



Accountable Care Organizations Update (ACOs)

The movement from fee-for-service to a payment model based on health outcomes is underway in Vermont with the advent of accountable care organizations (ACOs) OneCare Vermont and HealthFirst.

An accountable care organization is a cooperative network of physicians, hospitals and health care professionals that covers a specific population group and is paid based on the number of patients covered, rather than the number of patient encounters. The "accountability" is in the outcomes for that population group in terms of quality of care, utilization, and cost.

The ACO model currently covers three groups of patients: Medicare ACOs (2.4 million patients); non-Medicare patients of Medicare ACOs (15 million); and patients in non-Medicare ACOs (8-14 million). More than 40 percent of Americans live in primary care service areas with at least one ACO.¹

A perspective piece in the *New England Journal of Medicine* last year asserts that, "new approaches to provider reimbursement, such as ACOs, will make essential contributions to health system improvement."²

The Medicare Physician Group Practice Demonstration study showed savings in reduction of acute care hospitalizations, procedures, and home health care, with the highest percentage of savings among dually eligible

beneficiaries (Medicare and Medicaid). "Spending reductions did not appear to be associated with lower quality of care, whether reflected in their previously reported quality scores, or with measures of readmission rates and ED visits."³

The study reports that "all Physician Group Practice Demonstration sites were required to collect quality data for payment purposes, and all sites significantly improved quality of care during the demonstration period." It concludes, "Our results suggest that the ACO reforms included in the Affordable Care Act such as the Pioneer and Medicare Shared Savings Program have at least the potential to slow spending growth, particularly for costly patients."

Many point to the CareMore model that originated nearly two decades ago in Southern California, which has long been operating on the ACO model, and shows that quality can be improved while costs are being reduced. Based in Cerritos, CA the company serves more than 50,000 Medicare Advantage patients in 26 care centers across the Southwest and it has impressively low hospitalization, lengths of stay, and diabetes amputation rates, compared to national averages. Recently acquired by WellPoint, the CareMore model is expanding according to an article in *The Atlantic*.⁴

"The shift to accountable care is a massive opportunity, and many providers, payers, and enablement companies have already invested millions of dollars in transforming, becoming, incentivizing, and supporting ACOs." (*The ACO Surprise*)

The increase in ACOs led to the development of a non-profit organization that allows accountable care organizations to work together to increase quality of care, lower costs and improve the health of their communities, The National

From the Editor

I am pleased to rejoin the UVM Office of Primary Care and AHEC Program as its Director and look forward to re-connecting with everyone who works with us on the shared goal of improving the health of Vermonters.

In this issue of *Primarily Vermont* we offer an overview of accountable care organizations. Vermont now has two ACOs and some residents are served by a third ACO in New Hampshire.

We also recap the first summer CollegeQuest experience for young Vermonters interested in health care careers, present the latest approach to encouraging infant breastfeeding, encourage head protection during outdoor sports activities with the PHAT Program, and update primary care, nursing and allied health department news at UVM in "Primary Care Rounds."

The successful three-year SEARCH grant's achievements are summarized, a new Academic Detailing topic is announced, and the findings in the *Vermont Primary Care Workforce 2012 Snapshot* provide county, regional, and statewide data on the primary care workforce; the full report can be seen at: www.vtahec.org.

Primary care educational loan repayment award notification letters for 2013 have been sent and letters to nursing, nurse faculty and dental recipients are underway. This year's Geriatrics Conference is on April 9 at the Capitol Plaza Hotel in Montpelier: contact UVM Continuing Medical Education (<http://cme.uvm.edu>) to register. ■

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

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Association of ACOs (NAACOS) formed February 8, 2013, includes 60 of the 258 ACOs recognized by the Centers for Medicare and Medicaid Services (CMS).⁵

OneCare Vermont covers 43,000 patients and HealthFirst (100 independent physicians statewide) covers an estimated 6,000. Some Vermonters are covered by the North Country ACO based in Littleton, NH, which encompasses northern NH and VT. Regionally, all New England states and New York have at least one, and some have several, ACOs.

OneCare Vermont is a collaboration of Fletcher Allen Health Care, Dartmouth-Hitchcock Medical Center, and a statewide network of providers that includes 13 of Vermont's 14 community hospitals, two federally qualified health clinics, five rural health centers and 58 independent physician practices. This Medicare-sponsored three-year pilot program allows for shared savings across the health care providers for the efficient

delivery of evidence-based care, with no financial risk. Accountability is measured by 33 patient satisfaction and clinical benchmarks.

What does this mean for primary care? "Primary care is at the core of the ACO: a patient participates when his or her primary care physician participates. This central position will allow us to continue to care for patients and families in long-term relationships that engender trust, shared decision-making, and collaboration across specialties and across the illness spectrum. If we, as a community of health care professionals and citizens, have a task ahead of us to deliver high quality care in the most efficient way possible, having a robust system of primary care will help us achieve success," states Charles MacLean, MDCM, FACP, Associate Dean for Primary Care at the UVM College of Medicine. ■

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New Academic Detailing Topic: Practical Approaches for Discontinuing Medications

A new Academic Detailing session called "Practical Approaches for Discontinuing Medications" will be starting in February. The new topic includes reviewing strategies for discontinuing medications across various age groups, approaches for discontinuing commonly overused medications such as proton pump inhibitors, and provides patient education resources to assist in discontinuing medications where appropriate.

Still available are sessions on "Management of Migraines," "Atypical Antipsychotics in Primary Care," "Management of Non-specific, Chronic Low Back Pain," and "Management of ADHD."

The Vermont Academic Detailing Program is a university-based prescriber education and support program. It is offered by the University of Vermont College of Medicine's Office of Primary Care with funding from public and private

sources, including the State of Vermont. There is no pharmaceutical company sponsorship associated with the Vermont Academic Detailing Program nor does the program faculty have any ties to the pharmaceutical industry. The program's faculty objectively review clinical topics, covering the latest evidence for lifestyle changes and generic medications in addition to the latest in medication releases. This information is shared with prescribers across Vermont. Patient resources and handouts often accompany the prescriber information.

The VT Academic Detailing program offers prescribers free CME credit and sessions can be scheduled as small group or one-on-one in your office for any of these available topics; we also offer "live" sessions online. Please contact the Vermont Academic Detailing Program Coordinator Laurie McLean, at 802-656-2888 or laurie.mclean@uvm.edu to schedule a session. ■

The VT Area Health Education Centers (AHEC) present the

Vermont Geriatrics Conference

APRIL 9, 2013

Capitol Plaza Hotel

Montpelier, Vermont

PRIMARYLY VERMONT

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10 Steps to Empower Mothers & Nurture Babies

Supporting Hospitals to Adopt the 10 Steps to Successful Breastfeeding

By KAREN FLYNN, WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM ADMINISTRATOR, VERMONT DEPARTMENT OF HEALTH



Karen Flynn

Preventing childhood obesity and promoting lifelong health begins with breastfeeding. Breastfeeding for at least six months decreases a baby's odds of becoming overweight by more than 30 percent, according to the Centers for Disease Control and Prevention. Hospital policies, procedures and staff can influence mothers and babies as they begin to breastfeed.

Eighty-eight percent of Vermont mothers breastfeed in the hospital. By six months, only one

in four mothers are still exclusively breastfeeding their babies. Many mothers stop breastfeeding prematurely. The hospital stay is a critical period for establishing maternal confidence in breastfeeding and laying the physiological foundation for breastfeeding success. Implementing hospital practices proven to better support mothers and babies can improve breastfeeding rates. The "10 Steps for Successful Breastfeeding" as endorsed by the national American Academy of Pediatrics are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Assist with initiation of skin-to-skin and breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice "rooming in"—allow mothers and infants to remain together during the hospital stay.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Improving Hospital Policies and Practices

The Vermont Department of Health's Special Supplemental Nutrition Program for Women, Infants and Children (WIC) partnered with the Vermont chapters of the American Academy of Pediatrics and the Academy of Family Physicians and the Vermont Child Health Improvement Program (VCHIP) to facilitate a quality improvement (QI) initiative focused on evidence-based maternity care practices. The goal is to increase exclusive breastfeeding rates at six months by assisting hospitals to adopt the "10 Steps to Successful Breastfeeding." Ten of Vermont's 12 birthing hospitals are participating.



Project Goals

1. 100% of participating hospitals will have administrative support for participation
2. 90% of RN staff from participating hospitals will complete a 16-hour breastfeeding training program
3. 100% of participating hospitals will have an updated or draft breastfeeding policy for all mother/baby units
4. 100% of participating hospitals will demonstrate appropriate use of infant feeding supplementation

10 Steps Self-Assessment

As a first step, project staff met with perinatal QI teams from each hospital to conduct a "10 Steps to Successful Breastfeeding" self-assessment checklist. While most hospitals have steps 5, 7 and 8 well-established on their mother/baby units, gaps in practice exist around steps 2, 3, 4, 9 and 10. And, although most hospitals have a written infant nutrition policy, the policy is not routinely communicated to staff. The hospital teams, with support from project faculty, worked to develop individual QI goals for their facility to strengthen current practices and address identified gaps in mother/baby care.

Birth and Beyond Breastfeeding Training

To support participating hospitals to meet the second project goal related to staff training, the project faculty and training team selected and adapted a curriculum used in California. The training was modified from the Birth and Beyond California curriculum, originally developed in collaboration with The Regional Perinatal Programs of California and Breastfeeding Taskforce of Greater Los Angeles. Faculty and training team members include: Audrey Naylor, MD, DrPH, FAAP, FABM; Laura Murphy, MD; Anya Koutras, MD, IBCLC; Rebecca Goodman, MD, IBCLC; Dawn Kersula, MA, RN, IBCLC, FACCE; Tricia Cassi, BSS, IBCLC; Molly Rideout, MD; Jennifer Ustianov, BSN, RN; Kirsten Berggren, PhD, FNP, IBCLC; Patricia Berry MPH; Karen Flynn and Elizabeth Hunt, MD, IBCLC.

The 16-hour training was presented to five groups of maternity care nurses, reaching 149 of the 167 staff targeted (89%). In addition, a mix of 50 other staff attended the training including per diem nurses, Maternal and Child Health coordinators, medical students, and community partners. The 16-hour training provided an opportunity to learn best practices and delivered new knowledge and skills to promote, protect and support a mother's decision to breastfeed. A Train-the-Trainer

(continued on page 4)

(Breastfeeding continued from page 3)

workshop for select staff was also provided to address the ongoing training needs of each facility.

Momentum toward the Baby-Friendly Hospital Designation

Baby-Friendly is an international designation verifying that a hospital has comprehensively implemented the *10 Steps to Successful Breastfeeding* and the *World Health Organization Code of Marketing*, established in the WHO/UNICEF Baby-Friendly Hospital Initiative. Of the project's participating hospitals, Northeastern Vermont Regional Hospital is renewing their Baby-Friendly Hospital designation and Southwestern Vermont Medical Center, Springfield Hospital, Rutland Regional Medical Center and Northwestern Medical Center will be working toward Baby-Friendly Hospital designation. This QI project will provide Vermont hospitals with important components required to achieve this designation.

What health care providers can do

Community-based healthcare providers can also promote the "10 Steps for Successful Breastfeeding" as well as other policies and procedures that support the breastfeeding goals of families:

- Provide prenatal breastfeeding education and support
- Provide postpartum breastfeeding support and referral
- Train staff in current evidence-based breastfeeding practices, offer anticipatory guidance and support and refer patients to an International Board of Certified Lactation Consultant and/or a WIC Peer Counselor

Future directions

Training programs are in development for primary care and pediatric providers and nurses. If you have questions about availability of these trainings, please contact Karen Flynn at 802-652-4171 or karen.flynn@state.vt.us. ■

Five Most Popular Herb Searches

By ALAN LAMPSON, MLS, CONSUMER HEALTH INFORMATION SPECIALIST AND COORDINATOR OF THE FRYMOYER COMMUNITY HEALTH RESOURCE CENTER AT FLETCHER ALLEN HEALTH CARE



The National Center for Complementary and Alternative Medicine has listed the five most searched for herbs of 2012 based on searches of their web site. The winners are: Evening Primrose Oil, St. John's Wort, Fenugreek, Echinacea and Aloe Vera. Do you know why patients are interested in these herbs and how to find information about them?

There is a good chance that many of your patients are using some form of alternative medicine; about one-third of adult Americans report using some form of alternative medicine. Herbal and dietary supplements comprise a large percentage of this use. More than \$5 billion was spent on herbal and dietary supplements in the United States in 2009. For many of these products there has been little or no scientific research on effectiveness or safety.

As a healthcare provider you need to know where you can find information on dietary and herbal supplements and also where to refer your patients so they can find information. Fortunately there are some web sites that you and your patients can use to research these products.

For information about specific brand name supplements try the Dietary Supplements Labels Database. A product of the National Institutes of Health, the database offers information about ingredients in more than two thousand selected brands of dietary supplements. It enables users to determine what ingredients are in specific brands and to compare ingredients in different brands. Information is also provided on the health benefits claimed by manufacturers. <http://dietarysupplements.nlm.nih.gov/dietary/index.jsp>

For information on the individual components that go into commercial supplements go to the Office of Dietary Supplements, also from the National Institutes of Health. Go "Health Information" section for information on supplement use and safety, daily allowance guidelines and to search for scientific studies of herbs and supplements. <http://ods.od.nih.gov/>

For information on all types of alternative and complementary therapies from acupuncture to Coenzyme Q10 go to the National Center for Complementary and Alternative Medicine. <http://www.nccam.nih.gov/>

All of the web sites listed above are free and available to the general public. Fletcher Allen employees and UVM employees/preceptors also have access to Natural Standard, an international research collaboration that systematically reviews scientific evidence on complementary and alternative medicine. Natural Standard is by subscription only.

If your patients need help finding health information they can contact the Frymoyer Community Health Resource Center at Fletcher Allen Health Care. Our phone number is 802-847-8821 and our e-mail is resourcecenter@vtmednet.org.

We are open Monday-Thursday, 9:00 AM to 5:30 PM and Friday 9:00 AM to 5:00 PM. We are located on the Third Level of the Main Pavilion of the Ambulatory Care Center at the Fletcher Allen Main Campus. ■



2012 Vermont Blue Ribbon Commission on Nursing Submits Recommendations

The Governor's Blue Ribbon Commission on Nursing submitted its final report and recommendations to Governor Peter Shumlin in fall 2012. Co-chaired by Susan O. Farrell, Nursing Professor at Castleton State College, and Jan K. Carney, MD, MPH, Associate Dean for Public Health and Professor of Medicine at the UVM College of Medicine, the report outlined recommendations in the areas of data, leadership, education, and models of practice and access to care.

Leadership recommendations include ensuring nurse representation on any committee on health care and health reform; promote and make available leadership training and mentoring; assess the extent of leadership theory included in Vermont nursing curricula. Proposals in education set a goal of increasing the proportion of nurses with baccalaureate degrees in nursing (BSN) from the current 35% to 80% by 2022; increasing the nurse transition to practice residency programs in Vermont within the next five years; doubling the number of nurses with a

doctorate by 2022; and ensuring lifelong learning and competence through a variety of strategies.

Data recommendations include: collect workforce data for supply analysis at time of relicensure and mandate to be completed electronically by all who wish to relicensure in the nursing profession in Vermont; develop and conduct demand surveys; and produce an annual Nurse Workforce Data Dashboard.

Models of Practice and Access to Care recommendations are:

- Connect education and finances. Change Vermont reimbursement policies for providers to reflect educational and practice requirements; promote salary differentials related to educational attainment.
- Increase access to health care services from nurses and nurse practitioners during health reform changes by specifically considering this in developing Vermont's future Medicaid/Medicare waivers.

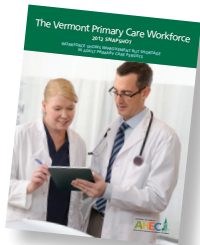
- Promote the creation and sharing of Vermont interprofessional competencies, assessments, and related data.
- Formally establish a Vermont Action Coalition to continue to work on the recommendations of the Commission.
- Create a Blue Ribbon Nursing Commission in Vermont every ten years to ensure continued progress in achieving health care goals related to nursing.

Since the recommendations have been submitted to the governor, a group of nurse leaders has assembled to take action to move the recommendations forward. As representatives of the Vermont Action Coalition, Susan Farrell and Mary Val Palumbo attended Future of Nursing: Campaign for Action National Summit on February 28-March 1, 2013 in Washington DC. At this national meeting, the Vermont Blue Ribbon Commission recommendations were shared with leaders from other states and creative ideas for moving these recommendations forward were discussed. A copy of the recommendations is available at <http://www.vtblueribbonnursing.org/>. ■

Vermont Primary Care Workforce 2012 Snapshot

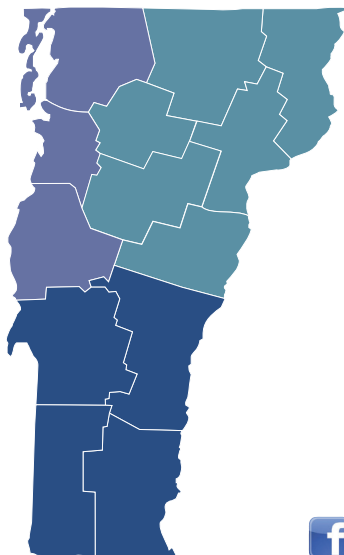
The Primary Care workforce in Vermont shows some improvement in the just-released 2012 snapshot report but a shortage in adult primary care persists, particularly in internal medicine. Among other findings, the report states that two-thirds of internal medicine and family medicine physicians limited or closed their practice to new patients in 2012.

The Vermont Primary Care Workforce 2012 Snapshot is available at the Vermont AHEC Web site: www.vtahec.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
St. Albans
(802) 527-1474

■ Northeastern Vermont AHEC:

www.nevahec.org
St. Johnsbury
(802) 748-2506

■ Southern Vermont AHEC:

www.svahec.org
Springfield
(802) 885-2126

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CollegeQuest To Health Careers

This past summer, 24 high school students from around Vermont spent much of their summer exploring health careers and preparing for CollegeQuest at the first ever CollegeQuest to Health Careers. The students met health professionals, learned about college pathways to the career of their dreams and how to fill out applications to the colleges of their choice.

The program is funded by the Health Careers Opportunity Program (HCOP) through the federal Bureau of Health Professions.

"I had no idea how to pay for college, or what college I would attend," says Bayan Dawood, from Stowe High School. "Now, I have my college essay done, my choices of colleges listed, and I know more about financial aid."

Students at CollegeQuest took classes to help them apply to college, explore financial aid opportunities, improve their study skills, understand diversity and community health, and explore more than 300 careers available in health care. Program partners Vermont Area Health Education Centers (AHEC), the Community College of Vermont (CCV), the Vermont Student Assistance Corporation (VSAC), and the University of Vermont (UVM) College of Medicine assisted in providing the depth and breadth of learning that students experienced.

"There's a lot more to health care than only being a nurse or doctor. My experiences in CollegeQuest have educated me about the different health careers that are out there," says Asha Fuad of South Burlington High School. "My future is clear to me now. I know who I want to become and where I want to go. I grew so much as a person."

The program is free to students who qualify. The application process is competitive, and students must be either from modest income families or be the first in their family to plan to attend college, or both.

"Students who fit this profile are

statistically less likely to complete college, but we need these students to succeed," says Nicole LaPointe, Executive Director of the Northeastern Vermont Area Health

Education Center and CollegeQuest project director. "Not only are they very bright and motivated, but Vermont is facing shortages of health professionals at nearly every level, and we know that

students who are raised and educated in Vermont are the most likely to practice medicine here."

Student evaluations at the end of the six-week program reflected the impact it had on them:

"There is no other way I could have better spent these six weeks. I am much more prepared to go to college because of them. I am so glad I got to be part of this amazing program!"

"The last six weeks that I have spent here have been the BEST SIX WEEKS OF MY LIFE! This program helped me find a part of me. I am leaving CollegeQuest a better me. My path to college and a career seem more clear to me now. Words do not express how thankful I am."

"Overall, it was the most rewarding thing I have ever done."

CollegeQuest took place at the College of St. Joseph, a small, private residential campus in Rutland. Participants got to experience what life on a college campus is like. "It's wonderful to see 24 motivated high school students dedicate six weeks of their summer to college planning and career exploration. We were honored to host them on our campus," said Dr. Richard Lloyd, President of the College of St. Joseph.

"We are hopeful that this program will demonstrate great outcomes for students and for Vermont communities, and that it will be continued for years to come," remarks LaPointe. ■

We know that students who are raised and educated in Vermont are the most likely to practice medicine here.



CollegeQuest students making calamine lotion at the Albany College of Pharmacy in Albany, New York.



CollegeQuest students looking at blood cells at the Albany College of Pharmacy in Albany, New York.

Grand Rounds for School Nurses Sets 2013/14 Dates

Dates for the next school year of Grand Rounds for School Nurses include:

- Wednesday, September 18, 2013
- Tuesday, November 19, 2013
- Wednesday, January 15, 2014
- Tuesday, March 18, 2014
- Wednesday, May 14, 2014

The final session of the current school year will be a discussion of "Toddlers to Teens: Oral Health and Learning" with J. Steve Arthur, DDS, Director of the Office of Oral Health and Robin Miller, RDH, of the Vermont Department of Health, whose session will be on Tuesday, May 14.

Spring Briefs

Vermont Medical Society Awards Scholarship

Vanessa Patten, a third-year medical student at the University of Vermont College of Medicine, has received the Vermont Medical Society's (VMS) \$10,000 scholarship. Originally from New Hampshire, Patten earned a bachelor's degree in Animal Science from UVM and hopes to practice family medicine in Vermont. She is a vice president of the College of Medicine's student council, a student ambassador, and a former varsity cross country runner. The VMS Education and Research Foundation gives one or more scholarships each year to medical students who are committed to practicing medicine in Vermont and caring for Vermonters. The scholarship was created to encourage young doctors to return to Vermont after completing their residency training. The scholarship is funded through donations from Fletcher Allen Health Care, members of the Vermont Medical Society, and the Chittenden County Medical Society.

Vermont Information Technology Leaders, Inc. (VITL) Names CEO

John K. Evans has been named president and CEO of Vermont Information Technology Leaders, Inc. Since 2006 he has worked as a consultant in developing and implementing health information exchanges around the country, and prior to that, he was a senior vice president and chief technology officer at Fletcher Allen Health Care. With support from VITL, Vermont recently broke into the top ten states in the country (ranked ninth) for its use of electronic prescribing.

Nursing Professors Named Frymoyer Scholars

Mary Val Palumbo, DNP, APRN and **Jean Coffey, PhD, CPNP** of the UVM Department of Nursing received two-year Frymoyer Scholarships this year to develop educational programs and improve their skills as clinical teachers. The program supports physicians and nurses who are actively engaged in teaching UVM medical and nursing students. Dr. Palumbo's project is "Developing Best Practices in Communication when using the Electronic Health Record for Nurse Practitioner and Medical Students and their Preceptors," and Dr. Coffey is working on "Palliative Care Outreach in a Small Rural State."

YMCA Secures Grant for Diabetes Program

The Greater Burlington YMCA is one of ten YMCAs nationwide to receive a grant from the Centers for Disease Control and Prevention (CDC) to expand its Diabetes Prevention program. It is modeled on the landmark Diabetes Prevention Program funded by the National Institutes of Health and CDC that shows by eating healthier, increasing physical activity, and losing a small amount of weight, a person with pre-diabetes can prevent or delay the onset of Type 2 diabetes by 58%.

The program for adults includes 16 core classroom sessions followed by monthly added support to maintain progress. It is offered free of charge for qualifying individuals through a partnership with the Department of Vermont Health Access. For more information, go to www.gbymca.org.

Vermont Dental Landscape Research

Last fall, the Green Mountain Care Board (GMCB) determined that not enough is known about Vermont's oral health care delivery system. In response, the GMCB issued a request for proposal to research the Vermont Dental Landscape and provide a report by the end of 2013.

People in the News

Vaughn Collins is the new Executive Director of the Vermont State Dental Society; he began at the VSDS in February, 2013. Previously, Collins worked for the Theodore Roosevelt Conservation Partnership as the Director of Government Affairs and has experience in both Washington, DC and in Vermont.

The new Health Care Service Leader for Primary Care Internal Medicine at Fletcher Allen Health Care and Chief of the Division of Primary Care Internal Medicine at the UVM College of Medicine is **Allen Repp**, MD, MS, FHM, FACP who has served as director of the Hospitalist Service at Fletcher Allen since 2009; as a teacher and clinician interested in quality and patient safety as well as clinical education, he has been honored three times as Teacher of the Year for the Internal Medicine Residency Program. He is a reviewer for the *Journal of Hospital Medicine*.

Carol Buck-Rolland, Ed.D., APRN, associate professor of Nursing at the UVM College of Nursing and Health Sciences, received a two-year, \$699,972 Health Resources and Services Administration (HRSA) Advanced Education Nursing Traineeship grant which helps support UVM nurse practitioner students. Buck-Rolland is project director of the grant and is Graduate Program Coordinator in the UVM College of Nursing and Health Sciences.

Middlebury-based pediatrician and UVM clinical assistant professor of pediatrics **Jack Mayer**, MD is the author of *Life in a Jar: The Irena Sendler Project* which chronicles the efforts of the Polish Catholic social worker in Warsaw who saved roughly 2,500 Jewish children from death.

Stephen Payne, MD, a general surgeon at Northwest Medical Center in St. Albans, has published his first book, *Cliff Walking*, a love story set in Maine that also deals with the issue of spousal and child abuse.

Patricia Prelock, PhD, CCC-SLP, Dean of the College of Nursing and Health Sciences, Professor of Communication Sciences and Disorders, and Professor of Pediatrics, has been appointed President of the American Speech-Language-Hearing Association, based in Maryland. Prelock is a board-recognized specialist in child language and coordinates parent-training programs for caregivers and providers who serve children with autism spectrum disorders. ■

Primary Care Rounds



College of Nursing and Health Sciences

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

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

Enrollment has steadily grown in the College with a total of 1,169 students for fall 2012, including 872 undergraduate students (63 of them RN to BSN students) and 297 graduate students. We offer seven Bachelor of Science degree programs, three certificate programs, a Master of Science in Nursing, a Master of Science in Communication Sciences and Disorders, and a Doctorate of Physical Therapy. There are two Master of Science degree tracks in primary care: adult nurse practitioner and family nurse practitioner as well as a Master's Entry-Level Program in Nursing with a focus on primary care.

CNHS continues to increase its enrollment to address shortages in the health professions, responding to a primary care need in nursing and a rehabilitation need in the related health professions. We are revitalizing our curriculum at both the undergraduate and graduate level with interprofessional education experiences in the Clinical Simulation Laboratory, increased study abroad experiences, and numerous clinical and community-based research opportunities. We continue to develop and enhance our research collaborations with Neuroscience, Psychology, Psychiatry, Nutrition and Food Sciences, and the Center for Clinical and Translational Science. Two general areas of research focus guide the College in our research agenda: one in basic, clinical, developmental and behavioral sciences and the second in public health systems and services. We look forward to

our continued and enhanced collaboration with the College of Medicine in support of quality education, exemplary research, and service delivery in primary care.



Physician Assistant

Stephanie Stahl, PA-C,
MHS, Secretary, Physician
Assistant Academy of
Vermont, Physician Assistant,
Fletcher Allen Health Care
Women's Health Care Service
Divisions of Gynecologic Oncology
and Urogynecology

The Physician Assistant (PA) profession continues to thrive in Vermont, with 281 licensed PAs working in almost every primary care and specialty setting. In June, 2011 the PA Modernization Act was signed into law, thus changing the outdated title of "Physician's Assistant" to Physician Assistant, eliminated an informal training track, and most importantly changed the credentialing process for practicing PAs from certification to licensure in the state of Vermont. This eliminated the need to apply for multiple, position-specific certificates and allows PAs to practice at more than one site or transfer to a new position under one license number.

In January 2013, the Physician Assistant Academy of Vermont (PAAV) held its 31st Annual Winter Continuing Medical Education Conference in Manchester Village with the highest attendance in our history, welcoming more than 250 attendees from 16 states. In addition to general sessions spanning four days, the program this year included eight workshops and a total of 32 hours of CME credit approved by the American Academy of Physician Assistants.

Each year, the PAAV awards the Devlin Scholarship of \$1,000 to a PA student from Vermont, or a new PA graduate practicing in Vermont, to offset outstanding student loans. The PAAV was pleased to award the 2012 Devlin Scholarship to **First Lieutenant Kimberly A. Sober**, a 2012 graduate of Marywood University in Scranton, Pennsylvania who as a career soldier is assigned to the Vermont National Guard medical unit in Winooski. Since October, Kimberly has

been serving in Afghanistan with Task Force Warhammer as a Physician Assistant in the 507th Engineer Battalion. She lives in Jeffersonville when she is stateside.

Just over the VT/NH border in West Lebanon NH, the Franklin Pierce University PA Program continues to train our future colleagues. This year, the program will graduate 26 students, many of whom are committed to living and practicing in Vermont. Any physician, physician assistant, nurse practitioner or certified nurse midwife who is willing to host a PA student for a five-week rotation is invited to contact the University at: PAprogram@franklinpierce.edu. This is a rewarding experience as well as a perfect opportunity to contribute to the growth and strength of our local PA profession.

For more information about the PAAV's educational program, the Devlin Scholarship, and other PAAV activities, visit www.paav.org.



Obstetrics, Gynecology & Reproductive Sciences

Ira M. Bernstein, MD, John
Van Sicken Maeck Professor and
Chair, Department of Obstetrics,
Gynecology and Reproductive Sciences, Senior Associate
Dean for Research, UVM College of Medicine

Over the last year our department has seen several changes. **Dr. Mark Phillippe** stepped down from his chair responsibilities after 10+ successful years at the helm of the department and has returned to his faculty position. Our educational programming also experienced changes in leadership with **Dr. Elise Everett**, from the Gynecology Oncology division, assuming responsibility for our medical student clerkship program as well as the departmental simulation lab training and **Dr. Elisabeth Wegner**, from the Generalist division, assuming responsibility for the residency training program as well as stepping up to chair the recently renamed "Education and Competency Committee." In June, we celebrated the graduation of our three chief residents: one joined a previous FAHC Ob/Gyn resident graduate in an established practice in Middlebury, Vermont; one chose to remain at FAHC as a Pathology resident and one left for an Ob/Gyn position in the

Pacific Northwest. We also celebrated the graduation of our MFM fellow (**Dr. Kelley McLean**) who took a faculty position with us here at the University of Vermont and our Reproductive Endocrinology and Infertility (REI) fellow (**Dr. Jennifer Keller Brown**) who joined a practice in Colorado.



Department of Family Medicine

Thomas C. Peterson, MD,
Professor and Chair

The Department of Family Medicine at UVM had several ongoing clinical and scholarship initiatives this fall. In the area of research, the Department is actively recruiting a tenure track faculty researcher who will lead our family medicine research team and the study of health services in our evolving health care reform environment. This research work will complement faculty resources in the Office of Health Promotion Research (OHPR is now part of Family Medicine) and the Center for Clinical and Translational Science at the College of Medicine. The Department is also active in supporting student interest in family medicine and idealizing our student clerkship preparation so that they are able to fully benefit from the excellent training that they receive at family practice offices across the state. This project is benefitting from a successful five-year federal grant (HRSA) award entitled TOPMed (Team-Oriented Primary Medical Education). The Department is participating in a Transforming Primary Care project to idealize the patient encounter in all of the patient-centered medical homes at Fletcher Allen Health Care. Department faculty is comprehensively

engaged with developing simulation activities across the medical school curriculum. Please contact Dr. Peterson for any questions or comments.



Pediatrics

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

The Department of Pediatrics has had a busy and productive year thus far from a clinical and academic standpoint. A definitive highlight of the summer was the superb NCQA rating that our University Pediatrics primary care practice received allowing it to move forward and be considered as part of the state's blueprint for improving health care. University Pediatrics is collaborating with Timberlane Pediatrics and the Hagan/Rinehart/Connolly practice to pilot a pediatric blueprint model that will be moving forward in the next year.

Special kudos go to **Dr. Jerry Larrabee**, Chief of our Division of Primary Care and Associate Program Director, for the work he has done to spearhead longitudinal advocacy projects for our residents—which resulted in national poster presentations at our pediatric

academic meetings as well as an annual residency advocacy Grand Rounds day and a trip to Montpelier for our house staff during the vaccine philosophical exemption bill. This spring Dr. Larrabee working with **Dr. Karen Leonard**, Interim Associate Director of our Division of Inpatient, had a proposal for a longitudinal residency Quality Improvement Program accepted into the national Initiative for Innovation in Pediatric Education—the seventh proposal to be selected nationally in three years. Congrats also to **Dr. Karen Leonard** for being selected our Department's Clinical Teacher of the Year. Other awards included being runner-up for Clinical Department of the Year, **Dr. Bill Raszka** being selected Foundations Teacher of the Year by the second year class, and Vermont Children's Hospital being recognized by *US News and World Report* as one of the Best Children's Hospitals due to its national rankings in Gastrointestinal and Pulmonary Care.

Our plans for the upcoming year include new clinical programs, new research initiatives, and new developments in pediatric education—but I will save news about all of those plans until the next Pediatrics update in *Primarily Vermont*. ■

COMMUNITY MEDICAL SCHOOL SPRING 2013

WHEN: Tuesday evenings, April 16-30, May 7 and May 14
SPECIAL THURSDAY EVENING PRESENTATION on April 25
6 - 7:30 PM, including a Q&A session

WHERE: Carpenter Auditorium at the UVM Given Medical Building. Plenty of free parking is available.

FOR MORE INFORMATION:
Call (802) 847-2886
www.fletcherallen.org/cms

FREE AND OPEN TO THE PUBLIC

Save the Date!

Tuesday, April 16: "The Brain's Frontal Lobe and Its Role in Memory"

Deborah Black, M.D., Clinical Assistant Professor of Neurology

Thursday, April 25: "Health Care Reform"

Governor Howard Dean, M.D., Clinical Assistant Professor of Medicine

Tuesday, April 30: "Menopause"

Zaher Merhi, M.D., Assistant Professor of Obstetrics, Gynecology and Reproductive Sciences

Tuesday, May 7: "Using Stem Cells to Repair the Heart"

William Hopkins, M.D., Associate Professor of Medicine, and Jeffrey Spees, Ph.D., Associate Professor of Medicine

Tuesday, May 14: "Cancer and Exercise"

Kim Dittus, M.D., Ph.D., Assistant Professor of Medicine, and Susan Lakoski, M.D., Assistant Professor of Medicine



The University of Vermont

VERMONT'S ACADEMIC MEDICAL CENTER

Vermont SEARCH Program Concludes; Community Health Focus Remains

Efforts to expand elective community-based rotations and service learning for health professions students have been much enhanced thanks to a just-concluded three-year HRSA grant called Vermont Student/Resident Experiences and Rotations in Community Health (SEARCH).

The grant enabled 43 medicine, nursing, social work and physician assistant students to engage in summer primary care projects in rural Vermont communities, and supported travel stipends for dental resident rotations in Vermont communities. Establishing those projects also strengthened community ties and in some cases, established new locations for future student clinical rotations. Of use to SEARCH participants as well as future students enrolled in clinical rotations around Vermont is the newly-created Vermont County Profiles designed to give students helpful health and community background about the county in which their rotation takes place. Three SEARCH participants are now employed in Vermont underserved settings, and four former dental residents



Medical students David Swift and Amanda Dauten with residents of Holton Home in Brattleboro as part of the Team Care SEARCH Project last summer.

supported by the SEARCH grant are employed in Vermont private practices.

Administered through the Office of Primary Care and Area Health Education Centers (AHEC), the program coordinated with the UVM College of Medicine Family Medicine Department to include their clerkship students in SEARCH rotations. The students had contact with and guidance from the regional AHEC where their project was located, including an orientation that had a strong cultural competency component, as well as connecting with community agencies and area practices with whom the students would interact.

Summer projects included programs for developing resources for the elderly, migrant workers, breastfeeding mothers, exercise for obese adults, enhancement of the Champlain Valley Cultural Competency Manual, understanding GLBT health needs, and health profession students understanding military deployment-related health issues of service members, and others. ■

Web Site Resources

Nation's Weight Issue

Healthier weight materials suitable for families are available at <http://theweightofthenation.hbo.com/>.

Safe Injection Practices

The One & Only Campaign, developed by the Centers for Disease Control (CDC) and the Safe Injection Practices Coalition, addresses outbreaks of viral and bacterial infections caused by unsafe injection practices among health and dental care providers. Recommendations and other information can be found at: <http://www.oneandonlycampaign.org>.

Oral Health Related Resources

- The Vermont Department of Health 2011 Dentist Survey Statistical report is available at: <http://healthvermont.gov/research/HlthCarePrvSrvys/documents/dds11bk.pdf>.
- "Smiles for Life," the national online oral health curriculum of the Society of Teachers of Family Medicine has been endorsed by

the American Dental Association and is available in an interactive online third edition at: www.smilesforlifeoralhealth.org.

- The American Dental Association and the Ad Council have developed an ad campaign targeted for parents and caregivers of children 0-12 years old to encourage them to brush twice a day for two minutes each. Parents can see the new videos at: www.2min2x.org and an online toolkit to support the program is at: www.2min2x.adcouncil.org.

Opioid Use Guidelines, Substance Use Disorders in PC Online Modules

A new online module walks clinicians through the American Pain Society/American Academy of Pain medicine guidelines on use of opioids for chronic pain, including initial risk assessment, the decision to use opioids, how to initiate therapy, monitoring, use of higher doses, management of adverse events, and indications for discontinuation of opioids. Find it at: <http://www.pcso-o.org>.

"Advances in Recognition and Treatment of Substance Use Disorders in Primary Care" is another online module that focuses on Screening, Brief Intervention, and Referral to Treatment (SBIRT) and how it can improve medical care and reduce costs. It is also available at <http://www.pcso-o.org>.

Affordable Care Act Explained

Information about the Affordable Care Act is available through the Kaiser Family Foundation at: www.kff.org under "Health Reform."

Protecting Vulnerable from Abuse

An article about "Protecting the Most Vulnerable from Abuse" in a recent issue of *The ASHA Leader*, journal of the American Speech-Language-Hearing Association, provides an overview for health professionals of signs to look for if abuse is suspected, particularly in those with disability. The article is at: <http://www.asha.org/Publications/leader/2012/121120/Protecting-the-Most-Vulnerable-From-Abuse.htm>.

Ask Dr. Amidon: What is the PHaT program?

By ROBERT K. WILLIAMS, MD, ASSOCIATE PROFESSOR OF ANESTHESIOLOGY AT THE UVM COLLEGE OF MEDICINE;
PEDIATRIC ANESTHESIOLOGIST AND CRITICAL CARE SPECIALIST AT FLETCHER ALLEN HEALTH CARE



What is the mission of the PHaT program?

PHaT (Protect your Head at All Times) is a public health advocacy program that uses a non-coercive approach to encourage the public to wear helmets to prevent head trauma in outdoor sports. Its original mission centered around skiing and snowboarding but is now expanding to a "PHaT for all seasons" approach and includes biking, skateboarding, ATV riding, etc.

What is the medical evidence about the efficacy of ski helmets?

Although helmets obviously can't eliminate all head injuries they have an important role to play in preventing traumatic brain injury (TBI). The medical literature is quite clear. Looking at a compilation of studies, it appears that helmets can reduce the incidence and severity of injuries by roughly 50%. They have the potential to prevent both minor and major head injuries, including severe TBI and death. Helmets don't lead to neck injuries or cause reckless behavior. There was an excellent recent analysis at Johns Hopkins entitled "Helmets save lives of skiers and snowboarders." They were very clear that wearing a ski helmet was a Level One recommendation. In their words, any reasons to not wear a helmet were "...just excuses". <http://www.aansneurosurgeon.org/2012/11/30/johns-hopkins-study-finds-that-helmets-save-lives-of-skiers-and-snowboarders/>

How does PHaT promote ski helmet use?

We initially did extensive research asking the public what they thought about ski helmets. It was clear there was quite a bit of mythology and bad information concerning helmets. It also was clear that the public looks to role models about whether to wear a helmet. The primary role models were parents and uniformed ski professionals.

How do role models contribute to the message?

Skiing is a very image driven sport and participants always want to look cool and not like a beginner. Rather than deliver a heavy-handed message that skiing is dangerous, we try to use role models to suggest that the best skiers and riders always wear a helmet. This message can be quite effective. When a tourist sees a ski instructor or ski patroller in uniform with a backpack, radio, etc. and wearing a helmet it makes it "OK" for the tourist to feel that wearing a helmet is not something just for beginners. Unfortunately, the opposite is also true.

When uniformed personnel are not in helmets it completely undercuts the message and implies that either helmets aren't effective or not needed by some groups of skiers. It is incredibly frustrating watching a group of ski patrollers or instructors get on the lift in front of the public while not wearing helmets. What is the take home message that kids will get from watching that? It certainly doesn't do much for the image of the resort or promote any type of culture of safety. Would you let your child take a driving lesson from an instructor that didn't bother to wear their seat belt? We can do better than that. Some resorts (including industry leaders Vail Resorts and Jackson Hole) have taken a more proactive approach and require that all employees wear a helmet while they are in uniform.

What is your interest in ski helmets about?

First, I should emphasize that our program is completely independent of the ski industry. We formed this program because I am passionate about skiing and unfortunately have experienced all sides of the TBI issue. When I was a pediatric intern, I witnessed a teenager killed hitting a tree at Smugglers' Notch, right underneath my chair lift. I attended to him on the slope and had his cerebrospinal fluid on my hands. Since that time I have dealt with enough preventable head trauma in the Pediatric Intensive Care Unit and OR to be quite motivated to eliminate as many of these injuries as we can. Head injuries are forever. This is not a trivial issue. It is estimated that we could prevent nearly 8,000 head injuries each year if everyone simply wore a helmet. It is well past time that we got a clear message to the public that ski helmets are an effective tool in preventing head injuries and that every skier and rider should always wear a helmet. Period. No excuses. ■

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.



Calendar

APRIL

- 9 Vermont Geriatrics Conference*, Capitol Plaza, Montpelier.
- 17 Blueprint for Health Conference*, Sheraton Hotel, Burlington, VT.

MAY

- 3-5 New England School Nurse Conference, Hilton Hotel, Burlington; contact: lmongeon@bsdvt.org
- 8-10 Women's Health Conference*, Doubletree Hotel, Burlington, VT.

MAY

- 14 Grand Rounds for School Nurses on "Toddlers to Teens: Oral Health and Learning"; All VT Interactive Technology (VIT) sites. Call: 802-656-2179.
- 31 Child Psychiatry in Primary Care*, Hampton Inn, Colchester, VT.

JUNE

- 11-14 Family Medicine Review Course*, Sheraton Hotel, Burlington, VT.
- 13-16 Vermont Summer Pediatrics Seminar*, Equinox Hotel, Manchester, VT.

SEPTEMBER

- 6 Jeffords Quality Conference*, Sheraton Hotel, Burlington, VT
- 18 Grand Rounds for School Nurses; All VT Interactive Technology (VIT) sites. Call: 802-656-2179.
- 25-27 Primary Care Sports Conference*, Sheraton Hotel, Burlington, VT*

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

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