



VERMONT ACADEMY OF FAMILY PHYSICIANS

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President's Message

Dear Everyone,

I hope this finds you enjoying a sunny summer! As I write this, it has been rain, rain, rain. And lots of colds, flus(!), bronchitis, along with the usual summer inventory of small injuries which are part of a public out doing and exploring. This summer, it seems I am taking off a tick a week and last week had 3(!) people with rashes suggestive of Lyme disease and subsequent positive titers. It seems like an epidemic from what I expected. All of a sudden, an explosion of ticks, and infected ones as well. Two of the people could not remember being bitten. The rash was large (>10cm) and did not have a cleared center. I would be interested in others' experience.



On another note, we had another great Review Course in Burlington in June with a very well attended *Vermont Day*. Did you notice the academy booth? Your Academy board met that day and there are many great programs ahead of us. We have a fairly complete address and email list and will be sending a note out to make sure it is okay to communicate with you that way. We will meet formally in the fall for a strategic planning meeting. We have members on a committee with Peds to aid and advise school nurses and their health programs. We hope to improve our immunization rates. We would like to take a more active role in health promotion of very young children and in the safety of adolescents.

Mary Dill M.D.

Vermont AFP Board

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Save The Date:

Vermont Academy of Family Physicians

ANNUAL MEETING Saturday, November 7, 2009

Central Vermont Medical Center, Berlin, VT

Helping New Parents to Make Informed Decisions About Immunizations

by Sue Barry, MSA, CPNP

New parents are bombarded with opinions on everything from whether thumb-sucking or pacifiers are better to immunizing versus not immunizing their babies. At the same time, older adults who remember the fear of polio outbreaks (in the summer especially), line up 3 hours before vaccination clinics open that will provide them with little more than a 50% chance that they will never develop shingles. Why the differences?

So how does an informed provider respond when faced with the new patient whose first words are “We’re not getting any shots today.”

Doctors and nurses who diagnosed and cared for infants and toddlers when measles, mumps, rubella, Haemophilus influenzae type b, and many other vaccine-preventable diseases were commonplace can vividly describe the horrors of the diseases and the unintended consequences of them. The unrelentless screaming of a baby with a high fever, photophobia, coryza, conjunctivitis and a maculopapular rash for a week challenged the most patient of parents but the complications of otitis media, bronchopneumonia, laryngotracheobronchitis and diarrhea further destroyed any peace in the household. Acute encephalitis, which often resulted in permanent brain damage, occurred in about 1:1,000 cases while death from respiratory or neurological complications occurred in 1-3 of every 1:000 cases. Prior to the development of a measles vaccine in 1963 virtually everyone developed measles by early school-age. Currently in the United States there has been a 99% decrease in the reported incidence of measles yet it is only an airplane ride away, remains as contagious as ever, and has resulted in several outbreaks in the US in the past year.

Prior to the 1980s, going to bed to be awakened a few hours later by a croupy cough, high-fever, and a somewhat dehydrated, barely responsive toddler caused many parents to rush off to the physician or emergency room for what became a frightening hospitalization from *Haemophilus influenza* characterized by days of not being certain whether the child would live or die. Permanent sequelae including deafness plagued survivors. Young parents and providers of today have never experienced these horrors. But rather they are faced with complex immunization schedules, parental needle phobia, Hollywood vaccination “experts” with no scientific credibility, and Dr. Bob’s schedule. So how does an informed provider respond when faced with the new patient whose first words are “We’re not getting any shots today.”

Tried and true strategies don’t work 100% of the time, but more often than not, when offered in a caring, compassionate and firm manner, this collection yields positive outcomes:

Establish a trust relationship with the family; Let them know that you care.

Ask the questions one asks at a well-child visit: About eating, sleeping, elimination, how things are going; what relief or respite is available to the parents to “take a break”; what concerns do they have?

Toward the end of the visit, ask them what their concerns are about immunizations.

Get them to be specific. Answer their concerns with factual knowledge about the vaccine-preventable diseases and why it’s important to protect their baby now (not in two years).

If they are hesitant, offer them the opportunity to take home the Vaccine Information Sheets, read them, and return within a week to get the shots.

Give them recommendations on how to make their baby more comfortable.

Offer analgesia and demonstrate how to measure and give it correctly prior to the shots being given.

Have the parent pick the baby up after the shots and provide comfort.

Have mom breastfeed after the injections are done if she is so inclined.

Firmly recommend that they immunize their baby and let them know that you have immunized your own children and why.

If they need more information, sites with reliable information include:

www.cdc.gov/vaccines

www.immunize.org

<http://www.cispimmunize.org>

<http://www.immunizationinfo.org>

<http://vaccine.chop.edu/parents>

Vermont Family Physician of the Year

The *Vermont Academy of Family Physicians* is seeking nominations for the 2009 Vermont Family Physician of the Year. Candidates for the award should be a family physician who provides patients with compassionate, comprehensive and caring family medicine, who is involved in their community, and provides a positive role model, and represents the specialty well. Feel free to nominate someone new, or someone nominated before. Please send nominations to vermontafp@myfairpoint.net by September 1, 2009.

Vermont Family Physician of the Year 2009 CALL FOR NOMINEES

Physician Nominee's Name:

Office Address:

City:

Physician's Phone:

Fax:

E-mail Address:

Physician's Residency Program:

Total Years in Practice:

Practice Type: SOLO FP GROUP MULTISPECIALTY GROUP FACULTY OTHER

Please describe how the physician exhibits the following criteria:

- ◆ Provides his/her patients with compassionate, comprehensive and caring family medicine on a continuing basis:
- ◆ Is directly and effectively involved in community affairs and activities that enhance the quality of his/her community:
- ◆ Provides a credible role model professionally and personally to his/her community. To other health professionals, and residents and medical students:
- ◆ What one characteristic makes this person stand out among his/ her colleagues:

Nominated by:

Contact Info: phone -

Email -

Other potential reference sources with supportive information about this candidate:

Name:

Title/Relationship:

Contact info:

Please complete form and submit to:

(Deadline is September 1, 2009)

Joanne Reiss/ Vermont Academy of Family Physicians

PO Box 1091

Williston, VT 05495

fax (802)879-4647

email: vermontafp@myfairpoint.net

Report from the Vermont Medical Society

The Vermont legislature passed a budget, over the governor's veto, that only cut Medicaid reimbursement by 2%, and the cut does not apply to E & M codes 909201 to 99499. The budget does reduce funding for loan repayment for physicians, dentist and nurses by over one half.

VMS staff spent considerable time giving input to the health care reform omnibus bill which passed with a number of favorable provisions, including: reducing time for health insurers and workers' compensation carriers to pay claims; requiring health insurers to provide physicians with fee schedules and information about claim editing software used; establishing contract standards for health plan contracts with physicians; and regulating rental networks (silent PPOs).

A palliative care bill includes a patient bill of rights for palliative care and pain management, but does not mandate physician CME in palliative care. The pharmaceutical disclosure law was revised to further ban most gifts to physicians, excluding peer-reviewed educational materials. Free drug samples are still allowed, without reporting requirements, for distribution to patients.

BISHCA will be required, through a contract with Vermont Program for Quality Health Care and perhaps Dartmouth, to investigate practice variations among different regions of the state, and report findings to the legislature in January.

More detail of the Legislative Wrap-Up is available at the VMS website, www.vtmd.org. The VMS has again sent out a survey to physicians, including non-VMS members, to get feedback on current medical issues in preparation for a goal-setting meeting in mid-July. Please contact me with any comments. stuart.williams@vtmednet.org

Stuart Williams, M.D.

CME Opportunities

VITL Summit

September 24, 2009
Hilton Burlington
Burlington, VT

Primary Care Sports Medicine

September 23-25, 2009
Sheraton Hotel /Conference Center
Burlington, VT

Advanced Dermatology for the Primary Care Physician

October 1-4, 2009
Maine

Managing Chronic Pain while Putting the "Control" Back into Controlled Substances

October 23-24, 2009
Hampton Inn Conference Center
Colchester, VT

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

November 16, 2009
Sheraton Hotel /Conference Center
Burlington, VT

For information call:

Continuing Medical Education
128 Lakeside Avenue, Suite 100
Burlington, VT 05401
(802)656-2292 <http://cme.uvm.edu>

VTAFP 2009 ANNUAL MEETING

Preparations are underway for the **November 7, 2009, Vermont Academy of Family Physicians** Annual Meeting. This year, we will be meeting at Central Vermont Medical Center in Berlin. As in the past, we hope to include some useful discussions of subjects pertaining to practice management, in addition to clinical topics. Tentatively scheduled thus far are presentations on ADHD, certain chronic pain syndromes, and negotiating contracts with medical insurance companies. Suggestions for additional topics are welcome and can be sent me at: rpenney@pchpmd.com.

**THE VERMONT PSYCHIATRIC ASSOCIATION
CONSULTATION PROJECT**

Because it is often difficult for Vermonters to find psychiatric care, the Vermont Psychiatric Association is starting a project to match primary care physicians with volunteer psychiatrists for occasional informal advice or brief "curbside" consultations. Primary care physicians and psychiatrists will decide together how to communicate (phone, occasional visits, etc.) These are informal, anonymous consultations, provided free of charge. The project begins this month. Watch your email for further information!

VDH, AAP Vermont and VTAFP News

The committee has been at work on a universal pre-participation sports form. Schools, coaches, principals and school nurses have been requesting something different than the hodgepodge of forms and notes that allow kids to do sports. We felt that the physical should reflect appropriate health screening and anticipatory guidance for anyone (all those snowboarders and bikers, etc.) and that the clearance form submitted to the school be short, but based on the adolescent PE office visit. Therefore privacy would be preserved, but the school would have the very specific information it needed for the nurses' and coaches' files. It will be coming out this fall. If the PE needs to be updated (before the 1 year allowed by some insurances), we suggest billing as a 99213 or 99214 as appropriate. Otherwise the usual health maintenance codes would apply. Copies of the screening and PE form will be circulated by the Health Dept, but if you have one similar, that will be fine. The form to be submitted to the school will be the one standardized.

Mary Dill, MD

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Please visit the *new*
Vermont Academy of Family Physicians Website at
www.vtafp.net
What would you like to see on the website?
We are developing a better link for your practice and
professional needs
Send us your feedback by linking through the site!
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Hospitalist Dilemma in Rural Vermont

David M. Coddaira, M.D.

It appears that each of the hospitals in rural Vermont are dealing with the issue of retaining Primary Care Physicians as active Medical Staff.

"It is my judgment that the hospitals in rural Vermont who retain their primary care community-based medical staff have the better chance to

I have surveyed many of you informally as we at Copley Hospital go through the process of deciding whether or not to pursue a Hospitalist model.

The reasons why physicians give up hospital care are numerous and obvious: lifestyle, less interruptions in the office, generating more income, pressures from the corporate/nonprofit employer, burnout, hassles from the various hospital fiefdoms.

Several unique solutions have been enacted right here in Vermont: night time Hospitalist coverage, daytime Hospitalist coverage, full-time Hospitalist coverage, continuation of the call groups based on community practitioners.

Copley plans to hire Hospitalists since several of the Primary Care Physicians are giving up hospital work. Our group of four plans to continue hospital care for our adult and pediatric patients.

Clearly I can be classified as a dinosaur but it has been my good fortune to practice many years in a rural community dealing with a wide range of clinical problems including inpatient care. Certainly it has been demanding, but the collegiality and stimulation has been worth it. I have been privileged to work with a number of highly skilled and patient-oriented primary care docs.

It is my judgment that the hospitals in rural Vermont who retain their primary care community-based medical staff have the better chance to survive. Research to date has shown no significant quality benefit to the Hospitalist model, and competition for the novel specialists is intense. The small hospital that loses its Hospitalist staff in the future may not have the reliable community based physicians to fall back on.

David M Coddaira M.D.

We are told there will be change.

It will be for the better.

Hospitals, doctors, NPs, PAs will overall be reimbursed less, yet primary care “providers” will “make more?”

We will continue to use the language of business in our medical lives.

As we are stuffed with Studerisms, which stultify by preaching the obvious, we, “providers”, bow to our VP’s and Senior Leadership Counsels, usually composed of people with minimal institutional seniority, and herds of consultants, who tut tut and practice much puffery upon us.

We are told it is a given that Insurance companies will make sacrifices and accept all comers.

Pharmaceutical companies will be generous.

Trial Lawyers will accept State Review panels.

Everyone will have health care of some kind, a Band-Aid on every arm, a pill in every medical home.

Medical Homes will serve us well, whatever that means.

The electronic record will cut costs and make us transmissible.

Chronic care will be reviewed by experts and grades will be issued.

No more of that “old fashioned medicine”, we will be efficient, and timely, and standards of care.

All this in a country that has run out of money yet still spends it along with our and their blood on the plains of Afghanistan.

And what of the system that “is not on the table this time around”, single payer national health care, the same system that has cared for John McCain most of his adult life?

It is dead, because it is Untimely.

Too bad.

Bob Backus MD
Wardsboro, Vermont



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Annual Meeting
November 7, 2009
Central Vermont Medical Center
Berlin, Vermont

Vermont AAFP Members Receive 20% Discount for VITL Summit Registration

If your practice wants to qualify for Medicare or Medicaid EHR incentives, the VITL Summit '09 on Thursday, Sept. 24 at the Burlington Hilton will be an ideal place to learn how to do it. This year's conference has a set of sessions to help practices prepare to implement an electronic health record system, and another set of sessions for practices that already have an EHR and want to use it more effectively. Attendees will also learn about VITL's technical and financial assistance programs. The full agenda is online at <http://www.vitl.net/right.php/pid/5/sid/56>. AAFP Vermont Chapter members receive 20% off the regular registration rates of \$119 for the conference with a maximum of 4.75 CME credits and \$69 for the conference without CME. Use promotion code AAFP2009 to receive the 20% discount. Online registration is available at <http://summit.vitl.net>