



The American Heart Association's Statement about Dietary Sugars

Selected Notes and Q & A with lead author, Rachel K. Johnson



BY ROBIN EDELMAN, REGISTERED DIETITIAN AND CERTIFIED DIABETES EDUCATOR, DIABETES PROGRAM ADMINISTRATOR FOR THE DIABETES PREVENTION AND CONTROL PROGRAM, VERMONT DEPARTMENT OF HEALTH.

In the September 2009 issue of *Circulation*, Rachel K.

Johnson, PhD, MPH, RD, is the lead author of "Dietary Sugars Intake and Cardiovascular Health, A Scientific Statement" from the American Heart Association (volume 120, pages 1011-1020). Dr. Johnson is the Associate Provost for Faculty Affairs, a Professor of Nutrition and a Professor of Medicine at the University of Vermont.

Dr. Johnson was selected as the lead author for the American Heart Association's updated Scientific Statement because of her substantial experience in the area of dietary sugars. She worked with renowned co-authors for more than two years to complete this publication, inspired by a substantial amount of new research since the previous "Scientific Statement" was published in 2002. The American Heart Association (AHA) also wanted to build on their 2006 AHA diet and lifestyle recommendations that advised "minimizing the intake of beverages and food with added sugars," by providing specific recommendations for the amount of added sugars that can be included in a heart-healthy diet.

The following are key points from the "Scientific Statement" followed by a Q & A with Dr. Johnson. See sidebar at right.

Between 1970 and 2005, average annual availability of sugars/added sugars increased by 19% from 25 teaspoons per day (400 calories) to 29.8 teaspoons (476 calories). Soft drinks and other sugar-sweetened beverages are the primary source of added sugars in Americans' diets.

Cross-sectional studies in humans link soft drink consumption with higher energy intake, greater body weight, and poor quality diets. In some, but not all studies, a higher consumption of high-sugar beverages and foods is associated with evidence of increased inflammation and oxidative stress. Although the mechanisms are unclear, relative to other carbohydrate sources, sugar intake appears



Rachel K. Johnson, PhD, MPH, RD

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Q & A with Dr. Johnson

ROBIN EDELMAN, INTERVIEWER

Q: Currently, U.S. food labels contain information on total sugars per serving but do not distinguish between sugars that are naturally present in foods like fructose in fruit and lactose in dairy products and added sugars. Do we have any idea about if/when we'll see "added sugars" on the Nutrient Facts Panel (food label)?

A: Several consumer advocacy groups and health organizations, including the AHA, have encouraged the FDA to mandate that food companies list how much added sugars are in foods and beverages. However, it took a decade of advocacy to get the FDA to list trans fats on the Nutrition Facts Panel, so it may take awhile.

Q: Until we have added sugars on Nutrient Facts Panel how can we use ingredient lists to get some idea about whether the sugars in food are "natural" or added?

A: Look for words that end in "ose" like sucrose, glucose, fructose, maltose and dextrose. This is an indication the ingredient is a sugar. Also look for the word "syrup" like corn syrup and malt syrup. I recently ate a granola bar that listed "brown rice syrup;" although it sounds healthy, this is an added sugar.

Q: Is it good advice to tell people to focus on reducing added sugar from soft drinks, candy, and pastries, but be less concerned about added sugar in dairy products and whole grain breakfast cereals?

A: I encourage people to use their discretionary calories from added sugars

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to be associated with increased triglyceride levels.

Consumption of sugar-sweetened beverages ingested with meals has doubled between 1977 and 2001. Higher intake of soft drinks was associated with greater energy intake, higher body weight, lower intake of other nutrients (calcium, vitamin A, iron, and zinc) and worse health indicators.

Weight gain may occur with greater caloric intake from fluids than from solid foods because of the weak satiety signals evoked from energy-containing beverages.

Our brains are hard-wired to seek and consume sweet foods and beverages. Chronic activation of an area in our brains (the amygdala) by stress increases cortisol secretion, which promotes palatable food consumption as a form of self-medication.

The form in which added sugars are consumed appears to have an impact on dietary quality. Soft drinks, sugar and sweets are likely to have negative impacts, but sweetened dairy foods, flavored milk, and presweetened cereals may have a positive impact.

Discretionary calories are determined by estimating the calories needed to meet nutrient requirements and then subtracting this amount from the total calories needed to maintain weight. A prudent upper limit of intake for added sugars is half of one's discretionary calories. This would be five teaspoons of added sugar per day (or 80 calories) for an adult woman consuming 1800 total calories, and nine teaspoons (or 144 calories) for an adult man consuming 2200 calories.*

*To determine your individual discretionary calories go to: <http://www.mypyramid.gov/> and select "get a personalized plan." The web site calculates discretionary calories based on age, gender, weight, height and physical activity. ■

Academic Detailing: Atypical Antipsychotics in Primary Care

The Vermont Academic Detailing Program delivers educational sessions to healthcare professionals at their practices throughout Vermont. The new session offered in 2010 is "Atypical Antipsychotics in Primary Care." This program is offered by the University of Vermont Office of Primary Care with funding support from public and private sources, including the State of Vermont; there is no pharmaceutical company sponsorship. The Vermont Academic Detailing Program goal is to promote high-quality, evidence-based, patient-centered, cost-effective treatment decisions by healthcare practitioners.

The program consists of one hour case-based interactive sessions geared to primary care providers who prescribe medications. Sessions are delivered at Vermont practices by a pharmacist or a physician: Amanda Kennedy, PharmD, BCPS, Michele Corriveau, RPH, and Gary Starecheski, RPh, internal medicine physicians Richard Pinckney, MD, MPH, and Charles MacLean, MD, and family medicine physician Whitney Calkins, MD. This program presents an objective overview of what evidence from studies shows about various medications and behavioral interventions used to treat a medical condition.

Prescribers or office managers can book this session by calling Colleen Safford at (802) 656-9297 or colleen.safford@uvm.edu.

to enhance the taste and palatability of already nutritious foods. I'd much rather see someone drink a glass of sweetened chocolate milk that is rich in many of the shortfall nutrients in our diets like calcium, magnesium and potassium than a soft drink. I'd rather have someone chose a pre-sweetened whole grain, high fiber breakfast cereal than a doughnut.

Q: If someone has a healthy body weight, do they NOT need as much vigilance in avoiding added sugars, or is a decrease in added sugars general good advice for all? Are there some particular groups of individuals who may benefit more from avoiding added sugars, such as people with family histories of heart disease?

A: All of us should think about how much added sugars are in our diets because they do one of two things; add calories or displace other nutritious foods. That said, people who are at a healthy weight and are physically active have more room in their diets for the extra calories that come from added sugars. I advise that if you can't live with the recommended intake of added sugars at your current energy requirement you need to move more!

Q: What is your opinion about drinking beverages with artificial, non-caloric sweeteners compared to encouraging people of all ages to quench thirst with neutral flavors such as plain or fizzy water?

A: Non-nutritive or artificial sweeteners contain no calories and therefore do not contribute additional or excess calories to a person's diet. The non-nutritive sweeteners currently on the market have been determined by the FDA to be safe. Some people find these products helpful if they are trying to reduce their calorie intake. ■

"Added sugars" can be eaten separately or used as ingredients in processed or prepared foods. Names for added sugars on food labels include: brown sugar, corn sweetener, corn syrup, dextrose, fructose, fruit juice concentrates, glucose, high-fructose corn syrup, honey, invert sugar, lactose, maltose, malt syrup, molasses, raw sugar, sucrose, sugar, syrup.

From http://www.mypyramid.gov/pyramid/discretionary_calories_sugars.html

PRIMARYLY VERMONT

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Editor: Elizabeth Cote, Director, UVM College of Medicine Office of Primary Care and AHEC Program, UHC Campus, Arnold 5, 1 South Prospect Street, Burlington, VT 05401, (802)656-2179, elizabeth.cote@uvm.edu **Associate Editor:** Laurie Loveland, laureen.loveland@uvm.edu

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Delta Dental Plan of Vermont Assists Vermont Dentist Retention Efforts

A \$20,000 contribution from Delta Dental Plan of Vermont, in partnership with the 2009 Vermont Educational Loan Repayment Program for Dentists, has been instrumental in retaining three dentists in Vermont, according to Elizabeth Cote, Director of the University of Vermont Area Health Education Centers (AHEC).

“New dentists carry large educational debt; \$200,000 to \$300,000 is not uncommon, which often leads them to higher-paying positions in urban, not rural states,” says Cote. In response, the State of Vermont established an Educational Loan Repayment Program for Dentists in 2000 and helps dentists with their loan repayment in exchange for a service agreement in Vermont for each year they receive loan repayment assistance. Recipients must also agree to treat Medicaid patients.

Delta Dental of Vermont’s contribution in 2009 was its second year of funding. “The Delta Dental Plan of Vermont contribution to the State’s Educational Loan repayment funding enables us to attract more dentists to Vermont and demonstrates Delta Dental’s commitment to good health for Vermonters. And we are pleased that Delta Dental agreed to contribute again in 2010,” Cote says.

“The Board of Directors of Delta Dental Plan of Vermont is pleased to support the Vermont Educational Loan Repayment Program for dentists, especially these three dentists practicing in rural locations,” said Kathleen B. Walker, APR, director of External Affairs for Delta Dental.

Overview of 2009 Recipients



Jared Rediske, DDS

Jared Rediske, DDS, a general dentist at Horizon Dental in Brattleboro, came to dentistry through the U.S. Air Force, and visited Vermont where he saw “the best of both worlds: skiing, and the sense of history that England has, with a small-town feel,” as he puts it. The Rochester, MN native always wanted to be a

dentist and earned a degree in dental assisting while serving in the Air Force for five years (two in Montana and three in England). A graduate of the University of Minnesota Dental School, Dr. Rediske said the Vermont Educational Loan Repayment Program/Delta Dental funding have helped a lot with his educational loan burden. A resident of Guilford, Rediske enjoys hiking, kayaking, gardening and skiing and works out four days a week.

Nidhi Gupta, DMD, completed dental school in her native India; when she came to the U.S., she earned a Master’s degree in pharmacy at the University of Georgia College of Pharmacy in preparation for her two years of study at Boston University’s

Goldman School of Dental Medicine. Dr. Gupta remarks that the funds she receives through the Vermont Educational Loan Repayment Program and Delta Dental “certainly helps with repayment of her education loans and made the idea of

practicing in a small town more appealing.” She is board certified as an oral surgeon, and also performs restorative dentistry and works with children at the Health Center in Plainfield, VT.

In her free time, Dr. Gupta enjoys swimming, cooking, bowling, movies, and the outdoors of Vermont; last winter, her husband persuaded her to begin learning how to downhill ski.



Christopher Bevin, DMD

Christopher Bevin, DMD, works at Oral Surgery Associates in Bennington where he also resides with his wife and three children. He was familiar with Vermont because his grandparents live in Bradford, VT and he earned his undergraduate degree in physics at Middlebury College. After college he worked as an engineer for nearly four years at Electric Boat in Groton, CT “keeping submarines quiet so they weren’t detected by the Russians,” he says. He explains that “I always

liked to work with my hands but I’m more of a people person, so I thought about dentistry.” He shadowed some dentists in his native Storrs, CT area before making his decision to return to school, and ultimately earned his dental degree from the University of Connecticut Dental School.

Dr. Bevin studied for six years at the Mayo Clinic to earn his medical degree and certification in oral maxillofacial surgery, “so I have considerable educational debt,” he says. Dr. Bevin performs adult and pediatric surgery in the Bennington office and a new office that his group has opened in Rutland; they see Medicaid patients in both locations. “I am very appreciative of the AHEC organization, the State of Vermont, and Delta Dental and thankful for the educational loan repayment,” he remarks.

Information about the Vermont Educational Loan Repayment Program for dentists, primary care practitioners, nurses, and nurse faculty is available at www.vtahec.org. ■



Nidhi Gupta, DMD

Dana Medical Library: Your Gateway to Evidence-Based Medical Information Resources

How can busy clinicians find and obtain journal articles or look for other clinical information when their offices are located far from an academic or hospital library?

This article presents an overview of the electronic and print resources hosted by the University of Vermont Dana Medical Library, and how health care providers in Vermont may access these resources and services, in person or from an off-campus site via the Internet.

The Dana Medical Library collection includes over 5,000 health sciences journals, 23,000 books, and a consumer health/patient education collection. Most of the journals and many books are available electronically in full-text. The Library is located only a few steps away from Fletcher Allen Health Care. All health care providers, patients, and community members are welcome to come to the Library and use the print and electronic subscription-based resources. E-resources include full-text electronic journals, and the citation databases OVID Medline, PubMed and CINAHL (nursing and allied health). Point-of-care resources such as DynaMed and UpToDate are also available on-site. A list of all the databases and e-journals can be found on the Library's website: <http://library.uvm.edu/dana/>. In addition, medical reference librarians are available to assist you with literature searches and to show you how to use the resources.

An on-site visit to the Library is seldom possible for busy clinicians who may be hours away from Burlington. Some Vermont providers have access to professional library services in the community hospitals, but others are unaffiliated with Fletcher Allen or any community hospital with a library and therefore have little access to professional information.

How can health care providers meet their medical information needs such as keeping up with trends and finding the answers to clinical questions?

While some may say that "everything is free and available on the Internet" medical professionals know that the full-text of all published journal articles or medical textbooks is not available online – even from Google. The PubMed database is free to search but often only citations and abstracts are available for free, and ordering from the publisher may cost \$40-50. Once a relevant citation is identified, a clinician needs to get the article as quickly as possible. The Dana Medical Library may be able to help. As the Resource Library of the National Network of Libraries of Medicine for Vermont and as part of UVM's community service mission, Dana Library offers a set of services to health care providers who are unaffiliated with UVM or Fletcher Allen. Journal article delivery service and literature search services are available at a reasonable cost (less than direct from the publisher) to physicians, providers, public health professionals and others throughout the state. Services offered include:

1. **Health Research Associate Accounts**
(<http://library.uvm.edu/dana/services/unaffiliated.php>).
The Library provides information resources and services to unaffiliated individuals and organizations through our Health Research Associate (HRA) program. Membership covers search and reference services, borrowing of books, and document/article delivery options. Members may request services electronically.

2. **Loansome Doc Accounts**
(http://library.uvm.edu/dana/about/access/loan_doc/index.php)

This is a category of service for individuals who only want medical article delivery service utilizing the Loansome Doc feature in the PubMed database. Only publications indexed in NLM's PubMed database can be ordered through Loansome Doc, but this simple inexpensive option may work well for some health care providers.

It's easy to use an HRA or Loansome Doc account. After you or your organization pay a basic membership fee, you may request articles and services using several forms available from the Dana website. You or your organization will receive a monthly itemized bill. For questions and fee schedules, please contact Lesley Boucher at 656-4404, or Lesley.Boucher@uvm.edu.

Free Medical Information on the Internet

(<http://danaguides.uvm.edu/freeresources>)

Thanks to NIH policies and recent legislation, there is increasing public access to medical research publications. This increase in access was driven in part by a desire to see government-supported research made easily available to its funders: the taxpayers. The Dana Library has created a web guide entitled "Free Medical Resources to Support Clinical Care." Examples of freely available resources linked on this site include the PubMed database, the Guidelines Clearinghouse website, the NLM Drug Information Portal, NCBI Bookshelf and other open access book and journal lists. NIH's MedlinePlus consumer health website for patient educational resources is also a link.

Medical and Health Informatics Education Opportunities

(<http://library.uvm.edu/dana/services/currentclasses.php>)

Classes on searching the biomedical literature such as PubMed and Google are held at Dana Library free of charge. On campus classes are held on Wednesdays at noon.

Group sessions may be arranged for HRA organizations and individuals. Dana medical librarians will always answer telephone or email reference questions from anyone in Vermont. A charge may apply for detailed literature searches.

Dana Medical Library is dedicated to being your source for a variety of clinical and research information services depending on the level of support you need. Please contact Marianne Burke, Director, at Marianne.Burke@uvm.edu or Lesley Boucher, Access Services, at Lesley.Boucher@uvm.edu for more information. ■

Apply by July 29 for NHSC Loan Repayment Awards

More than \$175 million in American Reinvestment and Recovery Act and FY2010 funds is providing unprecedented opportunities for the NHSC and approved sites to expand the number of participating clinicians. As many as 4,000 new NHSC clinicians are going to be placed in underserved communities by September 2010.

Clinicians may receive up to \$145,000 in loan repayment for completing a five year service commitment. However, the program starts with an initial two year service award for \$50,000 (i.e. receive NHSC funds for seven+ years). More than 80% of NHSC clinicians continue to work in underserved communities beyond their initial commitment, and 70% are still on the job five years later. Encourage your clinicians to apply today using the simplified online application at www.nhsc.hrsa.gov/loanrepayment. Applications are being accepted NOW through July 29, 2010.

Sites, applicants, clinicians and other partner organizations can access newly created tools including an updated NHSC Web site, YouTube, Facebook, and NHSC Blog to help create a greater sense of community for the NHSC. ■

Submit a vacancy by calling the NHSC's Recruitment Training and Support Center (RTSC) at 1-877-313-1823.

Increased National Health Service Corps (NHSC) Funding and Local Collaboration

By LIZ COTE, DIRECTOR, UVM OFFICE OF PRIMARY CARE AND AHEC PROGRAM, AND TAMMY MCKENZIE, BI-STATE PRIMARY CARE ASSOCIATION VERMONT RECRUITMENT AND RETENTION COORDINATOR

The National Health Service Corps, through scholarship and loan repayment programs, helps Health Professional Shortage Areas (HPSAs) in the U.S. Since 1972, more than 30,000 clinicians have served in the Corps, bringing high quality health care to places and people without access to even basic services. Nearly 80 percent stay in the underserved area after fulfilling the NHSC service commitment; more than half make a career of caring for underserved populations.

The University of Vermont Office of Primary Care, Area Health Education Center (AHEC) Program, and the Bi-State Primary Care Association are working together to promote the National Health Service Corps in Vermont.

The AHEC and Bi-State organizations are involved in statewide and regional health care workforce committees and initiatives to address Vermont's health care workforce needs. AHEC and Bi-State work closely with state and federal officials in the administration and promotion of the NHSC's loan repayment and scholarship programs.

AHEC administers the Vermont Educational Loan Repayment Program for Health Care Professionals. This program is critical to recruitment and retention efforts statewide and is a significant and effective tool to help Vermont compete in a nationally competitive recruitment environment.

The Vermont Recruitment Center, a service of the Bi-State Primary Care Association, is a non-profit organization working to promote access to primary medical and oral health care, particularly for underserved populations. It provides individual technical assistance and recruiting services to Vermont's FQHCs,

hospitals and practices helping with outreach to health professionals and marketing Vermont as an ideal place to live and practice. The Center provides direct candidate referrals and assistance to health care organizations in Vermont to support the recruitment of primary care physicians, physician assistants, nurse practitioners, and certified nurse midwives.

Early in 2009, increased funding was made available for NHSC loan repayment through the American Recovery and Reinvestment Act (ARRA). More than \$300 million in the ARRA has been allocated for NHSC field activities. This includes \$75 million targeted for the extension of service contracts for clinicians who are current recipients of NHSC loan repayment. The goal of this funding is to increase the number of loan repayment awards made nationally through the NHSC. Vermont's FQHCs and many other safety-net practices have been newly recognized as eligible NHSC loan repayment sites.

These and other program changes make the NHSC Educational Loan Repayment Program a great recruitment and retention tool for health professionals who are dedicated to serving the underserved but are concerned about their own financial situation due to significant educational loan debt.

Current health professions students or Fletcher Allen residents should contact Liz Cote at (802) 656-0030 or by e-mail at elizabeth.cote@uvm.edu

For more information about NHSC practice site eligibility and clinicians at FQHCs/RHCs/sites with a HPSA score with questions as to how to apply for NHSC loan repayment, contact Tammy McKenzie at (802) 229-0002 ext. 221 or by e-mail tmckenzie@bistatepca.org ■

NATIONAL HEALTH SERVICE CORPS RESOURCES

- www.nhsc.hrsa.gov
- www.facebook.com/nationalhealthservicecorps

Ask Dr. Amidon: Progress Toward Electronic Health Records in Vermont

By DAVID COCHRAN, MD, PRESIDENT AND CEO, VERMONT INFORMATION TECHNOLOGY LEADERS, INC.



What are VITL's goals and where does it get its funding?

Vermont Information Technology Leaders, Inc. (VITL) is a 501(c)(3) nonprofit organization that works with physician practices, hospitals, and other health care providers to increase the use of health information technology in

Vermont. Our specific goals include helping the state's primary care practitioners implement and use electronic health records systems within the next several years to ensure that they qualify for federal incentives. VITL is also committed to ensuring that hospitals and providers in the state are connected to the Vermont Health Information Exchange.

VITL receives funding from the state's Health IT Fund, which was created by the Vermont Legislature to support the changeover from paper to electronic medical records. We also receive federal grants and revenues generated from providing services to physician practices and the state's Blueprint for Health program.

What projects has VITL been working on, and what has been accomplished so far?

We've awarded grants to nine independent primary care practices to acquire electronic health records systems, and are working with them to redesign their clinical workflow to take advantage of the new electronic systems. We're phasing in the use of the Vermont Health Information Exchange network, beginning with delivering electronic lab results to physicians and medication histories to hospital emergency departments. Physician practices participating in the Blueprint for Health's medical home project are sending clinical data over VITL's network to a registry, which is used to track and analyze patient care. We're preparing to launch an electronic prescribing program, as well as implement full bi-directional health information exchange, which will enable clinical summaries to be exchanged between participating practitioners in a community, if the patient gives permission.

How does Vermont stack up in terms of EHR adoption and health information exchange?

Thanks to the support of various stakeholders, including Gov. Jim Douglas and the Legislature's Health Care Reform Commission, Vermont is a leader in this area. We're one of

the first states to implement a health information exchange based on national standards. We've been helping primary care practices with electronic health records and clinical transformation since January 2008, which positions us well to secure additional federal funding.

How will the federal government help primary care practitioners acquire health information technology?

Under the American Recovery and Reinvestment Act, the government will be giving grants to regional extension centers, which will work directly with primary care practices to help them implement electronic health records systems and achieve "meaningful use" of those systems. Practitioners who achieve meaningful use will be eligible to receive extra payments totaling up to \$44,000 per practitioner from Medicare or \$63,750 per practitioner from Medicaid.

Will VITL be providing additional assistance to Vermont primary care practitioners?

We're in the process of reshaping our assistance programs so that they complement what the federal government and other Vermont stakeholders, such as hospitals, are doing. More information is available on our vitl.net website.

What resources are available to primary care practitioners (PCP) and how can PCPs stay informed?

There are many resources on the vitl.net website in the practitioners section, including a toolkit that can be very useful when choosing an electronic health records system. On the website you can also sign up to receive email updates from VITL, which will be sent out when there is more information about federal and state assistance programs. ■

In memory of one of UVM's finest teachers, Dr. Ellsworth Amidon (1906-1992). When difficult questions arose, the response often was "Ask Dr. Amidon." Dr. Amidon was the first chair of the Department of Medicine at the UVM College of Medicine and at Mary Fletcher Hospital, where he was also the medical director.



Health Care Careers Awareness Month Observance

The annual kickoff to Health Care Careers Awareness Month took place in Montpelier High School last October, with 350 students and 85 teachers and staff attending the panel discussion about health care careers.

Students learned about panelists' career paths, different types of jobs available in health care and listened to stories about panel members' on-the-job experiences. Governor Jim Douglas signed a proclamation designating October 2009 Health Care Careers Awareness Month. Following the formal program, students were able to learn more about health care career options through an interactive game called Plink-It!, other provided materials, and individual discussions with health care professionals at the event.

In addition to the Governor's Proclamation, the Vermont Legislature also issued a joint resolution designating October 2009 as Health Care Careers Awareness Month, due to a number of issues affecting Vermont's health care workforce. Among them is the upcoming retirement of many experienced health care workers while the population ages and the demand for health care increases.



www.VTHealthCareers.org

The declining supply of younger health care providers is creating demand and opportunities across the field, including nurses, dentists, pharmacists, physicians, medical laboratory technicians, physical therapists, respiratory therapists, counselors, and many others.

Panelists at the event included a radiologic technologist, pharmacist, family physician, public health prevention and outreach specialist, dentist, medical assistant, as well as internal medicine physician Charles MacLean, MD, UVM Associate Dean for Primary Care and Professor of Medicine.

The month-long observance is part of the ongoing work of the Vermont Health Care Workforce Development Partners, Vermont's Area Health Education Centers (AHEC), and the UVM Office of Nursing Workforce. ■

Vermont Educational Loan Repayment Awards Benefit 229 Recipients in 2010

The 2010 Vermont Educational Loan Repayment Program for Healthcare Professionals resulted in awards offered to 229 health professionals, totalling \$870,000.

Each recipient is required to sign a service commitment contract in Vermont and agrees to see Medicaid and Medicare patients (this does not pertain to nurses or nurse educators/faculty).

The program targets Vermont's most rural and underserved regions and is available to primary care practitioners (family medicine, general internal medicine, pediatrics, obstetrics/gynecology, and psychiatric physicians, nurse practitioners, certified nurse midwives, or physician assistants), dentists, nurses, and nurse educators/faculty.

The program is funded by the State of Vermont, through the Department of Health, and administered by the University of Vermont College of Medicine Area Health Education Centers (AHEC) Program. The goal of the program is to ensure a stable and adequate supply of practitioners to meet the healthcare needs of Vermont.

Vermont's high retention rate for Educational Loan Repayment recipients may be in part attributed to AHEC's administration using these programs to create career-long rapport with health care professionals throughout Vermont: these practitioners become part of the AHEC network. ■

Vermont Recruitment Day

Wednesday, September 29, 2010
11:00 am to 2:00 pm

University of Vermont
College of Medicine
HSRF Hoehl Gallery

Representatives from hospitals, AHEC, the Vermont Department of Health, Vermont Medical Society, Vermont Recruitment Center and many others, will be available to meet with students and residents about health career opportunities in Vermont.



Improving Collaboration Between Primary Care, Mental Health, Substance Abuse, and Behavioral Health Practitioners

BY CHARLES D. MACLEAN, MDCM, PROFESSOR, GENERAL INTERNAL MEDICINE; ASSOCIATE DEAN FOR PRIMARY CARE, UNIVERSITY OF VERMONT COLLEGE OF MEDICINE



Despite the introduction of the Biopsychosocial Model thirty-three years ago, our culture and our health care system continue to operate from an artificial divide between physical health and mental health. Primary care practitioners are usually the first health system contact for patients with mental health problems and frequently refer to mental health clinicians. Conversely, mental health and substance abuse clinicians often refer patients to primary care for consideration of pharmacotherapy and for basic primary health care. Primary care practitioners frequently manage the common problems of anxiety, depression and substance abuse.

There is increasing evidence to support the health benefits and health care cost savings associated with identifying and treating common mental health problems, particularly depression. For example, patients with diabetes and co-occurring depression fare much worse than their counterparts who are not depressed. Furthermore, research has demonstrated the importance of treatment such as cognitive behavior therapy (CBT) for common problems such as insomnia, migraine, depression and anxiety. For many of the chronic illnesses of our culture, patient diet and exercise habits play an increasingly important role. As a healthcare system we are not very effective at helping patients make the behavioral changes that would improve health, avoid medications, and save costs.

Despite the fact that physical health and mental health symptoms and problems overlap in our patients, we find too few examples of well-integrated clinical systems. Psychotherapy treatment initiation rates for patients referred from primary care are in the range of 30% in

typical settings. There are many factors that contribute to this voltage drop, including patient beliefs and preferences; the stigma our culture attaches to mental health problems; barriers to access such as provider availability, co-pays, and fragmented insurance coverage; the complexity of the system (who to see and how to access them); communication barriers between primary care and mental health practitioners that have resulted from lack of time and opportunity; lack of record-sharing; inertia; and probably many others.

In the midst of this dysfunctional system, we are beginning to see more and more examples of integration between primary care and mental health, substance abuse and behavioral health providers. The UVM Office of Primary Care sponsored a day-long conference in November 2009 at the Sheraton Conference Center on bridging this divide. We heard from local colleagues about their frustrations with the current system, and also from many about what approaches seem to be making progress. Guest faculty from the University of Minnesota described a continuum of “collaborative care” from enhanced referral and communication through to fully integrated collaborative care.

Many of the Federally-Qualified Health Centers (FQHCs) are co-locating mental/behavioral health practitioners in their clinics. Medical practices are forming collaborative relationships with their mental health colleagues and trying to break down some of the barriers described above. The Vermont Blueprint for Health is also working toward incentives for primary care practices to be not only Patient-Centered Medical Homes, but more inclusive Patient-Centered Healthcare Homes that integrate mental/behavioral health services. Many of our colleagues in the Community Mental Health Centers, who care for patients with severe mental illness, are eager to improve access to medical care for their clients.

The current divide between medical and mental health or substance abuse practitioners is a barrier to achieving the highest quality care here in Vermont and elsewhere across the country. The coming years will bring further advances in collaboration and I am looking forward to working more closely with both familiar and new colleagues from across the divide. If you are interested in the topic of integration of primary care and mental health care, please don't hesitate to let me know your thoughts. ■

AHEC MedQuest Program

Last summer, there were 72 AHEC MedQuest students from around the state, and 16 UVM medical student counselors. MedQuest 2010 weeks for high school students get underway on June 27 and continue through early August.

At right, Nurse Practitioner Mary Val Palumbo, DNP, GNP-BC, of the UVM College of Nursing and Health Sciences, works with a MedQuest 2009 student from the Champlain Valley AHEC program.



Web Site Resources

Vermont Youth Risk Behavior Survey 2009 Report

Every two years the Vermont Department of Health and the Department of Education sponsor the Vermont Youth Risk Behavior Survey to measure the prevalence of behaviors that contribute to death, disease, and injury among youth. The latest report is available at: <http://healthvermont.gov/pubs/yrbs2009/2009YouthRiskBehaviorSurvey.aspx>.

AHEC's Vermont Primary Care Workforce Report

The annual report by the Area Health Education Centers Network of primary care practices, "Vermont Primary Care Workforce 2009 Snapshot" is now available at: <https://www.vtahec.org>.

Prescription Drug Overdose Epidemic National Meetings

Information presented at two national meetings that addressed the prescription drug overdose epidemic is available on the website of the State and Territorial Injury Prevention Directors (STIPDA). The meetings were sponsored by the Centers for Disease Control Public Health Law Program and the National Center for Injury Prevention and Control. To access the presentations, go to www.stipda.org, click on Programs & Services at the top, then click on the link on the left titled "Featured Meetings by STIPDA Members & Partners."

Future of Vermont Final Report

Over 500 Vermonters participated in the 2009 Summit on the Future of Vermont sponsored by the Vermont Council on Rural Development last spring. The results of the Summit are available at: www.vtrural.org/files/FoV_Final_Report.pdf.

VT Ranks 46th in U.S. for Number of Obese Adults

An annual report released by the Trust for America's Health and the Robert Wood Johnson Foundation indicates about 22 percent of Vermont's adults are obese, placing the state 46th in the country. The state's obesity rate increased slightly for the second year in a row. The state ranks 43rd in the country for the number of obese and overweight children. The report can be read at: www.rwjf.org.

Optimizing the Potential of Vermont's Older Workers

Results of the 34th Grafton Conference on "Optimizing the Potential of Vermont's Older Workers" are available at: www.windham-foundation.org/images/stories/pdfs/34tholderworkerreport.pdf.

Health Care Reform

The Patient Protection and Affordable Care Act of 2010 and Federal Health Care Reform is detailed at: www.healthreform.gov

A report on "Physicians and Their Practices under Health Care Reform, A Report to the President and Congress" is available at: www.physiciansfoundations.org.

A summary of the new health reform law is available from the Kaiser Family Foundation at: www.kff.org.

New UVM Dana Library Website

Dana Medical Library at the University of Vermont unveiled its new website recently which includes (under the HELP column) a link to "Research Guides by Subject." All affiliated providers can make use of the subject guides and for unaffiliated providers, the guide "Free Medical Resources to Support Clinical Care" is available at: <http://library.uvm.edu/dana/>.

Consumer Health & Fitness Sites

Recommendations for staying physically fit can be seen on the government's "Physical Activity Guidelines for Americans" web site at: <http://health.gov/paguidelines> and ideas for better eating habits can be found at: www.fruitsandveggiesmatter.gov.

Vermont Ranks #1 in Commonwealth Fund State Scorecard

Vermont ranked #1 across the combined factors of access, prevention/treatment quality, avoidable hospital use and costs, healthy lives, and equity in the latest Commonwealth Fund State Health Scorecard assessment. The Vermont profile is available at: <http://www.commonwealthfund.org>.

CDC Health Tracking Network on Environmental Exposure

The Centers for Disease Control has established a web-based tool to track environmental exposure to diseases such as asthma, cancer, and heart disease. The Environmental Health Tracking Network is the first tracking program available, to the public as well as scientists and health professionals, that follows environmental exposures and chronic health care conditions on the CDC's website; it is accessible at: <http://www.cdc.gov/phn/spotlight/epht.html>.

Web Site for Vermont Direct Care Workers/Personal Assistants

Vermont agencies can access a list of Direct Care Workers/Personal Assistants through a new Direct Care Workforce Registry at: <http://rewardingwork.org/VermontDefault.asp>.

Note: Agencies need to obtain an access code by contacting RewardingWork.org at 866-212-9675 or by email: info@RewardingWork.org.

Public Health Report on Obesity

According to a report produced by the United Health Foundation, American Public Health Association and Partnership for Prevention, "obesity is growing faster than any previous public health issue our nation has faced." For more information, go to: www.americashealthrankings.org/2009/highlights.aspx.

Job Listings, Training Opportunities at VADIC Web Site

Job listings and substance abuse-related trainings can be submitted for listing on the Vermont Alcohol and Drug Information Clearinghouse (VADIC) by contacting Rita Johnson, VADIC Outreach Assistant at rita@friendsofrecoveryvt.org. The new website is: www.vadic.org.

VT Military, Family and Community Network

Access to a network devoted to helping veterans and their families, as well as those who want to volunteer to help, is available at the Vermont Military, Family and Community network at www.vtmfcn.org.

Lifestyle Changes for Diabetes

Earlier this year, National Public Radio carried a story about how one twin of identical twin brothers had diabetes and the other twin had pre-diabetes, but reversed his high numbers with lifestyle changes. It is about 8.5 minutes long, and can be heard at this site: <http://www.npr.org/templates/story/story.php?storyId=122104219>. ■

Spring Briefs

UVM Primary Care & AHEC Grant

The UVM College of Medicine Office of Primary Care has been awarded a contract from the federal Health Resources and Services Administration (HRSA) for **Student/Research Experiences and Rotations in Community Health (SEARCH)**. The goal of the work is to provide improved clinical and community experiences for students and residents who are obligated National Health Service Corps (NHSC) Scholars and those who are not NHSC Scholars, but who have an interest in the SEARCH program. The project is in the planning stages with its current one year contract through September, 2010. **Charles D. MacLean, MD**, Associate Dean of Primary Care, is the project director.

UVM College of Medicine Ranks Fourth for Primary Care, Eighth for Rural Medicine

Primary care education at the University of Vermont College of Medicine has been ranked fourth among 146 accredited U.S. medical and osteopathic schools, according to the U.S. News & World Report's 2011 edition of "America's Best Graduate Schools," which was released in April. UVM ranked sixth last year and has ranked in the top five percent of all medical schools for primary care for four years in a row. UVM also ranked eighth this year in Rural Medicine specialty programs, chosen by medical school deans and senior faculty who identified those schools offering the top 10 programs in selected specialties.

More than one-third of the physicians in Vermont were educated at the UVM College of Medicine and Fletcher Allen Health Care, and Vermont ranks second in the nation for primary care physicians per capita. In addition, for three years in a row Vermont has topped the list of the nation's healthiest states in rankings produced by the United Health Foundation, the American Public Health Association and Partnership for Prevention.

New Regional AHEC Directors Named



Nicole LaPointe, MSW, of West Burke has been named executive director of Northeastern Vermont Area Health Education Center (AHEC), and **Tom Ayres** of Burlington is the new executive director of the Champlain Valley AHEC.

LaPointe was formerly Director of Community and Public Health with the North Country Health Consortium and NH AHEC in Whitefield, NH. She is a graduate of the University of New Hampshire where she earned her master's degree in social work and a bachelor's degree in English literature. Ayres has worked in public relations and marketing at Fletcher Allen Health Care, United Way, the Flynn Theater, and Portland Ovations in Portland, ME. He has also been an adjunct professor at St. Michael's College.



Community Medical School

Spring Community Medical School lectures, sponsored by the University of Vermont and Fletcher Allen Health Care, include these topics: Knee replacement, Hospice and Palliative Care, Doctors Without Borders: Sri Lanka, Obesity and Diabetes, Medical Device-Related Infections, The Most Common Autoimmune Disease (Rheumatoid

Arthritis), and High Blood Pressure. For details about topics and presenters, program rebroadcasts on Cable Access television stations, and a list of libraries in Chittenden County that lend DVDs of the programs, go to www.med.uvm.edu/cms.

Health Information Technology Work Group

A workforce group meeting since June has analyzed the anticipated rapid expansion of the use of Health Information Technology in Vermont with an eye toward workforce development and opportunities to secure grants that may become available through the American Recovery and Reinvestment Act. The group submitted a report to the Division of Health Care Reform in the Office of Vermont Health Access in November, which included preparation work for future applications for funding. They will continue to meet monthly and participate in discussions about Health Information Technology workforce needs.

Medical Students Learn About Primary Care

A series of programs for first and second year medical students at the UVM College of Medicine last fall was conducted by Vermont AHEC for National Primary Care Week; the week-long presentations attracted 444 participants in 2009, more than double the total for the 2008 events. So successful was the series that a "Spotlight on Primary Care" series was implemented for the remainder of the academic year. Topics include: "Primary Care, Quality Improvement, and Microsystems: Learn the 'Plan, Do, Study, Act (PDSA)' Cycle"; "Communication Techniques to Improve Health"; "AHEC and Your Primary Care Career"; and "Primary Care: Caring for All, Caring for Yourself."

Behavioral Health and Primary Care Series

A four session Behavioral Health and Primary Care Series was initiated March 19-20 at the Trapp Family Lodge in Stowe, VT. The topic of the March event was "Altered Brain Function – ADHD, TRI & Substance Abuse," featuring Zail Berry, MD, MPH; Chris Streeter, MD, and Tim Wilens, MD.

On August 8-9, the topic will be Mood and Anxiety Disorders; Oct. 15-16 is Suicide and Self-Abuse; and the series concludes December 3-4 with presentations on Behavioral Health and Primary Care – Medical Home. The series is co-sponsored by the Northern Vermont AHEC and the Behavioral Health and Wellness Center of Lamoille Valley. For further details visit www.nevahec.org or www.chslv.org.

UVM Med Student Wins Award for AHEC-Sponsored Project

David E. Longstreth, a fourth year medical student at UVM, gave a presentation and received the Undergraduate Medical Education Pre-Clinical Award at the Northeastern Group on Educational Affairs (of the American Association of Medical Colleges) regional educational retreat in March held in Farmington, CT. The award recognized the AHEC and Office of Primary Care-sponsored Health Education and Access Linkages (Project HEAL): Assessing Medical Students' Achievement of Community and Cultural Competencies through Service Learning Projects and Interdisciplinary Collaboration. Vermont AHEC and the Office of Primary Care also co-sponsored his participation in the retreat and award presentation.

Dental Care Mobile Clinic

Vermont's Dental Care Mobile Clinic was launched in Burlington last fall, and is traveling the state to bring high quality dental care to the underserved and uninsured children in Vermont who do not have access to a dentist.

Funded by a grant from Ronald McDonald House Charities (RMHC), the \$450,000 mobile clinic is staffed by two dentists on a rotating basis, along with two dental hygienists, a dental assistant, and a program manager and a driver. They provide services ranging from exams and X-rays to fillings, extractions, and sealants. An estimated 2,400 medically underserved and uninsured children per year will receive comprehensive dental care.

RMHC will underwrite about 20% of the annual \$1 million operating cost and the rest will be paid for through grants to The Health Center of Plainfield; Northern Tier Center for Health; Community Health Services for Lamoille County; and Little Rivers Health Care. With the Plainfield Health Clinic as the van's base, it will travel to three other areas of the state from there: Alburgh; then Bradford; and the Eden, Cambridge and Waterville area.

People in the News

Jack Donnelly, MBA, is the new Executive Director of the Community Health Center of Burlington, replacing Interim Executive Director **Grace Gilbert-Davis**.

In case you missed these announcements from the past academic year: **Charles D. MacLean, MD**, Associate Dean for Primary Care and AHEC, has been promoted to Professor, General Internal Medicine, at the UVM College of Medicine.

Michael C. Farber, MD, an internist, has been named Medical Director for the Office of Vermont Health Access (OVHA), the organization that administers the state's Medicaid programs. He is also on the faculty of the University of Vermont College of Medicine. Farber formerly served as Medicaid Medical Director and Medical Policy Chief for California Medicaid (Medi-Cal) Managed Care Division in the California Department of Health.

William B. Jeffries, PhD, has assumed the position of Senior Associate Dean for Education at the UVM College of Medicine where he oversees the Vermont Integrated Curriculum among other duties. A pharmacologist, Dr. Jeffries came to UVM from Creighton University School of Medicine in Nebraska where he was Associate Dean for Medical Education and Director of Academic Computing.

Richard Pinckney, MD, MPH, UVM Assistant Professor of Medicine, was named a 2009 Frymoyer Scholar in recognition of his proposal to develop and deliver a series of workshops to teach clinicians how to communicate compassion. The Frymoyer Scholars Program is an investment in outstanding medical education that promotes teaching that emphasizes the art of patient care. Dr. Pinckney is a faculty member of the AHEC Program who also delivers academic detailing programs to clinicians around the state.

John Olson, M.Ed., is the new Chief of Rural Health and Primary Care for the Vermont Department of Health in Burlington. He has worked for the VDH since 2004 as Program Coordinator of Comprehensive Cancer Control; prior to that he directed HIV Prevention programs for Vermont

CARES, and co-facilitated domestic violence intervention groups for Spectrum Youth and Family Services.

Laurie Hurowitz, PhD, Brian Flynn, ScD, and Mildred Reardon, MD, MACP, all of the UVM College of Medicine, had a poster presentation accepted for the AAMC Physician Workforce Research Conference May 6-7 in Alexandria, VA titled "Assessment of Program Impact on Trends in Choice of Practice in a Rural State." Dr. Reardon is the Director of the Freeman Medical Scholars Program and Dr. Hurowitz (who delivered the presentation) works with the Freeman Program as well as with the UVM Area Health Education Centers (AHEC) Program, and Dr. Flynn is a researcher in the COM.

Bradley Berryhill, MD, MBA, Medical Director of the Community Health Centers of the Rutland Region, received the Vermont Community Service Award from the Bi-State Primary Care Association at the group's annual conference in May. Dr. Berryhill has been Medical Director of the Community Health Centers of the Rutland Region for the past nine years, and has led the Southern Vermont AHEC Board of Directors since 2008. He is part of the community faculty of the University of Vermont and volunteers as a HRSA Student/Resident Experiences and Rotations in Community Health (SEARCH) preceptor and mentor to medical students completing community-based projects and student clinical rotations. "He is a role model who shares the joys and challenges of practicing primary care in rural Vermont," noted Vermont AHEC Program Director Elizabeth Cote, who nominated Dr. Berryhill.



Bradley Berryhill, MD, MBA

"Interactive Voice Response Technology Can Deliver Alcohol Screening and Brief Intervention in Primary Care," is the title of a paper published in an online edition of the *Journal of General Internal Medicine*, of which **Charles MacLean, MD**, Professor of General Internal Medicine and Associate Dean for Primary Care and AHEC at UVM was a co-author.

National Health Service Corps Apps Easier and Greater

The application process to the National Health Service Corps has been streamlined, with fewer documents required, easy step-by-step instructions and a checklist, easy to fill out forms, the ability to fax supporting forms and documents, and easier to locate contract requirements online at: www.nhsc.hrsa.gov. In addition, loan repayment amounts are now up to \$145,000 for five years of service rather than the previous cap of \$50,000 for two years of service. Applicants are encouraged to apply early for the opportunity to provide primary health care service to communities in need while reducing educational debt with tax-free loan repayment awards. The deadline for this year's awards is July 29, 2010. Information at www.nhsc.hrsa.gov. ■

Q & A with VDH about the Vermont Prescription Monitoring System



By MEIKA ZILBERBERG MS, PROGRAM COORDINATOR, VERMONT PRESCRIPTION MONITORING SYSTEM,
VERMONT DEPARTMENT OF HEALTH



What is VPMS?

The Vermont Prescription Monitoring System (VPMS) is operated by the Vermont Department of Health, with the goal of providing timely and useful information to both prescribers (physicians, dentists, podiatrists, etc.) and pharmacists to assist them in the proper treatment of their patients. The VPMS provides clinicians with a complete picture of a patient's controlled substances prescription history and can alert a clinician to a patient's possible abuse of, or addiction to, controlled substances.

The Vermont Prescription Monitoring System tracks the prescribing and dispensing of controlled substances – those drugs most likely to lead to abuse, addiction or patient harm if they are not used properly. The system collects prescription data for Schedule II, III and IV drugs dispensed by pharmacies licensed by Vermont.

Who is eligible to use VPMS?

Vermont Health Care Prescribers and Dispensers and their authorized delegates.

Why is VPMS needed?

State and national reports indicate that the abuse of pharmaceutical drugs is the fastest growing area of use and addiction, becoming a major problem among youth and young adults. Excluding alcohol, and after marijuana, prescription drugs are the second most commonly abused substances among every age group.

When did VPMS become a resource?

On April 20, 2009, the Vermont Prescription Monitoring System (VPMS) opened registration for Vermont-licensed Health Care Providers and Dispensers.

The system began operating on January 12, 2009 with weekly collection of data from pharmacies. Data were collected retroactively to July 1, 2008, and there are currently over 915,424 records in the database.

Prior to opening the database for inquiry, a number of test runs of the database were conducted by our Medical Affairs Committee. The VPMS Medical Affairs Committee (MAC) is a group of health care professionals, selected for their professional clinical expertise to advise the Department of Health on issues related to the prescription and dispensing of controlled substances.

How does VPMS work?

Those health care providers and dispensers registered with the system will be able to request information relating to a current patient directly from the VPMS database. Quarterly reports

are automatically generated by the VPMS on patients who exceed certain thresholds related to the number of providers or pharmacies used. These "Patient Threshold Reports" are mailed to the prescribers to whom the prescriptions were attributed to ensure that they have a complete picture of the patient's prescribed controlled substance use.

What are the benefits of VPMS?

Information from the VPMS is available to providers and pharmacists to help in their work of effectively managing their patients' treatment.

The system will assist doctors by providing them with a record of prescriptions previously received by the patient so that the physician can appropriately treat the patient.

Information can help identify patients who can benefit from early assessment, treatment, and rehabilitation for drug abuse and addiction.

The department may also use de-identified information from the VPMS to monitor trends and address prescribing problems on a state or regional basis.

The ultimate goal of the VPMS is to ensure the proper care of patients, to become the standard of care, and to encourage prescribers to: 1) check the system each time they attend to a new patient or have concerns about a current patient, and 2) use VPMS in combination with a pain management contract to ensure that all patients are receiving coordinated and attentive care.

How do I register for VPMS?

Complete the Health Care Provider/Dispenser Access Request Form and Privacy Statement Form (www.healthvermont.gov/adap/documents/VPMSPrivacyStatement1.pdf). Sign and date both forms, have the Health Care Provider/Dispenser Access Form notarized, and retain a copy of all forms for your records.

Mail the following items to the Vermont Prescription Monitoring System:

1. Sign and notarized the Health Care Provider/Dispenser Access Request Form
2. Signed copy of the Privacy Statement
3. A copy of your license and DEA certification
4. Delegates complete a separate form

Who do I call for more information about VPMS?

Meika Zilberberg MS
Program Coordinator
Vermont Prescription Monitoring System
Vermont Department of Health
Division of Alcohol and Drug Abuse Programs
<http://healthvermont.gov/adap/VPMS.aspx>
(802) 652-4147
mzilber@vdh.state.vt.us

Primary Care Rounds



Physician Assistants

*Peter Igeri, PA-C, M.Sc., Department of Surgery,
Fletcher Allen Health Care*

Just over the VT/NH border in West Lebanon, NH, Franklin Pierce University welcomed its inaugural class of 24 PA students last fall. The vision of Franklin Pierce's PA

Program is to educate Vermonters and others from northern New Hampshire to become PAs and return to their communities to practice primary care. The first class includes 12 Vermonters who are eager for clinical rotations in Vermont next year. Any physician, physician assistant, nurse practitioner or certified nurse midwife who is willing to host a PA student for five weeks in 2011 is asked to contact the University at: PAprogram@franklinpierce.edu. More information about the program is available at www.franklinpierce.edu, under academics and then graduate studies.

The Physician Assistant Academy of Vermont (PAAV) hosted their 28th annual CME Conference last month in Manchester, VT. During that conference, they awarded a PA Scholarship from the Martin Devlin Fund to Sara C. Bylow, PA-C who works at the Health Center in Plainfield, Vermont. Sara qualifies under the new category for the award that permits those in practice with outstanding student loans to apply.

For more information about the scholarship and other PAAV activities, go to www.paav.org.



Family Medicine

*Thomas Peterson, MD, Professor and Interim Chair of
Family Medicine*

Palliative Care is well and developing in Vermont. Our primary care physicians and many other health professionals and organizations have endorsed and are practicing palliative care across the region. Vermont has received an "A" for access to palliative care services in the hospital from the Center to Advance Palliative Care, and was recognized as the top state in the nation for this palliative care metric (<http://www.capc.org/reportcard/home/VT/RC/Vermont/007>). Resources for primary care including education, infrastructure organizations, and facilities continue to develop; as well as tertiary palliative care expertise - such as Fletcher Allen Health Care's Palliative Care Service. In addition, there is growing emphasis and interest as evidenced by the array of education activities sponsored by the UVM College of Medicine and FAHC during Palliative Care Week each January.

Palliative care is a concept, philosophy, and dedicated approach - based on knowledge and scientific inquiry - that provides alleviation of pain and suffering, and improving quality of life for individuals and families with life-limiting conditions. Palliative care is an active management and may be provided to those with continuing therapeutic disease management, and to those in hospice or end-of-life care.

Broadly defined, palliative care is provided regularly by

primary care physicians in the provision of comprehensive care of patients of all ages with chronic, painful, or life-limiting conditions. Generalists have always endorsed the importance of a spectrum of services, and our patients rely on us to provide compassionate and informed care. Many other health providers also provide palliative care including mid-levels, nursing, clergy, and social work as well as medical specialties such as oncology, neurology, intensivists, hospitalists, and palliative care specialists. A multi-disciplinary team led by the patient's primary care provider is an ideal model to ensure that the right knowledge and right therapy is available at the right time.

Palliative care is important to patients and primary care physicians as our disease patterns and demographics evolve. Increasingly palliative care is embraced by patients and understood by health professionals. Ninety million Americans have life-limiting conditions, and this will increase as our population continues to age. Notable conditions include cancer, neurodegenerative and neurovascular conditions, congestive heart failure, COPD, dementia, trauma, and chronic or catastrophic pediatric conditions.

We all recognize that palliative care is provided in many settings; commonly in the office for ambulatory patients, in the home, nursing facility, respite facility, and in the hospital. Providers treat with counsel and empathy, information, care coordination, and medication. They facilitate informed decision-making around complex medical situations, disease management and goals, advance planning, pain and symptom management, and end of life care.

Fletcher Allen Health Care in affiliation with the University of Vermont has actively provided leadership, resources, and care through its Palliative Care Service (PCS). The PCS team includes medical director Allan Ramsay, MD (family physician), Robert Macaulay, MD (pediatrics and ethics), Ursula McVeigh, MD (internal medicine) who each are specialty certified in palliative care medicine, along with Barbara Segal, RN, MSN, and Maura McClure, RN, MSN provide the PCS services. These include consultation across the hospital with dedicated rounding in the intensive care units and Vermont Children's Hospital. They provide patient care in the emergency department, on the medical and surgical units, in the Vermont Cancer Center, and have developed initiatives for neurodegenerative conditions and congestive heart failure.

Uniquely, the PCS has developed a palliative care telemedicine program available to physicians and patient families at regional hospitals. They provide supervision for the patients enrolled in the Hospice of Champlain Valley (VNA). Recently the PCS in conjunction with the VNA established an in-hospital hospice unit for outpatients requiring end-of-life care and awaiting transition to home or other hospice facility.

The Palliative Care Service has particular interest in complex disease management and assessing prognosis, symptom management, end-of-life education, and complementary and family care. The PCS is available for consultation 24/7 at 802-847-2700.

Academically, the PCS team has a scientific agenda for developing resources for rural palliative care, care management processes, congestive heart failure management, and complementary care.

Education is a primary and growing focus in palliative

medicine. Every FAHC resident and fellow has some contact with the PCS teaching programs, and more in depth focus is provided for several resident/fellow groups including family medicine, oncology, and neurology. The UVM College of Medicine, led by Tania Bertsch, MD, and Allan Ramsay, MD, has developed a new grant-supported medical student education curriculum. The PCS team particularly values traveling to regional hospitals and providing continuing medical education in palliative medicine. In addition, short mentorships in palliative medicine are available for community and rural physicians, provided by the FAHC PCS team. The mentorship curriculum includes knowledge acquisition, case studies, and rounding; interested professionals are warmly welcomed.

For more information about palliative care and palliative care programs such as CME, telemedicine, and mentorships please contact Allan Ramsay, MD, Professor and Vice Chair of Family Medicine, and Medical Director of Palliative Care Services at Fletcher Allen Health Care (Allan.Ramsay@vtmednet.org)



Internal Medicine

Jonathan B. Hayden, MD, Health Care Service Leader, Primary Care Internal Medicine

The Vermont Blueprint for Health (Part Two)

As the result of the good work on phase one of the Vermont Blueprint for

Health, and under the leadership of Penrose Jackson and Dr. John Brumsted, Fletcher Allen Health Care was one of two sites awarded a Blueprint grant for phase two of the project. Starting in July 2008, the PCIM Aesculapius practice, under the direction of Dr. Jennifer Gilwee, and the community practice of Dr. Gene Moore in Burlington, will initiate a pilot project to develop “advanced medical homes” for patients with chronic medical conditions. This pilot is part of a statewide effort to transform health care in Vermont by providing a higher level of care for individuals with significant chronic illness incorporating strategies to enhance self-management and closely integrate health prevention.

The transformation process includes changing the routine flow and operations in a healthcare delivery setting, well coordinated care using local support services, alignment of financial incentives with the goals of health care excellence, a health information exchange platform that meets the needs of providers and patients and supports evidence-based care, a structured approach to best practices through a routine process of evaluation and improvement, self-management programs and techniques that lead to long-term behavioral change and an infrastructure that can implement effective and sustainable prevention programs in the community.

Each pilot site is developing a Community Care Team (CCT) which builds on existing infrastructure and reflects the needs of the community. Each CCT supports the primary care provider-coordinated care to optimize outcomes for patients with chronic illnesses. The CCT uses local infrastructure to support evidence-based self-management activities for individual patients and patient groups. Patient self-management support will be provided to improve behavior and meet individual goals. The

CCT works with Public Health specialists to identify priorities and opportunities for evidence-based prevention programs. There will be regular evaluation and process improvement activities.

The Community Care Team and primary care provider develops a structured approach to streamline, simplify, and optimize the opportunity for hospitalized patients to transition to outpatient management. There will be financial support from the insurance payers for the CCT program. If successful, the CCT will assume some of the disease management and care support now provided by the payers. The Blueprint team works with the Vermont Department of Health (VDH), the Blueprint Director, Dr. Craig Jones, consultants and other key stakeholders to establish a common structure of provider payment reform for the Blueprint pilots.

A clinical tracking system will be developed together with the VDH and implemented in the primary care practices involved in the pilots. Blueprint leaders will work with the Vermont Information Technology Leaders project (VITL) to optimize the usefulness of this clinical tracking system for care delivery, process evaluation and improvement, outcomes evaluation, and epidemiologic research. The Blueprint project will develop an evaluation plan that will support routine program evaluation and improvement, and outcomes analysis including health process, health impact and health care cost measures. There will also be efforts to develop a commitment from each payer for a cohort-matched, claims-based evaluation of the impact of the program.

Primary Care Internal Medicine will participate in phase two of the Vermont Blueprint for Health by developing advanced medical homes and utilizing community care teams for patients with chronic diseases. Through this work we will help promote the transformation of health care as envisioned in the Vermont Blueprint for Health.



Obstetrics, Gynecology & Reproductive Sciences

Mark Phillippe, MD, Professor and Chair, Department of Obstetrics and Gynecology, UVM College of Medicine

This look back demonstrates continued success with our academic, research and education programs within the Department of Obstetrics, Gynecology and Reproductive Sciences. In June 2009 we celebrated the graduation of our 3 chief residents (one remained at FAHC as a Maternal-Fetal Medicine (MFM) fellow, one left for an Ob/Gyn position in Rhode Island, and one went into private practice in North Carolina). We also celebrated the graduation of our MFM fellow who took a faculty position at the University of Colorado and our Reproductive Endocrinology and Infertility (REI) fellow (Dr. Wright) who joined our faculty at FAHC. Clinical highlights have included ongoing utilization of the DaVinci surgical robot for minimally invasive surgery by Drs. Wong and Soutanakis (our faculty Gyn-Oncologists) Drs. Casson and Brumsted (our REI physicians) and Dr. LaCombe (our faculty Urogynecologist). The Fetal Diagnostic Unit (FDU), under the direction of Dr. David Jones, continued to provide cutting-edge obstetrical ultrasounds,

scans and procedures. The FDU was further enhanced by the consultative services of Dr. Stephen Brown, an Ob/Gyn physician who is also board-certified in Human Genetics. Under the direction of Dr. Wegner, the departmental Gyn Ultrasound unit continued to provide comprehensive diagnostic and follow-up scans for women with pelvic masses and uterine abnormalities. Dr. Roger Young, the Division Director for the Generalist Division, has further enhanced the breadth of services being provided by the physicians, nurse midwives (CNMs) and nurse practitioners (APRNs) within the division. In regard to our clinical teaching programs, Dr. Clark successfully incorporated obstetrical simulations into the education for the Ob/Gyn residents and subspecialty fellows.



Pediatrics

Lewis First, MD, Professor and Chair, Department of Pediatrics, University of Vermont College of Medicine; Editor-in-Chief, Pediatrics

The past several months have continued to be productive ones for the Vermont Children's Hospital at Fletcher Allen and the Department of Pediatrics at the College of Medicine from a clinical, educational, research and community advocacy standpoint. Clinically, like everywhere at Fletcher Allen, our major efforts have been focused on H1N1 and getting used to PRISM (Patient Record Information Systems Management), Fletcher Allen's new electronic health record. To help in our inpatient efforts, we welcomed Patty Rissacher, M.D., our chief resident last year, as our third full-time hospitalist as we grow our hospitalist service to meet and better coordinate the needs of our many inpatients and their families. In addition, we are delighted to appoint Paul Rosenau, M.D., also one of our hospitalists, as our new Director of Quality for Vermont Children's Hospital.

Educationally members of our faculty continue to play national leadership roles in education for organizations such as the American Academy of Pediatrics, the American Board of Pediatrics, the National Board of Medical Examiners, the Association of Pediatric Program Directors and the Council of Medical Students Educators in Pediatrics. We continue to serve as editors of leading journals and newsletters for the American Academy of Pediatrics.

From a primary care research perspective, our Vermont Child Health Improvement Program (VCHIP), which has linked offices and hospitals around the state in a collaborative child health outcomes network, is overseeing the development of similar programs developing in 10 other states – all modeled after VCHIP.

Finally, I could not close without noting the remarkable awards that have been bestowed upon members of our faculty over the past year; if I leave some out, it is not intentional. Congratulations to Amelia Hopkins, M.D., for being voted our Clinical Teacher of the Year and to Wendy Davis, M.D., for winning the Distinguished Service Award from the Vermont Medical Society. We also want to congratulate Paula Duncan, M.D., who is president-elect of the Vermont Medical Society.



College of Nursing and Health Sciences

Patricia Prelock, PhD, CCC-SLP, Dean, College of Nursing and Health Sciences, Professor, Communication Sciences, University of Vermont

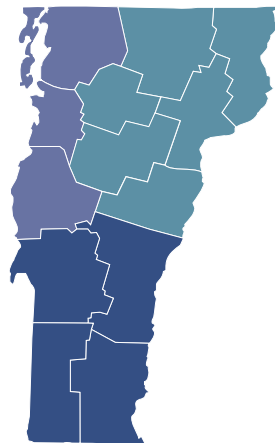
The College of Nursing and Health Sciences (CNHS) at the University of Vermont prides itself in preparing exemplary clinician-scientists in the health professions, creating new knowledge and advocating for accessible health, a vision that fits well with advancing the goals for primary care.

Enrollment has grown in the College with a total of 707 undergraduate students, 163 graduate students and 39 certificate students in the Fall of 2009. Currently, we offer seven Bachelor of Science degree programs, two certificate programs, a Master of Science degree in Nursing and a Doctor of Physical Therapy program. There are three Master of Science degree tracks in primary care: adult nurse practitioner; family nurse practitioner; and psych-mental health nurse practitioner as well as a Master's Entry-Level Program in Nursing with a focus on primary care.

This year, the CNHS has strengthened itself on several fronts. Not only have we continued to increase enrollments, we are revitalizing our graduate programs and our research agenda. For example, the development of a Doctorate in Nursing Practice is being pursued as are research collaborations with Psychology, Neuroscience and the Center for Clinical and Translational Science. Currently, a proposal is underway to move the Department of Communication Sciences to the College by Fall 2010. In addition, the College has two general areas of research focus: one in the area of basic, clinical, developmental and behavioral sciences and the second in public health systems and services. We look forward to our continued and enhanced collaboration with the College of Medicine in support of quality education, exemplary research, and service delivery in primary care. ■

AHEC News From Around the State

For news from Vermont's three regional Area Health Education Centers, check out their community-based web sites:



■ **Champlain Valley AHEC:**
www.cvahec.org
St. Albans
(802) 527-1474

■ **Northeastern Vermont AHEC:**
www.nevahec.org
St. Johnsbury
(802) 748-2506

■ **Southern Vermont AHEC:**
www.svahec.org
Springfield
(802) 885-2126

Calendar

JUNE

17-20 VT Summer Pediatrics Seminar* The Equinox, Manchester, VT.

AUGUST

8-9 Behavioral Health and Primary Care: Mood Disorders & Anxiety Disorders, Trapp Family Lodge, Stowe, VT. Contact: 802-748-2506.

SEPTEMBER

15 Grand Rounds for School Nurses, All Vermont Interactive Television (VIT) sites. Call: 802-656-2179

16-17 Vermont Association of Hospitals and Health Systems (VAHHS) 75th Annual Meeting, Hilton Hotel – Burlington, VT. Call (802) 223-3461.

SEPTEMBER

8 Vermont Information Technology Leaders, Inc. (VITL Summit '10) Sheraton Hotel, Burlington, VT Contact: VITL online (www.vitl.net) or call (802) 223-4100 to register

24 Health Care Quality Conference*, Sheraton Hotel – Burlington, VT

29 Vermont Recruitment Day, UVM College of Medicine, Burlington, VT. Contact: 802-656-2179.

OCTOBER

7-10 Advanced Dermatology for the Primary Care Provider*, Sheraton Hotel – Burlington, VT.

15 Vermont Cancer Center Annual Breast Care Conference Sheraton Conference Center, Burlington, VT. Contact: vtcancer.org.

OCTOBER

15-16 Behavioral Health Primary Care: Suicide & Self-Abuse, Trapp Family Lodge, Stowe, VT. Contact: 802-748-2506.

NOVEMBER

16 Bridging the Divide Between Primary Care, Mental Health, Substance Abuse and Behavioral Health Practitioners* Sheraton Hotel – Burlington, VT

17 Grand Rounds for School Nurses, All Vermont Interactive Television (VIT) sites. Call: 802-656-2179.

*For more information call: UVM College of Medicine Continuing Medical Education at (802) 656-2292, or go online to <http://cme.uvm.edu>.

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