The Green Mountain Physician

A Publication of the Vermont Medical Society

"Not for ourselves do we labor"

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In This Issue:

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VMS membership to vote on eight resolutions at Oct. 27th annual meeting

At its Sept. 8, meeting the VMS Council endorsed eight resolutions ranging from decreasing the cost of medical education and enacting medical liability reforms, to stressing the importance of physician stewardship of health care and collaboration among physicians and other health care practitioners.

The resolutions will now be voted upon by the VMS members at the Society's Oct. 27th, annual meeting in Woodstock, Vt. All VMS members are invited and encouraged to attend.

The process of developing the resolutions, which will form the basis of the organization's public policy efforts in 2013, began last spring with the distribution of the annual member survey. The survey's results were then used to inform discussion during the annual planning retreat held last July. VMS staff, working in consultation with the Council, the drafted resolutions based on the retreat's overriding themes and topics.

During the Sept. 8th, meeting, the Council discussed the draft resolutions, amended as needed, and ultimately endorsed eight. They were:

Physician Stewardship of Health Care – Many physicians generally recognize an obligation to distribute limited resources responsibly, but they face a variety of obstacles in trying to fulfill the ethical obligation to be prudent stewards, including lack of knowledge about the costs of interventions and the impact of their individual recommendations and decisions, the complexity of the systems in which health care is delivered, and concerns about potential medical liability if they fail to order a test or intervention. Under the resolution, VMS will encourage the state join the VMS in endorsing the Choosing Wisely measures as ones whose necessity should be questioned and discussed by Vermont physicians and their patients and to adopt policies and procedures --including medical liability reforms -- that promote physicians' leadership in the design of a more efficient delivery system.

Cost of Medical Education – Vermont faces a serious shortage of both primary care and specialist physicians needed to care for newly insured Vermonters and for increasing numbers of older Vermonters with chronic conditions. In order to address these shortages, the resolution calls for VMS to work with the GMCB and DVHA (Department of Vermont Health Access) to ensure that health care reform initiatives and payment reform initiatives address loan repayment and scholarship assistance for medical education and evaluate how all payers, private and public, can support medical education, graduate medical education, and loan repayment.

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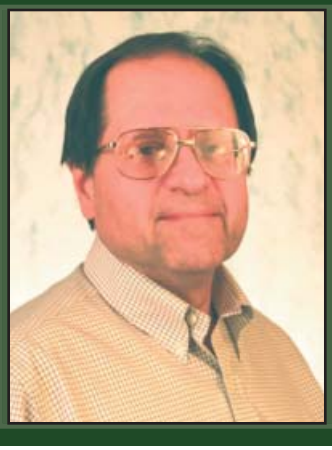

From the President's Desk

By Victor Pisanelli, M.D.

Please plan on joining me in attending the Vermont Medical Society's 199th annual meeting at the beautiful Woodstock Inn & Resort in Woodstock on October 27th. The VMS annual meeting is one of the few opportunities that provide physicians with a chance to get to know their colleagues better and share their common concerns and ideas.

The morning program includes CME sessions on Providing High Quality Palliative Care; Transcatheter Aortic Valve Implantation (TAVI) and Physician leadership and Communities of Practice. The Palliative Care CME will meet one of the new requirements for licensure adopted by the Medical Practice Board.

Our keynote speaker will address a topic that is important to us all; medical malpractice reform. Richard Aghababian, M.D., F.A.C.E.P, president of the Massachusetts Medical Society, will discuss his state's historic and unprecedented partnership between physicians and attorneys that has led to significant reforms to the medical liability system.

During our business meeting, we will discuss the adoption of new VMS policies (see page 1) that all advance the message on the need for physician leadership in order to achieve successful health care reform and elect our officers.

At our evening awards banquet, we will honor a number of individuals who have each made a unique contribution to our state's health care system. Finally, we'll have great entertainment, so bring your dancing shoes!

Again, I hope you will join your colleagues at the annual meeting for an informative and celebratory event.

Sincerely,

Victor Pisanelli, Jr., M.D., VMS President

DVHA to Create Gold Card for Prior Authorization for High-Tech Imaging

In July the Clinical Utilization Review Board (CURB), voted unanimously to create a "gold card" for physicians who order 100 or more images for their Medicaid and VHAP patients each year and have a denial rate of 3 percent or less for prior authorization requests. Physicians who receive the "gold card" may order images including CT, CTA, MRI, MRA, PET and PET-CT without obtaining prior authorization from Med-Solutions, the radiology benefits manager for the Department of Health Access (DVHA). The "gold card" will be piloted for one year and evaluated by the CURB. DVHA has yet to determine when it will begin issuing gold cards.

"The purpose of the gold card is to allow those who order a relatively high volume of radiological procedures and who also have a good track record of ordering them within accepted guidelines to bypass having to get a prior approval," said Richard Wasserman, M.D., a member of CURB and a pediatrician at Fletcher Allen Health Care. "This was done to make care easier for those busy practitioners who practice this aspect of patient care according to accepted guidelines."

In 2010, when DVHA sought and obtained legislative authorization to initiate its prior authorization program for high-tech imaging, VMS worked with legislators to include a number of safeguards in the law, including the requirement that DVHA create a "gold card" program for physicians who routinely order imaging consistent with Med-Solutions' evidence-based guidelines and whose prior authorization requests are routinely granted.

The CURB is comprised of 10 members with diverse medical experience, appointed by the Governor. The Medical Director of DVHA, Michael Farber, MD, serves as DVHA's liaison to the CURB. The practitioners currently serving on the CURB are: Michel Benoit, M.D. (hand surgeon); Patricia Berry, M.P.H. (VCHIP); Delores Burroughs-Biron, M.D. (medical director, corrections); David Butsch, M.D.; (general surgeon); John Mathew, M.D.; (internal medicine, family medicine, FQHC director); William Minsinger, M.D. (orthopedic surgery); Paul Penar, M.D. (neurosurgery); Norman Ward, M.D. (family medicine); and Dr. Wasserman.

Foundation conference focuses on physician leadership

The Vermont Medical Society Education and Research Foundation hosted a conference Sept. 22nd that focused on how health care providers can play a crucial role in improving health care quality and affordability.

"Making Vermont a High Performance Health System," held on the campus of the University of Vermont College of Medicine's Carpenter Auditorium in Burlington, featured Tom Lee, M.D., network president for Partners Healthcare System and CEO of Partners Community HealthCare, Inc., as its keynote speaker. Dr. Lee reaffirmed the role physicians can play in leading their patients through the uncertainty of health care reforms.

"With all of the information out there about health care reform, some accurate, some not, patients are naturally concerned about how it all will affect them," said Dr. Lee. "Physicians have a unique opportunity and a responsibility to convey the message to patients that they are working on their behalf to provide the highest quality and most cost-effective care. The way health care is delivered and paid for is rapidly changing, but the importance of the physician/patient relationship isn't."

The Vermont Medical Society's president says that the timing of the conference was perfect, given the financial pressures facing the health care industry and the numerous reform efforts currently underway in the state.

"With costs having gone up exponentially and an aging patient population that requires more sophisticated health care, we are on a course that is going to be unsustainable in the very near future," said Victor Pisanelli, Jr., M.D. "It's very important that physicians give solid input into the design of our health care systems."

The half-day conference also featured:

- A panel discussion on new payment models and reform efforts, including the Green Mountain Care Board, and OneCare, a newly announced partnership between Fletcher Allen Health Care and Dartmouth-Hitchcock Medical Center. Panelists included Anya Rader Wallack, PhD., chairwoman of the Green Mountain Care Board, John Brumsted, M.D., president and CEO of Fletcher Allen Health Care, James Weinstein, D.O., M.S., CEO and president of Dartmouth Hitchcock Health System, David Coddaire, M.D., Community Health Services of Lamoille Valley, and John Matthews, M.D., Plainfield Health Center;
- A presentation by Prospero Gogo, M.D., department of Cardiology at Fletcher Allen focusing on a successful physician-led delivery system redesign improving care for Vermonters with heart attacks;
- A presentation delivered by Mark Levine M.D., UVM College of Medicine, about how physicians can help control medical costs, including by taking the Choosing Wisely challenge – a new national effort that encourages physicians to identify five tests or procedures commonly used in their field whose necessity should be questioned and discussed; and,
- A concluding panel discussion on physician stewardship of health care featuring a number of presenters above and Victor Pisanelli, M.D., president of the Vermont Medical Society and Stephan Koller, M.D., member of the radiology department at Porter Medical Center.

Conference organizers hope that the event inspired and prepared physicians to lend their unique experiences and expertise to the reform efforts.

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A Doctor's View:
Questions about health reform show my colleagues really care

By Allan Ramsay, M.D., Green Mountain Care Board

As a Vermont physician on the five-member Green Mountain Care Board (GMCB), I spend a lot of time listening to health professionals around the state. In my first seven months on the Board, I have heard the hopes, questions and concerns of more than 1000 doctors, nurse practitioners, physician assistants, nurses, social workers, and others in the health care professions. What I've learned is that those of us leading health reform in Vermont must address some understandable concerns as well as misconceptions. Our colleagues and the Vermonters who trust them for their care need to know what's happening in health reform – and how the GMCB is going about its work.

One common question from health professionals is, "How will reform help me take better care of my patients?" A fundamental principle of the medical profession has always been that patient welfare is the top priority. Every day we are faced with market forces, societal pressures, and administrative burdens that have compromised this principle. My colleagues often lament that medicine is no longer about the patient, but about business. I know that Vermont health professionals want this to change.

Health care professionals also raise questions about how health care reform will affect the principle of patient autonomy—in other words, protecting a patient's right to make his or her own informed decisions about care. This vital part of the doctor-patient relationship requires that doctors have the authority to help their patients make their own informed decisions, including those that avoid care which could cause harm. The Green Mountain Care Board is approaching its role with respect for both the doctor's and the patient's autonomy in decisions. The Board is promoting better patient care by valuing accountability in addition to autonomy, by supporting team-based care and integration between specialties, and by requiring wise and cost-effective utilization of limited resources.

I often hear the concern that physician salaries will go down. By all measures we have always been a highly paid profession. Society has accepted this, understanding the complexity of medical care and the training needed to achieve professional competence. In truth, it is not what the doctor is paid but what he or she does that drives health expenditures. The payment system can no longer be disconnected from quality and value. Failure to respect known best practice guidelines, failure to integrate and communicate among providers, and overtreatment are the behaviors that drive up health costs. I believe physicians in Vermont are willing to link their payment system to improved value and outcomes.

Opponents of our process claim that we won't be able to recruit physicians to Vermont due to fears about health care reform, or that physicians will leave the state if we change the system—concerns being voiced in other states as well. The simple fact is that health care is changing everywhere. With two physicians on the Board overseeing health system reform, we in Vermont have the opportunity to guide reform mindful of all factors leading to satisfaction among health professionals –not only compensation but also the ability to put the patient first. Doctors will go to the states that understand these principles.

Many of my colleagues ask why Act 48 did not fix the medical malpractice problem – the various ways fear of being sued affects health care. I agree that this emotional issue must be addressed. But let's not kid ourselves about the financial impact of malpractice reform: a recent Congressional Budget Office analysis estimated that if three changes—caps on noneconomic damages, reducing the statue of limitations, and implementing a "fairshare" liability program—were in place, the total savings would amount to only 0.5% of the national health care spending per year. In Vermont the savings would be even less due to the high quality of our care and non-litigious culture. Toward solving this problem, Act 171, legislation passed this year, included a new law requiring that a certificate of merit must accompany the filing of any lawsuit alleging injury based on the negligence of a health care provider. Act 171 also included a pre-suit mediation process that may be used before filing suit. I have agreed to continue to work on medical malpractice reform with the Administration and to make the recommendations of my physician colleagues known.

Another common concern is whether we are trying to change things too quickly. While we do feel urgency due to rapidly increasing costs , the GMCB's focus has been on pilot projects to test innovative solutions over the next two or three years. For example St. Johnsbury is pioneering a new delivery system designed to improve quality, value and the patient experience in cancer care.

These are the questions I hear, and I am sure more will come. My many years as a primary care physician taught me that whenever faced with a complicated decision, the best question to ask is, "how will this help the patient?" Traveling around the State has taught me this same question dominates the concerns of health care professionals throughout Vermont, more so than salaries, malpractice, or change in general. How fortunate we all are.

Vermonter's gift leads to ovarian cancer research at Fletcher Allen

An ovarian cancer victim's last wish – to help protect others from a deadly disease that is difficult to diagnose – is being realized through a gift from a foundation in her name.

The Mary Haas Ovarian Cancer Early Detection Foundation, named after the Shelburne resident who passed away in 2009 after a long battle with the disease, awarded a $90,000 gift to Fletcher Allen Health Care. The goal is to develop what Meredith Burak, Haas's daughter, describes as a "grassroots, statewide early detection program which would educate primary care physicians about ovarian cancer – how to identify patients at risk, how to talk to their patients who are at risk and provide them with the resources so they can be more proactive about their own health care."

Like most ovarian cancer patients, Haas was diagnosed at a late stage of the disease, making her chances for survival very low. Symptoms of the disease (bloating, loss of appetite, urinary irregularity) are often vague, making early detection difficult.

Fletcher Allen's Dr. Robert J. Luebbers, who is collaborating with Dr. Everett (Department of Obstetrics and Gynecology) and Dr. Allyson Bolduc (Department of Family Medicine) and others at Fletcher Allen on the project, said the gift's funding will be used over two years to support several objectives, including development of a standardized early detection tool to help providers identify women at risk and improve ovarian cancer diagnosis; education for primary care providers, residents and students about early detection of ovarian cancer; and exploring the feasibility and utility of a patient registry for women at risk.

One of the research team's accomplishments so far has been identifying a potential early detection tool.

The early detection tool, said Dr. Luebbers, is a set of questions about early symptoms of ovarian cancer combined with assessment of family history that may place patients at increased risk: "Our hypothesis is that most physicians are not currently using any tool for ovarian cancer early detection, and that this may improve with education. This is the primary goal of the gift from the Haas Foundation."

UVM College of Medicine student partners with Plainfield Health Center to develop and test mindfulness app

Mindfulness exercises – audio tools that help patients deal with chronic pain, overeating, depression, and more – will soon be available on demand to anyone with a smartphone, thanks to a new iPhone and Android apps developed by UVM College of Medicine student Bianca Yoo in cooperation with Dr. John Matthew of the Plainfield Health Center.

Currently, available online at *http://soundcloud.com/mindfulhealth/tracks*, the app is designed to make the exercises even more widely available via a straightforward, easy-to-navigate smartphone app that Yoo designed as a student project. Currently the app includes exercises that focus on relaxation and breathing, releaving chronic pain, and helping people who struggle with overeating.

"I created the app so that patients could download or stream mindfulness exercises to help with depression, anxiety, chronic pain, and eating more mindfully," said Yoo. "I like technology and wanted to do something with it. I had just gotten into mindfulness, and so I threw the idea out there about mindfulness app for the Health Center. Seventy-five percent of the people who go to the Health Center are overweight or obese, so something that helps them eat mindfully would be really helpful."

Dr. Matthew had been intrigued about mindfulness training since first learning three or four years ago about a mindfulness program that helped lonely senior citizens succeed in reducing inflammatory markers in their blood.

Dana Library offers timely access to evidence-based information for patient care

By Bob Sekerak, MLS, Dana Medical Library

For decades the amount of information in biomedicine and the health sciences has grown at an exponential rate. The journal literature alone expands by approximately two million articles annually. Physicians, other providers, and persons working in any aspect of the health field face the formidable task of keeping current in their areas of expertise. Fortunately, technological advances have occurred in recent years, including the proliferation of full-text, electronic resources, and, automated techniques to retrieve best-practice information rapidly.

However, not all Vermont providers, particularly those located away from the University of Vermont (UVM)/Fletcher Allen Medical Center, know of these advances or realize the extent of the 'evidence-based medicine' (EBM) resources and capabilities available. Located at the heart of UVM's Medical Education Center, the Dana Medical Library serves as a bridge between these technologies, resources, and services and the health care community.

EBM has become the cornerstone for finding high-quality, health information. As defined by Sackett: "EBM consists of the integration of best research evidence with clinical expertise and patient values and factors. EBM promotes clinical decision making based on the most valid research evidence" (Sackett DL et al. Evidence-based medicine: how to practice and teach EBM. 2nd ed. Edinburgh: Churchill Livingston, 2000). Evidence-based practice encourages decisions founded on clinically relevant research, and discourages decisions based on outdated textbook information, local practice patterns, product marketing literature, and the conflicting opinions of medical "experts."

Dana librarians and staff provide networked access to collections, education, reference, and liaison services, as well as article delivery to our various clienteles. The library now has licensed access to over five thousand electronic, full-text journals spanning all aspects of biomedicine and health care. Print subscriptions have dwindled to less than seventy titles. Primary clientele that fund Dana, UVM and Fletcher Allen, can link to an article with a few, computer keystrokes. Article delivery to everyone, which in times past took several days to several weeks, now occurs on the same or next day during the regular work week.

The number of pertinent databases has also increased. Examples of those that strive to assess the evidence, and are also geared toward answering physician questions, include the *Cochrane Library*, *TRIP: Turning Research Into Practice*, and the 'Clinical Queries' feature of *Medline*, and *Natural Standard*.

Questions regarding patient care management arise on a regular basis. Point-of-care resources, such as *UpToDate* and *Dynamed* have grown in popularity and usage for clinical practice. Mobile apps or mobile optimized websites enhance the value of these tools especially in terms of timeliness.

License fees charged by the commercial producers of many these products can prove substantial. In a networked situation, such as a health sciences library, a school, or a hospital, the more users, the higher the fees.

Dana Library's Health Research Associates (HRA) membership program strives to extend its reach to individuals and organization beyond the academic medical center and throughout the state. HRA provides an array of information resources and research services to individuals and organizations not affiliated with UVM. Members include solo health providers, multi-practitioner clinics, public health agencies, health-related organizations, and private businesses.

To learn more about Dan Library and its services, including HRA, contact Lesley Boucher at lboucher@uvm.edu or 802-656-4404.

Physician Leadership

(Cont'd from pg. 3) "We're hoping that by highlighting both the challenges and opportunities ahead of us, the conference acts as a springboard for physician-led reform initiatives," said Cy Jordan,

M.D., the Foundation's director. "Physicians want to see their patients get better and they understand as well as anybody the economic realities faced by Vermont's communities and employers, as well as the health care system. That is a really important perspective to bring to reform debates."

The conference was co-sponsored by the University of Vermont College of Medicine and supported by the Vermont Chapter of the American College of Physicians, Vermont Association of Hospitals and Health Systems, Fletcher Allen Health Care, Vermont Ethics Network, and the Physicians' Foundation.

VMS Annual Meeting

(Cont'd from pg. 1) **Reimbursement to Physicians for Providing Non Face-to-Face Care** – A study of a community-based internal medicine practice published in the New England Journal of Medicine documented that telephone calls that were determined to be of sufficient clinical import to engage a physician averaged 23.7 per physician per day and physicians averaged clinically related 16.8 e-mails per day and the five leading reasons for patients to e-mail their physicians were to report a change in a condition (16 percent), discuss lab results (14 percent), discuss a new condition (12 percent), discuss changes in prescription dose (11 percent), and discuss the need for a new prescription (10 percent). At a time when primary care physicians are overwhelmed with non-reimbursable duties and U.S. medical-school graduates are avoiding traditional primary care specialties, the resolution directs the GMCB and DVHA to understand the actual work of primary care and find ways to support it through radical change in practice design and payment structure.

Collaboration among Physicians and Other Health Care Practitioners – VMS is committed to improving access to safe, high quality evidence-based, patient-centered healthcare provided in an integrated coordinated system of care. The ability to work effectively as members of clinical teams, has been identified as a key to the safe, high quality, accessible, patient-centered care and developing effective teams and redesigned delivery systems is critical to achieving care that is patient-centered, safer, timelier, and more effective, efficient, and equitable. The VMS supports increased inter-professional collaborative practice with other health care professionals, to facilitate team-based, high quality evidence-based care for patients.

Patient Incentives – VMS believes that health care must evolve away from a "disease-centered model" and toward a "patient-centered model" and patients become active participants in their own care since unhealthy lifestyle choices drive direct health care costs as well as indirect costs. According to the Centers for Disease Control and Prevention, more than 72 million adults in the US were obese in 2010, and obesity effects approximately 17 percent of all children and 35.7 percent of all adults, which is triple the rate from just one generation ago. Under the resolution, the VMS looks forward to working with the GMCB and DVHA in finding ways to promote greater personal responsibility by individuals in maintaining their own health.

Electronic Health Records and the Physician/Patient Relationship – With passage of the resolution, VMS will create an EHR working group to research the experience of Vermont physicians with respect to the impact of EHRs on their practices and report their findings to the VMS Council. The group will also propose recommendations for changes in the design, education and practical use of EHRs in order to increase their usefulness and reduce or eliminate any harm they do to the physician/patient relationship.

Medical Liability Reforms – Citing the Hsiao report indicating that the fear of lawsuits leads to defensive medical practices such as the ordering of additional tests, as well as successful medical liability reforms implemented by Massachusetts, the resolution calls for VMS to urge the General Assembly to enact the recently passed Massachusetts Medical Liability Reforms. Key components of those reforms include a six-month, pre-litigation resolution period with the sharing of all pertinent medical records by the patient, full disclosure by providers, and for statements of apology by providers to be admissible in court.

Use and Improvement of the Vermont Prescription Monitoring System – The resolution calls on VMS to support and encourage physicians to register and use the Vermont Prescription Monitoring System. Additionally, it calls for improvements to the system that will increase its use and effectiveness, including:

- Creating a process to enroll prescribers automatically at the time of license renewal;
- Reduce the time and administrative burdens on physicians using the system and increase integration with EHRs, streamlined user interfaces, and real-time reporting of filled prescriptions; and,
- Issuing public health alerts regarding diversion of controlled substances and about unusual prescribing in particular regions of the state.

Finally, the resolution states VMS' opposition to requiring physicians to check the system each time they prescribe a controlled substance, instead encouraging its use in cases where physicians' training and experience suggest it is necessary.

The VMS Annual Meeting agenda as well as the full text of the above mentioned resolutions can be found on *VTMD.org*.

Vermont Medical Society
"Not for ourselves do we labor"
A.D.1813

Conferences

Bridging the Divide: A Conference Fostering Collaboration between Primary Care, Mental Health, Substance Abuse, and Behavioral Health

November 7, 2012
DoubleTree Hotel, South Burlington, VT

This year we will focus on successful examples of collaboration and integration. We have two exciting keynote speakers, one from a health system providing integrated primary care, behavioral health and prevention services to 12 counties in East Tennesee, and the other from a large multi-specialty health system in Utah that has achieved great success with mental health integration.

To register go to: *http://cme.uvm.edu/sell.asp?s=Sell&EventId=10930.*

Diabetes Update 2012: A Primary Care Approach

November 13, 2012
Dartmouth-Hitchcock Medical Center, Lebanon, NH ~ Auditoria E & F

New diabetes care tools, treatments and clinical practice guidelines. You will have the opportunity for discussions with adult and pediatric specialists who care for individuals and families with diabetes.

To register go to: *http://ccehs1.dartmouth-hitchcock.org/eventinfo_8249.html.*

Mark Your Calendars!

Vermont Medical Society 200th Annual Meeting
October 19, 2013
Basin Harbor Club and Resort, Vergennes, Vt.

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