

Thank you, Becca Bell, MD! At the VMS annual meeting on Saturday we had the opportunity to honor Becca Bell, MD as an incredible VMS President over the past year. She has been a leader for all physicians across Vermont, and a critical advocate for families and children, patient safety and community health. As the leader of the VMS, she was active in the passing of H. 766 (Act 111), a bill that helps decrease administrative burden for primary care providers ordering imaging studies and continued to champion child and adolescent safety. I appreciate Becca's ability to listen AND to really hear people, and she does so in her fun, humble way, bringing people together to lift the entire system.

I am excited to lead with Becca, other executive committee members and the VMS staff over the next year. Thank you for believing in me. Past leadership and the VMS have a strong tradition of advocating for causes that benefit all Vermonters, and we will continue to do so. Vermont is a unique state in its size and ability to partner with one another to get things done. As I think about my VMS colleagues, I know you, and have even called some of you on weekends and the middle of the night! We respect that we all can bring a different perspective to the table, AND that we all need one another. I hope you feel comfortable calling on me.

A little about me. I grew up in Maryland, attended Princeton University where I played college lacrosse, and then took a 2-year hiatus teaching and coaching at a New England boarding school. I returned to University of Maryland in Baltimore for medical school, then a family medicine residency in Burlington, Vermont, and then a fellowship in operative obstetrics at Swedish Hospital in Seattle. I have been back in Vermont ever since, working for our local Federally Qualified Health Center Lamoille Health Partners, as well as Copley hospital, a rural critical access hospital. I practiced obstetrics for a few years before having three children, and until recently worked shifts as a pediatric/neonatal hospitalist. Family medicine has allowed me to pivot my focus depending on community need, and I have found myself to be the lead physician for the Medication Assisted Treatment Team. I speak often on the benefits of taking care of opiate use disorder in the medical home. I enjoy coaching youth sports, skiing, hiking, sailing, and generally hanging out with my family. My husband is a sugar maker and business owner, and I could not do this job without him.

I had wondered what the agenda of my VMS presidency year would shape up to be, but it looks like that has been decided - the theme appears to be statewide medical cost. The Oliver Wyman report, Green Mountain Care board decisions, AHS partnerships, Blueprint re-funding, pharmaceutical costs, insurance premium costs and more keep my head spinning. Sometimes the actual medicine we all do seems to be lost in conversation! But the truth is that the areas we work in are expensive – to the state, to businesses and to patients. We need to work together to find solutions that work.

At the meeting, I had an opportunity to share one observation: when we talked about the above acronyms, most physicians cannot keep up with the conversation. We have little to no training in health care economics in medical school or residency. I am learning, and thankfully, our VMS team of Jessa, Stephanie, Jill, Birdie and Colleen have great knowledge, insight and strategy. I look to each of you, and all of us in the VMS for added perspective, knowledge, experience and examples.

From my viewpoint in family medicine, I see the impact that this last area, cost, has at a very intimate level – the cost to the patient. People defer care, diagnostic studies, cancer screenings,

prescription medications, even basic routine exams because they cannot afford the cost or to take a few hours off work. The oath to do no harm applies to cost. Cost does harm. Several of our talks over the weekend at Topnotch addressed efficiency and therefore cost.

We had a great talk called “Fostering Primary Care and Specialty Care Collaboration” by Dr. Marie Sandoval and Dr. Theresa Fama. All too often we find that specialty referrals are made too early, and without enough information. Some of these hurried examples might be due to an overwhelmed PCP or even patient request for a referral that might not be needed (yet?). The electronic medical records have not made this better. The program Theresa and Marie run might really help the “right place for the right care”, an issue many of us see. On the primary care end, patients who have been stabilized at the specialty level of care could be “referred back” completely, hopefully saving time, money and the limited resource of specialty appointments. My hope is for the programs of enhanced referrals and (UVMMC only for now) e-consult will not only improve the quality of incoming referrals, but (maybe) also decrease their need.

I see this type of innovative program as supportive of ALL levels of care, and very patient focused. New primary care providers especially benefit from the feedback provided to them by clear specialty responses, and (perhaps) may feel more comfortable managing a case in the future without sending the patient out of the medical home. Even more importantly, the patients MOST acutely appropriate for a referral will have decreased wait time for their needed specialty appointment. Moreover, and once again, back to cost. Patients managed primarily in the medical home, even with complex conditions, have lower medical bills, less fragmented care and less cost to the overall system. Finally, this approach may empower the PCP (especially new providers), build confidence, and reassure the patient. As you can tell, this talk was really exciting to me.

At the VMS meeting there was also significant discussion about the newly released Oliver Wyman report, or Act 167. While this bill was intended to improve equity, access and affordability, the resulting report has everyone upset. I do not pretend to have a degree in medical economics, but I will do my best to advise from the perspective of population health, community medicine and primary care. While the Agency of Human Services and the GMCB are tasked with reducing cost, the solutions must also be safe and practical. I am sure we will hear about this all year.

Some of the themes we heard about at the VMS meeting were bias and barriers to care. Dr Imogene Drake PhD gave a great talk on Eliminating Race-Based Medicine and inherent bias in medicine. Eryney Marrogi and Julie Lin MD also gave a talk on the Intersection of AI and Medical Care. As we navigate the above goals for medical reform and cost, we must make sure that our solutions do not worsen the social and digital determinant of health divides already in place. Other educational talks addressed reducing barriers in care, such as the risks of using BMI or Hba1c as a requirement to joint replacement, and the lack of providers in Vermont comfortable with prescribing medications for menopausal symptoms. We also learned about treatment for resistant depression and heard about the current debate around better pain management for IUD placements in the outpatient setting. All were very informative, timely and important talks.

As incoming VMS president, as we look to improve the efficiency of medicine, I will do my best to represent all of you, and to promote primary care as an essential component of health care in the future. Primary care is our foundation, yet it has been underfunded for decades. Doctors are

always asking me on social media if I know any primary care providers taking patients! So, this is an ask of all of you:

If you ever encounter a medical student interested in primary care, please encourage and reward that dream. As a medical student, I had attendings discourage me from becoming a family doctor. Luckily, I did not find that same sentiment when I came from Baltimore to Vermont for residency. Our students need that encouragement and reassurance from all of us. So, if you have an opportunity to promote primary care to your students or patients, it really does mean a lot to me, and may help us grow a much needed pipeline of physicians. The student presentations at the Friday Abstract presentations were thoughtful and humbling. We have incredible people coming up in the ranks, and working with them in my practice gives me renewed hope and pride in the profession we all have chosen.

Thank you again to our membership, our VMS team and our communities. Please contact me any time with your thoughts or questions. I may not have an answer, but I am always ready to listen and learn.

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