



THE PERSPECTIVE

A PUBLICATION OF THE VERMONT ACADEMY OF FAMILY PHYSICIANS

"To promote excellence of the health care provided to all the people of Vermont."

Summer
2011

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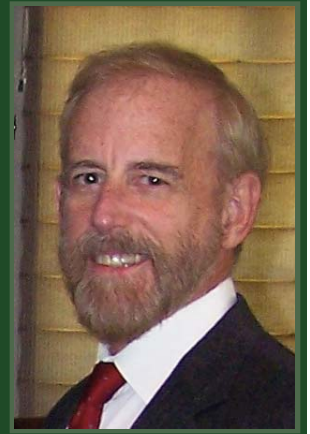
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PRESIDENT'S MESSAGE - A NEW EPIDEMIC

Several weeks ago, I happened across an issue of the Times - Argus newspaper in Montpelier. What caught my eye was a front page article that began "... some of the biggest drug dealers in Vermont aren't criminals, they're doctors" The statement was attributed Phil Ciotti, an officer of the Medical Practice Board who investigates, among other things, inappropriate controlled drug prescribing by physicians. He went on to clarify that he understood that this was not intentional excessive prescribing, and that physicians' intentions are to help their patients under difficult circumstances. The focus of the article was the Vermont Prescription Monitoring Service (VPMS)*, a registry of all controlled drugs dispensed by Vermont pharmacies. While law enforcement officials would like to have open access to this database, this is prohibited by the enabling legislation.

"It seems clear that this problem is one for which "solutions" will be imposed upon us unless we take the initiative ourselves to address it."

*Robert Penney, M.D.
VTAFP President*



Many of us who have been in practice for awhile have become painfully aware of a virtual tsunami of patients (or alleged patients) seeking large quantities of prescription narcotics. While I encountered this occasionally soon after residency over 30 years ago, it seemed to really take off over the past 15-20 years. The aforementioned article and other media reports demonstrate that the law enforcement community and the general public have recently come to recognize the extent of the problem. This epidemic of prescription drug misuse long ago surpassed the number of individuals affected but non-prescription narcotic addiction. The VPMS and the debate over the extent of access to the data therein are exemplary of an initial response. A similar but more troubling response is a request by the FDA for federal legislation requiring 16 hours of CME related to opioid prescribing every 3 years as a condition for renewal of a DEA certificate.

It seems clear that this problem is one for which "solutions" will be imposed upon us unless we take the initiative ourselves to address it. With this in mind, the VTAFP Board has begun considering how best to help educate and assist Vermont family physicians in understanding the scope of the problem and developing strategies for responsible opioid prescribing. This might be best done in collaboration with other physician organizations, especially those in primary care. In the final analysis, this is a problem of our own creation. Granted, there are circumstances beyond our control that have fostered its growth. However, in the end it is we who write the prescriptions, and it is we who must take responsibility for doing it appropriately.

This initiative is important not only because it will benefit our patients through better care, and not only because it will benefit us by creating more effective means to address a very troublesome problem. It really is an ideal opportunity to demonstrate that medical issues such as this, that have a significant impact upon society, are best addressed by physicians. Having "remedies" imposed by well-meaning but less well informed lawmakers and regulators may be less than optimal.

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RURAL RAMBLINGS

PREVENTION OF NARCOTIC ADDICTION

By Mark Lichtenstein, M.D.

I believe that all family doctors are having difficulty with narcotic prescriptions and frequently recognizing addicted patients. I have noted that the addiction literature is talking a lot about medical addiction. Some doctors are treating acute pain with narcotics and apparently accepting long term use despite the fact that the original injury is healed.

Orthopedic colleagues have occasionally asked patients to have their PCP continue prescribing narcotics for pain that never resolved after surgery or injury. I have been surprised at how long it took for them to refer them back to me for weaning or for continuation of pain treatment. Sometimes it has been years.

I have helped a few families stop their pre-teen family member from continuing to take narcotics because they just felt better with the narcotic pill even though their fracture or injury was healed. Sometimes all it takes is a reminder to the parents that the child is telling them that the injury is better but they feel bad without the pills. This is easily stopped once everyone understands the "icky" feelings the child complains of are simply mild withdrawal and will resolve within just a few days.

I have heard that half of the young addicts in our Vermont community started on narcotics because of use after injuries. I think it is the family doctor's job to "nip this in the bud". I

think we all should be telling our surgical colleagues that when they would be expecting the patient to be off their narcotic medicine they should start asking us to handle the pain issue and the narcotics so we might prevent unnecessary prolonged narcotic use after surgery or accidents.

We should be pushing our patients to try to wean and stop their narcotics as soon as possible after the injury. We need to educate our patients that addiction can sneak up and surprise you. We should set boundaries, educating patients and surgeons that once the acute pain is subsiding the acute pain drugs need to decrease and stop.

I think we might prevent some narcotic overuse if we were more confrontational and framed the problem as potential addictive behavior. Prolonged use of narcotics after surgery / accidents is best handled by the primary care doctor.

I have avoided noting when to intervene since it varies patient to patient and injury to injury. I think primary care doctors are capable of sniffing out the smell of unnecessary use and nipping it in the bud sometimes.

Does anyone else agree?

Can we help each other do this?

FITNESS

By Fay Homan, M.D.

It's entertaining to hear patients' excuses for not exercising. There's one for every season, weather pattern, and whim. Too icy, I understand, particularly for seniors, but there are many more; too muddy, too windy, the black flies have hatched, my road is too busy, my road is too empty, I feel dumb walking alone, someone once saw a bear on my road.

Once when I asked an older woman if she exercised, she said yes, for several hours per day, and in fact she proceeded to demonstrate for me. "I sit in my rocker and push off with my legs." I looked hard for a glimmer of sarcasm, but saw none. Another woman said she'd read that taking deep breaths was just as good as exercising, and she had adopted that as her current regimen. On another occasion, a woman told me that she used to walk several miles every day, but had fallen out of the habit. When I asked her why, she said, "Well, I started watching television a lot when President Kennedy was shot, and I just never got back to walking." This was in 1997.

Now, I've been working on my motivational interviewing skills, but I can see that for some patients, I still have a lot of work to do.

WE NEED YOU!

The newsletter of the Vermont Academy of Family Physicians is published quarterly.

We encourage and welcome articles and commentary. We also accept advertisements for new staff, medical equipment for sale or needed, or even advertise your boat for sale!

2011 Submission Deadlines

Fall Issue: September 5

Winter Issue: December 5

Send submissions to: swinters@vtmd.org

We value your feedback! We would enjoy any feedback from any of the readers of the newsletter. Please send your comments to swinters@vtmd.org.



PHILOSOPHER'S CORNER

By David Coddair, M.D.

Summer Reading

Typically in choosing a book I prefer to stay away from medical topics.

However, there are three books I would suggest if anyone is looking for some stimulating summer reading.

Shannon Brownlee authored "Overtreated" about three years ago. She analyzes the waste in our health care system in an illuminating manner. It is well written and cites practice patterns and medical evidence. My only major criticism is the final chapter where she proffers the VA system as a possible solution.

T. R. Reid travelled the world studying health care systems in different countries and elegantly presented them in "The Healing of America". This outstanding book presents unifying principles for the design of a health system for the USA. One understated theme: primary care docs work very hard in all the countries.

My local consultant for the selection of novels is Dr. Kim Bruno, one of my associates. Give her a call if you ever need a recommendation. She outdid herself when she gave me "Cutting for Stone" as a Christmas present. This is one of the best books I have ever read. It is an intricate story with a medical theme set in post-war Ethiopia. Dr. Abraham Verghese writes beautifully.

So whether or not it rains all summer you can't go wrong with any of these books.

PRESIDENT'S MESSAGE

(Cont'd from pg. 1)

...and a few last words on Health Reform 2011

I will not dwell much on this year's major Health Bill (H.202). As noted in the last newsletter, VTAFP Board members and other family physicians did attempt to influence the legislation as it moved through the Senate. How much this affected the outcome is hard to say. I am pleased to see that the nominating committee for the Green Mountain Care Board includes two family physicians, and I know of one family physician who is planning to apply for a seat on the Board. For all the hoopla, H.202 did not do much to ensure there will be real change in our state's medical system. The difficult issues remain to be determined over the next few years.

Best wishes for a pleasant, relaxing, and slightly drier summer.

Rob Penney, M.D.

President

**For those who have not signed up to access the VPMS, I would encourage you to do so. It is easy to register and the website is fairly easy to use. An application can be downloaded from the Health Department website: http://healthvermont.gov/adap/VPMS_prescribers.aspx#register*

It does have to be notarized prior to being submitted. I am told that all police officers in the state are notaries, and have been willing to come to a medical practice when requested to notarize these applications.



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TESTIMONY TO THE SENATE HEALTH AND WELFARE COMMITTEE

By Allan Ramsay, M.D.

Thank you for allowing me to participate in this Senate hearing of the Health Care Reform Bill H 202.

I have been a family physician in Vermont for over 30 years. I am Professor of Family Medicine and Vice Chair of the Department of Family Medicine. I have been Director of the Family Medicine Residency Program and have participated in the clinical training of hundreds of medical students and residents. I am currently Director of the Palliative Care Service at Fletcher Allen. I am also on the Board of Directors of the Chittenden county VNA.

For 30 years I have seen the sacrifices made by family physicians and other primary care providers in this state. These are the personal and economic sacrifices that allow Vermont to even consider the reform that we are debating. I have marveled at the willingness of my family medicine colleagues to unflinchingly accept Medicaid, Medicare, and uninsured patients. And care for them throughout the entire life cycle. The reason health care costs are low in Vermont and quality is high is that family physicians still carry a black bag like this when they make a home visit to a patient dying of cancer or a family caring for an elderly loved one with dementia. When contemplating health reform do not forget these sacrifices family physicians have already made.

The Vermont Academy of Family Physicians supports your courageous effort to reform the health care system and move towards full implementation of Green Mountain Care. We believe this will allow the development of a foundation of primary care providers who are well supported throughout the state. If this foundation is not built, nothing else will matter, because reform will fail.

I have heard reference to physicians leaving Vermont because of this health care reform. I am not surprised about this response because a colleague recently reminded me that we have all become psychologically dependent on the fee for service

system. In other words primary care, specialists, administrators, and insurers are all addicted to fee for service. In our hearts we know it is not sustainable and we know it sometimes causes harm to our patients, when the system incents us to do too much. Yet we have been hooked, and those most dependent on fee for service are those who have gained the most.

I have treated many patients with addiction in my thirty year career. The way to treat an addiction is by doing an intervention- which you are doing, and then prescribing a recovery program. Family physicians are ready to recover from this dependency. Those who continue to be in denial about their addiction will relapse, and find other places to work the fee for service system. Those of us who do recover will flourish in a system that makes everyone as accountable as family physicians have been for generations in Vermont.

My greatest concern is the current decline in the family medicine and primary care workforce. For almost an entire generation, dating back 25 years, 80-90% of graduating medical students have chosen careers other than family medicine. This year alone in a class of almost 130 graduating medical students at the University of Vermont, only 5 chose family medicine residencies. And remember family medicine is the only specialty that guarantees a primary care physician will be trained. I applaud section 13 of the Health Reform Bill that creates a committee to identify barriers to improving the primary care workforce, including family physicians, internists, pediatricians, and nurse practitioners.

One of my mentors in palliative care, who has worked on health care policy issues in the past year, gave me some sage advice. She said, "When health care reform is debated, you are either at the table or you will be on the menu." In your efforts to reform and improve our health care in Vermont, family medicine must continue to be at this table. That is my greatest hope- because nothing else matters. Thank you again for hearing my testimony today.

CONFERENCES FOR 2011

105th Annual Fall Primary Care Conference

September 23-25, 2011

Stoweflake Inn & Conference Center

20 CME Credits Anticipated

Contact: Don Halpin at vsaops@verizon.net
or (781) 933-9001

Primary Care Sports Medicine

September 28-30

Sheraton, Burlington

Breast Cancer Conference

October 7

Sheraton, Burlington

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VERMONT ACADEMY OF FAMILY PHYSICIANS ANNUAL MEETING

Saturday, November 5, 2011 - Central Vermont