The Green Mountain Physician

A Publication of the Vermont Medical Society

"Not for ourselves do we labor"

March/April 2012

In This Issue:

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Committee chairs engage VMS Council in public policy discussion

Senate Health and Welfare Committee Chairwoman Sen. Claire Ayer discusses health care policy at the April 14 VMS council meeting as House Health Care Committee Chairman Rep.

During the VMS Council meeting held April 14th in Waterbury, members had the opportunity to discuss a number of legislative issues with Senate Health and Welfare Committee Chairwoman Senator Claire Ayer and House Health Care Committee Chairman Representative Michael Fisher.

VMS President Victor Pisanelli, Jr.

The two-way conversation covered numerous public policy topics, including the removing the philosophical exemption to immunizations and eliminating the naturopath prescription formulary.

Both Senator Ayer and Representative Fisher expressed their appreciation for the guidance and testimony VMS often provides their committees and encouraged physicians to stay as engaged in the public policy process as possible.

VMS council members discussed a number of issues with Sen. Ayer and Rep. Fisher.

From the President's Desk

By Victor Pisanelli, M.D.

Dear fellow VMS members:

As Vermont's 2012 legislative session winds down, I'd like to take this opportunity to thank those who've worked extraordinarily hard to represent our interests in the statehouse this year.

VMS staffers Paul Harrington, Madeleine Mongan and Stephanie Winters deserve extraordinary praise for their tireless advocacy on our behalf. They've testified at innumerable committee hearings, held countless private conversations with legislators and have stayed abreast of a dizzying number of policy shifts and agenda changes this year. I've heard many times in the past that VMS has the best team in the statehouse and I wholeheartedly believe it.

Many thanks also go out to my fellow Council members who've contributed their personal experiences, expertise and opinions that shape the work that Paul, Madeleine and Stephanie do on our behalf. A great example of the Council's thoughtful approach to important and challenging issues was demonstrated earlier this month when we had the opportunity to engage in dialogue with Senator Claire Ayer and Representative Michael Fisher, chairs of the Senate Health and Welfare Committee and House Health Care Committee, respectively (see page 1 for story). Council members did an excellent job of expressing not only what they thought of certain pieces of legislation, but why it was important to them and their patients … all while maintaining utmost respect for our guests and the positions they hold.

And most importantly, I'd like to thank each and every member of VMS for supporting the Society through their membership in the organization. Maintaining an active, robust membership ensures that we have the full weight of Vermont's physician community behind our advocacy efforts in the statehouse.

Because of everyone's efforts, we not only have a seat at the table while health care policy decisions are being made, we have a trusted voice that is well-respected within the halls of the statehouse.

Sincerely,

Victor Pisanelli, Jr., M.D., President
Vermont Medical Society

VMS Foundation proposes series of physician leadership initiatives

Following a series of structured interviews on physician leadership with 17 Vermont physicians and three hospital CEOs, the VMS Education & Research Foundation has proposed to develop a series of support resources for physician leaders in the state, including four pilot "physician leadership communities" and an annual statewide leadership conference.

The results of the Foundation's effort, as well as numerous representative comments from the interviews conducted, were summarized in a recently released report titled "Physician Leadership Interview and Action Plan."

Two of the four Physician Leadership Communities – Vermont Hospitalists and Vermont Physician Executives – will be statewide, while the others, Rutland Regional Medical Center and Franklin/Grand Isle County Chronic Pain, will be aimed at those specific communities.

According to the report, the interviews led the Foundation to the conclusion that a "one-size-fits-all-in-one-place" approach to offering leadership development and support is not what physicians want or need. "The best solution," it said, "would be to deploy resources to teach and mentor leaders in the context that makes the learning and support valuable to them – their place of work."

Vermont Hospitalists will focus on providing a place for the state's hospitalists to network, either in person or virtually. Vermont Physician Executives similarly will seek to offer an opportunity for doctors with executive responsibilities to share experiences and obtain leadership and management support.

The Rutland Regional Medical Center effort will build on an initiative already begun by that community health care association to develop a physician leadership curriculum. The Foundation will partner with the Center to "to identify the best approach for leadership development and identification of training/teaching resources from outside their community."

The Franklin/Grand Isle County Chronic Pain pilot will address management of chronic pain and related abuse of prescription drugs, an enormous public health problem in that local area and in Vermont, and will include community leaders who are non-physicians as well as physicians.

The final proposal from the initiative, a statewide annual leadership conference, is aimed at allowing the Foundation to "continue to hear from Vermont physicians on their needs to continue to strive for the highest levels of professionalism." As one of the interviewees summarized the objective, "Give [physicians] forums to speak from. Ask them questions. Actually seek their advice, and then follow it."

According to the Foundation, the leadership initiative is driven by "concern within the physician and hospital community about diminishing physician involvement in leadership roles and its deleterious impact on the quality of care in the state," as well as on retention and recruitment of the state's physician workforce. Both issues were highlighted in a previous Foundation undertaking, the 2011 Physician Needs Assessment, and led to the leadership interviews, which queried physician leaders and hospital CEOs on their views about key skills and attributes of leaders and resources needed to nurture leadership in the future.

Vermont physician becomes first-time novelist

Writing and healing have waged a lifelong struggle for the soul of Stephen Payne, M.D., surgeon and author of the new novel "Cliff Walking," and fortunately, both have been on the winning side.

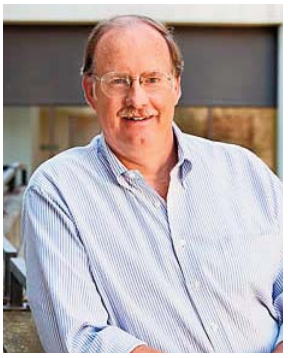
Dr. Payne, a general surgeon at Northwest Medical Center in St. Albans who has written a number of short stories over the years on the way to his first novel, ascribes his interest in writing to multiple sources.

"My grandmother was a poet of sorts and used to cut poems out of the *Burlington Free Press*," said Dr. Payne. "I started writing when I was a really little kid. Then, in sixth grade, I wrote a book and illustrated it. It was called Sky Bound, and I was in Mr. Hubbard's class. I was not his favorite student, but he took me aside, and said, 'This is really fabulous; you should keep writing."

Dr. Payne also credits the late Dr. John Davis, the legendary chief of surgery at UVM, with giving him strong encouragement to pursue writing while he was in medical school.

"Dr. Davis and I became friends, and I shared some of my short stories with him," said Dr. Payne. "One Monday afternoon after some of the med students had raised some hell, nothing awful, but nothing he'd be proud of, I got called to his corner office, and I thought, oh boy, he found out. He said, 'Come in and shut the door.' He had this serious look on his face, and he said, 'Steve, I want to talk to you about that incident on Saturday night, but before we get to that, there's something more important. I want to tell you, I read your stories and I don't care what else you do, in surgery or whatever, you must keep writing.' What a classy guy. I really owe a debt to him."

Fast forward to 2011, and the publication of "Cliff Walking," after a labor of 16 years and 42 rewrites. Set in Maine, "Cliff Walking" tells the story of a romance between a well-known artist who has lost his wife to cancer and a woman from California who has escaped with her son from an abusive relationship by stowing away on the Canadian railroad.



"Cliff Walking" is a love story, but one that includes a sizable helping of spousal and child abuse, and Dr. Payne has announced that a portion of the proceeds from its sale will go to groups that combat such abuse including Prevent Child Abuse Vermont. The origin of these literary and charitable decisions dates from Dr. Payne's time at Tufts in the early 1970s, when he worked as a deputy sheriff in the Northeast Kingdom's Caledonia County during the summer. At that time, he remembers people were rarely if ever prosecuted, there was a tendency to consider domestic violence as private business.

A particularly moving outcome of the publication of his novel, Dr. Payne says, has been hearing from women all around the U.S. who have experienced abuse and found the story of his female protagonist meaningful. At one medical social engagement, an awards ceremony, the woman in charge of the proceedings spoke up spontaneously about his book about how she had been abused and had never had the courage to talk about it until then.

"To have this prominent woman say that my book had helped her start to heal …I was just blown away," said Dr. Payne.

For more information about Dr. Stephen Payne, his novel "Cliff Walking" and links to several of his published stories, visit stephenrussellpayne.com.

Rep. George Till, M.D., conducts physician legislative survey

In order to assess the concerns of his fellow physicians and share them with the Vermont General Assembly, Representative George Till, M.D., has once again conducted a survey of Vermont physicians.

Among the particularly interesting results are:

- 73.9 percent of respondents say that fear of lawsuits influence their practice of medicine;
- 93.7 percent say that physicians' fear of litigation increases health care costs in Vermont;
- The top-three most important health care reforms, according to respondents, are: 1) insurance coverage for all; 2) increased primary care availability; and, 3) reduced administrative burden on physicians;
- 74.5 percent either somewhat or strongly agree that there is a primary care workforce shortage in the county in which they practice. The number was for specialty care was 65.2 percent; and,
- 73.7 percent either somewhat or strongly agree that they often have patients whose lack of insurance, or high-deductible coverage, has hindered their ability to provide the patients with the care they need.

To view the entire survey and results, visit bit.ly/Ie9wcx.

Vermont physician at the forefront of national debate

As president of the American College of Physicians, Vermont physician Virginia Hood. M.D., has been at the forefront of a national discussion on if, and how, health care professionals should take cost into consideration when providing care to their patients. The discussion has been fueled by the January release of the sixth edition of the organization's ethics manual, which includes language recommending that physicians include the "cost-effectiveness of different clinical approaches" in their decision making processes.

The Green Mountain Physician recently discussed the recommendations with Dr. Hood and the national debate surrounding the issue.

Q: In January, the American College of Physicians (ACP), of which you are president, issued ethical guidelines which include a passage that garnered a lot of attention in the medical community and even national media. It stated: "In making recommendations to patients, designing practice guidelines and formularies, and making decisions on medical benefits review boards, physicians' considered judgments should reflect the best available evidence in the biomedical literature, including data on the cost-effectiveness of different clinical approaches." Could you tell me a little more these guidelines?

A: This language was in the previous edition, so is not actually new. When the new (6th edition) of our ethics manual was released, it was published in the Annals of Internal Medicine in January. Dr. Ezekiel Emanuel from the University of Pennsylvania wrote a positive editorial about the manual that appeared in the same issue, and one of the things he picked out for special mention was this language on cost consciousness.

Q: What is the rationale for this language? What is it meant to achieve?

A: Quite simply, the rationale is that the cost of health care is rising so rapidly and is now so large that it is a serious problem for our economy. The rate at which costs are rising is unsustainable. Much of the excess cost – somewhere between $200 billion and $700 billion per year – is linked to overuse and misuse of diagnostic tests and ineffective treatments that could also be harmful. As physicians, we have a responsibility to consider cost, not to deny effective care but to ensure that we recommend care with proven value and avoid the culture of overuse and misuse.

Q: One spokesperson for a policy organization has criticized the guidelines, saying that physicians already are aware of, and generally accept, the need to use resources efficiently and that the guidelines go further than that, into the realm of encouraging "stinginess." How would you respond to that?

A: I was not concerned about this opinion because I think it helps to promote a discussion that we very much need to have about this issue. Here is what I wrote in a recent column in the ACP Internist that I think speaks to the comment: "Although some commentators seemed concerned that ACP would recommend 'parsimonious' care – focusing on one definition, 'frugal to the point of stinginess' – most realized the key issue is that physicians are responsible for prescribing just the right amount of care rather than following the culture of excess." Some patients, who get information from many sources, the Internet, media, industry, and others, have been caught up in the idea that more is better, but it's our responsibility to educate ourselves and them about what are safe and effective practices.

Q: What do you think will be the effect of this language as the new federal health care law takes effect with its greater stress on an outcomes-based approach to funding patient care?

A: The ACP Ethics Manual provides recommendations for physicians to be good stewards of resources and reminds them that one of the tenets of professionalism and ethical practice is just that. However, in order to make the best decisions with our patients, we do need more evidence about what is and is not effective, and the ACP supports initiatives to get such information. We also need to educate each other, our patients and the public to include them in shared but informed decision making. Medical professionals are more trusted by the public than insurers, payers or government to make the best medical decisions for patients. The Patient Protection and Affordable Care Act does not give the federal government authority to deny care based on cost, or to dictate medical decisions to physicians or patients. However, many state legislatures are doing the latter and this is something that should be of great concern to us all.

Understanding Workers' Compensation Part III: Workers' Compensation and Medical Ethics

By Nelson S. Haas, M.D.

Editor's note: a more comprehensive version of this article is available online at VTMD.org/materials-and-resources.

Introduction - This third in a series of articles about workers' compensation covers ethics. Previous article described the history of, and laws governing, Vermont's workers' compensation system. Forthcoming articles will describe an evidence-based approach to determining causation and suggestions for improvements in the system.

Vermont's workers' compensation law specifies that the workers' compensation system provides a remedy for workplace injuries and illness that is "expeditious and independent of proof of fault"; and includes coverage for medical care, lost time, and other expenses related to traumatic injuries occurring in the course of work, and illnesses occurring due to conditions unique to work or occupation. "No fault" does not mean designation of an injury or illness as caused by work is a matter of discretion. There are ethical and technical standards that guide the determination of fault and provision of care.

General Medical Ethics - Medical ethics contain four general principles that orient physician to patient:

- Autonomy, or respect for the independence of the patient, which entails an obligation for the physician to provide adequate information to the patient to allow informed choices;
- Nonmaleficence, or the physician's avoidance of harming the patient;
- Benevolence, or the doctor's provision of a benefit to the patient through prevention or treatment; and
- Justice, which presses the physician to work toward a society where medical resources are distributed fairly and to ensure that those who are injured or ill can be restored to optimal health.

Autonomy - In addition to discussion of risks and benefits of treatment, including no treatment, a complete approach to autonomy in workplace health should include physician-patient conversations about the benefits and risks of work, and of the patient's personal habits and characteristics. Physicians should be knowledgeable about, and inform their patients of, patient-specific health issues

Nonmaleficence and Benevolence - With nonmaleficence and benevolence, it is the obligation of the physician to undertake treatment only when likely benefit outweighs likely harm. When advising any patient about prognosis, advice specific to a sub-population to which the patient belongs is most-pertinent. When advising a workers' compensation claimant-patient about outcomes, the physician should recognize that outcomes are usually significantly worse in workers' compensation claimants, which may entail advising for and offering conservative over aggressive treatment.

Justice - Misplaced blame is unjust and may create fearfulness of work and an adversarial employer/employer relationship. Justice in workers' compensation is restorative and neither distributive nor punitive. Workers' compensation benefits are meant only for those whose injuries and illnesses were more likely than not to have been caused by work.

Medical Expertise, Testimony, and Advocacy - The Hippocratic Oath obligates the physician to avoid "any voluntary act of impropriety or corruption." Although Hippocrates did not expound on medical expertise or the use of scientific or medical evidence in his Oath, a modern Oath directs the physician to "respect scientific gains," "not be ashamed to say 'I know not,'" and "remember that [the physician is] a member of society, with special obligations to all… fellow human beings."

Guidelines from medical organizations for medical experts and testimony advise the expert to use appropriate evidence and unbiased objectivity, and to avoid advocacy. The American Medical Association Code of Medical Ethics (AMA Code) states:

- "Medical experts should have recent and substantive experience in the area in which they testify and should limit testimony to their sphere of medical expertise;
- "Medical witnesses should be adequately prepared and should testify honestly and truthfully to the best of their medical knowledge; and,
- "The medical witness must not become an advocate or a partisan in the legal proceedings."

The AMA Code categorizes misrepresentation of facts to obtain unjustified insurance payments as health care fraud and abuse and discourages it: "[p]hysicians should make no intentional misrepresentations to increase the level of payment they receive or to secure non-covered health benefits for their patients."

Privacy - Confidentiality of personal health information relevant to workers' compensation claims is limited, not protected under the Health Information Privacy and Portability Act of 1996. The Vermont Statues allow for provision to employers of person health records relevant to workers' compensation claims.

Summary - Ethical handling of workers' compensation patients is the same ethical handling of non-workers' compensation patients; and additionally involves being aware of and admitting to the patient the limits of knowledge about the role of workplace factors in the development of disease, candid discussion of non-workplace risk factors that are as or more-prominent than workplace risk factors, and honest disclosure in the medical records.

Have you seen the new VTMD.org lately?

The Vermont Medical Society's website is the web's best source of news that affects the lives and livelihoods of Vermont physicians. The site is regularly updated with:

- Legislative news
- Health care reform updates
- Previews and recaps of important meetings and
- Helpful information such as the latest IT mandates and the VMS Law Guide
- Interviews with top physicians and policy makers
- Digital reader version of the Green Mountain Physician
- Calendar of conferences and CME opportunities

And don't forget the other ways stay updated.
"Like" VMS' Facebook page & follow its Twitter account, @VMSadvocates.

Conferences

The 8th Annual Dartmouth Conference on Advances in Heart Failure: Special Topics 2012

May 21, 2012
DHMC
Lebanon, NH

For more information
go to: http://ccehs1.dartmouth-hitchcock.org/eventinfo_8053.html
or call 603-653-1531

Family Medicine Review Conference

June 5, 2012
Sheraton Conference Center
Burlington, Vt.

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

Vermont Summer Pediatric Seminar

June 14-17, 2012
Equinox Hotel
Manchester, Vt.

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

The 26th Annual Imaging Seminar

September 28 - 30, 2012
Stoweflake Conference Center
Stowe, Vt.

For more information
go to: http://www.regonline.com/Geriatrics2012
or call 802-656-2292

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