



# THE PERSPECTIVE

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

Winter  
2011

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## PRESIDENT'S MESSAGE

As I wander through the lovely landscape, I feel again a real sense of gratitude for the privilege of living in this beautiful state. This year, however, the feeling is tinged with a bit of "survivor's guilt" as I think of our neighbors in portions of Vermont who struggle to cope with the devastation left by Tropical Storm Irene. Many of us have no doubt contributed in some way to the recovery and rebuilding effort. For some communities, this process may take years. We should remind ourselves of this periodically, and look for areas of need that persist as the months go by.

Autumn being a time for winding up summer activities and preparing for winter, I have raked together a summary of events begun over the past few months. We shall see how these evolve through coming seasons.

Your Vermont Academy website ([www.vtafp.net](http://www.vtafp.net)) has been revitalized and reorganized by our versatile Chapter Executive, Stephanie Winters. Please check it out and advise us as to what would be helpful to you to include on the site.

Our colleagues in the New Hampshire AFP have advised me of an opportunity for Vermont practices to participate in a project to improve screening for depression in teenagers. The goal of this project is to assist pediatric and family medicine practices to implement a systematic approach to identify teens at high risk for depression by routine screening at health check ups. Practices are trained to evaluate, manage, and monitor progress of teens that screen positive for depression. It is funded through a grant from the US Dept of HHS and administered through the Dartmouth CO-OP. There is access to consultation with a child psychiatrist, should the screening turn up patients who are in need of additional help. An email describing the project was sent around to members several weeks ago, so this is an additional reminder. More details are available on the project website <http://www.dartmouthcoopproject.org/TeenMental/about.html>

The annual VTAFP CME and business meeting was held on November 5 with an impressive agenda organized by president-elect Dr. Allyson Bolduc. It is gratifying to see that we have had steadily increasing participation in this event the past few years.

The problem of addiction to prescription opioids continues to gain attention in the media and amongst politicians and regulators. This was described in the summer VTAFP Newsletter, and there were some presentations relevant to this at the November meeting. We are exploring ways in which we can help Family Physicians better manage opioid prescribing. Please be in touch if you have ideas to share as to what has worked for you or what might be helpful to you.

VTAFP has recently been awarded a substantial grant from the Vermont Department of Health. Its purpose is "to enhance and improve the working relationship between the Vermont Department of Health (VDH) and Vermont Academy of Family Physicians (VAFP) with the aim of developing and implementing strategies to assure access to services outlined on the VDH *Health Screening Recommendations for Children and Adolescents* (EPSDT Periodicity Schedule) and help Medicaid recipients and their parents or guardians effectively use these services." This can be used to fund a variety of projects and services relevant to maternal and child health. Individual practices are welcome to request funding for ideas of their own. Additional information will be added to our website.

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## 2011 AAFP CONGRESS OF DELEGATES REPORT

The 2011 AAFP Congress of Delegates was held in Orlando Florida, in September. There was no one dominant theme or topic this year. An update on the federal Affordable Care Act stressed the AAFP's efforts to maintain enactment and funding of those portions that are most favorable to primary care, in the face strident voices in Congress to defund as much of the law as possible. AAFP leaders have also worked with administration officials creating the regulations with which the law will be implemented.

The Congress of Delegates began on Sunday with a town hall meeting. The AAFP officers and Board presented some of the significant events of the previous year and took questions from the delegates and alternates.

There was an excellent discussion regarding what the Board has been doing for advocacy. Much time was spent on the RUC (relative values scale update committee) with a review of the recent letter sent by the Board requesting a change of culture and more representation by Family docs. The deadline for change was set as March 1. A group of physicians from Georgia spoke about their lawsuit aimed at this committee. The AAFP declined to join the suit and explained why. A group from AAFP has been studying various possible alternatives. Dr. Heim will be joining us at the November meeting and can speak more to this issue and others.

The SGR was another hot topic, and it was encouraging to hear that there was a lot of work being done on our behalf. There was an understanding that if the current bill passes in January, many practices may be unable to remain financially viable. There is much that is going on behind the scenes - we seem to have a real presence on Capitol Hill.

A third topic was presented by the New Jersey delegation regarding "distressed practices". The Board is already working on this and has presented a plan of action.

GME was presented briefly and was discussed in some of the reference committees the next day.

Monday was spent attending reference committee meetings to hear discussion of new resolutions to come before the Congress. Allyson attended two meetings in the morning - advocacy and practice management.

Advocacy Committee heard resolutions on civil marriage, over the counter contraception for low income women, single payer health care, scope of practice of naturopaths, over the counter pseudoephedrine, GME education and many other issues.

Practice Enhancement Committee tackled issues on pay for performance, patient centered medical home, withdrawing from the RUC, reimbursement for weight loss counseling, affordable asthma care, Medicare home care services, and collaborative agreements with nurse practitioners. It was very interesting to hear some of the issues that our colleagues are facing in other states.



*Delegates  
Rob Penney,  
M.D. &  
Allyson  
Bolduc, M.D.  
at the 2011  
Congress of  
Delegates  
Meeting*

The way this works is that any AAFP member can submit resolutions to any of the committees at the AAFP by a certain date in August. The committees then consider and review the items and make recommendations on each one. These are published for all to access. Each committee then convenes and is open to the delegates to comment on the proposed recommendations. Delegates can speak in favor or against any of the items. Based on this testimony, the committee meets, readdresses the items in question, and makes a further recommendation. They summarize the testimony and justify their recommendation. This is published by the end of the day so it can be discussed in the entire Congress on Tuesday. Further testimony is given and the Congress votes on the items.

Representatives from a variety of organizations, invited to address the Congress, had some interesting comments.

The President of the Canadian Family Medicine Association brought greetings, both in French and in English, from our colleagues north of the border. He brought the enviable news that over 40% of Canadian medical students have chosen to go into Family Medicine.

The CEO of the ABFM shared favorable statistics on the very high rate of participation in the Maintenance of Certification process. Less encouraging, he expressed concern about the narrowing scope of family physician practice. Specifically, the percent of family doctors seeing children has declined by about 8% over the past few years.

Dr. Nancy Nielson, representing the CMS Center for Innovation, updated the Congress on imminent announcements from CMS that may actually be welcomed by physicians. These will include significant improvements in the Accountable Care Organization (ACO) regulations and funding provided directly to physicians for creation and participation in ACOs

If any of our members have concerns they would like the Congress to address in 2012, please get in touch with any of your Board members.

***Allyson Bolduc, MD & Rob Penney, MD***  
Delegates



## REPORT FROM VMS

By *Stuart Williams, M.D.*

At the VMS annual meeting on 10/29/2011, the following resolutions were passed:

- 1) The VMS will facilitate the publication of an annual report card on the success of enacting the principles of Act 48 - the health-care financing reform bill.
- 2) The VMS will oppose any new Medicaid tax on physician net revenue.
- 3) The VMS will re-convene the Physician Policy Council as a bargaining group to engage in discussion and negotiation with Green Mt Care Board regarding payment rates and methodologies and other concerns about patient care. This will require legislative update of the terms of the original bargaining group law.
- 4) VMS will work with the Dept of Health and Green Mt Care Board to promote greater personal responsibility of individuals in maintaining health and making wise use of health resources.
- 5) VMS will lobby for legislation or policy that would reduce cell-phone use while driving.

Vic Pisanelli, M.D., a surgeon from Rutland, is our new president, with Dan Walsh, M.D. vice president and Norm Ward, M.D. president-elect. A significant new development at the VMS is the expansion of the VMS Education and Research Foundation. With support from a grant from the Physician's Foundation, VMSERF has been able to hire Cy Jordan, M.D. as medical director and expand the governing board to include some at-large members. Building on the physician needs survey from last spring, this board will develop programs to help train physicians as leaders and provide education and assistance in troublesome clinical situations such as chronic pain management and opioid abuse. Cy is glad to discuss concerns with any Vermont physicians to help shape this program to be as helpful to physicians as possible.

Finally, as the VMS is re-convening its policy council, I suggest and encourage that VAFP also convene a sub-group to request protected status so that we have strong representation in expressing our particular concerns. This group could serve as an advisory group to the VMS Policy Council, or engage directly with the new Board.

When asked at our Annual meeting, Anya Rader Wallach replied that she would welcome input from family physicians. I welcome any comments, questions or suggestions as to how to maintain family practice as the foundation of state-wide healthcare.

## PRESIDENT'S MESSAGE

*(Cont'd from pg. 1)* Last but not least, Vermont's health system reform efforts took a major step forward with the recent appointment of members of The Green Mountain Care Board. It will oversee virtually all health delivery related activities in the state, including implementation of many significant changes. The Board's responsibility will be broad, and it will have to answer to many diverse interests. We are fortunate there will be a strong family medicine perspective in the person of board member Dr. Alan Ramsey.

I hope all will have some time to enjoy what remains of this season. Best wishes for all of the upcoming holidays.

***Rob Penney, M.D.***  
President



VERMONT ACADEMY OF  
FAMILY PHYSICIANS

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## PHILOSOPHER'S CORNER: EMR at Five Years

*By David Coddaira, M.D.*

It has been over five years since our group jumped from paper records to the "E Clinical Works" electronic medical record. It has come as a mixed blessing.

Certainly our documentation is more legible, more thorough and supportive of our coding. Accessing the record from home, the hospital and in the office is fast and easy. Communication within the office is more efficient and phone calls with patients are documented. Our lab and radiology interface with the hospital works well (except when there are occasional breakdowns). Prescription refills are generally more efficient and accurate, typically being faxed to the pharmacy. Problem Lists (or "Challenge Lists" for the ultra politically correct) can be easily created and edited. The legions of drug interactions are available for review. Having the web available in the exam room facilitates researching a topic, an activity that patients do not seem to mind.

The promise however is far from being delivered. Maintaining a system is enormously expensive. When the system crashes very little work can be done. Periodic "upgrades" lead to days of frustration. Different EMR systems cannot communicate with one another. We have had a great deal of difficulty establishing a workable interface between our hospital and our practice. Finally it works smoothly after about two years. Any one receiving consultation reports from Fletcher-Allen's cadillac system has been deluged with at least 6-10 pages of nonsense with the key information scattered throughout (I wrote a letter to the CEO about it but received no reply). I still struggle in the exam room to avoid having the tablet be a diversion for the patient and myself.

Electronically retrieving accurate quality data is not easy without a consistent manner of input by all clinical personnel. Recently I received a newsletter from a liability insurer with a nice article listing all the liability risks unique to the EMR.

Would I go back to paper records? No. I see the advantages of the EMR. We are still in the early stages of its evolution. Even I enjoy the stimulation of adapting to new technology. Our system allows a degree of customization which allows me some sense of control. We all like to complain and the EMR supplies us with plenty of fodder.

I hope the Meaningful Use and other government initiatives will help more small practices deal with the financial hurdles of adopting EMRs.

So it has been over five years since we jumped into the deep end of the pool. Some swim better than others, some are waterlogged, but we all have our heads above water. Every now and then there is some synchronized swimming.

## FIRST IMPRESSIONS OF THE CONGRESS OF DELEGATES

*By Allyson Bolduc, M.D.*

This was my first time as a Delegate from Vermont to the Congress of Delegates of the American Academy of Family Physicians meeting. This year the meeting was held over a jam packed September 11-14th in Orlando, Florida (which would have been better in January!)

Just a few reflections:

- It was fun to have a chance to meet and speak with leaders in our AAFP organization and meet with active chapter members from around the country;
- Informative to share ideas with folks from other states and listen to innovative ways they have explored in solving similar problems, issues, and opportunities;
- Interesting to see the process of governance and also the politics. Everyone has a say and a vote, anyone can bring forth a resolution for discussion, and there are lots of areas for involvement.
- Interesting to see the issues discussed that have great impact on all of us from Medical Homes, the RUC, underpayment, GME funding, SGR, and what is being done on our behalf at the national level;
- A place for reasoned, informed, civil debate about passionate issues on the part of all delegates – the respectful disagreements presented thoughtfully. We don't have enough of that on the local or national level and it was refreshing and uplifting. Everyone had time and a voice;
- What an amazing collection of knowledgeable, passionate, caring, intelligent, understanding people in our profession, and our specialty of family medicine. I was very proud to be a family medicine doc and to have chosen this specialty; and
- Lastly, I was underdressed for this meeting. The men wore sport coats or suits and the women wore professional suits or dresses (could have been that they all knew how cold the meeting room would be!?) I will know for next year (but will need more than a carryon). It was a wonderful to see people taking these meetings seriously and professionally.