

THE GREEN MOUNTAIN PHYSICIAN

A PUBLICATION OF THE VERMONT MEDICAL SOCIETY

"Not for ourselves do we labor"

Sept./Oct.
2010

GUBERNATORIAL CANDIDATES SHARE THEIR HEALTH CARE PRIORITIES

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On Nov. 2, Vermont will go to the polls to elect a new governor without an incumbent candidate for the first time since 2002. Taking office amongst a rapidly changing medical landscape, the next governor will oversee a state government that is increasingly facing difficulties in finding the resources needed to support its growing involvement in the payment for the state's health care.

As a way of helping its members be fully informed about how each candidate might impact health care if elected, the Green Mountain Physician recently asked Republican Lt. Governor Brian Dubie and Democratic Senator Peter Shumlin a series of health care related questions.

Green Mountain Physician (GMP): Under your administration, how high of a priority would you place in reforming Vermont's medical liability system? Would you support the enactment of a law similar to the pre-trial screening panels passed in Maine, New Hampshire and other states?

Lt. Gov. Dubie: Medical Malpractice Reform is a key component of my plan to lower health care costs for families and businesses (you can find my complete plan at www.BrianDubie.com).

Vermont leads the country in health care innovation in many areas, but not in medical malpractice reform. Physicians have advocated for years for common sense reforms that protect consumer rights and patient safety, but discourage the frivolous lawsuits that continue to drive up health care costs. Unfortunately, the Legislature has steadfastly refused to innovate in this arena. In this sluggish economy, we must look to capture the cost savings that such reforms offer.

Many states use pretrial review panels to sift out meritless cases and encourage early settlement without going to court, and Vermont should follow suit. The evidence indicates that a well-designed pretrial screening panel does a very effective job of deflecting frivolous claims and getting valid claims settled faster.

Senator Shumlin: I am very interested in the ideas from Maine and New Hampshire. In addition, I am the candidate who is committed to single payer health care, a system that will get the insurance companies off our provider's back.

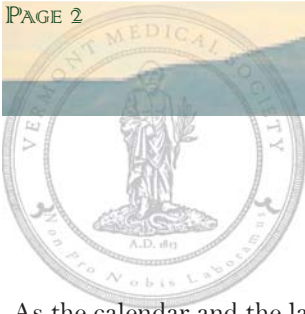
GMP: Do you support reimbursing physicians and their medical staff for time spent providing clinical care through electronic communication methods such as e-mail, video conferencing and telephone calls?

Senator Shumlin: Yes.

Lt. Gov. Dubie: Absolutely. Like Electronic Health Technology in general, electronic communication is a tool for saving time, improving care and reducing costs in administration to free up more resources for direct patient care.

Using up-to-date IT has saved untold millions of dollars and helped target resources across all sectors of our economy. Our health care policy should aggressively promote it in the health care sector.

Continued on page 6



FROM THE PRESIDENT'S DESK

By Robert Tortolani, M.D.

As the calendar and the landscape quickly transition from fall to winter, members of the Vermont Medical Society have important business before us in the next few weeks.

First, Vermonters will elect a new governor for the first time since 2002. Since the next governor will no doubt have a major impact on the delivery of health care in the state, we asked the Republican and Democratic nominees to answer a series of health care related questions (beginning on page 1).

Lt. Governor Brian Dubie and Senator Peter Shumlin's answers provide us with an opportunity to see their views on a number of topics that impact us all, including their commitment to reforming Vermont's medical liability system, their plans to address the doctor shortage, and their thoughts on low Medicaid reimbursements that threaten the financial viability of many physicians' practices.

I encourage you to closely review their answers, eagerly support your preferred candidate, and of course, vote on or before Nov. 2.

The second piece of important work we have to do as a society will take place at our annual meeting, Nov. 6th, at the Equinox Resort in Manchester, Vt.

The evening's events will feature the awards banquet (see page 5) where those who have made an extraordinary impact on health care in the state will be recognized. Fletcher Allen's Robert Macauley, M.D., will deliver a keynote address that is sure to provide insight for all members, "Medical Ethics and the Changing Practice Environment."

I encourage all members to attend the annual meeting as it where we set the Society's legislative priorities for the upcoming year, honor excellence in our profession, and add to our collective knowledge. But perhaps most importantly, it is an opportunity for us to see old friends and make new ones, something so important in our professional lives and for our own well-being.

I hope to see you there.

Robert Tortolani, M.D.
Brattleboro, VT



VITL OFFERING FREE SERVICES TO VERMONT PRIMARY CARE PRACTITIONERS

By Steve Larose, VITL

For primary care physicians considering adding an electronic health record system to their practices, or just curious about how the technology can improve patient care, Vermont Information Technology Leaders, Inc. (VITL) is a great resource.

VITL is a non-profit organization located in Montpelier that helps Vermont health care practitioners with implementing health information technology. Through federal and state grants, VITL is able to offer many of its services free of charge to primary care practitioners.

VMS members can receive assistance from VITL's experts in deciding whether an electronic health record (EHR) system is right for their practice. When an EHR implementation is planned, VITL can help with product selection, negotiating with vendors, and project management. VITL also works with practitioners on workflow redesign to leverage all of the EHR's features.

Practitioners who already use an EHR can receive help in meeting the federal government's criteria for financial incentives under either Medicare or Medicaid. VITL will work with VMS members and other practitioners to achieve meaningful use of their EHRs, thus qualifying for incentives of up to \$44,000 from Medicare or \$63,750 from Medicaid per eligible professional.

VITL has been named as a regional extension center by the Office of the National Coordinator for Health Information Technology. VITL is one of a select group of organizations throughout the U.S. designated as having the experience and capacity necessary to assist health care providers with the task of modernizing their practices with certified EHRs.

VITL is offering VMS members a free on-site consultation over lunch, or at some other time that is convenient for the physician practice. There is no obligation for this educational session. To schedule a visit to your practice, contact VITL at (802) 223-4100 or visit www.vitl.net.

6 QUESTIONS WITH.....NEW VPQHC EXECUTIVE DIRECTOR SHARON WILLIAMS

Last month the Vermont Program for Quality in Health Care (VPQHC) named Sharon Williams its new executive director. A health care operations and policy veteran of more than 20 years, Williams comes to VPQHC from a national insurance company where she served as executive director and president of one of its state plans.



Shortly after starting her new position, Williams, who holds dual masters degrees in public policy and health administration from the University of Chicago, spoke to the Green Mountain Physician about her new position, what she hopes to accomplish and her inherited love of a sports team that might not make her too many friends in New England.

Green Mountain Physician (GMP): What attracted you to the position at VPQHC?

Sharon Williams: VPQHC has been at the forefront of many of the health care innovations in Vermont for more than 20 years. VPQHC's work on implementing the medical home focusing on transforming provider practices is the heart of reforming the delivery system for Vermonters. In brief, VPQHC is a change agent and throughout my career I have been a change agent. I wanted to work for a progressive organization that is advancing the agenda for consumers and providers of health care.

GMP: What do you hope to accomplish at VPQHC?

Williams: It would be enough to continue the legacy of an innovative organization. I would like to be part of a statewide team that is a network of change agents and organizations working to continue to make Vermont an even better health care system that it is today.

GMP: You mentioned in the press release announcing your appointment that Vermont has a reputation for being a leader in health care delivery best practices. How does the state retain and build upon that reputation?

Williams: I have to tell you, there is something very special about Vermont. I have lived in enough places to know the difference. Vermont doesn't rest on its laurels – it never has. There are a number of collaboratives with very talented people working to improve health care for Vermonters as we speak... A chronic health care initiative; building integrated systems of health; a progressive Bureau of Insurance and Securities and Health Insurance (BISHCA); a dynamic Department of Health, a consumer-oriented Blue Cross Blue Shield Plan that is like no other that I have worked for or worked with; and physicians who respond to data are working to diminish variations. I could go on...

GMP: Your most recent position prior to coming to VPQHC was executive director and president of a statewide health care plan. What about that experience will be helpful in your new roll?

Williams: I have worked for health plans for a number of years. Our quality programs were placed in the context of two things; evidence based medical protocols and reducing the cost of health care while improving the experience for both the consumer and the provider of health care.

GMP: What coming trend or change in the way health care is delivered will have the biggest impact on the state's physicians?

Williams: Technology. The electronic health record and interoperable health care systems. The U.S. needs to catch up to our European and Asian counterparts. Health information will eventually be as available as banking information.

GMP: What are you looking forward to about Vermont's winters, if anything?

Williams: The first snow fall. I grew up in Syracuse and worked in Minnesota. I know all about snow.



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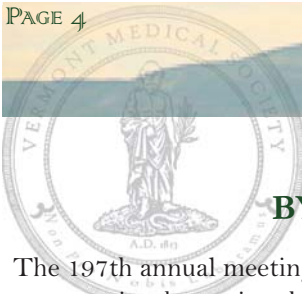
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2011 POLICY PRIORITIES TO BE DETERMINED BY MEMBERS DURING 197TH ANNUAL MEETING

The 197th annual meeting to be held Nov. 6, at the Equinox Resort in Manchester, Vt., will provide members with the opportunity determine the Society's 2011 advocacy and public policy priorities. During the meeting, members will vote on six resolutions received by the executive council prior to the meeting, as well as on any resolutions brought up by members during the course of the discussion.

This annual process began on June 19th, when VMS held a planning retreat at the Three Stallion Inn in Randolph, Vt. The retreat served as a health care policy brainstorming session, with its outcomes used to craft most of the resolutions that will be before members at the annual meeting.

On September 7th, the VMS Council reviewed the resolutions resulting from the planning retreat and voted to recommend, remain neutral, or not recommend them to the membership at the annual meeting.

The resolutions (which can be viewd in their entirety at www.vtmd.org) scheduled to be voted on are:

Unfunded Mandates

As unreimbursed administrative tasks, such as obtaining prior authorization, working with multiple formularies, editing of claims, reviewing accuracy of quality data, maintaining EHRs or registries, and coordinating care, increasingly burden physician practices, this resolution calls for, among other things:

- A single transparent set of payment rules for multiple payers;
- A single claim form;
- A standard set of rules for claim submission;
- Advocating for reimbursement for physician and staff time spent on related administrative activities as well as phone and online services; and,
- Working to ensure adoption of uniform statewide or national standards for quality data, formularies, prior authorization and claim payment.

Executive Council position: Recommended.

Tort Reform

This resolution identifies over testing, defensive medicine and medical liability insurance premiums as major health care cost drivers, as well as a deterrent in attracting and retaining physicians in the face of an oncoming doctor shortage. To address the situation, it commits VMS to working with the Governor and the General Assembly to establish pretrial screening panels, requiring a certificate of merit, establishing expert witness standards, and to moving to an administrative process for addressing adverse events.

Executive Council position: Recommended.

Reaffirming the Physician/Patient Relationship

This resolution highlights the unique relationship between physicians and their patients, and as such states VMS' support of shared decision making and encourages physicians to have an open dialog with patients about

Continued on Page 5

VMS ANNUAL MEETING SCHEDULE OF EVENTS

SATURDAY, NOVEMBER 6, 2010

8:00 a.m.

REGISTRATION

8:45 a.m.

WELCOME & INTRODUCTIONS

Robert Tortolani, MD, VMS Pres.

9:00 a.m.

“The Keys to Prevention in Public Health and Quality: Tips, Opportunities and Practical Approaches”

Wendy Davis, MD and Paula Duncan, M.D.

10:30 a.m.

“The Vermont Option: Achieving Affordable Universal Health Care”

William Hsiao, PhD and Steve Kappel

12:15 p.m.

LUNCHEON & KEYNOTE

“Vermont's Contribution to National Health Care Reform”

Vermont's Newly Elected Governor (inv.)

2:00 p.m.

ANNUAL MEMBERSHIP MEETING

6:00 p.m.

PRESIDENT'S RECEPTION, AWARDS BANQUET AND KEYNOTE: “Medical Ethics and the Changing Practice Environment”

Robert Macauley, M.D.

8:00 p.m.

ENTERTAINMENT AND DANCING

(SWING, JAZZ AND MORE BY PEAK DJ!)

SUNDAY, NOVEMBER 7, 2010

7:30 a.m.

WALK WITH DR. TORTOLANI

9:00 a.m.

VMS COUNCIL MEETING



2011 POLICY PRIORITIES

(cont'd from pg. 4) palliative care services and end-of-life planning. Additionally, it commits VMS to working with the medical profession to reaffirm the primacy of its obligation to the patient through national, state, and local professional societies; academic, research, and hospital organizations.

Executive Council position: Recommended.

Physician Leadership

This resolution encourages the appointment of physicians to leadership roles in the delivery of health care and health care system reform, commits VMS to ensuring that physicians have a voice in health care reform efforts taking place in Vermont and recognizes the changing employment status of many VMS members.

Executive Council position:
Recommended.

Patient Encrypted Records

This Vermont Psychiatric Association introduced resolution encourages the adoption of Patient Encrypted Records.

Executive Council position: Neutral.

Editor's note: An article advocating passage of this resolution written by resolution co-author Stuart Graves, M.D., can be viewed online at: www.vtmd.org.

Registry for Cadaver and Live Organ Donors

This resolution, submitted by VMS member Michael Scollins, M.D., supports the establishment of a Vermont state registry for cadaver and live organ donors.

Executive Council position: Neutral

ANNUAL MEETING AWARDS BANQUET TO HONOR FIVE FOR OUTSTANDING SERVICE

During the evening portion of the 197th annual meeting, the following Vermonters will be honored for their outstanding contributions to the health and well being of the state's residents:



Distinguished Service

Peter Gibbons, M.D., Brattleboro Radiologist

The Distinguished Service award is bestowed annually for meritorious service in the science and art of medicine and the basis of outstanding contribution to the medical profession, its organizations, and the welfare of the public.

Physician of the Year

Neil Hyman, M.D., Chief of General Surgery at FAHC

The Physician of the Year award is granted to a physician licensed in the state of Vermont who has: demonstrated outstanding performance in the quality of care given to his/her patients; demonstrated skillful and compassionate patient care; and demonstrated dedication to the welfare of his patients in accordance with accepted principles of good medical practice.



Physician Award for Community Service

Barbara Frankowski, M.D., Pediatrician at Fletcher Allen Health Care

The Physician Award for Community Service is granted annually to a physician licensed in the state of Vermont who has compiled an outstanding record of community service, which, apart from his specific identification as a physician, reflects well on the profession.



Citizen of the Year

Ken Liberto, Ph.D., Executive Director of the Vermont Association for Mental Health

The Citizen of the Year Award is presented to a non-physician resident of Vermont who has made a significant contribution to the health of the people of Vermont.

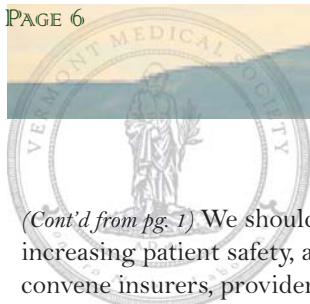


Founder's Award

Governor James Douglas

The Founders' Award is presented to an individual who has demonstrated outstanding leadership, vision, and achievement in improving the health of Vermonters and all Americans.





QUESTIONS WITH THE CANDIDATES

(Cont'd from pg. 1) We should be implementing electronic communication and electronic health records as a way of cutting costs, increasing patient safety, and coordinating better care between primary care doctors, specialists, and hospitals. As Governor, I will convene insurers, providers, patient advocates, and others to prioritize and implement ideas to reduce overhead, and free up more resources for patient care.

GMP: As the average age of physicians in Vermont continues to increase, a shortage of doctors – especially primary care physicians – is approaching. How would your administration address this issue?

Lt. Gov. Dubie: The looming shortage of physicians is a national challenge, exacerbated by new federal health care reforms. It's estimated that some 32 million Americans will enroll in some type of health plan under the new law, which will put additional strain on our shrinking pool of physicians. We in the Northeast have twice as many physicians per 1,000 population as states such as Texas, but the competition for physicians will only get tighter in years to come. Vermont will need a strategy to compete.

I will convene a working group to develop that strategy to attract and retain young medical school graduates, with representation from physicians and other care providers, hospitals, UVM's College of Medicine, Dartmouth Medical School, Vermont's nursing schools, and even perhaps McGill and the University of Montreal.

Senator Shumlin: Our reimbursement burdens are one of the things driving physicians out of state, because they are unable to make a living wage here in Vermont. One of the many goals of reform is to design a system in which we save our primary care givers from a reimbursement system that is threatening our delivery of services. Ending the system that under-reimburses is one of my primary goals.

GMP: Harvard researcher William Hsiao, M.D., is currently in the process of designing new healthcare models for possible deployment in Vermont, including single payer and public option plans. What do you hope to see in Dr. Hsiao's recommendations?

Senator Shumlin: As President of the Senate I helped pass the bill that brought Dr. Hsiao to Vermont. Our goal is to finally have a set of specific plans and options that will allow us to design a system that gets the insurance profits out of the health care picture, recaptures the dollars we are wasting chasing money around, uses technology to put an end to duplication and waste, and moves us towards spending our money making Vermonters healthy. I intend to work with health care providers to collaboratively adopt a health care system that is affordable and accessible to all Vermonters.

Lt. Gov. Dubie: I hope to see some innovative ideas that we haven't considered before, and I will review the recommendations with an open mind.

That being said, I have criteria for any new health care reforms or initiatives, and will only endorse approaches that:

- Contain costs
- Focus on prevention
- Focus on quality of treatment rather than quantity of procedures
- Empower patients and their families
- Reduce, or do not increase, administrative costs

GMP: Low Medicaid reimbursement contributes to a cost shift that makes it difficult for physicians to treat Medicaid patients and still stay in business. How would you address this problem?

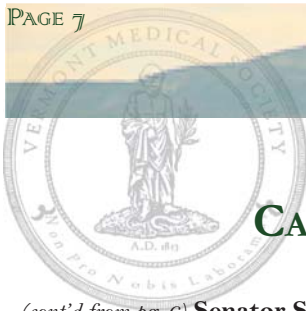
Lt. Gov. Dubie: When we talk about our commitment to caring for the most vulnerable, we're talking about Medicaid recipients: people with disabilities, the elderly, dual-eligibles. Meanwhile, the recession has driven up the number of Vermonters who are eligible.

A long-term commitment to growing Vermont's economy, reining in state spending, cutting red tape and creating a jobs-friendly environment is the tide that will raise all ships.

Meanwhile, low Medicaid reimbursement is bad for physicians and bad for care. We need to reduce costs that aren't directly related to care, and allocate limited resources more equitably and more strategically. The present system rewards high-cost, low-quality approaches. We need to turn that model upside-down, and move away from set fees for set services and towards results-based protocols. We should pay more for better results. We should pursue fraud aggressively.

I will welcome your suggestions.

Continued on Page 7



CANDIDATES

(cont'd from pg. 6) **Senator Shumlin:** My hope is to collaborate with Senators Leahy and Sanders and Congressman Welch in order to get a waiver that would allow Vermont to reinvent the current reimbursement system. I feel certain that this will be one of the recommendations we can expect from Doctor Hsiao. Otherwise the inequities and bureaucracy will continue to drive our health care providers out of business.

GMP: According to several national rankings, physicians already provide some of the highest quality care in the country. What steps would you take to improve the quality of health care here in Vermont?

Senator Shumlin: Vermont's health care problem is not quality. Our problem is a reimbursement system that undermines the ability of our physicians to earn a living wage and to dedicate their time to making Vermonters healthier. We need to relieve them of the burden of dealing with insurance and reimbursement bureaucrats.

Lt. Gov. Dubie: Last November, the United Health Foundation, the American Public Health Association and the Partnership for Prevention ranked Vermont the healthiest state in America for the third year in a row. What we're doing is working. The Blueprint for Health, the Chronic Care Initiative, prevention and early detection programs, are a model for the nation, thanks to Vermont's physicians.

Chronic conditions – like diabetes, cardiovascular disease and high blood pressure – are the leading cause of illness, disability and death. They also constitute more than 80 percent of all health care spending. Fifty-five percent of adult Vermonters have a chronic disease or condition. Eighty-eight percent of the state's population over the age of 65 must manage one or more chronic condition.

You chose your career to help people, not to navigate the bureaucracy. It will be my goal to tame the bureaucracy and make it work for you, not against you.



Lt. Governor Brian Dubie
Republican, Essex Jct.

Previous elected office: Lt. Governor, 2003-current (four terms); Essex School Board, 1995-2000

Senator Peter Shumlin
Democrat, Putney

Previous elected office: Vermont Senate, President Pro Tem, 2007-current (two terms); Vermont Senate, 1993-2003 (five terms, three as President Pro Tem); Vermont House, 1990-1993 (one-and-a-half terms)



VMS, VT HEALTH CARE ASSOCIATIONS RELEASE REFORM RECOMMENDATIONS

The Vermont Medical Society (VMS) recently joined a number of other Vermont health care associations to release a joint paper outlining health care reform guiding principles and recommendations for policy makers. The release coincided with the most recent report to the Vermont Health Care Commission by Dr. William Hsiao, the Harvard-based economist who is developing three design options aimed at achieving universal coverage in Vermont and reducing the rising cost of health care in the state.

The associations together identified a number of important themes, including:

- 1) State health care reform initiatives need to be fully aligned with federal reform efforts most notably the recently enacted Affordable Care Act (ACA).
- 2) Health care professionals and providers should be full partners with health plans and state government in planning for and implementing new payment methodologies, delivery system reforms and insurance reforms.
- 3) Payment incentives designed to support a re-defined health care system should promote quality and value.
- 4) The ability to deliver improved health care outcomes requires greater attention to, and resources for, health information technology, workforce education, recruitment and retention as well as expanded prevention/wellness programs.
- 5) Most providers, particularly long-term care and home health, face substantial net funding reductions under the ACA that must be considered by state policy makers.

“As health care reform efforts pick up steam in Vermont it is important that physicians have a seat at the table because they have a very unique viewpoint on what works and doesn't work in the current health care delivery system,” said Paul Harrington, VMS' executive vice president. “The group's recommendations reflect what we as a group feel is needed to be accomplished, or at least considered, in order for health care reform to be as successful as we'd all like it to be.”

In addition to VMS, participating health care associations included the Bi-State Primary Care Association, the Vermont Assembly of Home Health Agencies, the Vermont Association of Hospitals and Health Systems, and the Vermont Health Care Association.

To read the paper in its entirety visit www.vtmd.org.

CONFERENCES

WHAT'S NEW IN PSYCHIATRY? For Non-Psychiatric Physicians and Nurses

November 5, 2010
DHMC - Auditorium G
Lebanon, NH

For more information call
603-653-1531 or go to the website at
<http://ccehs.dartmouth-hitchcock.org>

AMERICAN ACADEMY OF PEDIATRICS VERMONT CHAPTER FALL MEETING

November 12, 2010
Sheraton Conference Center
Burlington, VT

For more information call
Stephanie at 802-223-7898 or
email her at swinters@vtmd.org

VERMONT ACADEMY OF FAMILY PHYSICIANS ANNUAL MEETING

November 13, 2010
Central Vermont Medical Center
Berlin, VT

For more information call
Stephanie at 802-223-7898 or
email her at swinters@vtmd.org

THE UNIVERSITY OF VERMONT OFFICE OF PRIMARY CARE PRESENTS: BRIDGING THE DIVIDE

November 5, 2010
Sheraton Conference Center
Burlington, VT

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

NORTHERN NEW ENGLAND STATE MEDICAL SOCIETIES JOIN WITH THE AMA TO PRESENT PROGRAM ON PAYMENT REFORM

November 13, 2010
Marriott Grappone Conference Center
Concord, VT

For more information and to register
go to: ama-assn.org/go/paymentpathways-cme

Go to www.vtmd.org for more information!

November 6, 2010
Equinox Hotel, Manchester, Vt.

Vermont Medical Society 197th Annual Meeting

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