

THE GREEN MOUNTAIN PHYSICIAN

A PUBLICATION OF THE VERMONT MEDICAL SOCIETY

"Not for ourselves do we labor"

Sept./Oct.
2014

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The Vermont Medical Society held its annual planning retreat July 12th at the home of Paul and Elaine Harrington in Middlesex, Vt.

Topics raised during the retreat focused on a number of health policy issues, including strategic integration of various payment reform initiatives, areas in which physician leadership can be vitally important, personal responsibility in health care outcomes, physician retention and recruitment, reducing the financial burden of medical school education, and increasing medical students' role in the Society.

The retreat is the Society's annual moment to thoughtfully consider the strategic opportunities and challenges facing it as an organization and profession. Many of the issues raised during the brainstorming session have become resolutions that members will vote on during the Oct. 25th annual meeting at The Equinox in Manchester Village. The meeting is open to all Society members. For more information about the annual meeting, see page 6 and 7.



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FROM THE PRESIDENT'S DESK

By Daniel B. Walsh, M.D.



Please plan on joining me in attending the Vermont Medical Society's 201st annual meeting (more info page 6 and 7) at the historic Equinox Resort in Manchester, Vermont. The resort has completed a multi-million dollar restoration and it will provide a beautiful setting for the meeting during the fall foliage season.

The morning program includes CME sessions on piloting bundled payments for treating congestive heart failure, addressing adverse childhood experiences in pediatric care and the link between primary care and polycystic ovary disease. Our luncheon keynote speaker is Green Mountain Care Board Chair Al Gobeille who will address the importance of physician leadership in Vermont's health care reform effort.

During our business meeting, we will discuss the adoption of new VMS policies on topics as varied as findings on the public funding of health care, supporting payment for GME, patient portals, the need for additional in-patient psychiatric capacity, the transition from pediatric care to adult care and alternatives to opioid prescribing.

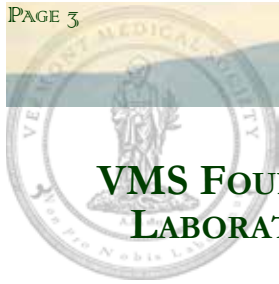
At our evening awards banquet, we will honor four individuals who have each made a unique contribution to improving our state's health care system and we have invited U.S. Senator Bernie Sanders (I-VT) to provide his views on national issues.

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

Sincerely,

Daniel B. Walsh, M.D.

President



VMS FOUNDATION LAUNCHES OPTIMIZING LABORATORY TESTING COLLABORATIVE

Clinicians from all Vermont hospitals and DHMC are invited to participate in a two-year effort focusing on improving the value of inpatient care across the region. The initial target will be optimizing laboratory testing.

The Foundation will use a collaborative approach considering the best medical evidence and quality improvement science. Every Vermont hospital is being asked to support a small multidisciplinary team. Teams will be supported by expert faculty and the collective resources of all the other hospital teams.

This first phase will begin with an event on October 22nd at Rutland Regional Medical Center and end in June 2015. The initial task will be an evaluation of current test ordering profiles and patterns, followed by an organized plan to optimize testing, and ends with a plan to sustain these practices. By doing this the Foundation expects to improve satisfaction and quality of care while reducing cost for patients and the health system.

The effort is being supported by federal health reform funds through a grant from the State of Vermont.

For more information about the Collaborative, visit vmsfoundation.org/simgrant. To learn more about, or register for, the Oct. 22 event, visit vmsfoundation.org/October_22.

TEACHING R.E.S.P.E.C.T.S.: UVM PROFESSORS DEVELOP TOOLS FOR COMMUNICATION IN THE AGE OF EHR

There is little doubt that electronic health records have changed the way health care providers practice. For better or for worse, IT is now the third entity in the examination room, the first being the patient and provider of course.

But just because IT is ubiquitous in the health care setting, doesn't mean today's practitioners are well versed on how to get the most out of it. That's why two University of Vermont professors – Marie Sandoval, MD and Mary Val Palumbo, APRN – set out to create R.E.S.P.E.C.T.S.

The two-page mnemonic – a complete version of which is available at www.vtmd.org/materials-and-resources – is designed to improve providers' communications skills as they relate to EHRs. It has been incorporated into the first-year communications skills course at the UVM College of Medicine and into UVM's nurse practitioner program. Additionally, Fletcher Allen is using it in its residency training programs and it has been presented at medical staffs around the state.

The Green Mountain Physician recently spoke to one of R.E.S.P.E.C.T.S.'s creators, Dr. Sandoval, about what inspired it and the purpose behind it.

What was the reason behind the development of R.E.S.P.E.C.T.S.?

Dr. Sandoval: I realized that things had changed and were different, but couldn't quite put my finger on it. Then I got my first ever mediocre student evaluation. I'd always

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ALERT: PHYSICIAN LICENSE RENEWAL DEADLINE FOR 2014-2016 QUICKLY APPROACHING; NEW CME CREDITS REQUIRED

The license renewal process for physicians for the next biennium (Dec. 1, 2014 to Nov. 31, 2016) began in late August and will close Nov. 31, 2014. Current MD licenses expire Nov. 30, 2014.

The Vermont Board of Medical Practice (Board) recommends that physicians complete their renewals before Nov. 14, 2014 to ensure that their renewal application is reviewed before Nov. 31, 2014. General license renewal information is available online at vtmd.org/renewal.

This year for the first time as part of the license renewal process, physicians must certify that they have completed 30 hours of AMA PRA Category 1 Credit™, including 1 hour addressing palliative care, hospice care OR pain management and 1 additional hour addressing prescribing controlled substances for physicians with DEA registrations. The CME credits must have been earned between June 1, 2012 and Nov. 31, 2014. Licensees who have not completed the CME requirement may file make-up plans along with their license renewal application. Links to the Board's CME rules and frequently asked questions are available online at vtmd.org/renewal.

CME courses and programs that you may find helpful with your renewal process include:

Free online pain management and controlled substance CME courses

National Institute on Drug Abuse: Opioid and Pain Management CMEs (Two courses: 1.25 and 1.75 CME credits.) The Board of Medical Practice has informed VMS that completing these two courses would satisfy both of the content-specific course requirements (palliative care/hospice/pain management and prescribing controlled substances).

Boston University School of Medicine: Safe and competent opioid prescribing education (SCOPE) (3 CME credits).

Links to these courses can be found online at vtmd.org/renewal.

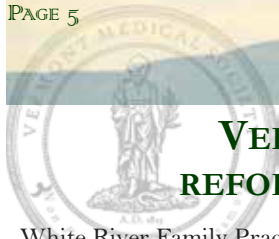
VMS and Mass. Medical Society team up to offer access and special discounts to CMEs

Through a new partnership with the Massachusetts Medical Society (MMS), VMS members now receive a 25-percent discount on all of MMS' world-class online CME offerings.

Examples of courses categories offered by MMS include:

- End-of-Life Care
- Pain Management
- Communication
- Clinical Medicine
- Ethics
- Electronic Health Records
- Patient Safety & Quality Improvement
- Practice Management
- Public Health
- Risk Management CME
- Medical Marijuana

To begin taking advantage of this great membership benefit, visit massmed.org.



VERMONT PHYSICIANS QUESTION SUSTAINABILITY OF REFORMS IN AAFP'S *FAMILY PRACTICE MANAGEMENT*

White River Family Practice in White River Junction, Vt., is one of the most progressive independent practices in the state. It was the second practice in Vermont to achieve Meaningful Use, received the 2013 Ambulatory HIMSS Davies Award of Excellence, and was recently awarded a Vermont Health Care Innovation Project State Innovation Model (SIM) grant.

So it's notable when two of its physicians question the sustainability of health care reform efforts, specifically technologies meant to usher in the transition from fee-for-service to value-based care.

That's what Sean Uiterwyk, M.D., and Mark Nunlist, M.D., joined by Springfield, Vt.-based revenue cycle consultant Betsy Nicoletti, did in an opinion piece published in the September/October issue of the AAFP's *Family Practice Management*.

In the article, titled "Gambling on the Transition From Fee-for-Service to Value-Based Care," the authors list several ways in which their six-physician practice has invested time, money and energy into advancing patient care through HIT and advanced quality measures. And while even though they believe those efforts will lead to better care for their patients, and they appreciate some of the short-term support they've

received to implement them, they question whether their efforts will be successful in the long term without additional, dedicated resources.

"Ultimately, improvements at our practice are financed primarily by physician salaries and investments of personal time," they write. "The revenue streams necessary to support ongoing investment in systems, staff, and care processes are variable and inconsistent, leaving the physicians in the position of funding these services themselves if they are to continue and even expand. So far, the physicians have trusted in the future, but that trust cannot last.

"The current fee-for-service payment model is at odds with investment in the evolution and development of programs providing high-quality, individualized primary care and population-based care that improves the health of communities. Physicians cannot keep trying to 'do the right thing' hoping that a grant or some incentive money from widely differing programs with uncertain and changing rules will come through to support operations."

To read the entire article, visit <http://bit.ly/Zse0aj> or aafp.org/fpm/2014/0900/p6.html.

MEDICAL MUTUAL ANNOUNCES RATE REDUCTION

Medical Mutual has asked for and received permission from the Vermont Department of Financial Regulation to reduce physicians and surgeons' base rates and modify the relativity factors for all new and renewal business effective Oct. 1, 2014.

In a letter sent to policyholders on August 22, company President & CEO Frank Lavoie, MD, MBA, announced that rates will be reduced by an average of 8.1 percent.

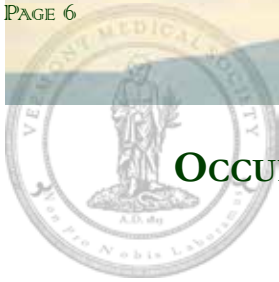
For Medical Mutual insureds, this marks the third rate reduction since 2009. Specifically, the reductions have been 0.9 percent in 2009, 1.8 percent in 2011 and this year's reduction of 8.1 percent. All told, they amount to a nearly 11-percent reduction since 2009.

Unprecedented relief

John Doyle, VP of Marketing, Corporate Communications and Administration, said the reductions are only part of the rate relief story of 2014. "In addition to this great news on rates, the company's dividend declared early this year will provide additional premium relief of 15 percent. So the total effective drop in physician premiums for the coming policy year is on the order of 23 percent. That's unprecedented. And it's news we are extremely happy to share," said Doyle.

In announcing the reductions, Lavoie credited the physicians themselves for making the reductions possible. "We are in a strong position of providing rate reductions because you, the physicians and surgeons we insure, have driven claims down by providing high quality care and emphasizing patient safety within your practices," wrote Lavoie in the letters sent to clients.

Lavoie stressed that the stated reductions are averages of all specialties and that, with relativities factored in — the variation from the base physician rate tied directly to the aggregate loss experience by specialty — the vast majority of physicians in Vermont will see rate reductions. However, a few physicians in specialties with less favorable loss experiences than expected over the past several years will see a rate increase. Yet even in these cases, the dividend declared by the company this past spring exceeds the relativity increases for an overall net reduction.



OCCUPATIONAL PHYSICIANS GAIN STATURE IN VERMONT AND INFLUENCE THE LEGISLATIVE PROCESS

*By Nelson S. Haas, MD, MPH, FACOEM
North Star Occupational Medicine, Newport, Vermont*

Medical organizations such as medical specialty and state medical societies represent physicians' interests. When the interests of a small constituent specialty in a medical society are disproportionately affected by a change in practice environment, such as a change in a law, the majority may consider the change peripheral, may not be as familiar with the issue as the affected minority, and may not attend to the issue.

Occupational physicians are a small constituent of all physicians, but are often profoundly affected by changes in laws that govern workplace health issues, for example, changes in workers' compensation laws. Additionally, changes to workplace laws may affect the employers and employees in ways in which occupational physicians, as clinicians whose business it is to know the workplace, have insight.

During the 2014 session of the Vermont State Legislature, Act 199 passed with provisions about opiate analgesic use that affect occupational physicians. Fortunately, the legislators that wrote the bill were sympathetic to the interests and expertise of occupational physicians; and the legislature, through the Vermont Medical Society, obtained input from occupational physicians.

The final bill specified that the ACOEM Occupational Medicine Practice Guidelines be considered in matters concerning prescription of opiates to workers' compensation claimants (Section 52) and that the state government's Unified Pain Management System Advisory Council have a clinician who specializes in occupational medicine (Section 60).

It is unlikely that these provisions would have appeared without sustained involvements of occupational physicians in VMS and the willingness of occupational physicians to offer their clinical and subject matter expertise to legislators and VMS during the legislative process. A beneficial side effect of the occupational physicians' involvement is that now legislators on the relevant committees know whom to turn to for clinical expertise in the area of workers' compensation and occupational medicine.

Otto von Bismarck said "laws are like sausages, it is better not to see them being made." In the case of the 2014 Vermont legislative session, a few occupational physicians, including Verne Backus, Philip Davignon, and myself were involved in the sausage making process to ensure that the legislative repast was more palatable to occupational physicians. We could use more cooks in the kitchen. Get involved.

201ST VERMONT MEDICAL SOCIETY ANNUAL MEETING

Co-sponsored by the University of Vermont College of Medicine

Oct. 24 and 25, 2014
Equinox Resort
Manchester Village, Vt.

More information and registration (including online) at vtmd.org.

Schedule of Events

Friday, October 24, 2014

7:00 pm Casual Family Dinner - gather to enjoy food & great company!

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VMS ANNUAL MEETING

(Cont'd from pg. 6) **Saturday, October 25, 2014**

7:45 am Registration, Breakfast & Exhibits Open

9:00 am Welcome and Introductions

*Daniel Walsh, M.D. * VMS President*

*Rick Morin, M.D. * Dean, UVM * College of Medicine*

9:15 am Congestive Heart Failure: Bundled Payments & Readmissions

*Stanley Shapiro, MD * Cardiologist * Rutland Regional Medical Center*

10:00 am Adverse Childhood Experiences: Evidence-Based Practice

*Wendy Davis, M.D., FAAP * Pediatrician * Vermont Child Health Improvement Program*

11:15 am Polycystic Ovary Disease

*Peter Casson, M.D. * Obstetrics and Gynecology, Reproductive Endocrinology and Infertility*

12:15 pm Luncheon and interactive discussion with Green Mountain Care Board Chair Al Gobeille

2:00 pm VMS Annual Membership meeting with Priority Setting

6:00 pm VMS President's Reception, Awards Banquet and Keynote by Senator Bernard Sanders (invited)

2014 VMS Leadership Awards Recipients

Distinguished Service Award - David W. Butsch, M.D., FACS

Physician of the Year Award - David N. Little, M.D., FAAFP

Citizen of the Year Award - Jill Lord, RN, M.S.

Founders' Award - Devon Green, J.D.

Annual Meeting Supporters

Medical Mutual Insurance Company of Maine, Baystate Financial, Pastore Financial Group, LLC, Coverys, BlueCross BlueShield of Vermont, VITL, Medicus Healthcare Solutions

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(Cont'd from pg. 3) gotten excellent evaluations so it caused me to take a step back and see what had changed.

The No. 1 issue was using the EHR with patients. Once I realized how different my interaction with patients had become, I became very passionate about improving how we interact with patients and the EHR.

As you started to look further into this issue, what was one of your most important findings?

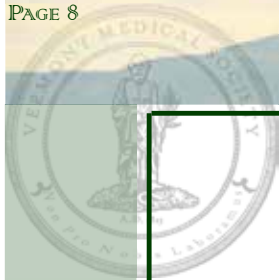
Dr. Sandoval: Nobody has taught providers how to properly interact with EHRs. People just end up making it work however it's going to work for them because we haven't been taught EHR-specific communication skills, so they just wing it and some are more successful than others.

So we have this opportunity with our students to teach them these skills so that when they work with the computer they are thinking "oh yeah, that's what I need to do." There are just so many things to do that unless we are taught those skills before computers are even brought into the room we just do what we need to do to get by.

How have these tools helped your own practice?

Dr. Sandoval: Once I started incorporating them the most important thing I've found is that I enjoy practicing medicine so much more. I feel like I'm connecting to my patients again and they notice a difference. They don't know why, they aren't quite aware of it, but they just have a better experience.

To download the complete R.E.S.P.E.C.T.S. mnemonic, visit <http://www.vtmd.org/materials-and-resources>.



Vermont Medical Society

201st Annual Meeting

October 24 & 25, 2014

Equinox Resort, Manchester, Vt.

For More Information and to Register

Go to: www.vtmd.org/annualmeeting.

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