



Understanding Advance Directives and Do-Not-Resuscitate Orders

By ROBERT MACAULEY, MD AND CINDY BRUZZESE, MPA



For nearly 25 years, the Vermont Ethics Network (VEN) has been working to engage, educate and empower individuals, health care providers and policy-makers about ethical issues, values and choices in health and health care. Our efforts throughout Vermont have focused on building an extensive foundation of relationships and resources to support the integration of Vermonters' values with the health care options available to them.

One of VEN's first projects was the development of "Taking Steps," a practical guide to making decisions about end-of-life care which includes the Advance Directive form most commonly used in Vermont. We have revised the guide and forms several times over the years to keep up with legislative developments, incorporating suggestions and feedback from patients and physicians. The Neighbor to Neighbor project in the mid-1990s, the Journey's End project in the late 1990s, and the Health Care Values Study Circles in 2001 and 2002 saw VEN engaging Vermonters statewide in dialogue about their needs and values in health care. In more recent years, VEN has been a key player in creating and promoting the Vermont Advance Directives Registry, an online database providing health care professionals with secure and immediate access to care choices when that information is most critically needed.

From the landmark case of Karen Ann Quinlan in 1975, to the case of Nancy Cruzan in 1990, and most recently the well-publicized case of Terri Schiavo in 2005, we have learned the value and importance of advance care planning. All three of these cases painfully illustrated the difficulties that can arise when tragedy strikes and medicine, ethics, law and family are unable to work together to meet the needs of patients who are unable to speak for themselves. As a result, there has been a great deal of emphasis on Advance Directives in recent years, and justifiably so.

An Advance Directive (AD) is written by a patient and communicates his or her wishes about specific medical treatments, or who should make decisions if the patient can no longer do so. ADs help guide thoughtful decisions, but given their often ambiguous wording — what is a "reasonable" prospect of recovery, and what are "heroic measures"? — they aren't very practical in emergency situations. That's why modern medicine functions on the principle that patients receive maximal treatment, unless a physician authorizes some limitation. Yet, while most (though not all) physicians and nurses believe that an AD should be followed, barely half of ICU physicians in a recent survey actively inquired as to whether a patient had completed an AD, or even read it if the patient had. (DM Westphal and SA McKee, "End-of-Life Decision Making in the Intensive Care Unit: Physician and Nurse

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From the Editor

In this issue, we highlight several important facets of primary care practice: Advance Directives, approaches to Quality Improvement, and the VT Academic Detailing Program's 2011 topic.

AHEC's 2010 VT Primary Care Workforce Snapshot is complete and posted at www.vtahec.org. The snapshot provides county, regional, and statewide data and reports a slight net gain in the primary care practitioner workforce from 2009 to 2010. However, there remains a persistent and pervasive workforce shortage throughout the state in Internal Medicine. The snapshot highlights some of the workforce pipeline development, recruitment, and retention activities underway that make a positive impact.

I am pleased to relate that under the **Affordable Care Act** passed on March 23, 2010, debt repayment awards under the **VT Educational Loan Repayment Program for Healthcare Professionals** are treated as income tax exempt, retroactive to January 1, 2009. AHEC has advocated for this exemption for years to increase the value of each award and bring additional incentive for health care professionals to work in areas of greatest need.

This is an exciting and busy time of the year for AHEC because: applications are arriving for the regional **MedQuest** summer camps for high school students, interdisciplinary summer projects in geriatrics for current health professions students; loan repayment award recipients are being notified about their 2011 awards; and registration is taking place for our annual statewide **Geriatrics Conference** scheduled for April 12 in Montpelier.

Finally, we salute a true friend of health care in VT with a remembrance of **Houghton Freeman** by Mimi Reardon, MD, Director of the Freeman Medical Scholars Program. ■

Elizabeth Cote, Director, UVM College of Medicine, Office of Primary Care and AHEC Program

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Perspectives,” *American Journal of Medical Quality* 2009; 24; 222.)

VEN’s work in educating Vermonters about advance care planning, and removing obstacles to access of their Advance Directives through the Vermont Advance Directive Registry, is critical in making sure that patients’ values are honored and their wishes are followed.

In the course of our efforts to build bridges between patients and health care professionals, VEN has become increasingly aware that there continues to be confusion about an Advance Directive and a Do-Not-Resuscitate (DNR) Order. What many patients — and physicians — don’t realize is that there is a huge difference between these two: all medical personnel must honor a DNR order, but some (paramedics, for example) don’t have the time or authority to interpret an AD. Patients may feel that their advance care planning is done once they’ve completed an AD, but if they’re sure that they would not want a specific procedure (like CPR), they need to take one more step: talk to their doctor, who can complete a DNR order.

Vermont’s version of a DNR order is the COLST form which

stands for Clinician Orders for Life Sustaining Treatment and can be found on the VEN website. This form not only addresses CPR, but also intubation, antibiotics, feeding tubes, and hospital transfer. Unlike an Advance Directive, the COLST form is specific and unambiguous: either CPR should be performed, or it should not. Perhaps most importantly, all medical personnel are legally obligated to respect a COLST form.

One of the challenges of the COLST form is that it is one of the best kept secrets in Vermont. Many physicians — even those involved in end-of-life care — aren’t aware of its existence, and instead rely on the older, more general “DNR Order” forms. VEN is taking on the critical task of increasing awareness of the COLST form among both patients and health care professionals, as part of our ongoing mission to empower patients with knowledge and control over their health care decisions.

For more information about the Vermont Ethics Network and to obtain copies of our “Taking Steps” booklet, the Vermont Advance Directive for Health Care Form and/or the COLST form, visit our website at www.vermontethicsnetwork.org, or call us at (802)828-2909. ■

A Remembrance of Houghton Freeman

By MILDRED A. REARDON, MD, MACP, PROGRAM DIRECTOR OF THE FREEMAN MEDICAL SCHOLARS PROGRAM, UVM COLLEGE OF MEDICINE

We are saddened by the recent death of Houghton Freeman, our friend and benefactor. Mr. Freeman was born in Peking, China, in 1921, the son of Professor Mansfield Freeman and his wife, Mary Houghton. He was a graduate of the Shanghai American School and of Wesleyan University in Middletown, CT. He became President of American International Underwriters Corporation of Japan in 1956. In 1983, he was elected President and Chief Operating Officer of American International Group (AIG) in New York City. Upon his retirement in 1993, he remained an honorary director of AIG.

Houghton Freeman started the Freeman Foundation in memory of his father who was a distinguished scholar of Chinese philosophy. The Foundation is dedicated to strengthening the bonds of understanding between the United States and the nations of East Asia. It has assisted in the fields of education, international relief, the environment and land conservation. Mr. Freeman served as Chairman of the Freeman Foundation which he directed with his wife, Doreen, and son Graeme until Houghton’s death in December, 2010 in Stowe, Vermont.

The Freeman family has deep roots in Vermont and the Foundation has been incredibly generous in assisting many projects in Vermont focusing primarily on education and conservation. With assistance from the Freeman Foundation, the College of Medicine established the Freeman Medical Scholars Program which has resulted in a significant increase in physicians serving Vermonters, now and for years to come because of the Freeman Medical Scholarships, the Freeman Educational Loan Repayment Program and the Freeman Foundation Legacy Medical Scholarship Program. The University of Vermont has also benefited from the Freeman Foundation support of its Freeman Nurse Scholars Program and its Asian studies program.

I have been so deeply impressed by his and Doreen’s manner of being. Although financially very resourceful, Mr. Freeman was so extremely down to earth and, to his last days, concentrating on his work and doing it well. He was an incredible and wonderful person.

Mr. Freeman’s vision and generosity have been inspirational. Our good friend and benefactor has left an enduring legacy with us in Vermont. ■



Houghton Freeman

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AHEC and Bi-State Collaborate To Promote National Health Service Corps in Vermont

The National Health Service Corps (NHSC), 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.

The University of Vermont Office of Primary Care, Area Health Education Centers (AHEC) Program, and the Bi-State Primary Care Association are working together to promote the National Health Service Corps (NHSC) 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. AHEC coordinates with the NHSC to leverage federal funds. The Vermont Educational Loan Repayment Program works with the approximately 170 primary care practice sites that are ineligible for NHSC programs.

The Vermont Recruitment Center, a service of the Bi-State Primary Care Association, is a non-profit organization working in VT 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, including hospitals and private practices, to support the recruitment of primary care physicians, physician assistants, nurse practitioners, and certified nurse midwives.

Since early 2009 new funding was made available to the NHSC for 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 now been recognized as eligible NHSC loan repayment sites.

Additionally, practices across the country located in HPSAs with scores lower than the minimum threshold of 14 are now eligible for NHSC loan repayment, given the new funds available to increase the number of loan repayment awards through NHSC nationally. This recognition and the Educational Loan Repayment Program is a great recruitment and retention tool with health professionals who are dedicated to serving the underserved but concerned about their own financial situation due to their significant educational loan debt.

Current health professions students or Fletcher Allen residents who are interested in learning more about NHSC should contact Melissa Liebig at (802) 656-9622 or by e-mail at melissa.liebig@uvm.edu.

For more information about NHSC practice site eligibility and clinicians practicing at FQHCs and RHCs who have questions about how to apply for NHSC loan repayment, contact Stephanie Pagliuca at (603) 228-2830 or email spagliuca@bistatepca.org. ■



The Vermont Area Health
Education Centers (AHEC) Network
presents the

Vermont Geriatrics Conference

April 12, 2011

Capitol Plaza Hotel ~ Montpelier, Vermont

TO REGISTER: Call (802) 656-2292 or go to <http://cme.uvm.edu>

Demystifying Quality Improvement

BY CONNIE VAN EAGEN, MHSA, MBA, LECTURER, UVM COLLEGE OF NURSING AND HEALTH SCIENCES



Like a rubber band being pulled in two different directions, provider office practices are stretched between external pressures (regulations, insurance verification requirements, reimbursement changes, and the move to electronic records) and internal challenges to get a “day’s work” done within, well, a day. In addition to the tension created around completing day-to-day work, practices are also increasingly asked to participate in various “quality improvement” (QI) projects. It’s not too surprising, therefore, to overhear such comments as, “We need to implement a new electronic medical record for our practice right now, so we’re way too busy to take on another ‘quality improvement’ project – I can’t even think about how to do that!”

For many practices, QI can feel like a burden, adding complexity and demanding staff time to figure out, follow up, and realize any benefits that match the costs of conducting it. Why is it so complex? Is it possible that QI could ever make work easier for staff and providers instead of adding “one more thing” to the huge jobs they already do?

What is “quality improvement,” anyway? The field of medical practice has been responsible for delivering the highest possible standard of care for a long time. The “Codex Hammurabi” (the Code of Hammurabi, dating from 1700 BCE) established a kind of “quality assurance” by imposing several forms of punishment, including death, on physicians and nurses who provided poor quality care. Thankfully, those days are gone. We still have the Hippocratic Oath (400 BCE) that made physicians promise to keep their patients from “harm or injustice,” from which modern versions appear in medical training and the code of ethics for physicians. And yet, in addition to this tremendous responsibility for providing excellence in health care, the field has seen a steady increase in language

about and expectations surrounding the *improvement* of the quality of care.

The language of QI began to infiltrate health care in the mid-1980s with published literature well on its way by the 1990s (Berwick, 1990). If “quality assurance” was marked by the personal responsibility of each individual provider for his/her own practice and for the ability of each provider to review the work of a peer, then “quality improvement” marked a radical change. QI created a new perspective, with quality seen as a characteristic of a “system” of care, and under the control of no single person.

Is it possible that QI could ever make work easier for staff and providers instead of adding “one more thing” to the huge jobs they already do?

A system is a set of “processes” which together make up the means by which patients get care. A patient arriving for a follow up appointment, for example, may be able to receive high quality care if:

- The appointment was scheduled with the correct patient’s name on a day and time that matches the appointment card the patient was earlier given,
- The patient was scheduled and prepared for pre-appointment diagnostic tests consistent with the protocol of the laboratory, radiology, or other diagnostic unit,
- The results of those tests are available and easy to find in the patient’s chart,
- The patient’s chart is easily located and ready for the patient’s visit,
- The exam room has all the supplies and equipment needed for the patient’s visit,
- The clinical and support staff are able to identify and respond to any new medical concerns of the patient easily

and promptly,

- The provider is scheduled with enough time to examine and counsel the patient... and so on through the availability of timely and accurate follow diagnostic tests, prescription management, and well documented outcomes of these processes as they meet the needs of the individual patient before, during, and after his or her visit. Let’s not forget, all those processes also need to be managed in accordance with the patient’s defined insurance benefits, so that the financial ability of the patient to access care works well too.

The “system perspective” of QI was ushered in with a host of acronyms, many taken from other industries, in order to distinguish between the traditional view of quality of care (the result of an individual’s responsibility) from that which is the result of many individuals, functions, and even organizations. The attention that QI required in order to focus on the quality of all of the operating and clinical processes within a system was labeled “Total Quality Management” in the 1980s, and it brought with it a language of its own:

TQM: Total Quality Management – a method of organizational management requiring that each process within the organization be evaluated and improved by using (Kelly, 2007):

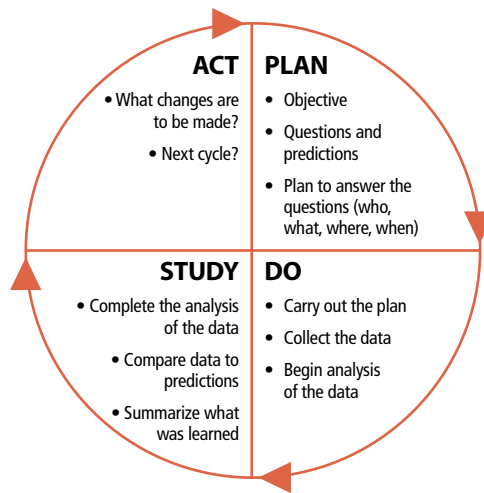
- **Patient Focus:** perceiving the care process from a patient’s perspective (for example, what is the patient’s experience of calling the office early on a Monday morning?)
- **Cross-Functional Teams:** including representatives across the organization to consider how the process works (what does a scheduler have to say about how patients present clinical needs when calling, such as a request for renewed prescriptions?)

Continuous Quality Improvement – also referred to as **CQI**, a methodology of developing an improvement to a current process that better meets patients’ needs (how can prescription renewals be managed smoothly so that they are promptly updated with the Pharmacy and don’t tie up the scheduler at the front desk

on those busy Monday mornings?)

CQI methodology is generally not a loose process of “trial and error” attempts to create a better working health care process. It is instead a tightly structured problem-solving algorithm that allows its team members to test small changes rapidly, providing feedback and further adjustments along a self-corrective progression of steps. These steps also have a language of their own:

- **Plan/Do/Study/Act (PDSA):** the four stage cycle of improvement activities that allows staff based teams to make process changes that improve outcomes as needed by the patient, or other “customers” of health care, including family and even co-workers. Each step (Plan an improvement, Do the improvement, Study the data produced by the improvement, and Act on the results to continue or change the improvement) allows for careful and safe incremental change while giving staff experience in a team that also improves interpersonal dynamics.
- **Variation in process output:** the focus of the **Study** step of PDSA can provide evidence that patient needs are not always met with the same level of high quality service. If a study of incoming calls shows a high volume on Monday mornings, it is likely that phone call answering at those times doesn’t provide the same high quality access to staff as on other days.
- **Common cause variation:** service variation that occurs randomly is hard to control and requires detailed study to improve care delivery. Some Mondays are not so busy and it’s impossible to predict which those will be. But, over time, we can measure the kinds of calls that come in on busy mornings, and plan for a separate strategy to respond to the most common, non-urgent calls, such as a separate line for prescription renewals.
- **Special cause variation:** service variation that occurs for reasons that are within direct control and are predictable or preventable. Scheduling a flu shot clinic, for example, raises the volume of phone calls from patients looking for dates and times, and these calls can be planned for and managed separately. Special cause variation is often the immediate focus of CQI



studies and allows rapid advance in the quality of outcomes.

- **Statistical process control (SPC):** the discipline of statistics applied to measuring variation and determining the difference between **common cause** and **special cause** variation. When seasoned office staff perceive an increase in the volume of phone calls and their ability to respond, they can ask for or start another CQI team to analyze telephone log data and use PDSA as a simple algorithm to improve the quality of the service for the patient.

The work of CQI has not been limited to statistical analysis, however – far from it. It involves a distinctive change in philosophy about how we attribute the cause of variation, especially if that variation is interpreted as a “medical error” or as harm to the patient. Based on this philosophy, errors are not due to incompetent or ineffective health care workers but to defective processes; punishing or removing people does nothing to improve those underlying processes. QI, therefore, is thought of as a “blame-free” improvement process, in which the individual health care workers are usually assumed to be trying hard but hampered by ineffective health care processes.

Models developed to support such a philosophy with robust methods have included a new range of somewhat odd sounding “brands” of QI:

Six Sigma – Named for the SPC analysis of **variation** in which errors are reduced to an infinitesimal 3.4 defective parts per million opportunities (DPMO), **Six Sigma** represents a success

rate of 99.9997%. This process tightly measures outcomes and organizes CQI teams through an internal organizational approval process known as **DMAIC**: Define the need for improvement, Measure current performance, Analyze the results, Improve the process, and Control by developing feedback data. Six Sigma works best for processes already in good control (little process variation) and organizations that are interested in tight control of that variation.

Reengineering – Whereas CQI is usually associated with cycles of incremental change that are repeated many times over an extended period, **Reengineering** is radical redesign for large scale changes to achieve dramatic, or “breakthrough,” improvement. As a QI process, **Reengineering** redesigns business processes from end to end and is known for both expensive failures and unparalleled successes. The successes are often noted for the ability of organizational leaders to allow staff to work in dedicated teams with the time and resources necessary to support those teams. Organizations needing to make significant changes in a short period of time can benefit from Reengineering, given that they can also provide the necessary support.

ISO 9000 – Based on an internationally recognized not-for-profit organization of the same name, **ISO 9000** created a framework for high quality technical and management system standards. Following common CQI practices, it focuses on customer needs, leadership, involvement of people, process approach, system understanding by managers, data based decision making, and positive supplier relationships. **ISO 9000** teams must document, in detail, their operational processes that are then audited by the **ISO 9000** organization to be certified as meeting these standards. Such certification is particularly useful for companies competing internationally who need **ISO 9000** recognition to meet bidding criteria.

Office Systems Analysis – Another model, recognized by the simple report that its CQI team members create called the **A3 Report**, provides a very specific process improvement with few staff in a short period of time. Three or four people meeting over lunch or break for an hour at a time, or for two hours at the end of

the day, or on a weekend day, can produce a complete model of a “current state” office system process that is transposed to a “future state” to resolve issues that waste staff time or produce errors. These time limited and small group **A3 Reports** allow an approach that makes large problems solvable through ongoing, manageable, and time saving solutions.

All of these **CQI** models ask the provider and staff, as a team, to address the quality of health care as the patient experiences it and as a product of the system of care. Which model to use depends on the organization: which provides the best fit for the kind of change that is needed? Any one of these

can produce useful results, but keeping the “**QI** project” within the ability of staff to accomplish, without becoming burdensome, is a key responsibility for leaders and providers and an indicator of likely success. ■

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MedQuest 2010 for 113 Vermont High School Students

A total of 113 Vermont high school students got in-depth exposure to health care career possibilities at the annual MedQuest and Advanced MedQuest week-long camps last summer. Sponsored and coordinated by the three regional AHECs with the help of UVM medical students, camp participants lived on a college campus, job shadowed health care professionals, learned dissection to understand anatomy and heart function, stapled wounds on a manikin, took blood pressures, used the food pyramid to prepare healthy food and learned CPR and first aid. Advanced MedQuest students focused more in depth on a health care career specialty through job shadowing. They learned about medical ethics, watched surgery via telemedicine, and practiced splint casting.

Applications for the coming summer of MedQuest camps are currently being reviewed at the three regional AHECs. ■



Crystal Mansfield leads Southern Vermont AHEC students in yoga warm-up exercises prior to their job shadowing at Grace Cottage Hospital in Townshend during last summer’s “MedQuest East” week.

SEARCH Summer Projects Focus on Geriatrics

Health profession students from UVM and other institutions are currently applying to participate in summer community experiences throughout the state under the Vermont SEARCH (Student/Resident Experiences & Rotations in Community Health) Program.

Summer SEARCH projects are focused on geriatrics in each of the three AHEC regions, and some of them may be built upon in subsequent years. Last summer, six health professions students working in teams of two with preceptors and community mentors worked on target issues related to improved health and safety outcomes for geriatric patients. In the coming summer, there will be 12 health professions students working on projects that combine research, service learning, and community-based practice or hospital-based quality improvement objectives.

Geriatrics is the focus of this program because the population of Vermont is aging more rapidly than the nation’s population as a whole (Vermont has the 12th highest percentage of residents over 65 out of all 50 states), and supporting an aging population to live safely and independently will be an increasing challenge for communities, especially in a rural state. Projects will include Seniors Aging Safely at Home, linking elders with local food for better health, primary care and mental health issues for the elderly, and team care in which a community develops a continuum of care and services for its elders.

Applications and additional information are available at www.vtahec.org, under the left-hand tab “Vermont SEARCH,” or by calling 802-656-0030. Vermont SEARCH is funded by a grant from HRSA and NHSC. ■

Web Site Resources

Health Professions for Diversity Coalition

This coalition of organizations represents health care providers, researchers, educators, students and others dedicated to improving the health of all who live in this nation. The group's mission is to promote diversity in health professions. Learn more at:

www.hpd-coalition.org/about/start/htm.

Cultural Competency in Mental Health Resource

The Ethnomed web site has added a 25-minute video of a lecture about cultural competency in mental health care from Harborview Medical Center in Seattle, WA. Go to:

<http://ethnomed.org/clinical/mental-health>.

Patient-Centered Medical Home Web Site Launched

The Agency for Healthcare Research has launched a web site devoted to providing objective information to policymakers and researchers on the medical home, at: www.psmh.ahrq.gov.

Federal Health Care Reform Legislation Timeline

The Patient Protection and Affordable Care Act and the Health Care Education Affordability Reconciliation Act include numerous provisions, and the Commonwealth Fund has published an updated timeline for reform at: www.commonwealthfund.org/Content/Publications/Other/2010/Timeline-for-Health-Care-Reform-Implementation.aspx.

CDC Vital Signs Campaign

The Centers for Disease Control has launched a Vital Signs program as a call to action each month concerning a single, important public health topic. The program includes fact sheets for consumers, posters that can be downloaded and information sent to various media outlets on the first Tuesday of the month. The CDC believes that with a focus on a single topic using multiple media devices, states might better identify these health problems in their area and work toward their improvement. Topics covered since the program's initiation last summer include: colorectal and breast cancer screening, obesity, and alcohol and tobacco use.

See: www.cdc.gov/vitalsigns/AboutVitalSigns.html.

Health Care Info for the Public

The U.S. Department of Health and Human Services runs a web site with health care information for the public at: www.healthcare.gov which covers a variety of information for consumers of health care.

William Hsiao's Report to Vermont

Dr. William Hsiao's report to the State Legislature on Vermont's health care system, including the presentation on video, frequently asked questions, public comments and related documents, are available at:

<http://www.leg.state.vt.us/jfo/healthcaresystemdesign.aspx>.

Vermont Health Services Website Discontinued

With the withdrawal of National Library of Medicine support for the "Go Local" projects, the Dana Medical Library of UVM has discontinued Vermont "Go Local", which was a link to health topics from the MedLinePlus consumer health database to Vermont health care providers and facilities.

Office of Nursing Workforce Joins AHEC, Conducts RN Survey

The University of Vermont Office of Nursing Workforce, Research, Planning and Development activities have become part of the UVM Area Health Education Centers (AHEC) Program effective July 2010.

"Primary care and nursing are intricately linked and adding these nursing workforce research, planning, and development activities helps strengthen our program," says Elizabeth Cote, Director of the UVM AHEC Program. "This merger formalizes and streamlines the team approach to health education and healthcare workforce research that AHEC and the Office of Nursing Workforce have collaborated on for the past nine years," she adds.

"The biggest change for our stakeholders will be higher efficiency and greater synergy since we can leverage the grant writing opportunities, resources, reach, and programs available through AHEC," states Mary Val Palumbo, DNP, APRN. "Becoming part of AHEC provided a sustainable and efficient framework to continue to build on the education, research and development programs for Vermont's nursing students and nurses," she adds. Dr. Palumbo will continue to teach UVM nursing students and serve as AHEC's liaison to the UVM College of Nursing and Health Sciences, and the Center on Aging at UVM. Her office remains located in the Rowell Building at UVM. ■

Healthy People 2020 Launched by Health and Human Services

The Department of Health and Human Services has launched Healthy People 2020, the nation's new ten-year goals and objectives for health promotion and disease prevention. The 2020 edition of the Healthy People objectives include several new health topics of focus, including LGBT health, global health, and preparedness, among others. It also emphasizes a renewed focus on measuring and tracking the social determinants of health and on reducing health disparities.

In releasing the new objectives, Assistant Secretary for Health Howard Koh, MD, PhD, noted that the new product is the result of unprecedented stakeholder feedback which included over 8,000 public comments and input from over 2,000 organizations. The new edition of Healthy People 2020 replaces the traditional print publication with an interactive Web site that allows users to better tailor information to their needs and to explore evidence-based resources for implementation of the objectives.

The new objectives and specific goals are available at: www.healthypeople.gov. ■

Spring Briefs

Planning Vermont's Healthcare Workforce Future Grant

The UVM Office of Primary Care has been awarded a \$131,786 Affordable Care Act State Workforce Development Grant from the Health Resources and Services Administration (HRSA). The overall goal of the Act is to increase the primary care healthcare workforce by 10-15% over ten years. Working with the Vermont Healthcare Workforce Development Partners (WDP), UVM and many other partners, a comprehensive healthcare workforce development plan will be created in anticipation of acting on the plan by securing funding for implementation in 2011-2013.

Community Medical School at UVM

The fall Community Medical School at the University of Vermont College of Medicine (co-sponsored with Fletcher Allen Health Care) included programs on: Children's Emotional-Behavioral Health; Preventing and Treating Obesity in Youth; Reducing Death from Heart Attack; Spinal Stenosis; Injury Recovery and Rehabilitation; and Who's Taking Care of Me? Introducing the Health Care Team. One program was a special panel presentation about The Stress of War: Supporting Veterans' Mental Health Needs. Additional information about the program offerings and how to view past sessions is available at: www.med.uvm.edu.

Childhood Obesity Task Force Action Plan

"Solving the Problem of Childhood Within a Generation" is the action plan of the Childhood Obesity Task Force that was unveiled as part of First Lady Michelle Obama's "Let's Move" initiative. The plan establishes, for the first time, goals benchmarks and measurable outcomes to help reduce childhood obesity, with a series of 70 specific recommendations. They are categorized under the broad headings of: Getting children a healthy start in life; Empowering parents and caregivers; Providing healthy foods in schools; Improving access to healthy, affordable food; and Getting children more physically active. The plan is available at www.LetsMove.gov.

Devlin PA Scholarship Awarded

Sean O'Brien of Essex Junction, VT is the recipient of the 2010 Devlin Scholarship of \$1,000 from the Physician Assistant Academy of Vermont (PAAV). O'Brien is a student in the Physician Assistant program at Franklin Pierce College in Rindge, NH. The scholarship is funded from the Martin Devlin Philanthropy Fund which was established following the death of longtime PAAV member Martin Devlin.

National Health Service Corps Notes

Revised fact sheets about National Health Service Corps eligibility and how to apply are available at: <http://nhsc.hrsa.gov/loanrepayment/apply.htm>. Those interested in applying for the next round of NHSC scholarships for the 2011-2012 school year can sign up to be notified of scholarship application availability by going to the NHSC scholarship page.

VAHHA Education Center Launched

The Vermont Assembly of Home Health Agencies (VAHHA) has established an Online Education Center which currently features five basic diabetes training courses designed for home health agency staff. The courses were designed by Sarah Narkewicz, RN, MS, CDE, and Robin Edelman, MS, RD, CDE, Diabetes Program Administrator for the Vermont Department of Health, and members of the Vermont Association of Diabetes Educators. The courses cover an introduction to diabetes, treatment of high and low blood sugar and sick day management, introduction to nutrition, clearing up carbohydrate confusion, and foot care. The site can be accessed at: <http://vahha.globalclassroom.us>.

LPN Nurses in Vermont Survey

Results of a survey of licensed practical nurses in Vermont made by AHEC's Nursing Workforce Research, Planning and Development staff are posted at www.vtahec.org. The survey was included in relicensure materials sent out by the Vermont Board of Nursing, which supported the survey along with the Vermont Agency of Human Services. The survey, which had a 71% return rate, shows that Vermont's LPN workforce is primarily a stable, satisfied segment of the nursing workforce which plays an important role in the care for older adults and others in a variety of settings. Of those who responded to the survey, 89% said they were satisfied with their current LPN position, and 70% reported they were working in direct patient care.

New Clinical Simulation Lab at UVM

The University of Vermont College of Medicine and College of Nursing and Health Sciences have joined forces with Fletcher Allen Health Care and the Vermont Army National Guard to build a centralized, jointly used Clinical Simulation Lab on the second floor of the Rowell Building at UVM. Designed to be available 24 hours a day, seven days a week, the facility will have a centralized scheduling procedure that includes Vermont Army National Guard usage on weekends. It will include six patient rooms, a shower/bathroom for training, and a multi-purpose room that can be used as an operating room, intensive care unit, post anesthesia, or trauma room. Michael Ricci, MD is director of the Clinical Simulation Lab and is also a colonel and flight surgeon with the Vermont Air National Guard. He notes that the new facility will reduce duplication, maximize use of resource, promote interdisciplinary training, centralize maintenance and keep UVM competitive with other schools and colleges. The facility opened on March 2, 2011.

Primary Care Week Observed at UVM

UVM AHEC participates in a number of College of Medicine events that bring information to medical students at the College. Each fall, National Primary Care Week is marked with midday activities designed to better inform medical students about primary care practice. In November 2010 AHEC sponsored a series of programs for National Primary Care Week which attracted 296 participants. Topics included primary care and clinical rotations throughout the state; the role of hospitalists in primary care, primary care policy and advocacy at the state level, the National Health Service Corps, and a panel of primary care practitioners who described the challenges and rewards of delivering primary care in a variety of settings.

Vermont Still the Healthiest State

Vermont was again named the healthiest state in the country based on 22 factors evaluated by the **United Health Foundation**. It made particular note of Vermont's progress in reducing the cardiovascular death rate from 401.7 per 100,000 people in 1990 to 241 per 100,000 now. Vermont scored well for its rate of high school graduation, low rate of uninsured residents, public health funding, and access to early prenatal care, but noted the state faces a challenge in the binge-drinking rate.

National Health Care Workforce Commission Named

Fifteen members have been appointed to the National Health Care Workforce Commission, which was created by the Patient Protection and Affordable Care Act to serve as a national resource for Congress, the President, and states and localities. **Peter Buerhaus, PhD, RN**, Professor of Nursing and Director, Center for Interdisciplinary Health Workforce Studies, Institute for Medicine and Public Health at Vanderbilt University Medical Center, is the commission's first chairman. Additional information about the commission and its members can be found at: www.gao.gov/about/hcac.

National Committee Reviews HPSA, Medically Underserved Area Criteria

Health and Human Services Secretary **Kathleen Sibelius, MPA** has launched a committee to review and update the criteria used to define medically underserved areas and health professional shortage areas (HPSAs), as provided for in the Affordable Care Act. The committee is comprised of stakeholders who represent programs most affected by those designations, including community health centers, rural health clinics and health care practitioners, special populations with unique health care needs and technical experts in the area of research in health care access and statistical methods. A final proposal is expected in July, 2011. Information is available at <http://www.hrsa.gov/advisorycommittees/shortage/index.html>.

State Indicators on Physical Activity

The National Action Guide and State-Specific Action Guides for states are available on the National Society of Physical Activity Practitioners in Public Health web page at www.nspapph.org. The action guide summarizes physical activity levels among the nation and each state and also provides potential action items to support state-level policy and environmental changes to increase physical activity.

People in the News

"The Effect of Medication Samples on Self-Reported Prescribing Practices: A Statewide, Cross-Sectional Survey" written by **Richard C. Pinckney, MD**, **Amanda G. Kennedy, PharmD**, **Charles D. MacLean, MD**, Associate Dean for Primary Care, **Laurie Hurowitz, PhD** and **Elizabeth Cote**, as well as **A. Shams Helminski**, a Freeman Medical Scholar at the UVM College of Medicine, appeared in the *Journal of General Internal Medicine* on August 31, 2010. The article detailed study results designed to determine the relationship between the presence of drug samples in primary care clinics and prescription of preferred drug treatments.

Mary Val Palumbo, DNP, APRN, head of the AHEC Nursing Workforce Initiatives, is co-author of an article about changes necessary

for employers to make to accommodate the aging nurse workforce that appeared recently in the *American Journal of Nursing* (December 2010). Co-authors include **Barbara R. McIntosh, PhD**, SPHR Professor of Management in the UVM School of Business Administration and **Betty A. Rambur, PhD, RN**, Professor in the Department of Nursing, UVM College of Nursing and Health Sciences. This spring, Dr. Palumbo is conducting the 2011 RN/APRN Relicensure Survey, the results of which assist AHEC's nursing workforce efforts that depend upon reliable data. Nurses can participate at: www.choosenursingvt.org.

Brenda Perkins, MA, BSN, RN, Resource Nurse & Nursing Services Coordinator in the Chittenden East School District, and moderator of the Vermont AHEC/Vermont Department of Health Grand Rounds for School Nurses Program, recently received her master's degree in Health and Wellness from Chatham University in Pittsburgh, PA.

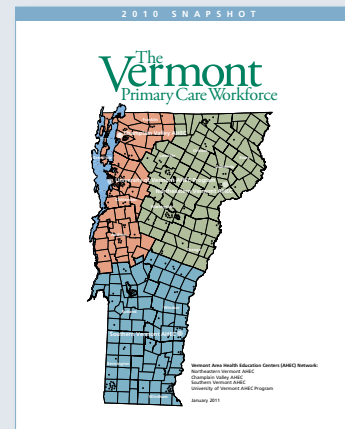
Frymoyer Community Health Resource Center Consumer Info

Health care professionals can steer their patients and their families to the latest evidence-based health information with the help of the Frymoyer Community Health Resource Center located at Fletcher Allen Health Care. Consumers can learn more about their health status and get resources to stay healthy from the Center staff by calling 802-847-8821 or on the Web at: resourcecenter@vtmednet.org. Services are free and available to anyone.

VT Survey Shows Challenges for Adult Primary Care Supply

The 2010 Primary Care Workforce Survey, conducted each year by the three regional AHECs, reveals a persistent shortage of internal medicine physicians in every region of Vermont, as well as an inadequate supply of pediatricians and obstetricians-gynecologists in parts of Vermont. Since the 2009 survey, there has been a net gain statewide of two primary care physicians and eight other primary care practitioners (certified nurse midwives, nurse practitioners and physician assistants). In particular, Southern Vermont has seen a net loss of physicians and other primary care practitioners since 2009, and Rutland County still has the greatest overall need for primary care physicians in Vermont. Although some gains have been made since 2009, five of the six counties in Northeastern Vermont are still in need of physicians.

These are a few of the highlights in this comprehensive report which can be viewed at www.vtahec.org. ■



Management of Low Back Pain in Primary Care: Academic Detailing Topic for 2011

The Vermont Academic Detailing Program topic for 2011 is “Management of Low Back Pain in Primary Care” which will be offered in addition to prior offerings of “Management of Migraines,” and “Antipsychotics in Primary Care.”

The new program includes reviewing the medical evidence for which patients have an indication to receive a narcotic medicine, how to rationally prescribe

narcotics (balancing safety, efficacy, cost, etc.), reviewing the medical evidence for chronic low back pain treatments (both drug and non-drug), and how to discontinue narcotics in patients where the medicines are not indicated or not effective. The first sessions will be delivered in April.

In a related note, the Alosa Foundation has been awarded a contract by the Veterans Administration (VA) to provide academic detailing training

services to the pharmacy staff of the VA mental health program. Amanda Kennedy, PharmD, BCPS, UVM Research Assistant Professor of Medicine and Director of the Vermont Academic Detailing Program, has been invited to serve as a faculty member in recognition of the pioneering achievements and national prominence of the Vermont program. ■

“Focus on Health Careers” Highlights Health Care Careers Awareness Month

The second annual “Focus on Health Careers” Conference sponsored by the Champlain Valley AHEC on October 30 highlighted last fall’s October celebration of Health Care Careers Awareness Month.

Sixty high school students from Addison, Chittenden, Franklin and Grand Isle counties attended the day-long event at the University of Vermont’s College of Medicine in Burlington. Based on their interest in health care careers the students chose which presentations to attend from sections on: Public Health: An Overview; Caring Across Cultures; Obesity Prevention & Healthy Lifestyles; Cutting-Edge Technology & Medicine; Infectious Diseases & Public Health Crises; Mental Health, Public Health; The College, Graduate School & Medical School Admissions Process; and Getting Ready for College and Volunteering. The keynote address on “Caring for People in Crisis: A Personal Perspective on Healthcare & the Haitian Earthquake,” was presented by Mary McLaughlin, RN, a critical care nurse at Fletcher Allen Health Care and staff nurse at the Community Health Center in Burlington.

Champlain Valley AHEC plans to present the conference again this fall as part of the October events designed to educate young people about the variety and benefits of health care careers.

Northeastern Vermont AHEC publicized the month in its region and gave health careers presentations in several area schools. Southern Vermont AHEC

also gave school presentations in its area during that month.

All three regional AHECs displayed and gave presentations at a “Women Can Do It” display and workshop at Vermont Technical



College in Randolph.

The Vermont Legislature designated October as Health Care Careers Awareness Month

in a 2009 joint resolution. ■



Jessica Gellar, RDH, center, supervises Ganndi Haji (left) and Phillip Sheedy (right) on the dental simulator which was a hit at the “Focus on Health Careers” conference. Gellar is the Dental Careers Recruitment Coordinator at the University of New England in Portland, Maine.

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Vermont Educational Loan Repayment Awards Now Tax Exempt

A provision of the federal Affordable Care Act (ACA) passed on March 23, 2010 treats debt reduction under the Vermont State Educational Loan Repayment Program for Healthcare Professionals as income tax exempt, retroactive to January 1, 2009.

Prior to passage of the ACA, only awards under federally funded loan repayment programs, such as the National Health Service Corps (NHSC), qualified for income tax exclusion. This change increases the value of Vermont's awards and offers additional incentive for health care professionals to work in areas of greatest need. The Vermont Area Health Education Centers (AHEC) Network, with support from professional societies and others, has been advocating for years for this change at federal and state levels.

The goal of the Vermont Educational Loan Repayment Program is to ensure a stable and adequate supply of healthcare professionals to meet the health care needs of all Vermonters. "Removing our Educational Loan Repayment Program Awards from individual income tax liability significantly strengthens the recruitment and retention power of the program," remarks Elizabeth Cote, University of Vermont AHEC Program Director.

Recipients of the Vermont Educational Loan Repayment Award for the 2009 tax year may qualify for a refund of federal and state income taxes associated with this award. Letters have been mailed to those recipients telling them what steps to follow to amend their 2009 tax returns. For recipients of awards in the 2010 tax year, their Vermont Educational Loan Repayment Service Contract is amended to reflect the change and will not be reported to the IRS for income tax purposes (Form 1099 will not be issued). For additional information about the Affordable Care Act's educational loan repayment tax exclusion, please consult a tax advisor.

Educational Loan Repayment Awards for 2011

Awards have been made for the 2011 Educational Loan Repayment cycle, totaling 870,000 for 235 recipients. The breakdown of those numbers is: \$445,000 for 79 primary care practitioners; \$125,000 for 14 dentists; \$235,000 for 133 nurses; and \$45,000 for 9 nurse educators. In addition, there were 7 awards totaling \$65,000 allocated for recruitment of primary care practitioners, and two awards totaling \$34,000 for recruitment of two dentists.

Applications for the 2012 awards will be posted on the AHEC web site (www.vtahec.org) in late July. The application deadline is September 19, 2011. ■

New Vermont Health Commissioner Named

Harry L. Chen, MD, of Mendon has been appointed the new Vermont Health Commissioner, by Governor Peter Shumlin.

A board-certified emergency medicine physician, Dr. Chen practiced at Rutland Regional Medical Center for over 20 years, where he was medical director from 1998-2004. He is also on the clinical faculty at the University of Vermont College of Medicine, and served in the Vermont House of Representatives from 2004-2008; during his final term, he was vice chair of the House Health Care Committee.

Dr. Chen received the Vermont State Medical Society's Physician Award for Community Service in 2008. He has served on numerous statewide boards addressing healthcare and medical issues, including vice chair of the Vermont Program on Quality in Health Care, where he has been a board member since 2006. He is currently vice chair of the University of Vermont Board of Trustees.

A graduate of the University of Michigan with an undergraduate degree in anthropology, Dr. Chen received his medical degree at the Oregon Sciences University School of Medicine in Portland, OR and completed a residency in emergency medicine at the Oregon Health Sciences University Hospital.

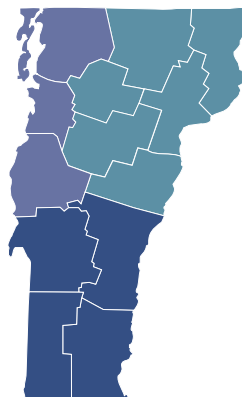
Dr. Chen has spoken on the issue of health care reform nationally and regionally, including presentations to the U.S. Senate Health, Education, Labor and Pension Committee, the New Mexico Legislature's Health Committee, and the New England Medical Society Leadership Conference. ■



Harry L. Chen, MD

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

APRIL

1 Vermont Nurse Practitioners Annual Conference, Stowe/Flake Hotel, Stowe, VT.
Contact: 802-425-3936, ext. 411.

7 & 8 Nurse Leaders Summit – VT Organization of Nurse Leaders. Inn at Essex, Essex, VT
Call: 802-223-3461.

11 Vermont Blueprint for Health*, Sheraton Hotel, Burlington, VT.

12 Vermont Geriatrics Conference*, Capitol Plaza, Montpelier, VT.

MAY

5-6 Child Psychiatry for the Primary Care Provider*, Doubletree Hotel, Burlington, VT.

MAY

11 Grand Rounds for School Nurses: Food Allergies and Children, All Vermont Interactive Television (VIT) sites.
Call: 802-656-2179.

11 Rural Health Symposium, Highland Center Lodge, Crawford Notch, NH. Contact Northeastern Vermont AHEC at: 802-748-2506.

11-13 Women's Health Conference*, Sheraton Hotel, Burlington, VT.

JUNE

7-10 Annual Family Medicine Review Course*, Sheraton Hotel, Burlington, VT.

10 2011 Gerontology Symposium*, Castleton State College, Castleton, VT.

JUNE

16-19 Vermont Summer Pediatric Seminar*, The Equinox Hotel, Manchester, VT.

JULY

24-28 Women in Medicine 2011*, The Stowe/Flake Hotel, Stowe, VT.

SEPTEMBER

22-23 Jeffords Conference on Quality*, Sheraton Hotel, Burlington, VT.

28-30 Primary Care Sports Medicine*, Sheraton Hotel, Burlington, VT.

OCTOBER

7 Breast Cancer Conference*, Sheraton Hotel, Burlington, VT.

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