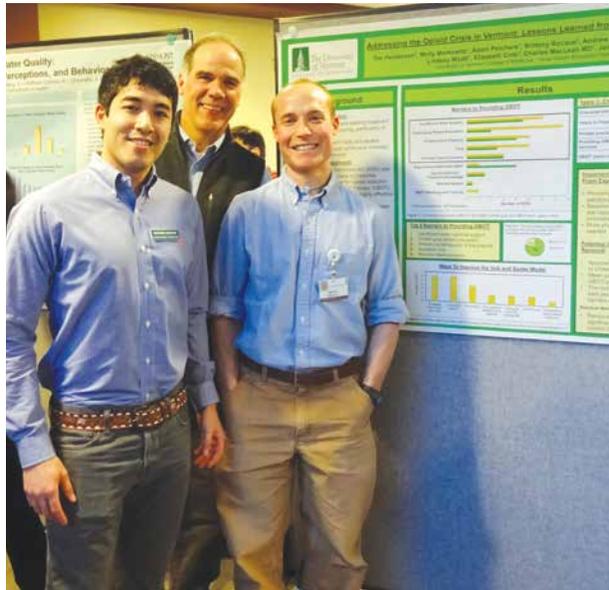




UVM College of Medicine Students Present Public Health Projects

Students in the University of Vermont College of Medicine Class of 2018 presented posters and explained findings from their 16 different Public Health Projects at a reception and celebration earlier this year.

Public Health Projects, a required course, teaches UVM medical students to apply the principles and science of public health while working to improve the health of the community. Through exposure to the kinds of public health challenges they will face in their future careers, the overall goal is that students will become better physicians.



UVM COM Class of 2018 students Nathaniel Sugiyama (left) and Timothy Henderson (right) flank faculty advisor Charles MacLean, MD at the UVM poster session of public health projects.

One project, “Addressing the Opioid Crisis in Vermont: Lessons Learned from Primary Care Physicians,” was sponsored by the UVM Office of Primary Care and Area Health Education Centers (AHEC) Program. The goal of the project was to identify physician barriers to providing office-based opioid treatment (OBOT) in Chittenden County. (The Drug Addiction Treatment Act was passed in 2000 to allow physicians to prescribe buprenorphine-naloxone for opioid addiction in their offices.) The students who conducted the study are Timothy Henderson, Molly Markowitz, Adam Petchers, Brittany Rocque, Andrew Sheridan, Nathaniel Sugiyama, and Lindsey Wyatt. Their UVM faculty mentors are Charles MacLean, MD, and Jan Carney, MD, MPH; community faculty members are Elizabeth Cote, director, Office of Primary Care and AHEC, and Beth Tanzman, MSW, assistant director, Vermont Blueprint for Health.

Of the 25 primary care physicians interviewed:

- Non-OBOT providers were more likely to report that OBOT patients were challenging than were OBOT providers
- OBOT providers more often acknowledged the stigma associated with OBOT.
- Both groups of physicians expressed a desire for increased state support for OBOT.

The student recommendations are:

- Increased state support/resources for OBOT
- Mentorship of new OBOT providers by experienced OBOT providers
- Generation of OBOT best practice guidelines for primary care providers.

Asked what they were most surprised by in the study, Lindsey Wyatt said it was the fact that almost every provider said OBOT was easier and more rewarding than they thought it would be. ■

From the Editor

In our first issue of *Primarily Vermont* in 1996, Christopher Grace, MD, Director of Infectious Diseases at then-Fletcher Allen Health Care, wrote of very limited options for prophylactic therapy in HIV/AIDS. In this issue, we highlight pre-exposure prophylaxis for people at high risk of getting HIV, representing an indication of advances achieved in those 20 years.

We also present UVM Primary Care Rounds, with updates from UVM primary care departments; this year’s Vermont Academic Detailing Program offerings; a primer on the Opioid Prescription Management Toolkit in “Ask Dr. Amidon;” information about the federal Public Service Loan Forgiveness program; and various news briefs.

Increasing attention is being directed to the connection between public health, primary and preventive health care and population health outcomes. This issue highlights the presentation of public health projects completed by UVM medical students. The annual fall conference “Bridging the Divide” will examine topics on “Bridging the Divide between Primary Care and Public Health” on Friday, November 4th at the Essex in Essex, VT. We hope to see you there!

The Vermont Legislature’s 2016 session wrapped up on May 6th. I’m pleased to report that the FY17 state budget includes funding for AHEC and the loan repayment programs. We thank the Legislature for its support of these important health care workforce development programs. ■

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

Spring Briefs

VERMONT

UVM College of Nursing Receives Workforce Development Grant

The University of Vermont College of Nursing and Health Sciences received \$75,000 to support workforce development in nursing, from the KeyBank Foundation. The College of Nursing and Health Sciences donation matches a grant from the AARP Foundation and Robert Wood Johnson Foundation to help spur an increase in the number of nurses who pursue baccalaureate degrees in Vermont (visit vermontnursing.org for more information), implement a program to educate nurse practitioners about establishing their own practices, and increase educational opportunities for “New Americans” interested in nursing and health careers.

Vermont Second Healthiest State Again

Vermont is the second healthiest state, behind Hawaii, according to the United Health Foundation’s annual health rankings for 2016. Published by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, the report measures a number of health factors as well as health outcomes including length of life and quality of life. Vermont’s statistics are broken down by county which shows Chittenden County is the healthiest in the state and Orleans County is the least healthy. In addition to outcome measures, the study also examines health factors in an effort to predict how healthy a county might be in the future. Nationally, the study found that rural counties have higher rates of premature death, smoking, obesity, child poverty, teen births and higher numbers of uninsured adults than urban counties. The report can be accessed at countyhealthrankings.org.

Child Psychiatric Consultation Available in VT

The Child Psychiatric Phone and Email Consultation Program of the Vermont Center for Children, Youth and Families, in partnership with VCHIP, offers to healthcare providers a free curbside phone and email consultation to assist in the management of emotional and behavioral medication management and Family Wellness recommendations. Calls are returned by a designated child psychiatric specialist within 24 hours, and enable the provider to gain information about evidence-based interventions for emotional and behavioral problems of patients, updates on child mental health and family wellness research and interventions, and provide an update on access to the Center’s services and educational opportunities.

Those who wish to have a telephone/email consultation can call (802) 847-9759 or contact Eliza Pillard, LICSW, Family Wellness Coach at eliza.pillard@uvmhealth.org.

State of Tobacco Control Report 2015

The annual American Lung Association “State of Tobacco Control” report indicates that Vermont made progress on tobacco control policies by being one of eight states to raise cigarette taxes, though it dropped from a C grade to a D for tobacco prevention and control funding. Most states and the federal government earned poor grades in the report which shows the high level of youth use of tobacco products other than cigarettes threatens to undermine the United States’ overall progress in reducing tobacco-caused death and disease. The report is available at lung.org/our-initiatives/tobacco/reports-resources/sotc/.

Advanced Practice Provider (APP) Council Formed at the UVM Medical Center

Nearly 325 Physician Assistants practice throughout Vermont; approximately 80 are at the UVM Medical Center (UVMCMC). At UVMCMC, a group of Physician Assistants and Advanced Practice RNs (NPs/CNMs/CRNAs) were elected to form the Advanced Practice Provider (APP) Council. The purpose of the Council is to discuss and act on issues related to PA/APRN professional practice such as standardizing onboarding procedures and precepting health care profession students. The Council, in conjunction with administration, has also created a Director of APP services position at UVMCMC, which will soon be advertised nationally.

Physician Assistant Academy of Vermont (PAAV) Updates

The Physician Assistant Academy of Vermont (PAAV) held its 34th Annual Winter Continuing Medical Education conference at the Stowe Mountain Lodge, for 219 attendees. Early planning is underway for the 35th conference, to be held in Manchester, VT in January 2017.

The PAAV awards the Devlin Scholarship of \$1,000 annually to a PA student from Vermont, or a new PA graduate practicing in Vermont. The PAAV was pleased to award the 2015 Devlin Scholarship to David Wallstrom, a PA student at the Albany Medical College PA program. The application is currently available for the 2016 award. For more information about the PAAV’s educational program, the Devlin Scholarship, and other PAAV activities, visit paav.org.

U.S. Supreme Court Decides Against Vermont

The Supreme Court of the United States voted 6-2 that Vermont could not force private insurance company BlueCross Blue Shield of Massachusetts to turn over health insurance claims data for a plan it administered on behalf of Liberty Mutual for its Vermont-based employees. Vermont subpoenaed the information in 2012 but Liberty Mutual countered in U.S. District Court in Burlington by saying Vermont was imposing an unreasonable burden and the federal Employee

Retirement Income Security Act (ERISA) prevented the state from forcing the issue. The District Court decided in favor of the state but when Liberty Mutual appealed, the 2nd Circuit Court of Appeals in New York City sided with the insurance company, after which Vermont appealed to the Supreme Court. Al Gobeille, chairman of the Green Mountain Care Board, cited the 18 states that were “friends of the court” in the case, and said those states can now ask the U.S. Labor Secretary to enforce health care claims data reporting for ERISA companies.

Vermont HITEC Trains Medical Coders

A second group of candidates is being trained this year to become at-home medical coders, following the successful completion of last year’s class which resulted in employment for 15 Vermont residents. The program is a collaborative effort between Precyse and Vermont HITEC, U.S. Department of Labor, Vermont Department of Labor and the Agency of Commerce. The program is designed for Vermonters who have been laid off, whose businesses have closed, or are otherwise unemployed; there is no cost to applicants. The ten-week course prepares students for the American Academy of Professional Coders (AAPC) medical coding certification exam, and graduates enter a certified medical coder apprentice position. More information is available at the Vermont HITEC web site: vthitec.org.

NATIONAL

Task Force Will Not Rule For or Against Universal Autism Screening

The U.S. Preventive Services Task Force says there is “insufficient evidence” to argue that the benefits from screening all youngsters ages 18-30 months would outweigh the drawbacks. The recommendation is different than that of the American Academy of Pediatrics which has recommended testing every child for autism since 2007. Pediatric experts say the AAP guidelines carry enough weight, regardless of the task force’s findings, that screening will be covered by most health insurance.

E-Cigarettes, Liquid Nicotine Emergency Calls

Poison control centers nationwide are reporting an increase in calls about exposures to electronic cigarette devices and liquid nicotine. The American Association of Poison Control Centers reported 3,073 e-cigarette devices and liquid nicotine exposures in 2015. Many Northern New England Poison Center cases have involved teenagers and adults who experience mild to moderate nicotine toxicity from excessive use of e-cigarettes. Additional information about prevention is available at aapcc.org/prevention/tobacco-liquid-nicotine.

Insurers and Medicare Agree on Quality Measures

The federal government and insurance industry have agreed upon an initial set of performance measures for physicians to streamline the number of metrics to use for quality reporting, according to Kaiser Health News. Currently, physicians must report different metrics for each insurer. The panel of government and insurance officials identified seven groups of measures, based on the type of care. The new set has 21 metrics for primary care physicians. The measures are also designed to be used in some of Medicare’s efforts to pay doctors proactively to take care of patients, including through accountable care organizations.

Proposed Update to Federal Privacy Rules for Substance Abuse Treatment Records

A proposed update to federal privacy rules for substance abuse treatment (often referred to as Part 2) by the Substance Abuse and Mental Health Services Administration, if made final, would allow patients to broadly permit their doctors to share their substance abuse treatment records. A recent article in Bloomberg Bureau of National Affairs (BNA) reports that the new rule would ensure that patients with substance abuse disorders can participate in new integrated health models without adverse consequences that could result from inappropriate disclosure of patient records. ■



SAVE THE DATE!

University of Vermont Office of Primary Care, in collaboration with VT AHEC and the Vermont Department of Health present:

Bridging the Divide: Primary Care and Public Health Conference

November 4, 2016 • The Essex - Essex, VT

Register at cme.uvm.edu or (802) 656-2292

Web Site Resources

New Vermont Oral Health Coalition Site The Vermont Oral Health Coalition, formed in 2011 to improve and advocate for the oral health of Vermonters, has established its website at vtoralhealthcoalition.com. It includes the group's activities, access to the Vermont Oral Health Plan, and many other resources.

Refer Vermonters to Quit Tobacco

Healthcare providers have more influence on a patient's decision to quit tobacco and e-cigarettes than any other source. When a patient is referred to the free services available to quit, the chances they will quit rise dramatically. Forms and videos of Vermont health care providers sharing their firsthand experience of referring patients to 802Quits.org are available at: 802quits.org/providers.



VDH Marijuana Health Impact

Assessment The Vermont Department of Health, with input from a broad stakeholder group, conducted and published their findings on the Health Impact Assessment of the possible effects that could result from regulating and taxing adult marijuana use on

the health of Vermonters. The report can be found at: healthvermont.gov/adap/drugs/marijuana.aspx.

2014 VT Physician Census Available

The report, published by the VT Department of Health, is based on the 2014 Vermont Physician Re-licensure cycle. It is posted at: healthvermont.gov/research/HlthCarePrvSrvys/HealthCareProviderSurveys.aspx.

2014 VT Physician Assistant Report

The 2014 Physician Assistant Census Report is available and reveals there were 264 PAs working in Vermont in that year; the median age of PAs was 44 and 61% were female. The full report is at the Vermont Department of Health web site: healthvermont.gov/research/HlthCarePrvSrvys/HealthCareProviderSurveys.aspx.

Health Care for an Aging Population

"Our Parents, Ourselves: Health Care for an Aging Population" is a recent report of the Dartmouth Atlas Project that shows geographic variation in the delivery of care to older Americans. It is available at: dartmouthatlas.org/downloads/reports/Our_Parents_Ourselves_021716.pdf.

Opioid Overdose Prevention Toolkit

An updated 2016 Opioid Overdose Prevention Kit Toolkit for health care providers, communities and local



governments contains materials develop practices and policies to help prevent opioid-related overdoses and deaths. It is provided by the Substance Abuse and Mental Health Services Administration at store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit.

2016 Physician Compensation Report

The 2016 Medscape Physician Compensation Report reflects findings from nearly 19,200 physicians in over 26 specialties about compensation, hours worked, and more. The top three earners are orthopedists (\$443,000), cardiologists (\$410,000) and dermatologists (\$381,000); the lowest earners are pediatricians (\$204,000), endocrinologists (\$206,000), and family physicians (\$207,000). The report is available at: medscape.com. ■

Vermont Academic Detailing Program Topics

The Vermont Academic Detailing Program's 2016-17 offerings will feature six topics, including new sessions on "Updates in Women's Health," and "Fluoride Varnish in Primary Care," as well as "Management of Insomnia," "Management of ADHD," "Stroke Prevention in Atrial Fibrillation," and "Management of Type 2 Diabetes."

One credit/contact hour of continuing education is approved for each session (e.g., 1 AMA PRA Category 1 Credit(s)TM).

The Updates in Women's Health topic will feature information about contraception and management of menopausal symptoms and will include other evidence-based clinical pearls relevant to caring for

women across the age spectrum.

Fluoride Varnish in Primary Care is a pediatric oral health initiative focused on the oral health of infants, toddlers and preschool children (from the first tooth up to the 6th birthday). It is designed to assist primary care medical providers with integrating a dental health standard of care for young pediatric patients.

As always, patient resources will be included as part of this prescriber continuing education program. Small group or one-on-one sessions with an academic detailer for any of the Vermont Academic Detailing Program topics can be arranged as well as "live" sessions online via user-friendly technologies such as GoToMeeting or Skype. Contact Laurie McLean in the UVM Office of

Primary Care at 802-656-2888 or at Laurie.Mclean@uvm.edu to schedule an Academic Detailing session. ■

PRIMARILY VERMONT

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Federal Public Service Loan Forgiveness (PSLF) FAQ

What is the Public Service Loan Forgiveness (PSLF) Program?

The PSLF Program is intended to encourage individuals to enter and continue to work full-time in public service jobs. Under this program, you may qualify for forgiveness of the remaining balance due on your William D. Ford Federal Direct Loan (Direct Loan). You must make 120 separate qualifying payments (after October 1, 2007) on your eligible federal student loans before you can qualify for the loan forgiveness.

As a healthcare professional what types of public service organizations and jobs qualify?

- A government organization
- A not-for-profit, tax-exempt organization under section 501(c)(3) of the Internal Revenue Code
- A private, not-for-profit organization
 - Jobs include: public health (including nurses, nurse practitioners, nurses in a clinical setting, and full-time professionals engaged in health care practitioners occupations and health care support occupations.

What federal student loans are eligible in the PSLF Program?

- Direct Subsidized Loans and/or Unsubsidized Loans
- Direct PLUS Loans
- Direct Consolidation Loans

Although loan forgiveness under this program is available only for loans made and repaid under the Direct Loan Program, loans made under other federal student loan programs may qualify for forgiveness if they are consolidated into a Direct Consolidated Loan. Only payments made on the Direct Consolidation Loan will count toward the required 120 monthly payments.

Which repayment programs qualify?

- Pay as You Earn Repayment (PAYE) Plan
- Revised Pay As You Earn Repayment (REPAYE) Plan
- Income-Based Repayment (IBR) Plan
- Income Contingent Repayment (ICR) Plan

- Ten-Year Standard Repayment Plan
- Any other Direct Loan Repayment plan with payments that are at least equal to the monthly payment amount that would have been required under the Ten Year Standard Repayment Plan.

The PSLF Program provides for forgiveness of the remaining balance of your eligible loans after you have made 120 qualifying payments on those loans. In general, you will have a remaining balance on the loan after making 120 payments only if you are making monthly payments under the PAYE, REPAYE, IBR, or ICR repayment plans. Borrowers eligible for a partial financial hardship under an IBR plan will receive the greatest benefit from PSLF.

I'm interested. What are recommended next steps?

- Go to studentaid.gov to learn more
- Contact loan servicer to explore options
- Verify loan type(s) and, if necessary, consolidate any non-Direct Loan(s)
- Make on-time payments each and every month
- Maintain full-time employment with a qualifying Public Service Organization
- Submit Employment Certification Form and required documentation. ■



For more information: studentaid.gov

This overview was developed by the University of Vermont Office of Primary Care and AHEC Program for informational purposes. The information contained in this document is believed to be accurate at the time of printing. Verify information at its official source: studentaid.gov.

UVM Primary Care Rounds



Family Medicine and General Dentistry

Thomas C. Peterson, MD,
Professor and Department Chair

This past year has been invigorating, challenging at times, and ultimately very positive. Every year I realize how fortunate we are in Vermont to have a strong and dedicated cadre of family physicians and many other providers of primary care across the state who capably shoulder responsibility for quality health care in the communities we serve, and also are committed to ongoing workforce development – particularly through volunteer teaching in family medicine and a full range of primary disciplines. Our patients thank us for that.

At UVM, with the invaluable support of our faculty, staff and community colleagues, we have earned top honors for clerkship teaching, teach in all four years of medical school, and continue to innovate through our TOPMED curriculum and SBIRT grants. We have greatly enjoyed collaborative interprofessional and interdisciplinary grant writing, and know this activity will yield additional collaborative opportunities.

Here is a short smorgasbord of what's new: This past year (Class of 2015) was a record and leading year for UVM medical students going into family medicine residencies, earning us a commendation from the Green Mountain Care Board. The Class of 2017 is also shaping up similarly, and we are proud of an excellent group in 2016 as well. We now support three primary care residencies: our longstanding FM program in Milton, a new affiliated FM program in Plattsburg, NY, and the general dentistry residency in South Burlington. All three programs fully matched this year, and we are pleased that significant numbers of the family medicine and dental residents graduating in Spring 2016 will practice across Vermont. The educational opportunity to share between family medicine and dentistry is unique and a great synergy. The Palliative Medicine program at

University of Vermont Medical Center (UVMCMC) continues to thrive and grow as a division of family medicine. Our department has engaged in several clinical quality initiatives; most recently focusing on patient communication, and currently on Advance Directives.

In addition to the regular development of new protocols and clinical strategies through UVMCMC's now five-year-old Transforming Primary Care Development journey, we have developed a systematic and organized approach to providing Medication Assisted Treatment to patients suffering from chronic opioid addiction. We join many of you in providing this care, and encourage every primary care setting to develop this care model for their patients. Along with primary care pediatrics and adult primary internal medicine we have recently developed a shared weekend clinic model (Saturday and Sunday) that allows 7 day access for meaningful care and the collaboration allows us better serve all of our medical home patients – in their “medical home.” We value the opportunity to provide accessible dental care. At the hospital we are very excited with the results of a new family medicine pilot program to enhance patient-centered care for our patients that we now co-locate on one unit. Known as an accountable care unit (from Emory University) this strategy is patient/family-centric and engages the entire unit (clinical staff, residents, attending physicians, case management); the early results have been spectacular in terms of quality, patient satisfaction, and communication.

The Department's CME programming continues to flourish: Sports Medicine Course, Vermont Family Medicine Review Course in June, annual Behavioral Medicine course, and coming in 2017 a new offering – Wilderness and Austere Medicine Course. I'd like to especially recognize **Robert Luebbers MD**, **Rodger Kessler Ph.D., ABPP**, and **Anya Koutras MD**, who bring us this key programming. (In addition Dr. Koutras also leads the UVM Women's Health Course).

We've had some proud milestones. Notably we recognize and appreciate our dedicated colleagues **Allyson Bolduc MD** and **Stuart Williams MD** who have retired,

salute **Dale Stafford MD** as the Vermont Family Physician of the Year, and are extremely proud and excited that our well known and beloved, **John J. Saia MD** will receive the highest alumni award from the UVM College of Medicine for exemplary career contributions – the 2016 A. Bradley Soule Award.

Please feel free to correspond with me about any these areas.



Pediatrics

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

Primary care continues to thrive in our Department of Pediatrics from a clinical, educational, research, and advocacy standpoint. The work we are doing in close collaboration with our colleagues in Family Medicine and General Internal Medicine to “Transform Primary Care” into a more highly reliable, patient and family-centered process is showing the high quality we strive for in terms of patient satisfaction, cost-effectiveness, and evidence-based care pathways to achieve desired patient outcomes. Our latest innovation that started in February, a weekend clinic jointly staffed by all three primary care specialties sharing call together has expanded weekend access for primary care patients cared for by these UVM practices and has been extremely successful in its launch.

A number of new pediatric faculty have joined our department this year to lend their expertise. We welcomed this year the following new faculty: **Drs. Danielle Ehret** (neonatology and Global Health); **Jessica Heath** (hematology-oncology); **Heather Herrington** (pediatric ENT); **Deborah Hirtz** (neurology); **Ben Lee** (ID); **Katie Nacca** (pediatric emergency medicine), **Keith Robinson** (pulmonology and Director of Quality Improvement; and **Andrew Rosenfeld** (child psychiatry).

With the arrival of Dr. Nacca as a pediatric emergency specialist, we are delighted that the emergency department has opened a dedicated “Pediatric ED” from 1 pm to midnight in the space formerly used for “Fast Track.” With

this newly dedicated space, we are also collaborating with the ED to create a new referral system that provides a unique phone number that goes right to a resident in pediatrics or family medicine working in the Pediatric ED backed up by Dr. Nacca or another dedicated attending overseeing the care of children. We look forward to having this system improve the efficiency and communication between referring provider and the ED—and at the same time, our hospitalists are also always available if you think a referral will require admission and that our hospitalists can help with the ED component of that child's care as well.



Internal Medicine

Jennifer Gilwee, MD, Division Chief, General Internal Medicine and Geriatrics, Department of Medicine, University of Vermont College of Medicine

This past year has been one of change for Primary Care Internal Medicine (PCIM) at the University of Vermont. While we have always been linked in our teaching and research mission to the Department of Medicine, we had remained a separate health care service on the clinical side. After careful review, the decision was made to have Primary Care Internal Medicine join the Department of Medicine as two separate divisions. This change led to the creation of the Division of General Internal Medicine and Geriatrics as well as the Division of Hospitalist Medicine. While our names have changed, our commitment to excellence in patient care, education and research has not wavered and remains strong.

We are delighted to announce that **Michael LaMantia MD** will be joining our Division in June of this year as a section chief of Geriatrics. He is coming to us from the Indiana University School of Medicine where he leads the Aging Brain Care Medical Home Program.

Patient care efforts this past year focused on continued collaboration with our primary care colleagues in Family Medicine and Pediatrics as we joined together to open an outpatient weekend clinic where we work side by side to take

care of patients of all ages from all of UVM medical homes. We continue to collaborate also with specialty colleagues to standardize and optimize the care of our patients with diabetes, asthma and other chronic conditions.

We are proud to announce that the outpatient medicine clerkship, directed by **Roberta O'Brien MD**, was named the Clerkship of the Year by the Class of 2016. Many of our faculty members are teachers in this course and it is rewarding to be recognized in this way.

It is an honor to be able to share our news with you in this edition of *Primarily Vermont* and I look forward to future updates.



College of Nursing and Health Sciences Faculty Practice

Patricia A. Prelock, Ph.D., CCC-SLP, Dean; and Rosemary Dale, Ed.D., APRN, Chair, Department of Nursing

Appletree Bay Primary Care (ABPC) has achieved National Committee for Quality Assurance Patient Centered Medical Home (NCQA-PCMH) Level II designation. We are one of a handful of nurse practitioner practices to apply and qualify for this certification.

We are making an effort to build an interdisciplinary learning site at Appletree Bay Primary Care. Faculty and students in the Department of Communication Sciences and Disorders will be offering hearing screenings at ABPC to patients who self-identify as having hearing issues. Those identified as potentially having hearing loss can be referred to the University of Vermont Eleanor M. Luse Center if they choose to follow up for further hearing assessment and treatment. Additionally, we have been working with **Tania Bertsch, MD** to open an elective experience to senior medical students. Hopefully our students and faculty will have the opportunity to work with medical students this summer.

The **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** project has offered a great opportunity

for UVM graduate nursing students to work with counseling and social work students as well as medical and family practice residents on learning to identify and intervene with patients with potential substance abuse issues.

Richard Pickney, MD, Medicine, **Barbara Rouleau APRN, MS**, Nursing and **Jane Okech, PhD** have been invited to present a portion of their project, focusing on the interdisciplinary work of SBIRT, at the 14th International Conference on Communication in Healthcare in Hamburg, Germany in the fall.

Graduate student research and quality assurance projects continue at a fast pace as the academic year closes. One project completed recently was an analysis of medication reconciliation on discharge from Skilled Nursing Facility (SNF) to home. **Danielle Beaudoin, BA, RN**, a student completing her Nurse Practitioner education, found that the primary care site did not have a correct medication reconciliation in over 50% of the patients discharged from SNFs. This data is slightly better than the national average. An area for focus in the future is the transmission of a timely medication reconciliation to the primary care provider on discharge from the SNF. When the personal and financial ramifications of re-hospitalization are examined, and the fact that adverse drug issues account for a large percentage of the re-hospitalization, this issue is of great importance. Our students will continue to examine this issue and to formulate approaches to address it.



Obstetrics, Gynecology & Reproductive Sciences

Ira M. Bernstein, MD, Professor and John Van Sicken Maeck Chair, Department of Obstetrics, Gynecology and Reproductive Sciences, University of Vermont College of Medicine/UVM Medical Center

The Department of Obstetrics, Gynecology and Reproductive Sciences at the University of Vermont Medical Center has been expanding its

(continued on next page)

Generalist division in order to provide improved access for both obstetric and referral gynecologic care. Two new providers have been added to the faculty: **Joanne Dalpe MD** joined the practice in February 2016 moving from a private practice position in Plattsburgh, NY and

Bronwyn Kenney MD will be joining the University practice at the completion of her residency in July 2016. Both physicians will be available for obstetric and gynecologic referrals. Dr. Dalpe has a special interest in menopausal transition and Dr. Kenney is particularly interested

in pregnancy care. Also joining the faculty in July will be **Jennifer Dundee MD** as a subspecialist in Endocrinology and Infertility. She will join Elizabeth McGee MD, who currently serves as the director of Endocrinology and Infertility, in providing sub-specialty referral care. ■

PrEP: An HIV Prevention Option for Patients at Highest Risk

By JERRY G. LARRABEE, MD, UNIVERSITY OF VERMONT MEDICAL CENTER; JONATHAN RADIGAN, VERMONT DEPARTMENT OF HEALTH



Pre-exposure prophylaxis, or PrEP, is a prevention option for people who are at high risk of getting HIV. It's meant to be used consistently, as a pill taken every day, and to be used with other prevention methods, such as condoms.

PrEP is a combination of two FDA-approved HIV medicines (tenofovir and emtricitabine), sold under the name Truvada®, to help prevent an HIV-negative person from getting the virus from a sexual or injection-drug-using partner who is positive. When used as prescribed, PrEP can lower the risk of getting HIV from sex by more than 90%, and from injection drug use by more than 70%.

The Centers for Disease Control and Prevention (CDC) recommends PrEP for people who are at high risk for HIV acquisition, in particular, gay or bisexual men who have had anal sex without a condom, or have been diagnosed with an STD in the past six months.

Clinical Guidance

The CDC has published Clinical Practice Guidelines and a Supplement that explain procedures for the delivery of PrEP care. The guidelines can be distilled into five main action steps:

- Test for HIV including acute infection. If positive, refer patient for HIV treatment. If negative, and risk is high, discuss PrEP and use of other prevention methods.
- Order recommended tests if patient is interested in PrEP and could benefit from it. If tests show a reason not to prescribe PrEP (e.g. abnormal kidney function), discuss other prevention options. Otherwise go to Step 3.
- Help patient apply for insurance or other programs to pay for PrEP. Most public and private insurance plans cover PrEP.

Some patients may qualify for a drug-manufacturer assistance program.

- Prescribe PrEP and instruct patient to take one pill every day.
- Follow up with patient at scheduled appointments every three months. Test for HIV and for drug adherence and offer prescription refills if patient continues PrEP.

The Clinical Practice Guidance recommends STD testing at six month intervals or when symptoms are present. Consensus is growing among health experts that STD testing of PrEP patients should be routine every three months. The VT Department of Health supports this modification in guidance, and strongly encourages site-specific testing, including pharyngeal and rectal swabs based on sexual risk history.

Helping Providers

A recent survey of Vermont physicians (MDs, DOs), Nurse Practitioners and Physician Assistants to measure facilitators and barriers to prescribing PrEP was conducted by UVMC students Theresa Flanagan, Margaret Graham, Tinh Huynh, Derek Luzim, Alexandra Miller, David Nguyen and Yueyue Shen as part of their student Public Health Project in 2015. They worked in collaboration with Vermont CARES, a community-based organization that delivers medical case management support for people living with HIV in several Vermont counties. Dr. Jerry Larrabee, MD was the UVM faculty mentor for this project under the title, "Facilitators and Barriers to Prescribing Pre-Exposure Prophylaxis (PrEP) for the Prevention of HIV." The objective of the study was to identify attitudes and barriers toward prescribing PrEP in Vermont. A 23 question survey was distributed via

e-mail to Vermont physicians (MDs and DOs), Nurse Practitioners and Physician Assistants.

Of the 143 completed surveys returned, the area of "Training" was identified by 52% of respondents as one of the top three barriers of PrEP. Notably, new providers expressed more concerns about lack of training than experienced providers. "Patient costs" was the second most prevalent concern. "Long-term safety" and "drug resistance" were of significant concern for providers who care for HIV positive patients. Nearly 47% of providers consider themselves "not confident at all" when asked of their confidence level in having an informed discussion with patients.

The VT Department of Health makes resources for both patients and providers available on its website (visit healthvermont.gov, and go to PrEP in the A-Z listing). There are tools designed to help Vermont medical providers address many of the concerns identified in the survey. These include the CDC PrEP Clinical Practice Guidelines and Supplement, as well as a flow chart to help identify insurance coverage or payment assistance for PrEP. The website features information on a CDC telephone consultation line, where medical providers who have questions about prescribing PrEP can receive expert guidance from a staff of experienced clinicians.

At the local level, the UVM Medical Center Infectious Disease Program invites medical consultation and patient referrals at 1-800-358-1144. Vermont's Planned Parenthood of Northern New England sites deliver the full range of PrEP care to patients. They treat patients who contact them directly or through referral from another provider. ■

Ask Dr. Amidon:

Opioid Prescription Management Toolkits

Improving Opioid Prescribing: Sustainable Solutions for Vermont Practice Fast Track and Facilitator's Toolkits

By CONNIE VAN EEGHEN, DRPH, RESEARCH ASSISTANT PROFESSOR, UVM COLLEGE OF MEDICINE; CHARLES D. MACLEAN, MD, ASSOCIATE DEAN FOR PRIMARY CARE, UNIVERSITY OF VERMONT COLLEGE OF MEDICINE, OFFICE OF PRIMARY CARE; AMANDA G. KENNEDY, PHARM.D, BCPS, DIRECTOR, THE VERMONT ACADEMIC DETAILING PROGRAM, UNIVERSITY OF VERMONT COLLEGE OF MEDICINE, OFFICE OF PRIMARY CARE

What are these toolkits and why were they created?

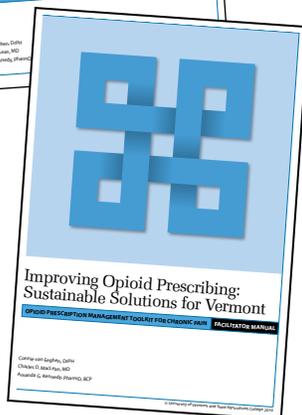
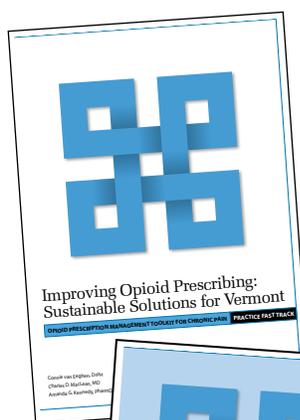
These toolkits collect the best practice strategies for managing opioid prescriptions in primary care (and other ambulatory settings). The strategies resulted from a two-year project (The Opioid Prescribing Quality Improvement Project, 2012-2014) to identify the most helpful methods used to create predictable and well-managed opioid prescribing patterns for physicians, nurse practitioners, and physician assistants and their patients.

What are some of the best practice strategies for managing opioid prescriptions?

New regulations about the prescribing of chronic opioids require the use of consent forms/treatment agreements and use of the prescription monitoring system. The standard of care supported by boards of medical practice across the country recommend, under certain circumstances, a variety of practice strategies to safely prescribe and monitor chronic opioid treatment. These strategies include assessing risk for misuse, use of pill counts and urine drug testing, best-practice documentation, standardizing prescribing intervals to minimize communication issues between the patient, office staff and prescriber, and others.

What are some of the results from the Opioid Prescribing two-year project?

All ten practices enrolled in the project reported positive results from the best practice strategies they chose to implement from the toolkit. The strategies helped prescribers standardize their approach and increase confidence in managing opioid prescriptions, helped practices change their support systems, and increased provider and staff satisfaction regarding the way opioid prescriptions are managed.



Who should read these toolkits and how are they different?

Fast Track Toolkit: This toolkit is intended for ambulatory care practices whose leaders, providers, and staff want to improve the process of managing opioid prescriptions for their chronic pain, non-palliative care patients. It is for practices with a team ready to make a quick start on a few of the 17 strategies and provides practical advice on getting started, how to adjust practice workflow, and how to implement changes. The toolkit includes an extensive appendix with policies, sample tools, and references.

Facilitator Toolkit: This toolkit is intended for practices that have not yet made a decision to work on opioid prescription management and need to develop a rationale, leadership support, and team to work on this topic. It provides three stages of development: preparation, design (of workflow), and implementation. It provides detailed guidance on measurement, team facilitation, workflow analysis, and follow up. It is best used by facilitators, staff, or leaders interested in supporting a transformative change in opioid prescription management. It includes the same appendix as the Fast Track Toolkit, with additional materials to support facilitation.

Where can I find these toolkits?

These toolkits are posted on the UVM Office of Primary Care and AHEC Program website at uvm.edu/medicine/ahec. ■

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

MAY

31-6/3 *Family Medicine Review Course.** Sheraton Conference Center, Burlington, VT.

AUGUST

18 *New School Nurse Training.* UVM AHEC Program, Burlington, VT.
Call: 802-656-2179.

SEPTEMBER

7-9 *Annual Update in Women's Health.** DoubleTree Hotel, Burlington, VT.

SEPTEMBER

28 *Vermont AHEC's Health Care Workforce Recruitment and Networking Day.* Hoehl Gallery & Courtyard, Given Building, UVM College of Medicine.
Contact: 802-656-2179.

OCTOBER

5-6 *Vermont Information Technology Leaders (VITL) Summit 2016.** Sheraton Conference Center, Burlington, VT.

7 *Women's Health and Cancer Conference.** Sheraton Conference Center, Burlington, VT.

OCTOBER

13-16 *Advanced Dermatology for Primary Care.** Hilton Hotel, Burlington, VT.

20-21 *Transforming Primary Care and Behavioral Health.** The Essex, Essex, VT.

28 *Neurology for the non-Neurologist.** The Essex, Essex, VT.

NOVEMBER

4 *Bridging the Divide: Primary Care and Public Health.** The Essex, Essex, VT.

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

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