



## Premedical Enhancement Program: A Head Start Toward Medical School

BY CHARLOTTE REBACK, MD, DIRECTOR OF MEDICAL STUDENT PROGRAMS  
AT UVM COLLEGE OF MEDICINE

An interest in recruiting academically gifted students to the University of Vermont, College of Medicine served as the initiative in 2001 for Dean Joan Smith of the College of Arts and Sciences and Dean Joseph Warshaw of the College of Medicine to create a program which prepared students for the rigorous curriculum of medical school. The two deans joined together with Dean Rachel Johnson of the College of Agriculture and Life Science, Cathleen Gleeson and Mimi Reardon, MD of the College of Medicine and Anne Sullivan of the Health Science Career Services to create what is known as the Premedical Enhancement Program (PEP).

Now, in 2012, the program serves not only to attract students whose academic achievements are exceptional, but also to mentor students who are exceptionally motivated to enter the field of medicine in such a way that they enter our College of Medicine with both an understanding of the curriculum at UVM College of Medicine and a clearer grasp of the day to day practice of medical doctors. Through this three year-long participation in the program, it is hoped that the students will be academically and culturally prepared to hit the ground running as they matriculate to medical school.



*Charlotte Reback, MD*

*The idea was to not only attract students whose academic achievements were exceptional, but also to mentor these students early on in their undergraduate years*

Currently, the program is administered by the Honors College which reaches out to freshman undergraduates, inviting them to apply to the program. To interview, students must have a 3.5 GPA. Of the students who interview, 10 are selected to join the program which begins at the start of their sophomore year.

Starting out, PEP students are matched with a physician mentor whom they shadow 16 hours per semester.

*(continued on page 2)*

## From the Editor

It is a pleasure to bring to you the first "Primarily Vermont" edition in my new role as Vermont AHEC Program Director.

This edition features:

- The Premedical Enhancement Program (PEP) which prepares selected undergraduate students for the rigors of medical school.
- The final article in our two-part series on Quality Improvement in which Deerfield Valley Health Center took on Vermont Child Health Improvement Program's (VCHIP) challenge to improve lead screening rates in their region for one- and two-year-old children.
- The \$2.1 million Health Resources and Services Administration (HRSA) grant to the Vermont AHEC network to fund a Health Careers Opportunity program, one of 14 programs out of 109 applications to receive funding.
- An "Ask Dr. Amidon" column that explains the new "Choosing Wisely" campaign.
- The development of a Vermont-specific nursing action plan by the Blue Ribbon Commission on Nursing.
- The challenges presented to primary care providers by cancer survivors, and the annual Breast Cancer Conference this fall.

Summer in Vermont is a time for vacationing and enjoying the outdoors but at AHEC, it is also a time for summer MedQuest camp experiences for high school students, Student/Resident Experiences & Rotations in Community Health (SEARCH) projects, surveying for the annual Vermont Primary Care Workforce Report, and planning fall events, including Academic Detailing presentations. When the days grow shorter, Vermont Office of Primary Care and AHEC will have much to report and much to present.

*Denis Barton, MA, MBA, Director, UVM College of Medicine, Office of Primary Care and AHEC Program*

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(PEP continued from cover)

Participating physicians who have volunteered to mentor students have come from many specialties: family medicine, emergency medicine, internal medicine and surgery. Each year of the three-year program, the PEP student is paired with a different doctor who practices a different specialty, with the hope of giving them a broad experience within the field of medicine.

Students are also paired with medical student mentors who invite them to sit in on lectures, help them with their application process and, in general, give them an opportunity to follow the medical school experience through the classroom and clinical years.

Twice per semester, students also attend Grand Rounds, the continuing education lectures which doctors attend to stay updated in their fields.

Student's experiences are evaluated through their grades (students are required to maintain a 3.5 grade point average to stay in the program) and through their essays and reflections which they write mid-year and at the end of the year. Following are examples of the students' experiences in PEP. ■

### PEP Committee Members

- **Charlotte Reback, MD**  
Director, Medical Student Programs Office of Primary Care/AHEC
- **Lisa Schnell, Ph.D.,**  
Associate Dean, Honors College
- **Joel Goldberg, Ph.D.,**  
Interim Dean, College of Arts and Sciences
- **Josie Davis, Ph.D.,**  
Associate Dean, College of Agriculture and Life Sciences
- **Ann Kroll Learner, Ph.D.,**  
Undergraduate Research Coordinator, Honors College
- **Faith Rushford, MS,**  
Pre-Health Advisor/Career Counselor

## PEP Students Reflect on Their Experiences...

Each spring, PEP students reflect on their experiences in the program, by filling out an evaluation sheet and writing reflection essays. Some quotes from this year's essays:

“Through my conversations with Dr. [Mohit] Jindal and through attending Grand Rounds seminars I saw that the learning curve in medicine is a continual process; there are always new situations and new types of medical cases, and medicine is an exciting and challenging field with respect to patient diagnosis. These experiences have highlighted the importance of two qualities of a medical doctor: (1) excellent critical thinking ability and (2) ability to adapt to many different circumstances. Shadowing Dr. Jindal this year has truly been an extraordinary experience...., I am extremely grateful to be a part of PEP. I LOVE PEP because it has given me the opportunity to experience a target profession in great depth, and has given me a stronger conviction to pursue my goals of becoming a physician. I can't wait for next year in PEP!”

“I shadowed Dr. Mary Stanley for over 16 hours in the operating theatres of Fletcher Allen Health Care; Dr. Stanley is a specialized surgeon who focuses on breast operations. Surgery is very different from medicine, as Dr. Stanley explained, and that is clearly evident in the formality of surgery, the incredible physical intimacy required, and the exposure to the human body in a way that is both intimate but also somewhat removed. As interesting as the technology and science are in surgery, I found the ability of a surgeon to save a person's life using relatively simple tools (a scalpel, a pair of sharp scissors, and an electric cauterizer are always used the most) to be amazing.”

“The physician I shadowed was Doctor Ann Goering, who works at Winooski Family Health. She is a family medicine practitioner, so I got to see her interacting with a broad range of patients. It seems that a family practitioner wears many hats, as a therapist, a healthcare provider, a child safety specialist, and many other things; they are simply concerned with improving the quality of life of their patients. By discussing matters such as electronics usage, and performance in school, Dr. Goering moved away from being oriented only on the patient's medical chart, and attempted to take a more holistic approach to each patient's life. For these reasons my experiences with Dr. Goering have made me interested in potentially pursuing family medicine and pediatrics.”

“This past year I attended four Grand Rounds: two surgeries and two neuroscience — a neuroscience grand rounds on repairing spinal cord injuries was fascinating. The speaker discussed a method of using our own body cells to regenerate the spinal cord. Upon treatment, patients that were once paralyzed were beginning to move in ways that were not possible before. This technique seems very promising and is currently being used in clinical trials for its effectiveness. It is difficult to comprehend how fast medicine is changing; I think grand rounds are a great way for PEP students to become more involved in many of the advancements in the medical field. Moreover, I feel that PEP has helped me become a better student as I have learned how to effectively juggle many aspects of my undergraduate education and perform well academically.” ■

### PRIMARILY VERMONT

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**WHAT THEY DID:**

# Quality Improvement by Providers & Staff

## Improving the Rate of Lead Screening for Kids at Deerfield Valley Health Center

By **CONNIE VAN EEGHEN, MHSA, MBA, LECTURER, UVM COLLEGE OF NURSING AND HEALTH SCIENCES**



One of the best things about a quality improvement project is finding out that the work to improve patient care can also improve staff work life too. Three members of the **Deerfield Valley Health Center** accomplished this when they decided to respond to a call from the **Vermont Child Health Improvement Project (VCHIP)** to improve lead screening rates in their region for

one- and two-year old kids. Their aim was simple: hit the Vermont Department of Health target of screening rates for children in their Family Medicine practice (Vermont Department of Health, 2009).

The practice knew, from a previous chart audit, that it was screening only 25% of its one-year olds and 47% of its two-year olds, both below the state targets (85% and 75% respectively). The practice, which includes 4 providers and 15 staff, sees only a few children of those ages each week, so developing a fail-safe system to screen every single one of them (except for those whose parents declined) was essential to improving this baseline.

### What Quality Improvement Method to Choose?

The practice gathered a small team of three: **Kim Kurak, DO** (also a Board Member of Southern Vermont AHEC), **Kori Deluca, RN**, and **Liz Pietro, Medical Assistant**, knowing that the work of each position in the practice could affect the outcome of testing for lead. The team knew that their quality improvement project was tightly focused on one outcome (their lead screening rate) but that they needed to look across the workflow of the entire practice to find where these children were falling through the cracks. They used a **Plan-Do-Study-Act** framework to organize their work and added **Office Systems Analysis** as a method to examine their workflow for delays and errors.

### Developing the “Plan”

The team studied the flow of work created when a patient comes through the door for a “well child visit” that is supposed to include an order for a lead screening test.

*Well Child Visit workflow chart used to assess the process of an order for lead screening test to determine where it was delayed or when it was repeated due to errors.*

By creating a “map” of every step in the process, they discovered where work was delayed or when it was repeated due to errors. They found that all their lead tests took place a week or more after the well child visit, due to the need to schedule a separate lab encounter within the practice once the order was written. They also found that a staff intensive process to print patient letters with lab results took time away from patient care for providers and staff. The team created a report that included their map and the development of their plan of action.

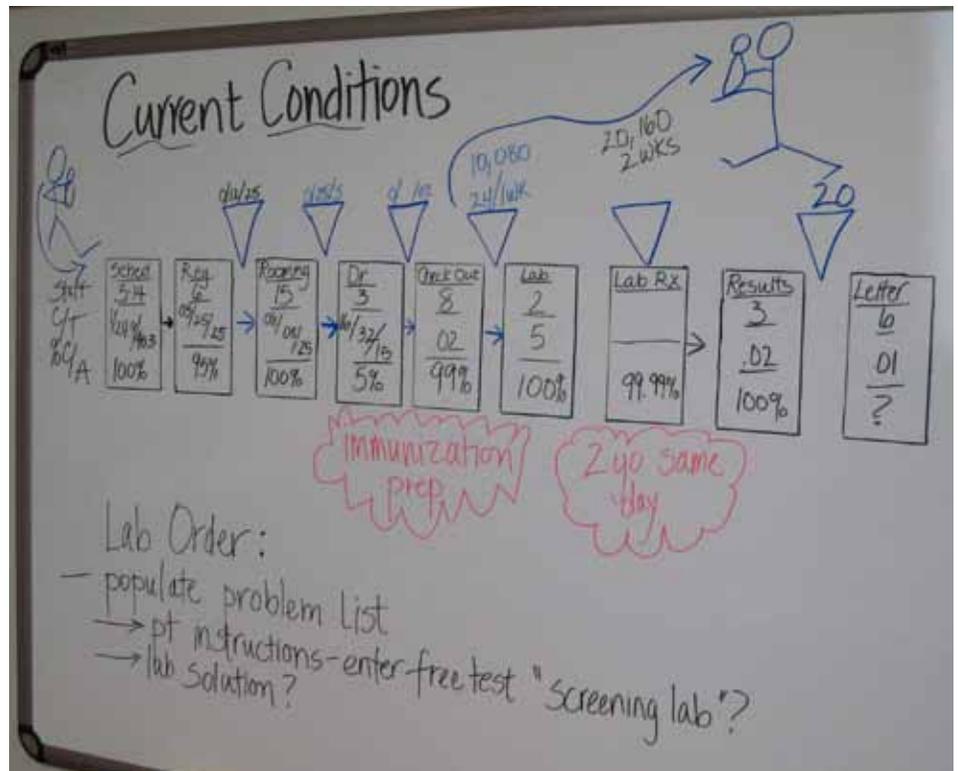
### “Doing” the Plan

The team developed two specific changes to their office systems:

1. “Same day” lead screening, in which lead tests are performed on the day of the well child visit, rather than scheduled for a return visit to draw labs. This plan was piloted with the lab technician using sample kits for capillary draws (finger sticks).
2. “Routing” the lab test result letters electronically to the printer after confirmation by the provider using the practice’s electronic medical record (EMR). This plan was tested with two providers who routed letters to staff for signature stamps and mailing.

### “Studying” What the Plan Accomplished

After they brought their co-workers up to speed on their plan and carried it out for several weeks, the team completed some



rapid cycle learning steps, studying the results of their work in order to adjust their plan as they went. They learned some key results from both patient screening and staff feedback:

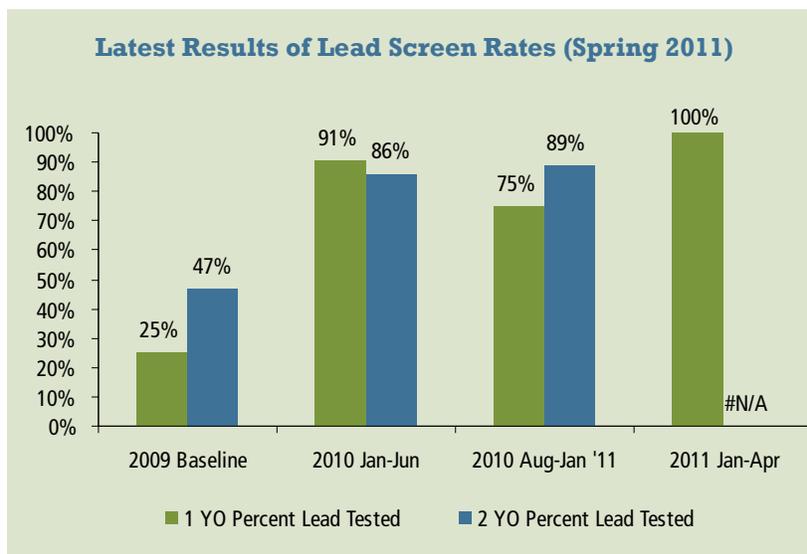
1. Venous draws were less complicated and required less work than the capillary draws. The system of processing capillary draws required a separate lab reporting system, not compatible with their EMR.
2. Same day scheduling reduced patient waiting for a lab test from about 1 week to less than 1 hour. Staff identified pediatric pain management as a problem for parents (as well as for patients, who can be quite vocal!). The team discovered that applying EMLA cream (Lidocaine & Prilocaine) at the start of the visit reduced these concerns.
3. Routing letters electronically through the EMR was declared an immediate success, reducing the delay in mailing results from about 20 hours to less than 10 minutes per letter.

### “Acting” on Success

Taking the lessons learned from its analysis of office systems and feedback from its piloted changes, the team implemented its redesigned process steps with the whole office. Change isn't always easy. New work habits need reinforcement and support so that the new process of scheduling both the well child visit and the lab visit on the same day could become automatic. As time passed, other suggestions were offered by staff and added to the process, such as educating parents about lead screening at the nine month visit using **Bright Futures**, AAP as a guide (*Recommendations for preventive pediatric health care*. 2008) and sending appointment reminders that include information about lead screening and the use of EMLA cream.

### The Prize

The team knew that regular feedback to providers and staff would help everyone keep track of how well the practice was screening children for lead and whether they needed to do more to make it better. They used their EMR to report on well child visits with and without lead screening tests every six months, finding immediate success after their first feedback report in reaching the Vermont Department of Health goals (91% for one-year olds and 86% for two year olds 6 months after base line). Updated reviews continued to show high levels of screening to April 2011, with most recent scores for one-year olds at 100% - meeting their ideal goal for these children. (This reporting period had no well child visits for two-year olds, so no data were available for this age group.) Although there have been some dips in their progress (see chart below), the practice has maintained the state standards ever since completing its quality improvement project.



### Lessons Learned:

Practice staff came together for a review meeting of their lead screening project in spring 2011, and agreed on three key reasons that helped make the project a success:

1. Everyone cared about the relatively low rate of lead screening in their region and practice patients. Caring counts – staff need to feel committed to the project in order to make it better.
2. The leaders and other providers in the practice

gave staff the time to do the project. Without the time (about 10 hours, over four months), a team can't analyze and solve the “cracks” in its office system.

3. The team looked at both clinical methods of testing and work flow steps at the same time. Making the work flow better helps make the clinical outcome better, too.

In summary, the Lead Screening Project was a success both in terms of improving lead screening rates for pediatric patients and making office work a little easier for staff. If you have a quality improvement project you'd like to share, or tips on making projects easy and useful, please contact Connie van Eeghen at [cvaneegh@uvm.edu](mailto:cvaneegh@uvm.edu) or call at 802-373-6286. ■

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## Grand Rounds for Schools Nurses: Upcoming Topics

Using evaluation feedback and survey results from 2011, the Vermont Department of Health and Vermont AHEC team have chosen topics for the five 2012-13 Grand Rounds for School Nurses: oral health, prescription drug abuse, diabetes and delegation, immunizations and new Americans health in Vermont, and Lesbian Gay Bisexual Transgender (LGBT) Issues. Speakers and details of the presentations will be forthcoming. ■

## Round Up

**Margaret (“Marty”) Hammond,**

**MEEd,** is the new Executive Director of the Southern Vermont AHEC, replacing founding director Nancy Lanoue, MEEEd, who retired.

Hammond has served with the Southern Vermont AHEC as Health Careers Coordinator since 2002. Bradley Berryhill, MD, president of the Southern Vermont AHEC Board of Directors notes that Marty “has been responsible for the growth of the program, overseeing 55 student placements each summer in a highly regarded health career exploration program in partnership with the region’s community hospitals. Over 300 youth have gone through the program since 2002,” he said. “Marty has a broad understanding of the mission of the Area Health Education Center program with many strong ties to the health, education and legislative communities.” She is also recognized for her community service in the Springfield area, including as co-chair of the Springfield Santa Claus Club, Springfield Family Center Board of Directors and Board president from 2002-2008, and the Windsor County Partners



Board of Trustees in 2010. She presently serves on the Springfield Restorative Justice Center Board. Previous to her work at AHEC, Marty was coordinator of the River Connection Regional Partnership and Administrator of the 21st Century Community Learning Centers Out-of-School-Time programs.

**Denis Barton,**

**MA, MBA,** is the new director of the Office of Primary Care and AHEC Program, replacing Elizabeth Cote who now leads the Vermont State Dental Society.

Most recently the Director of Vermont Public Policy with the Bi-State Primary Care Association, which represents the federally-designated health care organizations of New Hampshire and Vermont, he has worked in Vermont since 1993 in roles with the Department of Health, the Office of Vermont Health Access, and the Office Alcohol and Drug Abuse programs. Between 2004 and 2009 he was the Director of the Office of Rural Health and Primary Care where he worked very closely with the AHEC Program.

Barton received his Bachelor of Arts degree in sociology from Boston College and his masters in business administration from Boston University. He has worked as an executive director of a variety of



professional associations and organizations including the Rhode Island Pharmacists Association. “Denis’s extensive experience in public health and his commitment to improving the care of the underserved will be a great asset to the College of Medicine and to the Office of Primary Care,” remarks Charles D. MacLean, MDCM, FACP, Professor of Medicine and Associate Dean for Primary Care at the UVM College of Medicine.

**Helen Riehle, BA,**

is the new executive director of the Champlain Valley Area Health Education Center (AHEC) in St. Albans. Prior to joining Champlain Valley

AHEC, Riehle taught middle school, was the executive director of the Vermont Program for Quality in Health Care (VPQHC), and served in the Vermont State Legislature. As a legislator, Riehle chaired health and welfare, administrative rules and health access committees in the House and Senate. She has also been active on numerous non-profit and higher education boards in the Chittenden County region including UVM, Burlington College, and Vermont Public Television. She lives in South Burlington with her husband, Ted Riehle. ■



## Cultural Competency Resources Available

The 2012 Cultural Competency for Health Care Providers Manual has been reformatted and revised to provide new resources for practices that now include a section on “Building a Culturally Competent Practice,” as well as new information on the Chinese immigrant population and the Burmese refugee population in Vermont.

A *Quick Reference Guide: Healthcare Access for Latino Migrant Farm Workers in Franklin County, Vermont* is available in English or Spanish to answer frequently asked questions about health care access in Franklin County as well as how to make a medical or dental appointment, how to get low-cost care at Northern Tier Centers for Health (NOTCH), what to bring and

what to expect at an appointment. It was developed by UVM College of Medicine students David Larsen and Peter Cooch based on their summer SEARCH project in 2011, and is available at <http://www.cvahec.org>.

Champlain Valley AHEC used a newly adopted curriculum from Cross Cultural Systems, Inc. and offered a 60-hour training for medical interpreters last fall. The new curriculum provided a more comprehensive method of teaching medical interpretation, included a mental health component and the added benefit of language coaching.

As a result of the lessons learned from interpreter training, Champlain Valley AHEC is involved with a statewide

effort to create an entity that can improve language access to healthcare, legal and social services for refugees by promoting best practice standards and providing training for interpreters and service providers.

Polylot Med Spanish, developed by the Duke AHEC Program, is an application for the iPhone, iPad, and iPod Touch to give immediate audio translation of over 3,000 common words and phrases and assessment questions from English to Spanish and Spanish to English. It is available for free from iTunes. See <http://dukeahec.mc.duke.edu/spanish.html> for more information. ■

## Cancer Survivors Present Unique Challenges to the Primary Care Provider

The Vermont Cancer Center presents the 15th Annual Breast Cancer Conference at the Sheraton Conference Center Friday, October 5th. The Vermont Cancer Center is partnering with the University of Vermont Continuing Medical Education Office to offer workshops for primary care providers covering a diversity of topics focused on this patient population. Session topics include possible cardiopulmonary complications of cancer treatment, breast screening controversies, lymphedema care, survivorship shared care planning, genetic counseling and oncology rehabilitation. A full agenda of sessions is planned for this event to meet the needs of primary care providers and their office team.

People diagnosed with cancer are living longer with their disease, and are often cured of their disease but live with long term complications of their treatment. Long-term breast cancer survivors present multiple unique challenges to the primary care provider. The population of women, and occasionally men, who have been treated for breast cancer, continues to grow and age. With this expanding demographic of patients come new challenges for the primary care providers who will be caring for these cancer survivors for many years after their initial treatment for cancer.

The unique needs of this special patient population will be discussed during



*Michelle Sowden, MD, keynote speaker for the VCC Breast Cancer Conference*

a special Provider Track presented by the Vermont Cancer Center. Sessions are also designed for nurses, office staff, and consumers. Your patients need not only long-term follow up for possible recurrent cancer, but also continued monitoring for secondary complications of their cancer treatments. Learn about genetic risks that may affect other members of their families.

The focus of this year's conference is team building. It takes teamwork to provide comprehensive care to our patients with cancer, and how Primary Care and Oncology can work together

will be discussed. There are additional workshops on nutrition, weight loss, exercise prescriptions, and emotional wellness. A mock tumor board case discussion will be held during lunch. This will be presented by an interdisciplinary team of providers. Vermont Cancer Center physician-scientists will be presenting on a variety of bench to bedside topics. Dr. Susan Lakoski will be discussing the cardiovascular needs of patients treated for cancer. Dr. Kim Dittus will be presenting the Oncology Rehabilitation program called Steps to Wellness. Marie Wood, MD, will discuss prevention studies and Vitamin D research.

Even patients with metastatic disease can expect to live extended lives. These successes present new challenges as we try to meet the complex needs of these patients who are trying to live active, vital lives. The VT-NH Affiliate of the Susan G. Komen for the Cure generously supports this conference, the retreat for women with metastatic disease associated with this conference, and the Advocacy conference that will be on October 4<sup>th</sup>. Additional information on these events can be found on the website for this conference.

Physicians can earn up to 5.5 credits for \$40, and nurses may receive up to 5.5 contact hours for \$20 at this all-day event. For more information go to <http://VTBreastCancerConference.org> or call 802-656-2292. ■

## Management of ADHD is Topic For 2012 Academic Detailing

The Vermont Academic Detailing Program topic for 2012 is "Management of Attention-deficit/hyperactivity disorder (ADHD)" which will be offered in addition to prior offerings of "Management of Migraines," "Atypical Antipsychotics in Primary Care," and "Management of Non-specific, Chronic Low Back Pain."

The new topic includes:

- reviewing the pharmacologic and non-pharmacologic approaches and research evidence for the management of ADHD

across various age groups;

- reviewing the safety, side effect profiles, and abuse potential of commonly used stimulant medications;
- discussing tools and an approach to assist in the diagnosis of ADHD; and
- providing examples of patient education resources to help manage ADHD.

To schedule a session, please contact Laurie McLean at 802-656-2888.

In a related note, the Vermont Academic Detailing Program would like

to congratulate academic detailer **Gary Starecheski, RPh**, on winning the 2012 Pharmacist of the Year award. The award is given by the Vermont Society of Health-System Pharmacists annually to a Vermont pharmacist who demonstrates outstanding achievement or service to the pharmacy profession. The award was presented at the annual meeting of the Vermont Society of Health-System Pharmacists at the Waybury Inn, East Middlebury on May 23, 2012. ■

# The Vermont AHEC Network Receives \$2.1 Million to “Grow Our Own” Health Professionals

*Statewide jobs preparation project supports Vermont students to meet workforce needs in health care.*

In September 2011, on behalf of the Vermont Area Health Education Center (AHEC) Network, the Northeastern Vermont AHEC received a grant for more than \$2.1 million over three years to support and engage Vermont students interested in a health care career. The project was funded through the Health Careers Opportunity Program (HCOP) from the U. S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). Over 109 applications were submitted for this highly competitive grant award, and only 14 projects were funded.

The Vermont HCOP project will lengthen and strengthen the health care workforce pipeline in Vermont by reaching younger students than ever before with academic enrichment and career explorations programs. New curricula are being developed for students in grades K through 5. Students in secondary and post-secondary grades have access this spring and summer to new programs that explore health care careers and the health sciences. HCOP funding will allow the VT AHEC regional centers to offer more exploration in the fields of behavioral health, mental health and pharmacy.

This summer, a new, six-week

residential program will give a competitive advantage to Vermont students interested in a career in health care. “CollegeQuest to Health Careers” will be held at the College of St. Joseph in Rutland from June 24 – August 3, 2012 and is for students currently in the eleventh grade. There is no cost for students to attend, and qualifying participants who complete the program will earn money for college. Students will be introduced to college life and engage in an array of learning experiences that

offer both academic enrichment and career exploration. Activities range from hands-on learning in a lab to touring colleges that offer health careers training. Students will learn skills used in the mental health, primary care and pharmacy professions.

“By starting with our youngest students, and supporting them throughout their education with information and opportunities, we hope that the programs offered through the VT AHEC Network will inspire young people to be healthy, to participate in the health of their community, and to excel in science, technology, and math,” says Nicole LaPointe, MSW, Executive Director of the Northeastern Vermont AHEC.

The Vermont HCOP project engages a

*We hope that the programs offered through the VT AHEC Network will inspire young people to be healthy, to participate in the health of their community, and to excel in science, technology, and math*



Nicole LaPointe, MSW

broad collaboration from health, education and workforce interests in Vermont. This diverse representation contributed significantly to the project’s successful application for funding. Partners include:

- The Patrick and Marcelle Leahy Center for Rural Students at Lyndon State College
- The Lyndon State College and the Center for Rural Entrepreneurship
- The Community College of Vermont
- The Vermont Student Assistance Corporation
- The Albany College of Pharmacy and Health Sciences
- The UVM School of Social Work
- The Vermont Interdisciplinary Leadership Education for Health Professionals (VT-ILEHP) program at the University of Vermont College of Medicine

“This project has an ambitious scope. There is a tremendous amount of collective expertise among the organizations involved. I am excited that Northeastern Vermont AHEC will be taking the lead on this statewide collaborative endeavor,” says LaPointe. ■

*Connecting students to careers,  
professionals to communities,  
and communities to better health*

## Summer Briefs

### Two Vermont Health Centers Receive Federal Grants

Two Vermont health centers have received Capital Development-Building Capacity Grant Awards from the Health Resources and Services Administration (HRSA). Community Health Centers of the Rutland Region, Inc. received \$1,361,908 to build a community health center in Shoreham that will offer medical and dental services to residents regardless of their ability to pay. The new Center will be built on Route 22A and will include **Allan P. Curtiss, MD** as a primary care physician. Dr. Curtiss was burned out of the former Newton Academy on School Street when it was struck by lightning two years ago and he has been seeing patients in a Main Street home in Shoreham since then. Northern Counties Health Care, Inc. of St. Johnsbury will receive \$873,668 to expand and refurbish the Island Pond Health center for medical and dental services.

### Children's Oral Health Survey

In a survey of primary caregivers, nearly 40% in Maine, New Hampshire, and Vermont report that their children's oral health is less than excellent. The recent survey was conducted on behalf of Northeast Delta Dental, the region's leading dental benefits provider. About 44% of those caregivers said lack of brushing was the number one reason their children's oral health suffers and around 20 percent said their children's teeth are never flossed. Others cited a lack of dental benefits as a factor impacting their children's oral health. The American Academy of Pediatric Dentistry (AAPD) states children should brush their teeth twice a day, for two minutes each time. More children in the Northern New England area surveyed see the dentist but they start at a later age than recommended, compared to the national average; the northern New England children are less troubled by cavities than children nationally, and children in the tri-state area seem to have healthier diets than nationally. The full report on the survey can be seen at: [www.delta.com](http://www.delta.com).

### Substance Abuse/Mental Health Discussion Guide Available

The Substance Abuse and Mental Health Services Administration (SAMHSA) offers a guide on "Talking with Your Adult Patients about Alcohol, Drug, and/or Mental Health Problems: A Discussion Guide for Primary Care Health Providers." The guide is available free of charge or for downloading at: <http://www.kap.samhsa.gov>.

### Vermont Hospitals Library Survey

"Knowledge-based Information in Vermont Hospitals: A Survey of Library and Information Services in 2010" contains the results of a survey of Vermont hospitals to examine the extent of medical information resources supported by hospitals and the status of hospital libraries. Conducted with support for a National Institutes of Health grant to the National Network of Libraries of Medicine New England Region, the survey included all but one Vermont community hospital. In addition, 15 classes were given to 60 participants on medical information use for EBM to primary care providers around the state, with regional AHEC centers as sponsors for most of the classes. Results are posted at: [www.library.uvm.edu/dana](http://www.library.uvm.edu/dana), under "Library Information."

### Middlebury Family Practice Honored

Four physicians at Middlebury Family Health were honored by Senator Patrick Leahy who noted they represent the first Vermont physician practice to meet all of the federal program's criteria for improving patient care using its electronic health records system. The four physicians – **Jean Andersson-Swayze, MD**, **Ellen Doherty Fuller, MD**, **Dayle Klitzner, MD**, and **Linn Larson, MD** – each received the maximum first year incentive payment of \$18,000 from Medicare for achieving meaningful use of their Electronic Health Record (EHR) system. The physicians will re-invest the federal funds to pay for the EHR technology and to continue to make investments in improving patient care. Dr. Fuller is quoted in a news article in the *Addison Independent* as saying the EHR streamlines communication in the office, between the office and patients, and tracking which patients are overdue for key check-ups, as well as allowing e-prescribing, checking for drug interactions, and maintaining current medical problem lists and medication lists. The system also provides patients with a clinical summary of their visit and tracks whether ordered lab tests were actually completed. Dr. Fuller credits the EHR with enabling the practice to also meet the standards for becoming a patient-centered medical home and attaining the highest level status in the National Committee for Quality Assurance program.

### Spring Community Medical School

The spring Community Medical School series at the University of Vermont College of Medicine featured sessions on Dealing with Depression and Stress; Vermont's Innovative Approach to Primary Care; Understanding, Treating, and Preventing Concussion; The History of Radiology at UVM and Fletcher Allen; and Improving Health through the Power of Video Games. For information about how to view presentations from these and other past presentations, go to: [http://www.uvm.edu/medicine/?Page=community\\_medical\\_school.html](http://www.uvm.edu/medicine/?Page=community_medical_school.html).

### Ladies First Provider Resource and Training Web Site

The Vermont Department of Health Ladies First Program (Vermont's Comprehensive Breast and Cervical Cardiovascular Disease Risk Factor Screening Program) has a new provider resource and training site that offers the most up-to-date reference tools for clinical practice in breast, cervical and cardiovascular screening, diagnostics and treatment. The site has been approved for 12 AMA PRA Category 1 Credits and 12 Nursing Contact Hours. The site is located at: [www.LadiesFirstProviders.vermont.gov](http://www.LadiesFirstProviders.vermont.gov).

### National Prevention Strategy Available

The National Prevention Strategy: America's Plan for Better Health and Wellness, a report outlining goals for public and private partners to achieve better health through prevention, was recently released by U.S. Surgeon General Regina Benjamin, MD. It targets four strategic directions as the framework for national prevention efforts, including: building healthy and safe community environments; expanding quality preventive services in both clinical and community settings; empowering people to make healthy choices; and eliminating health disparities. The report is available at: [www.healthcare.gov/prevention/nphpphc/strategy/report.pdf](http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf).

## HRSA Grant Funds TOPMed Curriculum

A five-year, \$945,000 grant from the Health Resources and Services Administration (HRSA) funds a new curriculum, in the UVM College of Medicine Department of Family Practice, led by **Martha Seagrave, PA-C, RN**, assistant professor of family medicine. Known as Team-Oriented, Patient-Centered Medical Education (TOPMed), the new curriculum progressively introduces medical students to the concepts, language, and integration of knowledge, skills, and attitudes central to the Patient-Centered Medical Home (PCMH) concept. Key components are enhanced by the expansion of the family medicine clerkship to six weeks in length, and a goal of placing 50 percent of medical students in the family medicine clerkship in medically underserved communities. Seagrave and colleagues will track interest and effectiveness of activities, pre-and post knowledge and attitude evaluations, quality of PCMH projects, number of students choosing primary care and number practicing in medically underserved communities in their efforts to track TOPMed's impact.

## New Leaders at UVM Anatomical Gift Program

**Sarah Greene, PhD**, lecturer in anatomy and neurology at UVM, is the new director of the Anatomical Gift Program; **Amanda Bechtel**, a licensed funeral director and anatomical embalmer, is the new Diener of the Program. Previously managed by the Department of Anatomy and Neurobiology, it is now managed by the Office of Student Medical Education. The program facilitates whole-body donations that allow medical students, health professionals, and clinical specialists to study the structure of the human body, conduct anatomical reviews, and develop new clinical procedures. Contact the program at [www.uvm.edu/medicine/mededucation](http://www.uvm.edu/medicine/mededucation) or (802) 656-4605.

## Treatment of Tobacco Dependence

"Treatment of Tobacco Dependence" appeared in the American Medical Association's "Therapeutic Insights" in June; John R. Hughes, MD, Professor of Psychiatry at the University of Vermont College of Medicine, a content consultant for the article, examines various treatment efforts for tobacco dependence.

## Palumbo: Advanced Practice Nursing Supply Article

"Advanced Practice Registered Nurse (APRN) Supply in a Small State: Trends to Inform Policy," by **Mary Val Palumbo, DNP, APRN, GNP-BC**, Director of the Vermont AHEC Nursing Workforce Initiatives; adult nurse practitioner **Nancy Marth, MS, APRN**; and **Betty Rambur, PhD, RN**, Professor of Health Policy and Nursing at UVM, was published recently in the journal, "Policy, Politics, & Nursing Practice."

## Bob Swartz is "Citizen of the Year"

St. Johnsbury resident **Robert "Bob" Swartz**, education resource coordinator at the Northeastern Vermont AHEC, was honored as the Northeast Kingdom Chamber's 2012 Citizen of the Year this spring. Swartz was recognized for his many community activities, including three decades of service to Catamount Arts and health education causes.

## Vermont Educational Loan Repayment for Healthcare Professionals

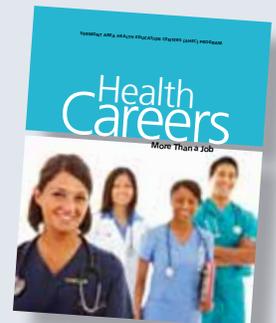
Applications for the 2013 cycle of the Vermont Educational Loan Repayment for Healthcare Professionals will be available on [www.vtahec.org](http://www.vtahec.org) in August, 2012. The due date for applications is September 10, 2012. For the current year's awards, 390 health professionals were granted awards totaling \$870,000. Awards were made to 166 primary care practitioners; 23 dentists, 188 nurses, and 13 nurse faculty.

## Free Vermont Dental Care Day

Dental practices throughout Vermont delivered free adult dental care on May 5 to help Vermonters in need. Supported by the Vermont State Dental Society and the United Way, 231 dentists, hygienists, dental assistants, and other volunteers provided over \$332,000 in free care to 525 fellow Vermonters in nine counties (up from last year's three counties). The all day event provided oral health screenings, preventative care, extractions, and dental restorative care to low income Vermonters 18 years or older who do not have dental insurance or are underinsured and can't afford to pay out-of-pocket. This year's event was the sixth Free Dental Care Day since its inception.

## Vermont AHEC Health Careers Guide Updated

The Vermont AHEC Health Careers Guide has been re-published with updated information in print and online at [www.vtahec.org](http://www.vtahec.org). "Health Careers – More Than a Job" describes in detail health professions in greatest need of employees, particularly in Vermont. Print copies may be requested at the three Vermont AHEC Centers or through the Program Office at the University of Vermont (802-656-2179).



## Vermonters Honored by Bi-State Primary Care Association

Vermonters honored at the 26th annual Primary Care Conference of the Bi-State Primary Care Association this spring include: the President's Award to **Mark Larson**, Commissioner, VT Department of Health Access; The Public Service Award to **Anya Rader Wallack, PhD**, Chair of the Vermont Green Mountain Care Board; and The Outstanding Clinician Award was presented to **Dr. John Matthew**, Medical and Executive Director of The Health Center in Plainfield, VT.

## Peer Support for Prescribers of Opioids

Health professionals who prescribe opioid medications can connect with a mentor who offers general information about evidence-based clinical practices in prescribing the medications. Clinical experts in the fields of addiction medicine/psychiatry and pain management offer mentoring through the Prescribers' Clinical Support for Opioid Therapies (PCSS-O), funded by a three-year grant from the Substance Abuse and

(continued on next page)

Mental Health Services Administration, Center for Substance Abuse Treatment. It is a collaborative project led by the American Academy of Addiction Psychiatry with several other professional organizations. Details are available at: [www.pcss-o.org](http://www.pcss-o.org).

## People in the News

**Jessica King**, a second year physician assistant student at Wake Forest School of Medicine, has won the 2011 Devlin Scholarship awarded by the Physician Assistant Academy of Vermont (PAAV). In the coming year, she will carry out several rotations in Vermont and has volunteered as an EMT-B for Essex Rescue while working as a medical assistant in primary care and orthopedics before she began PA school. King has also volunteered in Bolivia and on the border of Haiti with a Vermont medical relief team.

**Drs. Duncan and Green Honored by AAP: Paula Duncan, MD**, Professor of Pediatrics, and **Andrea Green, MD**, Assistant Professor of Pediatrics at the UVM College of Medicine, were honored at the American Academy of Pediatrics' National Conference and Exhibit in Boston, MA. Dr. Duncan received the Abraham Jacobi Award recognizing

a pediatrician for long-term notable national contributions to pediatrics in teaching, patient care, and/or clinical research. Dr. Green received the AAP Local Heroes Award from the AAP's Council on Community Pediatrics recognizing community pediatric work. Dr. Green directs the Pediatric Immigrant Clinic at Vermont Children's Hospital at Fletcher Allen Health Care which provides culturally and linguistically competent health care to a diverse range of patients from countries such as Burma, Bhutan, Iraq, and sub-Saharan African nations.

**Karen Patno, MD**, pediatrician and director of the ChildSafe Program of Vermont in St. Johnsbury and Burlington, received the "Fostering Collaboration" award at the KidsSafe Collaborative Annual Awards luncheon. Dr. Patno was honored for her work starting the Vermont Abusive Head Trauma (AHT) prevention project; she has established a statewide program in child abuse pediatrics. She and Priscilla White, Child Victim Treatment Director at the Vermont Department for Children and Families, presented a Grand Rounds for School Nurses program last September when they discussed, "Recognizing and Responding to Child Abuse as a Public Health Issue." ■

## Thank You, Liz!

Elizabeth ("Liz") Cote resigned as Director of the Office of Primary Care and AHEC Program after six and a half years at its helm, to become the Executive Director of the Vermont State Dental Society. During her years at UVM, Cote was a leading voice in healthcare workforce development, and served as the chair of the Workforce Development Partnership. Through her strong leadership, the Office of Primary Care and AHEC program had many accomplishments, including innovation in healthcare workforce pipeline activities across the spectrum from elementary school through to practicing clinicians; increasing and strengthening educational loan repayment programs to support underserved populations; and strengthening collaboration across the wide array of stakeholders involved with healthcare workforce development. At UVM she was very effective in bringing the priorities of access to care for the underserved to the curriculum in the Colleges of Medicine and Nursing and Health Sciences. During her tenure the Freeman Medical Scholars Program and the Office of Nursing Workforce Research were successfully merged with Vermont AHEC program. Her transition to the Vermont Dental Society is a natural one as she has long been a champion of oral health; she was instrumental in increasing the supply of dentists and dental assistants through loan repayment programs and increasing the capacity of the Fletcher Allen Dental Residency program. Cote insisted on excellence in all undertakings during her time at UVM and improved the AHEC program by every measurable standard.

**From Charles MacLean, Associate Dean for Primary Care:** I am deeply grateful to Liz not only for her dedication and hard work, but also for her ideas and vision. The health of Vermonters has been significantly improved through Liz's efforts to assure that we all have access to an effective and available healthcare workforce.



Elizabeth Cote

### From the staff of the Northeastern Vermont AHEC:

We appreciate how tirelessly Liz worked to communicate about the Vermont Area Health Education Center (AHEC) network. The recognition she garnered for our collective efforts and the relationships that she forged have opened doors for the Northeastern Vermont AHEC into new partnerships and new projects. Liz was always eager to educate others about the AHEC's work and its value to health care workforce development. This helped to put the Vermont AHEC by name into state legislation and legislative committee reports. Her enthusiasm attracted a diversity of collaborators to the Statewide AHEC Advisory

Board. Within UVM's College of Medicine, Liz's leadership resulted in wonderful new opportunities for Northeastern Vermont AHEC to meet and support students during their extended family medicine rotation, which has allowed us to encourage their interest in rural primary care. We are grateful for the positive groundwork she laid with such dedication, and the Vermont AHEC is in a strong position thanks to her efforts!

**From Champlain Valley AHEC (Helen Riehle):** Liz Cote provided important leadership and advocacy for the statewide AHEC network. Primarily my experience was from a legislative perspective. Her great sense of humor, strong communications skills and convincing presentations have made the AHECs a well-respected part of the health care system in Vermont and one strongly supported by the legislature. She also provided critical leadership to Champlain Valley AHEC as they navigated many internal changes.

**From Southern Vermont AHEC:** Liz Cote exemplifies the definition of a "professional woman" in today's work world. She is smart, well spoken, knowledgeable, a good listener, and she wears Great Shoes! The Southern Vermont AHEC staff wishes her much success in her new role. ■

## Ask Dr. Amidon:

### What are Five Things Physicians and Patients Should Question?

By CHARLES MACLEAN, MD, ASSOCIATE DEAN OF PRIMARY CARE, UVM COLLEGE OF MEDICINE AND RESEARCH DIRECTOR FOR THE VERMONT AREA HEALTH EDUCATION CENTERS (AHEC) PROGRAM



#### What is the *Choosing Wisely* Campaign?

In April 2012 the American Board of Internal Medicine Foundation announced the *Choosing Wisely Campaign* to encourage physicians, patients, and other health care stakeholders to think and talk about medical tests and procedures that may be either unnecessary or, if used indiscriminately, potential harmful.

Each of nine specialty societies has developed a list of five things patients and physicians should question within their specialty area.

#### How did the specialty societies arrive at their “list of five?”

Working groups of clinicians proposed lists of tests and procedures that they felt were unnecessary or overused based on their experience and a review of the medical literature. These were then voted upon online and field tested by physicians. That field testing showed support for the final recommendations, the potential positive impact on quality and cost, and the ease with which the recommendations could be implemented.

#### What specialty societies are involved in this effort?

Nine U.S. specialty societies representing 374,000 physicians have each developed a list called *Five Things Physicians and Patients Should Question*. They are: The American Academy of Allergy, Asthma and Immunology; American Academy of Family Physicians; American College of Cardiology; American College of Physicians; American College of Radiology; American Gastroenterology Association; American Society of Clinical Oncology; American Society of Nephrology; and the American Society of Nuclear Cardiology.

#### What does a typical list of “Five Things” look like?

The “Five Things” developed by the American Academy of Family Physicians are:

- Don’t do imaging for low back pain within the first six weeks, unless red flags are present.
- Don’t routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.

- Don’t use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65, or men younger than 70 with no risk factors.
- Don’t order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
- Don’t perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.

#### Why is this an important campaign?

In this era of unsustainable growth in health care spending, patients and clinicians must come together to limit unnecessary care. This campaign is a useful way to start (or continue) this conversation with our patients that “more is not always better.” I am proud to practice here in Vermont where we consistently achieve some of the best health outcomes in the country AND maintain a relatively conservative approach to utilization. When I review the list of 45 “things” I am struck by how familiar they are to me, and probably will be to you. I encourage you to take a look <http://choosingwisely.org/>

#### How can consumers learn more about these lists?

*Consumer Reports* and the medical societies have developed summaries of the lists including: “When do you need an EKG or stress test for heart disease? (American Academy of Family Physicians); “When do you need an imaging test for a headache? (American College of Radiology); “When do you need antibiotics for sinusitis? (American Academy of Asthma Allergy and Immunology and the American Academy of Family Physicians). *Consumer Reports* plans to produce additional reports in English and Spanish, and collaborate with other consumer organizations to distribute them to diverse populations. The latest information is available at: <http://www.consumerreports.org/cro/2012/04/choosing-wisely-how-to-avoid-unnecessary-tests-and-treatments/index.htm>. ■

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.



## Web Site Resources

### “The Opiate Effect,” a Vermont Video

“The Opiate Effect” is a 22-minute video produced in Vermont that details the impact that diverted opiate prescription medications and heroin are having on students. Produced by the U.S. Department of Justice and the U.S. Attorney’s Office in Vermont and the Vermont Department of Health, it can be seen at: [www.grpvt.com/blog](http://www.grpvt.com/blog).

### Reference Guide of Physical Activity Programs for Older Adults

A resource for planning interventions, the Guide provides information on 17 physical activity programs that could be used with older adults having healthy to frail functional status. View it at:

[www.cdc.gov/diabetes/pubs/refguide\\_physactivity.htm](http://www.cdc.gov/diabetes/pubs/refguide_physactivity.htm).

### NICHD Child Health Research Perspectives Podcast

The National Institutes of Child Health and Human Development has launched a monthly podcast in which director Alan E. Guttmacher will talk with NICHD scientists and program staff about findings from their areas of expertise. The series provides a means for researchers to go beyond the descriptions in news releases to discuss the implications of the research, what the findings may mean for patients and members of the public, as well as what direction future studies might take. For more information: [www.nichd.nih.gov/researchperspectives](http://www.nichd.nih.gov/researchperspectives).

### Vermont Prescription Monitoring Annual Report Out

The 2011 annual report covering data from the period of July 1, 2010-June 30, 2011 in the Vermont Prescription Drug Monitoring System is available at: [www.healthvermont.gov/adap/documents](http://www.healthvermont.gov/adap/documents).

### “Treating the Invisible Wounds of War” Course

“Treating the Invisible Wounds of War” is a free accredited online course in three sections: Posttraumatic Stress Disorder, Traumatic Brain Injury, and Issues of Women returning from Combat offered through North Carolina AHEC at: [eee.aheconnect.com/citizensoldier](http://eee.aheconnect.com/citizensoldier).

### Wise and Safe Investing

“Elder Investment Fraud: A National Epidemic,” is a short video that can be seen on the Investor Protection Trust web site, along with other investment advice at: [www.investorprotection.org](http://www.investorprotection.org).

### Family-to-Family Program about Mental Illness

The National Alliance on Mental Illness (NAMI-Vermont) offers a free 12-week series of classes structured to help families and friends of individuals living with mental illness understand and support their loved ones while maintaining their own well-being. The national course focuses on the emotional experiences of families and caregivers relating to the trauma of mental illness and is taught by specially trained family members. For

information, go to [www.namivt.org](http://www.namivt.org) under “Help for Families” to see when the next course will be given in Vermont.

### Resources about Multiple Sclerosis

Clinicians can complete a free home study program designed for people who care for those with multiple sclerosis and earn 1.5 hours of continuing education credit. The program can be ordered at <http://www.ms-concomitantillness.com>. The National Multiple Sclerosis Society’s Professional Resource Center contains articles and updates on symptoms, treatment, and research and other educational opportunities at [www.nationalmssociety.org/for-professionals/index.aspx](http://www.nationalmssociety.org/for-professionals/index.aspx).

### Health Conditions Guides for Consumers and Clinicians

The Agency for Healthcare Research and Quality (AHRQ) Effective Health Care Program offers continually updated research reports and reviews comparing the benefits and harms of test or treatment choices for health conditions. All consumer guides have a correlating clinician-specific guide. They can be ordered in print or viewed online at [www.effectivehealthcare.ahrq.gov](http://www.effectivehealthcare.ahrq.gov).

### Convert Text Documents to Braille or Audio

RoboBraille is an e-mail service which can convert digital text documents (up to 32 MB in size) into either Braille or audio files. The service is at: <http://robobraille.org/Online>.

## Medication Management Pilot Study

AMANDA G. KENNEDY, PHARM.D, BCPS, CHARLES MACLEAN, MD

This Vermont Department of Health two-year \$488,659 grant will support the UVM Office of Primary Care to conduct a population-based medication management pilot study in collaboration with selected primary care practices and pharmacists over a two-year period. The broad goal of this pilot study is to improve care for Vermonters, specifically around optimizing medication regimens in primary care settings. To support this goal, the pilot will describe and evaluate varying models for pharmacist collaboration with primary care practices. Health information technology, including population-based medication reports from primary care practices’ electronic health records, will serve as a tool for the pharmacist collaborations, where available.

The selected demonstration sites will include primary care

practices from multiple Vermont counties. The evaluation of the pilot study will be conducted in collaboration with the Vermont Blueprint for Health and will identify the strengths and weaknesses of various pharmacist/primary care collaborative models related to costs, clinical outcomes, patient and healthcare professional satisfaction, and model sustainability. This pilot study will be collaborative between pharmacists and primary care practices and supported by a broad foundation of stakeholders, utilizing the expertise and opinions of the Vermont Blueprint for Health and Vermont Academic Detailing Program Advisors.

Please direct questions about this project to [amanda.kennedy@uvm.edu](mailto:amanda.kennedy@uvm.edu). ■

## Three Vermont Dentists Benefit from Vermont Educational Loan Repayment Program

For four years, Delta Dental Plan of Vermont, which does business jointly with Delta Dental Plan of Maine and Delta Dental Plan of Vermont as Northeast Delta Dental, provided funds to support the Vermont Educational Loan Repayment Program for dentists as a community match. This program is administered through Area Health Education Center (AHEC), with the goal of ensuring a stable and adequate supply of dentists—through recruitment and retention—to meet the oral health care needs of Vermonters and increase access for the Medicaid population. These three dentists received Delta Dental Plan of Vermont funds in 2011.



*Christopher Bevin, DMD, MD*

A Middlebury College undergraduate, Dr. Bevin earned his DMD from the University of Connecticut Dental School. He earned his Doctor of Medicine from Mayo School of Medicine, and he also completed his residency and received his Oral and Maxillofacial Surgery certification from Mayo. He immediately returned to Vermont to continue his dental practice, specializing in oral and maxillofacial surgery. He and his many partners, all of whom are committed to serving the Medicaid population, travel throughout Vermont, western Massachusetts, and eastern and upstate New York. Dr. Bevin primarily divides his practice time between Rutland and Bennington, seeing both private pay and Medicaid patients. His oral surgery practice provides comprehensive specialty

care greatly needed in this region.

Dr. Bevin and his young family live on a small working farm in Bennington, Vermont, where they enjoy outdoor activities. He enjoys skiing at Killington, mountain biking, recreational soccer, and hiking in the Green Mountains.



*Brian McLellan, DMD*

Encouraged to go into practice by referring general dentists and specialists, last year, Dr. McLellan purchased an established orthodontic practice in downtown St. Johnsbury. The previous owner spent a significant amount of time and resources treating Medicaid patients from throughout Northeast Vermont, and Dr. McLellan will continue to offer services in St. Johnsbury and surrounding areas because of the great need for specialty services. Dr. McLellan has maintained the patient base from the previous practice owner and is encouraged by the number of new patients. In addition to his Vermont clientele, he treats some new patients from Littleton and Lancaster, New Hampshire. He is accepting patients who were treated by a Vermont orthodontist who accepted Medicaid in the past but is no longer in practice, and some of his patients drive over 40 miles to receive treatment.

Dr. McLellan and his wife, a Vermont native, met as undergraduates at the University of Vermont. They and their young family live locally and enjoy exploring northern Vermont in their spare time, especially the Green Mountains, Lake Champlain, and Burlington.



*Jared Rediske, DDS*

Originally from Minnesota, Dr. Rediske is a Air Force veteran formerly stationed in Montana and England. He moved from Horizon Dental in Brattleboro in early 2010 to partner with another dentist in West River Family Dental in the small town of Townshend, near Putney—a rural and underserved area. Dr. Rediske has a strong commitment to pediatric dentistry through his participation in well baby clinics serving Medicaid families and participating in the Early Education Program through Vermont Head Start. As part of the leadership team for the State of Vermont in the American Academy of Pediatric Dentistry Head Start Dental Home Initiative, he recruits and monitors dentists in his region who treat children on Medicaid. He also participates in panel discussions and gives presentations to local high school students to encourage an interest in dentistry as a career.

As an avid outdoorsman who appreciates the rural Vermont lifestyle, Dr. Rediske skis local mountains, rides his mountain bike, and enjoys kayaking. He is a volunteer instructor in the Junior Instructor Ski Program at nearby Stratton Mountain; and, in partnership with the Newfane School, he instructs young local students in basic skiing techniques. ■

## Blue Ribbon Commission on Nursing Works on New Plan

By MARY VAL PALUMBO, DNP, APRN

Health care reform efforts in Vermont and recommendations from the Institute of Medicine's (IOM) Future of Nursing Report (October, 2010) inspired Vermont nurse leaders to take action. A request was made to Governor Shumlin to assemble and charge the Blue Ribbon Commission on Nursing with reviewing the IOM recommendations and developing a Vermont specific action plan by September 2012. The following recommendations will be reviewed:

- Removing scope of practice barriers;
- Expanding opportunities for nurses to lead and participate in collaborative improvement efforts;
- Implementing nurse residency programs;
- Increasing the proportion of nurses with baccalaureate degrees to 80% by 2020;
- Doubling the number of nurses with a doctorate by 2020;
- Ensuring lifelong learning;
- Preparing and enabling nurses to lead change to advance health; and
- Collecting and analyzing inter-professional health care workforce data.

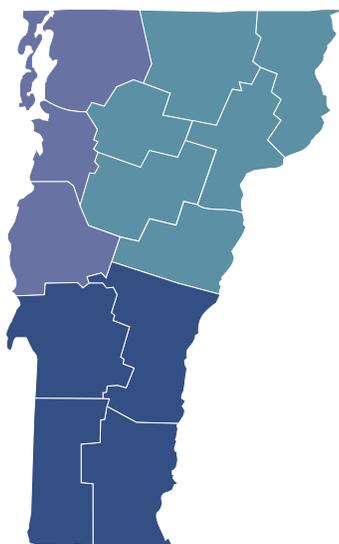
Commissioners were appointed from within the nursing profession as well as other stakeholders. Co-chairs, Susan Farrell RN MSN, a nurse educator and former Board of Nursing Chairperson and Jan Carney, MD, UVM Medical School faculty and former Health Commissioner will lead a group of 30 commissioners representing the following: nursing education, home health care, nursing homes, acute care hospitals—large and small, psychiatric services, physicians, the Vermont Legislature, the Vermont State Colleges, the Department of Health Access,



Blue Ribbon Commission co-chairs Susan Farrell and Jan Carney.

Department of Labor, Vermont State Nurses Association, Vermont Organization of Nurse Leaders, Vermont Nurse Practitioners Association, the Vermont Board of Nursing, Vermont Federation of Nurses and Health Professionals, the Blueprint for Health, Department of Aging and Independent Living, AARP, the public at large, the Area Health Education Centers and the Department of Health.

Work of the Blue Ribbon Commission on Nursing started with the first meeting at the statehouse on October 6, 2010 and ends with a report to the Governor no later than September 30, 2012. This commission hopes to build on the successful analysis of the nursing workforce that was done by the Blue Ribbon Commission on Nursing in 2001. Many of the recommendations from that original commission helped Vermont to weather a serious nursing shortage. Once again, nurses' role in the health of Vermonters is being acknowledged and the future of Vermont nurses, with an active role in all aspects of healthcare, is being envisioned. You can follow along with the work of the Commission by agenda and minutes posted on <http://www.vtblueribbonnursing.org/>. ■



### 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](http://www.cvahec.org)  
St. Albans  
(802) 527-1474

■ **Northeastern Vermont AHEC:**

[www.nevahec.org](http://www.nevahec.org)  
St. Johnsbury  
(802) 748-2506

■ **Southern Vermont AHEC:**

[www.svahec.org](http://www.svahec.org)  
Springfield  
(802) 885-2126



[www.VTHealthCareers.org](http://www.VTHealthCareers.org)

PLEASE JOIN US AT

# Vermont Recruitment Day

Wednesday, September 26, 2012

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.



The University of Vermont Office of Primary Care  
*Presents*

## Bridging the Divide:

A Conference Fostering Collaboration Between Primary Care, Mental Health, Substance Abuse and Behavioral Health Practitioners

# November 7, 2012

Doubletree Hotel, Burlington, Vermont

<http://cme.uvm.edu>

# Calendar

## SEPTEMBER

12 Grand Rounds for School Nurses,  
All Vermont Interactive Television  
(VIT) Sites, 3:30-5 p.m.  
Call: 802-656-2179

13-14 Vermont Association for Hospitals  
and Health Systems Annual Meeting;  
Hilton Inn, Burlington,  
Contact: 802-223-3461, x107

18-21 Advanced Dermatology for the Primary  
Care Provider\*; Sheraton Hotel,  
Burlington, VT

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

## OCTOBER

5 Breast Cancer Conference\*;  
Sheraton Hotel, Burlington, VT

## OCTOBER

16-17 Vermont State Nurses' Association  
Annual Convention; Lake Morey  
Resort, Fairlee, VT;  
Contact: 802-651-8886

26-27 Neurology for the Non-Neurologist\*;  
North Conway Grand Hotel,  
North Conway, NH

27 Vermont Medical Society annual  
meeting, Woodstock Inn, Woodstock,  
VT. Call: 1-800-640-8767 to register.

## NOVEMBER

7 Bridging the Divide Conference\*  
DoubleTree Hotel, Burlington, VT

13 Grand Rounds for School Nurses,  
All Vermont Interactive Television  
(VIT) Sites, 3:30-5 p.m.  
Call: 802-656-2179

## JANUARY

15 Grand Rounds for School Nurses,  
All Vermont Interactive Television  
(VIT) Sites, 3:30-5 p.m.  
Call: 802-656-2179

## FEBRUARY

7-10 Hospital Medicine 2013 Conference\*  
Stoweflake Hotel, Stowe, VT

## MARCH

13 Grand Rounds for School Nurses,  
All Vermont Interactive Television  
(VIT) Sites, 3:30-5 p.m.  
Call: 802-656-2179

## MAY

14 Grand Rounds for School Nurses,  
All Vermont Interactive Television  
(VIT) Sites, 3:30-5 p.m.  
Call: 802-656-2179

\*Contact: <http://cme.uvm.edu>

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