



## Child Mental Health Care in Vermont

By DAVID C. RETTEW, MD, ASSOCIATE PROFESSOR OF PSYCHIATRY AND PEDIATRICS; DIRECTOR, CHILD & ADOLESCENT PSYCHIATRY FELLOWSHIP; DIRECTOR, PEDIATRIC PSYCHIATRY CLINIC, UNIVERSITY OF VERMONT COLLEGE OF MEDICINE



Finding comprehensive and timely mental health care for Vermont children and their families represents a major challenge for primary care clinicians across the state. Epidemiologic studies have shown that nearly one in five children meet diagnostic criteria for a psychiatric disorder, yet resources especially regarding child psychiatrists are very scarce. The shortage is not unique to Vermont, although this fact offers little comfort for struggling families and their primary care clinician. Compounding this problem is the fact that child

psychiatry training is often sparse in primary care curriculums, leaving many clinicians feeling unprepared and uncomfortable in confronting psychiatric disorders in their patients.

The good news is that most all childhood psychiatric disorders can be effectively treated with a good assessment and multi-faceted treatment. In addition, a number of efforts are underway both locally and at the national level to equip primary care clinicians to diagnose and manage many of these complex disorders as part of an integrated team.

This brief article summarizes some Vermont initiatives in this area and offers a few practical suggestions for clinicians facing mental health challenges in their patients.

### Five Things You Can Do When Challenged by a Childhood Mental Health Problem

1. **Quantify the symptoms.** The use of instruments can take some of the ambiguity out of a patient's symptoms and provide a good baseline from which to evaluate the effects of treatment. Broad-based scales such as the Child Behavior Checklist ([www.aseba.org](http://www.aseba.org)) can provide a good overview of multiple areas of problem behavior while disorder-specific instruments can hone in on particular problem areas.
2. **Find a therapist.** Many types of childhood mental health problems respond very well to specific types of psychotherapy at levels that rival and even exceed medications. Combined medication plus psychotherapy approaches also can be very powerful. When recommending a therapist, it can be particularly useful to find those with experience in research-tested methodologies such as Cognitive Behavioral Therapy.
3. **Screen for parental mental health symptoms.** It should come as little surprise in this era of genetic advances that parents frequently have their own mental health concerns,

often very similar to those in their children. Supporting parents to confront their own psychiatric symptoms can be of enormous benefit to children and can help minimize the use of medications.

4. **Counsel about environmental changes.** Studies show the mental health benefits of things such as structured activities in sports, good nutrition and

## From the Editor

Happy 2009! This edition highlights some of the important initiatives underway by the Office of Primary Care and the Vermont AHEC Network in the area of health care workforce development: pipeline, recruitment, educational/quality improvement programs, and more.

The featured "tool", pages 8-9, is to make it quick and easy for prescribers to schedule a free, one-hour CME session at their practice (and we bring lunch!) with the Vermont Academic Detailing Program. The **Vermont Academic Detailing Program** goal is to promote high-quality, evidence-based, patient-centered, cost-effective treatment decisions by healthcare practitioners. Current topics are the Management of: Insomnia, Depression, and Migraine. This program is offered by the University of Vermont Office of Primary Care with funding support from public and private sources, including the State of Vermont; there is no pharmaceutical company sponsorship.

AHEC worked closely with the members of the VT Healthcare Workforce Development Partners Committee, and Governor James Douglas to deliver an outstanding **October 2008 Health Care Careers Awareness Month** campaign. The campaign included a media event at Brattleboro Union High School on October 6th (see page 5) with seven healthcare professionals from Brattleboro Memorial Hospital speaking to 249 freshmen about their careers, and also featured a series of radio and Internet ads as part of its drive to web campaign promoting [www.vthealthcareers.org](http://www.vthealthcareers.org). ■

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

## INSIDE

*Health/Safety on the Farm* 4

*"Ask Dr. Amidon"*  
*Dermatology* 7

*Primary Care Rounds* 10

sleep, and exposure to music and religion. Kids with ADHD, for example, should be counseled to turn off the TV and read and get a good breakfast each morning.

5. **Include the schools.** While resources vary, schools can assist in evaluations for specific learning problems that often accompany psychiatric disorders and can provide crucial accommodations and modifications to help children succeed. Many schools also have contracts with local mental health agencies so that children can receive psychotherapy on site.

## Five Vermont Initiatives to Improve Childhood Mental Health Care

1. **The Pediatric Psychiatry Clinic (PPC).** This clinic is part of the Vermont Center for Children, Youth, and Families (VCCYF; <http://www.med.uvm.edu/vccyf>), and is located at Fletcher Allen Health Care in Burlington. It is staffed by third year psychiatry residents supervised by attending child psychiatrists. The PPC is primarily a consultative clinic that provides psychiatric assessment and treatment recommendations to primary care clinicians across the state. Some follow-up treatment is also available as needed for more severe conditions. Wait times vary but generally are in the three-month range. Families need to complete a number of questionnaires prior to scheduling to ensure a complete evaluation. The intake number is (802) 847-2224.
2. **New Child Psychiatry Fellowship.** After having the dubious distinction of being the only New England state that did not train child psychiatrists, accreditation was recently granted for a new child psychiatry fellowship at the University of Vermont College of Medicine. The first full-time fellows are currently being recruited for graduation in June 2011. It is hoped that this effort will attract more child psychiatrists to the academic and quality of life benefits of the area. More information can be found at [www.fahc.org/gme/pediatric\\_psychiatry](http://www.fahc.org/gme/pediatric_psychiatry).

3. **Tele-child psychiatry.** VCCYF has piloted a program to deliver a limited number of child psychiatry evaluations to three Vermont community mental health centers (CMHCs) in St. Albans, Morrisville, and Newport using advanced videoconferencing technology. It is hoped that resources will be available to expand the program that is now accessed through these CMHCs.
4. **Child psychiatry consultative rounds.** With funding from the Vermont Child Health Improvement Program (VCHIP), child psychiatrists have begun to visit area primary care offices to hear case presentations and field questions related to childhood psychiatric problems. It is hoped that this project as well can be expanded to other sites and other formats.
5. **Child Psychiatry for the Primary Care Clinician conference.** For the past four years, this highly successful spring conference has offered practical training to the primary care community. After taking the show on the road last year to Maine, the plan for 2009 is to return to the Burlington area. Further information can be found at <http://cme.uvm.edu/> as it becomes available.

In summary, the Vermont primary care community is challenged by the same lack of knowledge and resources in child and adolescent psychiatry felt by the rest of the country. Many things, however, can be done at the primary care level to provide high levels of care to our patients struggling with mental health difficulties. We are also fortunate to have some valuable resources in our state, including an internationally recognized center for excellence in child mental health research, education, and clinical care at the Vermont Center for Children Youth and Families. We also benefit from a number of local, community, and state leaders who are committed to making child mental health a priority in this state. ■

## Self-Management of Chronic Conditions — Worth Working For

By KIM SCHOBBER

The Vermont Chronic Care Management Program is an initiative implemented jointly by the State of Vermont, Office of Vermont Health Access and APS Healthcare. At the heart of this program is a supportive health team dedicated to assisting members to do their best to manage chronic disease, teaching individuals the skills necessary to positively impact their overall health. With the redesign of our health care delivery system, the efforts of our health team to foster hope and persistence that results in a more fulfilling lifestyle is worthwhile and definitely worth working for.

Gone are the days when health care was a one-dimensional process provided by medical and health care practitioners to patients. We live in a time where health and wellness measures to manage chronic disease are largely up to the individual. Consequently, as health care providers we need to work with



patients who can sometimes appear passive, encouraging them to be assertive and informed health care consumers. Their fulfillment and active involvement in the management of their own health is as important as anything we can do for them.

### What is Self-Management?

- Self-management is the individual's strategy to manage the symptoms, treatment, physical and social consequences and lifestyle changes inherent in living with a chronic condition.
- Self-management is not, as may be implied, the management of one's health void of medical or health care intervention.

Collaboration between consumer and health care providers to implement strategies to achieve a desirable health outcome is crucial. With an increasing population of patients with chronic care needs, a proactive system needs to be in place. The Vermont Chronic Care Management Program (CCMP) is that proactive

system balancing evidence-based coaching with individualized support resulting in desirable health outcomes.

## What is Self-Management Support?

Supporting individuals with the task of managing their own chronic conditions involves more than education about their conditions. They need to have the skills and confidence to effectively manage the condition on their own, with assistance as necessary from their health care providers.

CCMP provides self-management support to assist individuals:

- Manage the illness (such as learning to take medications and monitor the condition).
- Carry on normal roles and activities.
- Manage the emotional impact of the illness.
- Develop problem-solving skills.

The goal of self-management support is to assist and sustain our members' ability to engage in self-management behaviors that fit within their own life patterns. The creation of a personal action plan is the mechanism by which the CCMP team supports their members' self-management goals.

## What is the purpose of the Personal Action Plan?

Developing a Personal Action Plan introduces the concept of self-management to the individual, helping them understand that they are the managers of their health. The plan can be very successful with the support of the primary care provider who is invested in this concept as a prescription for care. Provider assistance with goal setting only helps increase acceptance by the member.

The CCMP team provides an ongoing resource and support for successful Action Plans by:

- Helping individuals determine their own priorities. Asking about and understanding their health beliefs, and addressing problems from their perspective. Asking the member about their living circumstances.
- Asking about these issues and working to understand the individual's perspective allows the CCMP team to collaboratively set self-management goals that the patient wants, versus based solely on clinical priorities, if

the two are not congruent. (NOTE: Once you have the individual achieving success in setting their own personal health care goals, you can weave in clinically-based goals over time).

- Assessing the member's confidence in carrying out a plan, and providing follow-up to help them achieve the goal and problem-solve barriers.
- Deciding when and how the member wants to follow-up on the self-management goals that are set, and writing this in the action plan. Decide on contact intervals based on clinical need and patient preference. CCMP will follow all clinical and self-management tasks with the member.

## How to Create a Successful Action Plan

- Begin with something the member wants to do.
- Make the goal reasonable (something the member can reasonably expect to be able to accomplish this week).
- Strive for a change that is behavior-specific (losing weight is not a behavior; not eating in the evenings while watching television is a behavior).
- Ensure that the plan answers these questions: what; how much; when (think about the day/the week – which days, what times, etc.); how often?
- Start when the member believes that they can, and will, complete the task. Keep in mind the difference between a healthy change, a goal that is set to reach that change and the behavior required to attain that goal.

## How to Address Obstacles that Interfere with Problem-solving Techniques

The CCMP team reminds members that change often takes time and effort. Hearing a health care provider reiterate that self-management can require persistence, and that success is possible – even when obstacles are encountered – can be just what the individual needs when the going gets a bit rough. The following method has been shown to help members find solutions to problems:

- Identify the problem.
- Help get to the root of the issue. For

example, help the member obtain information on healthy dietary choices and meal planning.

- List ideas to solve the problem.
- Help come up with many ideas, some they have tried before to some that may seem ridiculous, and to come up with a list of ideas that might work.
- Choose one method to try.
- Out of all the options listed, help the member choose one, or a combination of ideas that they think will work for them.
- Try it for two weeks.
- Encourage members to give each idea a good trial period to see if it will work.
- Evaluate the results.
- After the member's given the idea a fair trial, assess the outcome.
- Try another idea if the first one doesn't work.
- Have the patient return to their list of ideas and try another.
- Locate other resources.
- Resources can be friends, family, members of their health care team, or a community link such as the public library or a health fair; or the Blueprint for Health's 'Healthier Living Workshops' specifically to address 'self-management' skills in a supportive group setting.
- Accept that the problem may not be solvable right now.
- Remind the member that if the solutions they came up with this time haven't worked, it doesn't mean that other solutions won't be effective at another time, or that different problems can't be solved using this solution. ■

## PRIMARYLY VERMONT

Primarily Vermont is published by The University of Vermont College of Medicine Office of Primary Care, sponsor of the Vermont AHEC Program.

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

©2009 The University of Vermont. All rights reserved.  
 Reproduction prohibited without permission.



## Health and Safety Programs Offered for Health Practitioners and Farmers



Two new programs to promote and sustain a healthy, stable farm workforce in the state were launched this fall by the Vermont Farm Health Task Force of the Vermont Department of Health Office of Rural Health.

Most farm injuries are caused by falls, incidents involving animals, and repetitive motion injuries; farm deaths usually involve heavy machinery, especially tractors tipping over.

About 50 participants attended a two-part AgriSafe Farm Occupational Health and Safety training for rural health care practitioners. The program provides basic information and skills to assist health care professionals in the diagnosis, treatment, and prevention of agricultural illness and injury. Vermont's first training session attracted 11 naturopathic physicians, a

dentist, three veterinarians, nine nurses, two LPNs, three physician assistants, a chiropractor, and a dozen others. The five-day conference grants 40 continuing education credits and is based on a model developed by the University of Iowa's Center for Agricultural Safety and Health. VDH's goal is to have a representative from every primary care practice in the state that treats members of the farm community become certified in AgriSafe.

The conference is a collaborative effort of the Vermont Department of Health Office of Rural Health and Primary Care, Vermont Agency of Agriculture, and Department of Labor, the Agrability Project, Bi-State Primary Care Association, and University of Vermont Extension Services and College of Medicine.

The second program is geared toward enhancing safe working conditions on farms while helping to reduce workers' compensation costs for farmers. Twelve

farms that participated in the voluntary pilot project this year underwent a safety audit, designed a plan to make their farms safer, and held monthly meetings with employees. The safety lessons were written in both English and Spanish (the latter courtesy of a Spanish class at Montpelier High School) in recognition of the fact that many farm workers are migrants who speak Spanish.

The safety audits frequently identified a lack of first aid kits, fire extinguishers and caution signs around manure pits or manure hoppers where falls could occur, along with on-road farm equipment problems. Two of the participating farms have already seen decreases in workers' compensation insurance rates of 15 and 25 percent.

Additional information about the work of the Vermont Farm Health Task Force is available at: <http://healthvermont.gov/local/rural/documents/FarmHealthSurveySummaryReport.pdf>. ■



*Freeman Scholars in the Class of 2012 are in the center of the front row as they are joined by Freeman Scholars in the other three classes at the recent fall reception.*

## Freeman Medical Scholars Fall Reception

Freeman Medical Scholars make a commitment to practice medicine in Vermont. Ten new Freeman Medical Scholars from the UVM College of Medicine Class of 2012 and their families recently attended the annual fall Freeman Medical Scholars Program reception held on campus. Freeman Medical Scholars from the Classes of 2011, 2010, and 2009,

along with faculty, welcomed the newest scholars to the program.

The Program featured internist Dr. Stephen Baad (COM '01) and infectious disease specialist Kristen Pierce (COM '03), both Freeman Medical Scholars practicing in Vermont, as well as UVM Provost, Dr. John Hughes, and College of Medicine Dean, Dr. Frederick Morin. The

reception also included posters by medical students based on their 2008 summer, community-based, health projects which were supported by the Freeman Medical Scholars Program and the Vermont Area Health Education Centers (AHEC) Program. ■

## Charles D. MacLean, MD Named Interim Associate Dean for Primary Care

Charles D. MacLean, MD has been named interim Associate Dean for Primary Care at the University of Vermont College of Medicine by Frederick C. Morin, III, MD, Dean of the College.

Dr. MacLean will maintain his faculty appointment and role as Research Director for the Office of Primary Care and continue his clinical practice, teaching and research within the Primary Care Internal Medicine division. He succeeds John P. Fogarty, MD, who left UVM to become dean at Florida State University College of Medicine.

Dr. MacLean joined UVM/Fletcher Allen Health Care as Assistant Professor of Medicine in Primary Care Internal Medicine in 1988, and served as Practice Manager of the Given Health Care Center Essex site from 1994-2006. He is co-investigator and Project Director of the National Institute of Diabetes and Digestive and Kidney Disease-funded project "the Vermont Diabetes Information System." He participated in



*Charles MacLean, MD teaching a student with a patient.*

the development of the Vermont Program for Quality in Health Care and Vermont Department of Health "Guidelines for Management of Diabetes in Vermont."

A graduate of McGill University Department of Medicine in Montreal, Dr. MacLean completed residencies in internal medicine at Boston Veterans Administration Medical Center and University of Rochester, as well as a two-year fellowship in the Faculty

Development Program in Internal Medicine at the University of North Carolina in Chapel Hill.

He currently serves on the Executive Committee of the Vermont Blueprint for Health and is co-chair of its Provider Practice Workgroup. He was appointed Research Director for the UVM Office of Primary Care in 2006 and is the Principal Investigator for its Area Health Education Centers (AHEC) Program.

When he announced the appointment, Dean Morin noted, "As evidenced by our ranking in the U.S. News and World Report as fifth in the

nation for primary care education, the College has an important role to play in enhancing strong networks of community faculty, in strengthening teaching and research programs, in preparing the workforce for the future, and in continuing to build upon academic-community, public-private collaboration to provide needed health care for Vermonters." ■

## Creating Awareness for Health Care Careers

The annual October Health Care Career Awareness Month in Vermont, by proclamation of Governor James Douglas, and enlivened with activities planned by the Vermont Health Care Workforce Development Partnership, had its kickoff event in Brattleboro Union High School in fall, 2008.

The assembly attracted 249 freshmen and 30 teachers/counselors who heard Elizabeth Cote, co-chair of the Workforce Development Partnership, and a panel of Brattleboro area health care practitioners, describe Vermont's healthcare workforce needs, opportunities, and on-the-job experiences. All students at the school also had an opportunity to learn more about Vermont's health care career opportunities during lunchtime by playing an interactive game called Plink-It! (there were 813 players), receiving health career trading



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

cards, and other promotional items that encouraged them to check out [www.vthealthcareers.org](http://www.vthealthcareers.org).

This year, added elements to the ever-growing program included an online campaign through Google with keyword search ads and flash display image ads, as well as a mini-push to promote dentistry.

"Our goal is to create awareness about Vermont's health care careers and to educate, recruit and retain qualified health care workers," said Elizabeth Cote,

co-chair of the Partnership. Teachers, counselors and others interested in having a health care career presentation at their school can visit [www.vthealthcareers.org](http://www.vthealthcareers.org) to request a visit.

The University of Vermont Office of Nursing Workforce, Vermont's Area Health Education Centers (AHEC) Network, and members of the Partnership are visiting the state's high schools throughout the year to provide information about career opportunities in Vermont's health care industry. The Partnership, comprising Vermont health professionals and organizations, is collaborating to develop long-term solutions to sustain Vermont's health care workforce.

To learn more about health care careers in Vermont, visit: [www.vthealthcareers.org](http://www.vthealthcareers.org). ■



## Thank You, Jay Fogarty!

The University of Vermont College of Medicine bid a fond farewell to John (Jay) Fogarty, MD in June as he left Vermont to become Dean of the College of Medicine at Florida State University.

During his thirteen years in Vermont, he was a family medicine physician, physician leader of Family Medicine at Fletcher Allen Health Care, professor and chair of the Department of Family Medicine at the UVM College of Medicine, Senior Associate Dean for Operations, Associate Dean for Primary Care, and Interim Dean of the College of Medicine.

In 2007, Dr. Fogarty was honored by the Vermont Academy of Family Physicians as Vermont Family Physician of the Year and also received the Distinguished Service Award from the Vermont Medical Society, the highest



honor the society bestows, for meritorious service in the science and art of medicine, as well as for outstanding contributions to the medical profession, its organizations and the welfare of the public.

After graduating from the U.S. Military Academy at West Point, Dr. Fogarty earned his medical degree from Albany Medical College of Union University in Albany, N.Y., and completed his family practice residency at DeWitt Army Hospital in Fort Belvoir, Virginia.

Dr. Fogarty spent the first 20 years

of his career as an Army physician and academic leader, rising to the rank of colonel and serving the last five years of his military career as chair of Family Medicine at the Uniformed Services University School of Health Sciences in Bethesda, Md.

At the farewell reception, Dr. Fogarty's accomplishments were related by Jonathan B. Hayden, MD, chair of Primary Care Internal Medicine; Thomas Peterson, MD, acting chair of Family Medicine; and Lewis First, MD, chair of Pediatrics, along with Dean Frederick C. Morin, III, MD, UVM's Dean of the College of Medicine.

Among the presentations made were expressions of thanks from Elizabeth Cote, Director of the Office of Primary Care and AHEC Program, who gave Dr. Fogarty a UVM mantle clock inscribed:

"With deep appreciation to John P. Fogarty, MD for commitment to the Vermont AHEC Program and the University of Vermont College of Medicine." ■



## Vermont Recruitment Day 2008!

Over 200 students, residents and fellows visited with 25 recruiters to learn more about career and student rotation opportunities at hospitals and other health care organizations throughout Vermont on October 3.

Attendees and recruiters agreed the event is an important one for making the right contacts to match students with job/practice/rotation possibilities. One student remarked, "Although I'm only a first year medical student, it's nice to see what's available in Vermont," and another commented, "Really great to see how many opportunities there are available." One hospital recruiter notes, "Excellent! I set up two interviews." Another said, "This is a great event as we think about recruiting our next generation of healthcare professionals." Vermont Recruitment Day is an annual event offered by the University of Vermont Area Health Education Centers (AHEC) Program that allows Vermont's 14 hospitals, federally qualified health centers (FQHCs), and other health care organizations to meet with Fletcher Allen Health Care residents, UVM medical, nursing, physical therapy, allied sciences and social work students to begin important networking and relationship-building. ■

*Above left: An overview of the activity at the 2008 Vermont Recruitment Day in the Hoehl Gallery of the UVM College of Medicine. Center: Recruiter Nicole Goswani from Southwestern Vermont Medical Center in Bennington networks at Vermont Recruitment Day. Above right: Larry Jensen, corporate developer, and Becky Banco, physician recruiter, from Rutland Regional Medical Center, discuss career opportunities at RRMHC with a resident.*

## Ask Dr. Amidon: Melanoma in Vermont

By KATHRYN SCHWARZENBERGER, MD, ASSOCIATE PROFESSOR OF MEDICINE (DERMATOLOGY), UNIVERSITY OF VERMONT COLLEGE OF MEDICINE, AND DIRECTOR, DERMATOLOGY RESIDENCY PROGRAM, FLETCHER ALLEN HEALTH CARE



### Several of my patients have been diagnosed with melanoma: is the incidence of melanoma rising?

The incidence of melanoma in the US has increased dramatically in the past century. The lifetime incidence of melanoma, which in the early 1900s was around one in 1500, is now close to one in 50. The reasons for the increase are not fully understood, but increased sun exposure, particularly brief episodes of intense sun exposure, is thought to contribute. Despite the fact that Vermonters live at a higher latitude (and have less sun exposure!) than others in the US, we have one of the highest per capita melanoma rates in the US. Vermont Department of Health statistics from 2000-2004 indicate that melanoma is now the 5th most common cancer diagnosed in Vermont. Approximately 96 men and 84 women each year will develop melanoma.

### Who gets melanoma?

Anyone can. Melanoma strikes all ages, although the incidence does increase with age, peaking in the mid 70-80s. Although it is rare, children can develop melanoma, so it is important not to dismiss an atypical-appearing pigmented lesion in a child. Melanoma is one of the most common malignancies in women aged 25-35. Race does not protect from melanoma, although persons with light skin and blue or green eyes are at least 10 times more likely to get melanoma than is someone with dark skin. The incidence of melanoma is slightly higher in men than in women. In Vermont, the melanoma incidence rate among females has more than doubled in the past decade, whereas the rate for all US women has only increased by 20%.

### What features of a pigmented lesion should make me worry that it might be a melanoma?

The dermatology community has long taught patients and providers alike to use the “ABCD” criteria. These features, asymmetry, border irregularity, color play or abnormal color, and diameter > 6mm, remain useful criteria with which to evaluate pigmented lesions for clinical atypia. A 5th criterion, “E” for evolution has been added, and may actually be the most important criterion. Any changing pigment should be evaluated and possibly biopsied. More recently, the concept of looking for the “ugly duckling” has been introduced. In general, most nevi on a given individual are similar. Any lesion that looks different from the others, the so-called “ugly duckling” warrants careful evaluation.

### Any good news about melanoma?

Yes! Despite rising incidence rates, mortality rates from melanoma remain low, about 4.5% for men and 1.9% for women nationwide. Mortality rates in Vermont appear similar to national numbers. While the incidence of melanoma has increased significantly in the past century, the mortality rates have not kept pace. Early detection and treatment is thought to be one of the factors contributing to this trend. Thin melanomas (those <1mm in depth) with no evidence of metastasis have a very good prognosis; 5-year survival rates are >95%. Unfortunately, the survival rates decrease significantly with thicker lesions, and if the melanoma metastasizes, the 5-year survival rate drops to 5-10%. There are at present no consistently beneficial treatments for metastatic melanoma; for this reason, early detection is crucial. Do skin exams!

### What should I recommend to adults and children for sun protection?

Sun protection is thought to be one of the most important factors in the prevention of melanoma and non-melanoma skin cancers. Over the years, I have come to realize that telling patients to “stay out of the sun” is unlikely to be productive; I now counsel them to “keep their skin out of the sun.” Avoid exposure to the sun between 10 am and 3 pm when ultraviolet rays are at peak intensity. Cover the skin with clothing and hats. Protect the eyes with good quality, wrap-around sunglasses. When the skin cannot be covered, use a high SPF (preferably 30 or greater) sunscreen that protects from both UVA and UVB rays. There are many excellent sunscreen products on the market, so the old excuses for not using sunscreen including “it’s too greasy” or “I don’t want to smell like coconuts” no longer apply. Sunscreen can be used on children of all ages, even infants, although protection with clothing may be preferable for young children. Does sunscreen use lead to vitamin D deficiency? The issue is very controversial and is proving to be rather complicated, as vitamin D deficiency has been demonstrated even in some individuals who get regular sun exposure. I recommend that which I do myself...vigilant sun protection and vitamin D supplementation. ■

*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.*



## UPDATE

## Vermont Academic Detailing Program: Clinical Support and Education

Academic detailing, or university-based educational outreach, has been studied for more than 25 years as a unique method for delivering continuing education. A recent extensive review and update of the academic detailing literature was conducted by the Cochrane Collaborative and found that academic detailing interventions consistently improve prescribing. The value of academic detailing is that it is designed to be a service to clinicians; the goal is to provide evidence-based information and tools that will help clinicians make wise prescribing decisions with their patients. This is an exciting time for academic detailing. Momentum is gaining locally, regionally, and nationally to expand efforts to support prescribers in managing chronic conditions.



**Local:** The Vermont Academic Detailing Program has been delivering support and education for nearly 10 years to Vermont primary care practitioners. Based in the Office of Primary Care at the University of Vermont, we strive to provide prescribers and clinical staff with useful evidence-based information and office tools. The Vermont Academic Detailing Program continues to deliver sessions statewide with the latest topic focused in the Management of Insomnia. We also are still offering the Management of Depression, and the Management of Migraine is under development. We continue to welcome new practices to our program while keeping our commitment to visit our current practices. Our latest efforts involve establishing a website where providers can download patient handouts and other office tools related to our sessions. Visit us at:

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

Fill out the form on the next page to schedule a session for your practice. We'll do the rest – it's that easy!

**Regional:** Over the summer, the Vermont Academic Detailing Program was invited to participate in a series of symposia designed to assist New Hampshire and Maine in establishing academic detailing programs. Representatives from other regional programs, including those based at Harvard University and Nova Scotia, collaborated to create a template for establishing academic detailing programs. The full report from the Academic Detailing Planning Initiative can be found at:

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

**National:** On July 31, 2008, U.S. Senate Special Committee on Aging Chairman Herb Kohl (D-WI), Senate Majority Whip Dick Durbin (D-IL), and Senate Committee on Health, Education, Labor, and Pensions (HELP) Committee Chairman Ted Kennedy (D-MA), and Senator Bob Casey (D-PA) were joined by House Committee on Oversight and Government Reform Chairman Henry Waxman (D-CA) and House Energy and Commerce Subcommittee on Health Chairman Frank Pallone (D-NJ) in introducing a bill, known as The Independent Drug Education Act (IDEA). This bill would establish a federal academic detailing program that would provide grants to develop educational materials and to train and deliver academic detailing sessions. The press release for the bill can be found at:

[www.aging.senate.gov](http://www.aging.senate.gov)

### The benefits of participating with the Vermont Academic Detailing Program:

- **Current information:** We provide the latest evidence-based prescriber support and education for managing common but challenging primary care conditions.
- **Convenience:** We come to you!
- **Multidisciplinary viewpoints:** Our presentations are developed by a pharmacist-primary care physician team.
- **CME:** Our sessions are approved for CME credit (AMA category 1).
- **University-based:** This program does not receive any pharmaceutical company sponsorship and none of our academic detailers have conflicts of interest with the pharmaceutical industry.



☐ **YES, I want an Academic Detailing session in my practice.**

Sessions are 1 hour long. Food/refreshments are provided. Please contact our scheduler.

**My Name:**

**Practice Information:**

PRACTICE NAME:

ADDRESS:

STREET AND NUMBER:

SUITE:

CITY:

STATE:

ZIP:

> Number of prescribers in the practice: \_\_\_\_\_

(Note: This session is geared to prescribers; however, other clinical staff are also welcome to attend)

> Number of other clinical staff (non-prescribers) in the practice: \_\_\_\_\_

> Do you have regularly scheduled provider meetings? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when? Day of the week:

Time of day:

> Is this a good time for an academic detailing session? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Scheduler Information:**

NAME:

PHONE NUMBER:

EMAIL:

> Do you prefer we contact you by phone or email? \_\_\_\_\_ Phone \_\_\_\_\_ Email

If phone, when is the best time to call?

Day of the week:

Time of day:

**Notes/Comments:**

Please mail, fax, or email this form.

The Vermont Academic Detailing Program (Attn: Laurie McLean)  
 UVM Office of Primary Care  
 UHC Campus, Arnold 5, South Prospect Street  
 Burlington, Vermont 05401  
 Tel: (802) 656-2179 • Fax: (802) 656-3016  
 opc@uvm.edu or lmclean@uvm.edu

# Primary Care Rounds



## Family Medicine

Thomas Peterson, MD, Acting Chair, Family Medicine

Community involvement is one of the central activities of many primary care practices. In our family medicine residency program, as we prepare our graduates to effectively model the medical home, we facilitate resident community and preventive medicine projects in Milton, Vermont and nearby areas.

Below are some of the community medicine projects that our residents have worked on, with the guidance of numerous family medicine faculty and staff, and support of the Vermont Academy of Family Physicians, the Vermont Department of Health, the Vermont Child Health Improvement Project, and federal HRSA Residency Training grants.

First year projects include **Helmets on Heads** (head safety program), **Tar Wars** (tobacco counter advertising strategy with fifth graders), **Girls on the Run** (incentive program for fitness), the **Diabetes Support Group**, teach community gardening to children (the garden is based on our premises), **Ski Helmet Safety**, and requested school talks. Each first year resident also prepares a health topic article for our local Milton newspaper.

Second year projects (some projects are ongoing and residents in successive years collaborate with each other to sustain the effort over time) may include:

- Resources for patient self management (residents develop patient education materials on chronic diseases such as diabetes, arthritis, COPD)
- Use of Interpreters (developed and evaluated resources on the use of medical interpreters)
- Community-based approaches to obesity education (develop and provide understandable and useful information to children, families, and the community)
- Needs Assessments for immigrant agricultural workers (determine the health needs of immigrant agricultural work force and their families; consider strategies to meet their medical needs)
- Community-based management of chronic pain syndromes and substance abuse (develop an educational program aimed at preventing substance abuse, or develop an educational program for patients dealing with chronic pain)
- Community resources for victims of intimate partner violence (develop a community-based program for dealing with victims and/or perpetrators of intimate or family violence)
- Vermont Farm Worker Health Project – the goals of this ongoing project are to identify the needs and barriers to care for the farm worker population in Franklin and Grand Isle Counties and to improve access to community-based care. The majority of these workers are Spanish-speaking immigrants.
- Milton Community Garden Project (the goals of the garden project are to promote better child nutrition and health through community gardening).
- Breast feeding education project (the goal of the breast feeding education project is to increase the number of women at

Milton Family Practice who exclusively breastfeed their babies at three months of age by 30%).

- Youth Cooking For Life Project (The goals of the youth cooking for life project are to encourage low income youth to prepare healthy meals at home and to create a fun environment to learn about cooking).

As you intersect with our residents and graduates, I encourage you to ask them about their projects. They are always looking to gain from your experience and advice.



## Physician Assistants

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

**Martin Devlin** was a beloved member of the Physician Assistant Academy of Vermont (PAAV) for many years. Following his untimely death, the Martin Devlin Philanthropy Fund was created in his memory to provide scholarships and small grants annually to help organizations promote wellness and healthy living in Vermont. If you are a member of the PAAV, you are eligible to nominate an organization that would benefit from modest financial assistance. For an application visit [www.paav.org](http://www.paav.org).

Our first grant was to the Dragon Heart organization, supporting a PAAV team for the Dragon Boat races in Burlington to raise money for their Cancer Patient Support Program's Emergency Fund. Other considerations have been to help build a community playground, sneakers for the Run Kids Run program, and outreach nutrition promotion at a rural elementary school.

At the 2008 annual meeting of the PAAV, it was decided to expand the Martin Devlin scholarship for PA students to include those PAs working in Vermont who still have outstanding PA education loans. A committee reviewed many revisions of the application, and the Board adopted the current application this past April. The application is available online at [www.paav.org](http://www.paav.org). The PAAV received a new record high seven applications for the scholarship year ending June 30th, and expect even more for next year as more Vermont PAs apply for assistance with their loans.

Congratulations to **Monique Salter**, of the Department of Neurosurgery at Fletcher Allen Health Care for being the 2008 recipient of the Martin Devlin Scholarship Grant. Monique completed her undergrad work at UVM, and worked locally in many roles as a physical therapist before deciding to go to PA school. Monique has been a member of the PAAV since she joined in 2005 as a student.



## Pediatrics

Lewis First, MD, Professor and Chair, Department of Pediatrics

We welcome several new faculty: **Dr. Neils Giddins**, who did his cardiology fellowship training in Nova Scotia and Baylor joins us as an Associate Professor in Pediatric Cardiology; **Dr. Martina Kacer**, who recently completed her endocrine fellowship training at Stony Brook, joins us as an

Assistant Professor in Pediatric Endocrinology; **Dr. Elizabeth Hunt** who did her residency training with us is staying on to become our newborn nursery “hospitalist” and will be based on Shep 5 weekday mornings to provide newborn care to babies followed by pediatricians outside of our immediate community as well as those being cared for by our department’s primary care practice University Pediatrics. We also welcome two new pediatric surgical colleagues: **Dr. Izabela Tarasiewicz** our new pediatric neurosurgeon, having done her training in this area at Northwestern; and **Dr. Jennifer Lisle**, a former UVM medical student, who returns to us as our newest pediatric orthoped following her training at Seattle Children’s Hospital.

We congratulate several award winners over the summer: **Dr. Heather Bradeen**, a pediatric hematologist-oncologist, received the Clinical Teacher of the Year award from our house staff at the graduation dinner; **Dr. Christa Zehle**, one of our pediatric hospitalists, was the faculty inductee into Alpha Omega Alpha (AOA), a national medical honor society, this year; and **Dr. Jerry Lucey** won the distinguished Alfred I. duPont Award for Excellence in Children’s Health, being the eighth person in the country to receive this prestigious honor for his many contributions to neonatology and pediatrics in general. Finally, I certainly want to thank and congratulate all members of our Department on or off-campus for the outstanding work they have done teaching our medical students, enabling us to win Clinical Department of the Year from this year’s graduating class.



## Obstetrics, Gynecology & Reproductive Sciences

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

Clinical highlights during the past year include the initiation of minimally invasive surgery using the DaVinci Surgical Robot by departmental subspecialists in Gyn-Oncology, Urogynecology, and Reproductive Endocrinology & Infertility (REI). Other advances in clinical programs include the first pre-implantation genetics procedure for an IVF patient in our region, continued development of a Vermont state-supported program for treatment of opiate-dependent pregnant women, the establishment of REI outreach clinics in Saranac Lake and Malone, New York, and the formulation of a Gyn-oncology outreach program with the Rutland Regional Medical Center. Regional and national service by departmental faculty includes National Institutes of Health review committee appointments for **Drs. Bernstein, Bonney** and **Osol**, NICHD Council membership appointment for **Dr. Phillippe**, chairmanship of the Perinatal IMPACT group of the Institute for Healthcare Improvement by **Dr. Cherouny**, leadership role in Northern New England Perinatal Quality Improvement Network by **Dr. Capeless**, and **Dr. Young’s** appointment to the Board for the National March of Dimes Research Foundation. Under the leadership of **Dr. Casson**, our REI program has become a participant in the NIH-funded Reproductive Medicine Network thereby allowing our infertility patients to participate in cutting-edge multicenter clinical trials.



## College of Nursing and Health Sciences

*Brian V. Reed, Ph.D., P.T., Associate Professor of Physical Therapy*

The College of Nursing and Health Sciences at the University of Vermont helps to meet primary care needs in the state through health education programs for nurse practitioners and other non-physician health professionals.

The Department of Nursing has three Master of Science degree tracks in primary care: adult nurse practitioner; family nurse practitioner; and psych-mental health nurse practitioner. We have graduated 98 masters-prepared primary care NPs over the past 10 years. These students are now working throughout Vermont but also in remote locations in states such as Nebraska and Alaska, providing primary care to vulnerable populations. The Department of Nursing also offers a master’s Entry-Level Program in Nursing (now in its third year) that prepares students to be advanced practice RNs with focus on primary care.

The Department of Medical Laboratory and Radiation Sciences offers a baccalaureate degree program in Medical Laboratory Science. It has been estimated that 70% of all medical diagnoses rely in part or in whole on a laboratory test, so the vital support role for primary care can readily be seen.

Finally, the Department of Rehabilitation and Movement Science offers a Doctor of Physical Therapy. The degree prepares physical therapists to practice in a variety of settings; however, most work in private practice settings. Although physical therapists are not primary care providers per se, in 48 out of 50 states, including Vermont, patients may receive physical therapy with physician referral. Therefore, physical therapists may be a patient’s first point of contact in healthcare.

More information on these programs can be found on the College of Nursing and Health Sciences website: <http://www.uvm.edu/~cnhs/>. All of the programs are fully accredited.



## Internal Medicine

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

Primary Care Internal Medicine at Fletcher Allen Health Care is actively involved in the Vermont Blueprint for Health program sponsored by the Governor and the Vermont Department of Health. In particular, the program is intended to help primary care providers operate their practices as advanced medical homes, offering patients well-coordinated care that is supported by local services, health information technology tools, and provider reimbursement mechanisms.

Fletcher Allen has been an active participant in the Blueprint since 2003; over the past two years, teams have been formed at several Primary Care Internal Medicine and Family Medicine practice sites to join physicians, nurses and staff in a collaborative effort to achieve the goals of the Blueprint at Fletcher Allen. This



year **Beth Hallock, RN** has been funded by the Blueprint project to coordinate the process and facilitate the behind-the-scenes work necessary for success.

The focus of the work at Fletcher Allen is on Clinical Microsystems and diabetes care. The Microsystems work includes projects on improved message handling, prescription refills, scheduling,

and patient flow. The diabetes work includes self-management, goal-setting, management of lipids, and diabetic renal disease.

One of six practice sites in Vermont chosen for Phase One of the Blueprint Project, Fletcher Allen has presented projects developed in its practices to statewide conferences to other Vermont

Blueprint teams from Central Vermont Hospital, Mount Ascutney Hospital and Health Center, Northeastern Vermont Regional Hospital, Springfield Hospital, and United Health Alliance in Bennington.

[Phase Two will be covered in the next issue of *Primarily Vermont*] ■

## MedQuest 2008: Vermont Teens Focus on Health Careers

Over 100 Vermont high school students participated in week-long health care careers exploration during the 2008 MedQuest summer sessions.

These health career experiences are conducted by the three regional AHECs and hosted at local area college campuses and hospitals with the cooperation of many health care practitioners who act as preceptors, and University of Vermont College of Medicine students who serve as counselors and assist in MedQuest activities. These College of Medicine students also act as mentors for the high school students and provide a valuable outreach service experience for the medical students.

In addition to the perennial favorite activity of job shadowing, participants do emergency rescue simulations, watch telemedicine surgery, learn CPR, visit various health care sites, and attend lectures. Each AHEC also plans unique activities, often using community resources to good advantage; in the Northeastern Vermont AHEC MedQuest, students visited Mobile Medical International, a local company that creates and produces mobile medical units for the government and private industry.

Asked for their assessments following a MedQuest week, students said:

"It is hard to pin down one specific thing; I really enjoyed the whole experience: job shadows, lectures, CPR, visiting the nursing home, etc."

"MedQuest was a

learning experience that changed my life."

"Spectacular! Job shadows are totally the way to learn!"

"I held human organs, shadowed in the blood bank, watched surgery, and I [learned that I] don't have a weak stomach!" (Advanced MedQuest)

One of the UVM students said about the MedQuest experience for high school students: "An amazing opportunity to explore numerous health care fields that are often not well known or require a lot of thought before committing." ■



*Above: Champlain Valley AHEC MedQuest students outside Porter Medical Center in Middlebury, Vermont.*

*Left: students in Northeastern Vermont AHEC MedQuest learn about air transport of critically ill patients.*

## Web Site Resources

### 2008 Physical Activity Guidelines for Americans

The Federal Government published comprehensive physical activity guidelines for Americans for the first time in early October. They are available at: [www.health.gov/paguidelines](http://www.health.gov/paguidelines).

### FIRST: New Debt Management Tool from AAMC

A new debt management initiative called FIRST for Medical Education offers a range of financial information, resources, services and tools for applicants, medical school students, residents, advisors and financial aid officers. It was developed by the American Association of Medical Colleges (AAMC) and is available at: [www.aamc.org/programs/first](http://www.aamc.org/programs/first).

### National Scorecard on U.S. Health System Available

The 2008 edition of the "Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008" published by the Commonwealth Fund Commission on High Performance Health System is available at: [www.commonwealthfund.org](http://www.commonwealthfund.org). The report shows the United States fell far short of benchmarks for access, quality, efficiency, and other key measures of health system performance.

### Online Health Resources and Tools for Consumers

A new web site developed for consumers offers a variety of resources, including "Quick Guide to Healthy Living," "myhealthfinder," and "Personal Health Tools." Located at [www.healthfinder.gov](http://www.healthfinder.gov), it is a project of the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion and its National Health Information Center.

### Medicaid Provider Network Analysis Maps

Provider Network Analysis Maps (2007) data are posted on the Office of Vermont Health Access web site at: [www.ovha.vermont.gov/budget-legislative/mapping-and-network-analysis](http://www.ovha.vermont.gov/budget-legislative/mapping-and-network-analysis).

### Federal Health Plan Covers SBI

The Federal Employees Health Plan Benefits program now includes coverage for screening and brief intervention (SBI) for addictions, taking advantage of new reimbursement codes issued by the American Medical Association. Go to: [www.jointogether.org/news/headlines/inthenews/2008/federal-health-pla.html](http://www.jointogether.org/news/headlines/inthenews/2008/federal-health-pla.html).

### Shortage of Primary Care Clinicians

A recent study released by the National Association of Community Health Centers, the Robert Graham Center, and the George Washington University School of Public Health and Health Services discusses the impact of shortages in primary care physicians and nurses, particularly at community health centers. The report is called "ACCESS Transformed: Building a Primary Care Workforce for the 21st Century," and is available at: [www.nachc.com/access-reports.cfm](http://www.nachc.com/access-reports.cfm).

### Physical Activity Programs for Older Adults

A Reference Guide of Physical Activity Programs for Older Adults: A Resource for Planning Interventions gives information about 17 programs to use with older adults that have healthy to frail functional status, including some designed specifically for those with diabetes or pre-diabetes. The guide is available at: [www.cdc.gov/diabetes/pubs/refguide\\_physactivity.htm](http://www.cdc.gov/diabetes/pubs/refguide_physactivity.htm).

### Green Mountain Health Care: Health Coverage for Vermont Patients

Green Mountain Health Care is Vermont's family of health coverage programs, for which the majority of Vermont's uninsured residents are eligible. All pre-existing conditions will be covered for those who applied for Catamount Health before November 1. Details are available at: [www.GreenMountainCare.org](http://www.GreenMountainCare.org).

### Vermont Physical Activity Web Site

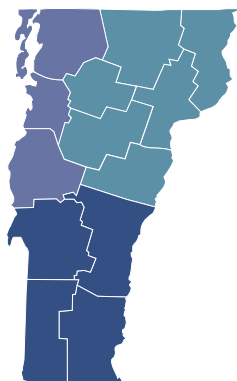
A new "Get Moving Vermont!" physical activity challenge asks, "Think you are more active than a Vermont farmer?" The fall challenge started October 6 and concludes December 28 but participants can join anytime at: [www.Getmoving.vermont.gov](http://www.Getmoving.vermont.gov).

### Vermont Health Care Reform Featured in Journal

A detailed look at Vermont's health care reform efforts, featuring Catamount Health, appeared in the May 20, 2008 issue of Annals of Internal Medicine. The article is titled, "Vermont Health Care Reform Aims for More Coverage, Less Expense, and Better Care," written by J.F. Wilson. To see a free, full text version of the article, go to: <http://www.annals.org/cgi/content/full/148/10/797>. ■

## AHEC News From Around the State

For news from Vermont's three 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

## SAVE THE DATE!

Vermont Area Health Education Centers (AHEC) Network

presents the

## Vermont Geriatrics Conference

April 07, 2009

Montpelier, Vermont

To request more information, please visit  
<http://cme.uvm.edu> or call (802) 656-2292

University of Vermont, Continuing Medical Education  
128 Lakeside Avenue, Suite 100, Burlington, VT 05401



## Winter Briefs

### People in the News

**Charles D. MacLean, MD**, interim associate dean for primary care, research director of the UVM AHEC Program, and associate professor of general internal medicine at the UVM College of Medicine, was interviewed by Vermont television station WCAX in an October story about the primary care physician shortage.

**Paula Duncan, MD**, medical director of UVM AHEC, Clinical Professor of Pediatrics at the UVM College of Medicine, and Vermont Child Health Improvement Program (VCHIP) youth health director, received the 2008 Independent Publisher Book Award (IPPY) given to the third edition of "Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents," published by the American Academy of Pediatrics in 2007. She and her two co-authors, **Joseph Hagan, MD**, Clinical Professor of Pediatrics, and **Judith Shaw, Ed D, MPH, RN**, Research Associate Professor of Pediatrics and Executive Director of VCHIP, received the award this spring in Los Angeles. "Bright Futures" are the recommendations for health promotion and disease prevention used by primary care practitioners and public health professionals, insurers and parents to promote optimal health for infants, children and adolescents. The book was a Silver Medalist in the Education/Academic/Teaching category.

**Dr. Duncan** was also honored at the 2008 Commencement of the University of Vermont with a Dignity in Medicine Award made by the Lesbian, Gay, Bisexual, and Transgendered People in Medicine Student Interest Group. The award is presented to faculty in recognition of respect, inclusion and support for LGBTQ students, colleagues, and patients.

**Richard Pinckney, MD, MPH**, Assistant Professor of Medicine, and co-director of the UVM's Vermont Academic Detailing Program, spoke this summer on "Marketing Pharmaceuticals in Vermont" on Vermont Public Radio's "Vermont Edition" program. Information about the program, including an audio recording, is available at: <http://www.vpr.net/episode/44028/>.

### Tobacco Cessation Support at Grace Cottage Hospital

Grace Cottage Hospital in Townshend, Vermont offers a Tobacco Cessation Class as well as an ongoing Tobacco Cessation Support Group, to which primary care practitioners may refer patients from that area. The contact telephone number is 802-365-3649.

### Vermont Primary Care Week Observed

Primary Care Week (November 10-14) activities at the University of Vermont College of Medicine highlighted what it is like to be a primary care physician in a rural area, what is included in the term "primary care," a look at the Vermont

Blueprint for Health, and information about Vermont loan repayment for primary care practitioners. The daily noontime sessions were planned by medical students and sponsored by the Office of Primary Care and AHEC and the Department of Family Medicine. Presenters included AHEC Program physician leaders and director **Elizabeth Cote**, **Thomas Peterson, MD**, chair of Family Medicine at UVM, and practicing providers **Allen Repp, MD**, **Peggy Carey, MD**, **Martha Seagrave, PA-C**, **Fay Homan, MD**, **Kathy Mariani, MD**, and **Jim Porter, MD**, of the UVM Center for Health and Wellbeing. About 200 students attended the programs.

### VA Rural Health Resource Center Planned in WRJ

The White River Junction (VT) Medical Center will be one of three satellite offices for the VA's Office of Rural Health, serving the eastern portion of the country. The rural health resource centers (others will be in Salt Lake City and Iowa City) will bring together administrative, clinical and research staffs to identify disparities in health care for rural veterans and developing practices or programs to enhance the delivery of health care.

### Congress Authorizes More Funding for Nursing Programs

A provision in the College Opportunity and Affordability Act of 2008 calls for authorization of \$3,000 for each additional student that colleges enroll in nursing programs.

The provision aims to assist colleges in expanding their nursing programs to accommodate more applicants; the nation expects a nursing shortage of more than one million nurses by 2020. The section was written by Vermont Senator Bernie Sanders, and the bill was signed into law by President Bush. It awaits funding from appropriations by the next Congress.

### Vermont AHEC at Girls Science Discovery Day

**Paula Duncan, MD**, medical director UVM Office of Primary Care and AHEC Program, was a speaker at the annual Girls Science Discovery Day at the University of Vermont this spring. About 80 seventh and eighth-grade girls from ten Vermont schools attend the event to get a glimpse into the worlds of science and the kinds of scientific professions available to them. Attendees also received copies of the AHEC Health Careers Directory.

### Funding for Seventh Vermont Community Health Center

The Morrisville, Vermont area will become the seventh in Vermont to be served by a federally-funded Community Health Center when Community Health Services of the Lamoille Valley receives \$487,500 from the U.S. Department of Health & Human Services. Lamoille Valley will receive \$650,000 each year after that, according to Senator Bernie Sanders' office, which announced the award this summer. The Community



Health Centers program is designed to bring basic medical care, dental services, and low-cost prescription drugs to rural and underserved areas.

## **New UVM Graduate Programs in Clinical and Translational Science**

The University of Vermont Center for Clinical and Translational Science, a transdisciplinary matrix center approved by the UVM Board of trustees in 2007, announces it is accepting students for its Graduate Educational Programs. They include a Graduate Certificate, a Master's Degree, and a Doctor of Philosophy Degree. For more information about the program, go to: <http://www.uvm.edu/~ccts>.

## **Fletcher Allen Earns National Quality Award**

Fletcher Allen Health Care, Vermont's only tertiary level medical center, recently received the Rising Star Award from the University HealthSystem Consortium, an alliance of 102 academic medical centers and 184 of their affiliated hospitals, representing about 90% of the nation's non-profit academic medical centers. Fletcher Allen received the award for ranking 15th of 88 academic medical centers participating in UHC's annual Quality and Accountability Study.

## **Milton Family Practice Gets Help with Health Info**

Practitioners and patients at Milton Family Practice, as well as patrons of the nearby Milton Public Library learn how to improve their use of consumer-oriented health information on the Internet, thanks to a \$40,000 grant received by the Dana Medical Library at the University of Vermont.

The grant from the National Network of Libraries of Medicine, New England Region, has allowed the Milton practice to participate in a project designed to improve practitioner-patient communications about health and encourage the expansion and promotion of health information services for the community at large. The project promotes the use of an "Information Prescription," with which a practitioner gives a patient/family member a written prescription to seek further information on a health or disease topic on Medline Plus.

## **Health Care Workforce Needed for Aging America Report**

A report from an ad hoc committee at the Institute of Medicine concludes that as the first of the nation's 78 million "baby boomers" begin reaching age 65 in 2011, they will face a health care workforce that is too small and woefully unprepared to meet their specific healthcare needs. The report is titled, "Retooling for an Aging America: Building the Health Care Workforce," and calls for bold initiatives to train all health care practitioners in the basics of geriatric care and to prepare family members and other informal caregivers, who are currently receiving little or no training in how to tend their aging loved ones. Medicare, Medicaid, and other health plans should pay

higher rates to boost recruitment and retention of geriatric specialists and care aides, said the committee that wrote the report. Copies of the report are available through the National Academies Press at [www.nap.edu](http://www.nap.edu).

## **Grand Rounds for School Nurses**

Topics and dates for the 2008-2009 Grand Rounds for School Nurses include:

- "Autism Update" presented by Stephen Contompasis, MD on September 16, 2008.
- "Joint Injuries & Playground Mishaps" presented by Denise Alosa, MS, ATC on November 19, 2008.
- "Pediatric Dermatology Issues" with Paul Krusinski, MD on January 13, 2009.
- "Diabetes Update" with Paul Zimakas, MD on March 11, 2009.
- "Encouraging Wellness and Good Nutrition" with a speaker to be announced, on May 12, 2009.

The programs occur between 3:15-4:45 p.m. at all 15 Vermont Interactive Television (VIT) sites. Registration and additional information is available at: [www.vtahec.org](http://www.vtahec.org).

## **Free DocSite Registry Licenses**

The Vermont Medical Society Education and Research Foundation is offering 95 free DocSite registry licenses to assist Vermont physicians in solo and small physician practices to successfully report in 2009 under Medicare's Physician Quality Reporting Initiative (PQRI).

Vermont physicians who use the DocSite or other approved registries, will have a simple and effective way to earn the expanded four percent Medicare PQRI bonus in 2009: two percent for Medicare PQRI quality measure submissions and two percent for the new e-Prescription bonus. DocSite submits clinical data on behalf of the provider, completely avoiding the burdensome G-code/CPT-II administrative codes and claims data modification in the standard PQRI submission process.

The free licenses were obtained by the Vermont Medical Society Foundation through a Technology for Quality grant from the Physicians' Foundation, according to Mimi Reardon, MD, president of the VMS Foundation. For information about obtaining a free DocSite registry license, contact Valerie Lewis at (800) 640-8767.

## **Vermont Is Number One!**

Vermont was ranked the healthiest state in the country in the 2008 America's Health Rankings. The state's strengths included the low percentage of children in poverty, low prevalence of obesity, high rate of high school graduation (which is an indicator of the ability to manage and advocate for your own health), low premature death rate, and ready access to primary care. Challenges for the state are the high prevalence of binge drinking and moderate immunization coverage for young children. The full results can be seen at: [www.americashealthrankings.org/2008/index.html](http://www.americashealthrankings.org/2008/index.html). ■

# Calendar

## JANUARY

28-31 *Emergency Medicine Update\**.  
Stowe/Flake Resort, Stowe, VT.

## MARCH

4-8 *Vermont Perspectives in Anesthesia\**.  
Stowe/Flake Resort, Stowe, VT.

6 *VPQHC Quality Improvement Collaborative*. Capitol Plaza, Montpelier. Contact: VPQHC at 802-229-2152.

9 *Vermont Blueprint for Health\**.  
Sheraton, South Burlington, VT.

11 *Grand Rounds for School Nurses – "Diabetes Update"*. All Vermont Interactive Television (VIT) sites. Call: UVM AHEC 802-656-2179.

27 *Vermont Nurse Practitioners Association Annual Conference*. Stowe/Flake Resort, Stowe, VT. Contact: jenniferslaurent@yahoo.com.

## APRIL

7 *VT AHEC Network Geriatrics Conference\**. Capitol Plaza, Montpelier.

## MAY

5-8 *Women's Health Issues for Primary Care Providers\**. Sheraton (Women's Health 09), So. Burlington, VT.

8 *VPQHC Quality Improvement Collaborative*. Capitol Plaza, Montpelier. Contact: VPQHC at 802-229-2152.

12 *Grand Rounds for School Nurses – "Encouraging Wellness and Good Nutrition"*. All Vermont Interactive Television (VIT) sites. Call: UVM AHEC 802-656-2179.

## JUNE

9-12 *Family Medicine Review Course\**.  
Sheraton, South Burlington, VT.

18-21 *Vermont Summer Pediatric Seminar\**.  
The Equinox, Manchester, VT.

28-7/2 *Women in Medicine\**. Provincetown Inn, Provincetown, MA.

## JULY

16-17 *Health Care Quality and Patient Safety: Electronic Medical Record\**. Hilton Hotel, Burlington, VT.

## SEPTEMBER

23-25 *Primary Care Sports Medicine\**,  
Sheraton Hotel, Burlington, VT.

## OCTOBER

1-4 *Advanced Dermatology for the Primary Care Provider\**, Cliff House, Ogunquit, ME.

Printed on recycled recyclable paper

PRIMARYLY VERMONT  
The University of Vermont  
College of Medicine  
Office of Primary Care  
Arnold 5, UHC Campus  
1 South Prospect Street  
Burlington, Vermont 05401  
ADDRESS SERVICES REQUESTED



Non-Profit  
Organization  
U.S. Postage  
PAID  
Burlington, VT  
Permit No. 143