science and the widespread reliance on "Google science" as opposed to peer-reviewed studies.

GMP: You surely have a lot on your plate as Commissioner, but everyone looks ahead a little bit. Do you have any idea what's next for you?

Dr. Chen: I am too engaged in my current work to look ahead, and daunted by the range of possibilities.

Vermont Medical Society

202nd Annual Meeting

in Collaboration with

American Academy of Pediatrics
Vermont Chapter, and Vermont Academy of Family Physicians

November 6 & 7, 2015
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