



# 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."*

Winter  
2010

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## GREETINGS TO ALL, AND BEST WISHES FOR THE HOLIDAY SEASON

Beginning with this issue of the VTAFP Newsletter, we have made some changes with which we hope our membership will be pleased. Most obvious to many of you, we are sending this electronically. It will continue to be "snail mailed" to those for whom we do not have email addresses. If you receive this via the postal service but do use email, we would appreciate your sending us that information ([swinters@vtmd.org](mailto:swinters@vtmd.org)). We expect to realize significant savings on postage costs due to this transition.

You may have heard that newsletter production and distribution has been undertaken by our new and very able Chapter Executive, Stephanie Winters. On behalf of the Board I want to express sincere appreciation to Dr. Bob Backus and Mary Quinn for their many years of dedication and financial support to the production of this publication.

To further improve communication, we plan to email to members the Board of Directors meeting dates and agendas. As always, you are invited to attend these meetings or send us any comments you may have concerning items under discussion or topics you would like taken up. Minutes of the meetings can be accessed on the VTAFP website.

Our Annual Meeting held in mid November had excellent attendance and initial feedback indicates it was well received. We hope to continue to improve the content of these meetings and welcome your suggestions for topics and speakers.

Following the CME activities, the chapter Board of Directors met. We reviewed the results of a recent email survey sent to members, and discussed priorities for 2011. The Board voted in support of proposals expected in the next state legislative session to increase the tax on cigarettes and to initiate a tax on sugary beverages. The draft report commissioned by the 2010 health legislation to propose three options for health care reform is to be presented by its author, Dr. Hsaio, in January. The Board plans to meet shortly thereafter to review the report and offer feedback.

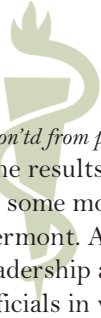
My expectations for the next couple of years are that we will build upon the fine work begun by past president, Mary Dill. The Board retreat she organized earlier this year helped lay a firm foundation for future work by the Vermont chapter. Various possible activities were identified, discussed, organized, and prioritized. One of the chief needs was seen to be advocacy for our specialty and for primary care in general. This was supported by the results of a survey emailed to members a few weeks prior to the meeting. Presentations at the November meeting by recently retired AAFP Board Chair Dr. Ted Epperly further boosted our inclinations in this direction and provided some practical suggestions.

*"Advocacy, then, begins at home; at our offices, and in our exam rooms. My suggestion is that each family physician have a concise message to deliver, when the occasion arises, about what impediments there are in the current environment to our ability to do the best possible job for our patients; and, more importantly, what improvements should be made."*

*Robert Penney, M.D.*



*Continued on page 2*



## THE PRESIDENT'S MESSAGE

*(Con'td from pg. 1)* **Advocacy Begins at Home**

The results of the recent elections suggest that there may be some movement towards reform of the health system in Vermont. A high priority for your chapter is to provide leadership and guidance to legislators and administration officials in whatever initiatives may begin in this area. Developing the amount of advocacy necessary to have an impact will be a challenge for a small organization such as ours. We lack the resources to hire a full-time lobbyist, purchase media ads, or fund other activities which larger chapters are privileged to do. On the positive side: Vermont is, after all, a small town. Our state government officials are generally accessible. We may know them as neighbors, friends, and often as patients. The foremost advocate for better patient care in this state is each one of us. We are looked upon as the experts in medical matters, which we are. I have been told by more than one state legislator that they very much want our input on health related matters that come before them. We should accept the invitation.

Advocacy, then, begins at home; at our offices, and in our exam rooms. My suggestion is that each family physician have a concise message to deliver, when the occasion arises, about what impediments there are in the current environment to our ability to do the best possible job for our patients; and, more importantly, what improvements should be made. I offer as an example something I put together a few years ago. It is not a handout, but more of a tool to help organize the concepts. I have handed it to an occasional politician, but usually I just verbally paraphrase and abbreviate as appropriate to the setting.

### The Message

**What do Family Physicians see as health care reform?**

*It is very simple, and it begins with what is most important to us and our patients.*

*We want most to be able to take care of our patients, and to assist them in taking care of themselves.*

*We want to do this in a manner that is comprehensive, respectful of the economic resources of society, and of the highest quality permitted by the current state of medical science.*

*The medical system in the USA and Vermont is deeply flawed: It provides inadequate access to medical services; the quality of care is suboptimal; the costs incurred are excessive. It is not sustainable in its current form.*

*The major obstacle to high-quality medical care, particularly primary care services, is the current fragmented multi-payer system.*

*Expanding what we have (i.e. expanding insurance coverage to include currently uninsured individuals in the hopes of improving access) will adversely affect access and quality of care, and will accelerate costs:*

*Expanding a failed system produces a bigger failed system.*

*Any efforts to improve current medical services **must** be comprehensive. We must concurrently enhance quality and access, and at reasonable cost.*

*Comprehensive medical services provided by primary care physicians in an **appropriately** supported environment (a medical home) result in superior care quality (better preventative medicine, better chronic disease management, enhanced quality of life) at a lower cost compared to our current system.*

Finally, I would urge everyone to become familiar with the most immediate and significant provisions of the federal Affordable Care Act passed this year. Summaries are referenced in the Congress of Delegates report elsewhere in this newsletter. While this law is sadly lacking in many respects, it does make some small steps forward on behalf primary care. It would be unfortunate if implementation is delayed or blocked by those who seek to demonize it for political gain. I suggest that you become comfortable enough with it to be able to explain to patients how it can improve our ability to do a better job for them.

This may be a lot to digest just before the holidays. Nevertheless, I encourage you to chew on it awhile. Changes are apt to begin soon in the new year. The cachectic economy is not likely to fatten up for some years yet, making our current costly health services ever more unpalatable. This is fertile ground in which to cultivate an enhanced primary care concept of better health for lower cost. Dr. Epperly is fond of encouraging participation in the political arena by reminding family doctors that "If we are not at the table, we will be on the menu." Even better, we should start work on the menu before anyone gets to the table, so it will include some healthy choices.

Peace, and good health for the new year.

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

Rob Penney, M.D.  
President

## REPORT FROM VERMONT MEDICAL SOCIETY

By *Stuart Williams, M.D.*



VERMONT ACADEMY OF  
FAMILY PHYSICIANS



The VMS held its annual meeting on Nov 6, 2010. A number of resolutions were passed:

- 1) VMS encourages physicians to take leadership roles in health care management.
- 2) VMS will continue to work toward tort reform, including pre-screening panels and simplified administration.
- 3) VMS will advocate for reimbursement for physician and staff time spent on administration, coordination of care, and care provided through phone and e-mail.
- 4) VMS will re-affirm the physician-patient relationship and support shared decision-making.
- 5) VMS will promote awareness for need for anatomical gifting.

Paula Duncan, M.D., a noted pediatrician and educator, was sworn in as new VMS president. A highlight of the annual meeting was a presentation by Dr. William Hsiao, the economist retained by VT legislature to develop 3 models of possible health care finance reform that could apply to Vermont. He did not offer any real preview of his proposals, but explained the constraints imposed on state health plans by the federal Patient Protection and Affordable Care Act. It is clear that if anyone can devise a workable health finance model for Vermont that takes full advantage of federal tax support, Dr. Hsiao is that person. The VMS will be prepared to provide comment and counsel when the models are presented to the legislature in Jan, as will the VAFP.

VAFP is given two seats on the physician council, and I would welcome another member to join me in representing our group. There are 5 meetings a year, 2 of which are via interactive TV. This should be a year of important discussion and decision-making, considering the building momentum for health finance reform in Vermont. If anyone is interested in joining the discussion within the council, please contact me ([stuart.williams@vtmednet.org](mailto:stuart.williams@vtmednet.org)), Rob Penney or Stephanie Winters.

## HUNTING SEASON

By *Fay Homan, M.D.*

When I first moved to Wells River to practice medicine, I was completely ignorant of the importance of hunting season. I was, after all, just a girl from the suburbs. The only gun I had ever seen was my grandfather's shotgun, a relic carefully locked and stored in the cellar. When my first North Country deer season came around, I was appalled by the gutted deer hanging from trees, the lifeless heads flopping out of the back of pickup trucks, and the prominent display of firearms.

Over time, I've come to see hunting season differently. Some of my chronically ill seniors start walking for exercise in August, so they can keep up with their sons in November. Kids who've moved away come home for these three chilly weeks, and mothers cook up all the family favorites, making meals that make hunting season rival Christmas time. More than one patient has asked me shyly, as if admitting a great weakness, if it would be ok to have a couple of beers, despite the cholesterol medication, "just when we're up at deer camp."

I may not yet understand the shooting itself, but I have grown to see hunting season as a time when families gather, walk in the woods, and share a meal at the end of the day . . . the same kinds of things I hoped for when I decided to build a life in Wells River.

### LEADERSHIP

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**Member-At-Large**

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**Member-At-Large**

**Stephanie Winters**  
**Executive Director**



## 2010 AAFP CONGRESS OF DELEGATES REPORT

*By Rob Penney, M.D., Delegate*

The 2010 AAFP Congress of Delegates was held in Denver this October. Predictably, one of the most discussed topics was the Affordable Care Act, the federal health legislation passed this year. The AAFP officers felt very confident that the considerable effort the organization had made to influence the process was productive. A lot of time and energy was focused on lobbying Congress and the administration in order to ensure that the opinions of family physicians would be considered. It was felt this had been extremely successful, and that our perspective had been heard and valued. The final bill leaves much to be desired, but there are some benefits within for primary care physicians and some opportunities in the future as well. The focus of activity now shifts to writing the regulations that will implement the bill. There is less latitude here for influencing the process, but AAFP leaders plan to continue to be present in Washington to encourage rule-making that is as family physician friendly as possible.

Much was said of the favorable aspects of the Affordable Care Act, as well as potential pitfalls. An excellent analysis of the legislation is available in the Board of Directors Report E to the 2010 Congress of Delegates. It is a clear explanation of a complex document, and worth the effort to better understand something which may affect our personal and professional lives over the next several years. This report is posted as a PDF file on the VAFP web site ([vtafp.net](http://vtafp.net)). Also available there are copies of the addresses of the president, president-elect, executive vice-president, and the Chair of the Board of Directors.

Regrettably, a major failure of the bill was to again neglect a permanent fix for the deeply flawed SGR formula for determining Medicare payments. A temporary measure was passed to avoid reductions until November. The AAFP is pushing to have this latest adjustment, which does contain a differential increase for primary care vs procedural services, extended at least until the end of December 2011. Meanwhile, a permanent remedy should be created.

The controversial consumer alliance with the Coca-Cola company remained a point of contention. Though much of the protest heard last year has moderated, there remain some members who are strongly opposed to this affiliation. The Board acknowledged significant problems with the manner in which the process was handled and communicated to members last year. They emphasized positive aspects of the relationship in addition to the enhancement of non dues revenue. These being: an agreement by the president of Coca-Cola to personally attend an AAFP Board of Directors meeting each year; a revision of the initial contract to eliminate the non-disclosure clauses, so that members can be fully informed of the financial details; and an agreement by Coca-Cola to join the Primary Care Collaborative. The Board sees this and future such alliances as opportunities for the AAFP to influence the behavior of corporate partners for the better. The question of whether or not to renew the contract with Coca-Cola was put before the Congress of Delegates this year, and renewal was supported.

This year, I was asked to serve on the Reference Committee for Advocacy. This was another opportunity to interact more closely with delegates from other states. There were two particularly interesting resolutions with which our committee dealt. One was that the AAFP should support repeal of the "don't ask don't tell" law (voted down by the Congress). The second was that the AAFP actively oppose any state legislation requiring physician participation in any health plan as a condition of licensing. This resolution was prompted by draft legislation in Massachusetts that included such a requirement. That legislation did not progress very far, but there is a fear that it could resurface in that state or others. The committee and the Congress both voted in support of this resolution.

While not having a specific position regarding the ultimate path that should be taken towards health care reform, the AAFP continues to maintain that the Patient Centered Medical Home (PCMH) should be central to the process. As has been the case in the meetings of the Congress of Delegates over the past few years, AAFP leadership urged family physicians to assess their individual readiness to become a PCMH, and begin to work towards that goal.

Additionally, there is rising enthusiasm for ACOs (Accountable Care Organizations). Most of us are familiar with the PCMH, but not so much the latter entity. ACOs remain ill defined. However, both offer the potential to be a foundation for health care reform and could be opportunities for primary care physicians.

A serendipitous outcome of the Congress, outside of the formal proceedings, has been an interest in the creation of a forum for collaboration amongst chapter presidents and presidents-elect. This will likely be in the form of an online chat room, which would allow for a more focused discussion and the posting of documents that might be of general interest. AAFP chapter relations staff have agreed to help facilitate this initiative, which reflects the value many of us have found in the few days of informal discussion and idea sharing during the Congress. Some recent topics circulated on the current email listserve have included payer behavior around the country (in New Jersey, Medicare is often the best payer), and the experience in

*Continued on page 6*



## PHILOSOPHER'S CORNER

By David Coddaire, M.D.

### Interested in International Health?

Cape Cares is a nonprofit organization which has been sending medical and dental teams to Honduras since 1988. Having started in the Cape Cod area Cape Cares draws on volunteers from all over the country and beyond. A team is sent three times yearly to each of three villages, thus insuring some continuity of care. Being one of the poorest countries in the Hemisphere, Honduras lacks infrastructure, particularly in medical care.

It has been my good fortune to have worked on four of these teams over the past seven years. The most recent trip was a week-long visit to a San Marcos de Valle, a remote village. The team consisted of two translators, four dentists, four nurses (including my RN daughter, Mary Ann) and myself. Team members were from as far away as Portugal and North Dakota. We saw about 600 patients.

People who have done this often say they take away more than they give. It is inspiring to meet people who live with such spirit despite having so little. It is frustrating to see firsthand the global inequities in health care. It is fun to practice medicine with whatever limited resources are at hand.

The volunteers pay for their own air travel and expenses. The accommodations are spartan but the food is good. There is a lot of work, but also much camaraderie. Somehow I cannot forget my friends and patients in San Marcos.

Cape Cares does need physicians, so if you have an interest check out the website: [capecares.org](http://capecares.org), or contact me at [dcoddaire@chslv.org](mailto:dcoddaire@chslv.org).

## FAMILY PHYSICIAN/ MIDDLEBURY

Middlebury Family Health, a well established 4 doctor private practice (2.7 FTE) is seeking a family doctor.

Flexible schedule and guaranteed salary. Beautiful college town, great schools, collegial medical community, close to Burlington and major medical center.

Contact Dayle Klitzner at [daylek@gmavt.net](mailto:daylek@gmavt.net),  
or send information to:  
MFH 44 Collins Drive Middlebury, VT 05753.

## RURAL RAMBLINGS

### HELPING PATIENTS FIND THEIR RELAXATION RESPONSE

By Mark Lichtenstein, M.D.

I have struggled to find a way to help patients relax and evoke the positive effects of the relaxation response. I note that many of the problems patients bring to the office have their origin in overload, too much work, too little time, too many problems, too little money. Many of the patients seem to recognize that they need to have time off from the worry. They simply fail to find a way to do this. I usually encourage people to go to a counselor who offers CBT. I suggest exercise, yoga, meditation tapes, anxiety self-help books, and group sessions that are offered in nearby communities. It seems that I fail despite all the options. They still feel they have no time. Recently I have tried a new approach that I learned from a patient.

In the Northeast Kingdom many adults and children spend a lot of time in the woods; preparing for hunting, simply exploring the terrain and wildlife or preparing for serious hunting to freeze food. I learned from my patient that this serves as a form of a walking meditation. When the avid hunter is in the woods they focus completely on the trails and signs of animals. The focus involves all their senses: smells, sounds, and visual cues. The rest of the world is ignored and the focus is a form of meditation. Most of the hunters clearly describe the feeling as transformative. They come out of the woods with a calm, wonderful feeling that has washed away their worries. They experience the relaxation response.

So now I ask each patient how they evoke their own relaxation response. Do you find that spending time in nature ( on trails, skiing, walking, hunting ) a wonderful form of relaxation and a way to calm the mind and feed the soul? I encourage them to reflect on how they relax, what activities have they found work to bring on the glow of total relaxation and peace of mind. I encourage them to find a way to practice this personal style of relaxation in short spells, 15 minutes can be enough. Practice it a couple times a day. Use your knowledge of your self and how you can evoke the relaxation response, figure out a way to does this daily in brief practice sessions. I try to empower them to practice what they already know that works and use that as their form of meditation.

Perhaps this approach will help other family doctors help their patients.



## THE VTAFP NEWSLETTER NEEDS 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

Spring Issue: March 5

Summer Issue: June 5

Fall Issue: September 5

Winter Issue: December 5

Send submissions to: [swinters@vtmd.org](mailto: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](mailto:swinters@vtmd.org).

## COD REPORT

(cont'd from pg. 4) different states with legislation allowing nurse practitioners to work independent of physician supervision.

In last year's report, I listed a few ideas and impressions that the VAFP might want to consider in the future. First, whether or not the Vermont Chapter should actively promote and educate Vermont physicians about the PCMH. This remains under discussion. Secondly, increasing collaboration with other primary care specialties, i.e. pediatrics and primary care internal medicine, might be beneficial in strengthening our voice in health care reform initiatives and influencing third-party payer behavior.

Finally, some state chapters have developed a significant presence in their state legislatures, where they are a significant resource of information about the views of the state's physicians, on par with that of their State Medical Society. These latter two will be part of our developing strategy for advocacy. We would be pleased to hear from our members regarding these or any other ideas and suggestions.

## CONFERENCES FOR 2011

### Emergency Medicine Update

Feb. 2-5, 2011

Stoweflake Hotel, Stowe

### Family Medicine Review Conference

June 7-10

Sheraton Hotel, Burlington

### Vermont Blueprint for Health Conference

April 11, 2011

Sheraton Hotel, Burlington

### Vermont Summer Pediatric Seminar

June 16-19

Equinox, Manchester

### Vermont Geriatrics Conference

April 12, 2011

Montpelier

### Primary Care Sports Medicine

September 28-30

Sheraton, Burlington

### Child Psychiatry for the Primary Care Provider

May 5-6, 2011

Doubletree, Burlington

### Breast Cancer Conference

October 7

Sheraton, Burlington

### Women's Health Conference

May 11-13

Sheraton Hotel, Burlington

### Mark Your Calendars!

FOR INFORMATION CONTACT:  
CONTINUING MEDICAL EDUCATION  
128 LAKESIDE AVENUE, SUITE 100  
BURLINGTON, VT 05401  
(802) 656-2292  
[HTTP://CME.UVM.EDU](http://CME.UVM.EDU)



## RED FLAG ACT CLARIFIED TO EXEMPT PHYSICIANS

On Dec. 7, the U.S. House of Representatives passed S. 3987, the Red Flag Program Clarification Act of 2010. This legislation, which passed the Senate earlier, limits the type of “creditor” that must comply with the Red Flags Rule. The legislation will now be sent to the White House where President Obama is expected to sign it into law before the January 1, 2011, compliance deadline.

The Red Flags Rule requires creditors to develop identity theft prevention and detection programs, and was originally scheduled to take effect on Nov. 1, 2008. According to the Federal Trade Commission (FTC), physicians who do not accept payment from their patients at the time of service are creditors and so must comply with the Rule by developing and implementing written identity theft prevention and detection programs in their practices. As a result of continued discussions with the FTC, AMA efforts prompted the agency to delay the Nov. 1, 2008 compliance deadline on several occasions, up through the end of 2010.

S. 3987 defines creditors as those who regularly and in the ordinary course of business: (1) obtain or use consumer reports, directly or indirectly, in connection with a credit transaction; (2) furnish information to certain consumer reporting agencies in connection with a credit transaction; or (3) advance funds to or on behalf of a person, based on the person's obligation to repay the funds or on repayment from specific property pledged by them or on their behalf. The legislation explicitly excludes those who advance funds on behalf of a person for expenses incidental to a service that is provided. Under this definition, physicians, dentists, and other professionals would not generally meet the definition of a “creditor,” and so they are exempt from the rule's requirements.

## ALL DEATHS TO BE CERTIFIED ELECTRONICALLY BEGINNING MARCH 1, 2011

The Vermont Department of Health (VDH) recently implemented an Electronic Death Registration System (EDRS). This is a web based application used by funeral directors and physicians to report deaths in Vermont and is replacing the current paper process. Beginning March 1, 2011 medical certification for all deaths that occur in Vermont must be completed by the physician using the EDRS. Certification completed on paper forms will no longer be accepted.

Anyone who has certified a death or may be in a position to do so is encouraged to enroll via an online tutorial. The tutorial includes information about how to access and navigate the EDRS system as well as instruction developed by Vermont's Chief Medical Examiner regarding how to appropriately certify the medical cause of death. The tutorial can be accessed by visiting [www.HealthVermont.gov](http://www.HealthVermont.gov) and then selecting “Health Care Professionals”, “Education and Training”, “Death Certificate Tutorial”. Fletcher Allen physicians can access the tutorial within the Angel system.

For additional information regarding the EDRS project, go to <http://www.healthvermont.gov/hc/EDRS/index.aspx> or contact Dawn Anderson, EDRS Outreach and Training Coordinator at (802) 652-2070.

### VTAFP ANNUAL MEETING

November 13, 2010  
CVMC  
Berlin, VT

Hope to see you  
in 2011!



*The recipients of the 2010 Family Physician of the Year Award: Paul Bertocci, M.D. (left) & Donald Miller, M.D. (right) with nominator David Coddaira, M.D.*



*The new officers of the VTAFP - from left to right: Allyson Bolduc, M.D., President-Elect; Michael Johnson, M.D., Treasurer; Robert Penney, M.D., President*

## FROM THE MIND OF YOUR EXECUTIVE DIRECTOR

*By Stephanie Winters*

During this season of giving and being thankful, I would like to thank the members of the Vermont Academy of Family Physicians for their dedication to the people of Vermont and the profession of medicine. It is all too often that we take those for granted that work so hard for us.

### **Thank YOU!**

I also want to thank Dr. Bob Backus and Mary Quinn for their work on behalf of the VTAFP newsletter. For years Dr. Backus has, for the most part, fully funded the production of this newsletter and both he and Mary Quinn have made the newsletter what it is today; a thought provoking, informative publication by the members, for the members.

### **Thank YOU!**

To 2010, a year of gratitude and hope. And to 2011 a year full of promise and reflection.

**Happy Holidays and many thanks!**



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