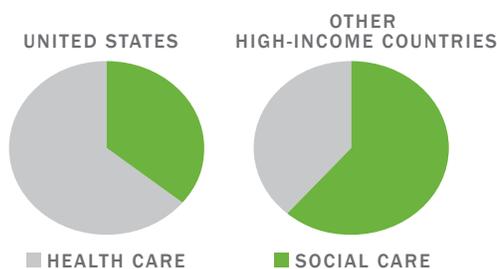




Healthcare Reform: A Focus on Population Health

In the U.S. and in Vermont, the recognition that high health and quality of life will not be improved by unlimited health care spending has been met with increasing data to prove the point, and an array of population health initiatives to broaden the approach to bettering lives. This brief article provides highlights that future *Primarily Vermont* articles will build on.

The **United States** is the **only country** that **spends more** treating **health issues** vs **social care programs**



And **prevention programs** get only **3 percent** of US health care dollars



of Spending on Social Services, Public Health, and Health Care, 2000-09.”² In their book, Bradley and Taylor demonstrated that “when both social services and health services were taken into account, the United States was *not* a high spender. The country had moderate levels of spending and moderate

health outcomes.” They concluded that “Investments in larger systems of economic, environmental, and social support produce health and support individuals’ quest for well-being.”³

The National Research Council and Institute of Medicine issued a report in 2013 that compared U.S. health with 16 peer nations and found that, “Among these countries, the U.S. is at or near the bottom in nine key areas of health: infant mortality and low birth weight; injuries and homicides; teenage pregnancies and sexually transmitted infections; prevalence of HIV and AIDS; drug-related deaths; obesity and diabetes; heart disease; chronic lung disease; and disability.”⁴

The Health Inequality Project used big data to measure life expectancy across income and geographic areas, which showed that from 2001-2014, the richest Americans gained approximately three years in longevity, and the poorest

continued on next page

From the Editor

I hope you’ve been enjoying a wonderful Vermont summer; we are fortunate to be surrounded by beautiful greenness and sunshine! There is much happening in Vermont and across the country related to health care reform and transformation; it’s challenging to keep up with federal, state, regional, and local initiatives. Our cover story briefly discusses the paradigm shift to a focus on population health, including research conducted by Elizabeth H Bradley, PhD, MBA. Dr. Bradley also presented at the April 2016 “Vermont Blueprint for Health Conference: Integrating Medical and Social Services.”

Further supporting efforts to strengthen linkages between public health, primary and preventive health care to improve population health outcomes, our annual fall conference will examine topics on “Bridging the Divide between Primary Care and Public Health” on Friday, November 4 at the Essex in Essex, VT. We hope to see you there!

This issue of *Primarily Vermont* features information about Dental Therapists—a new licensed oral health professional, an article about hearing loss and audiology services offered by The Eleanor M. Luse Center, and more.

In the upcoming fall issue of *Primarily Vermont*, the UVM OPC and Vermont AHEC Network will highlight its workforce development contributions of the past year. Stay tuned.

Reminder: the 2017 Vermont Educational Loan Repayment Applications for Primary Care Practitioners, Psychiatrists, Dentists, and Nurses are due September 15, 2016. Visit vtahec.org or call 802-656-2658 for information. ■

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

The Data

Elizabeth Bradley and Lauren Taylor compiled data to explain why America spends so much on health care without achieving world-class outcomes, comparing U.S. spending and achievement rates to other countries in *The American Health Care Paradox: Why Spending More is Getting us Less*¹ and examining state by state variations in “Variation in Health Outcomes: The Role

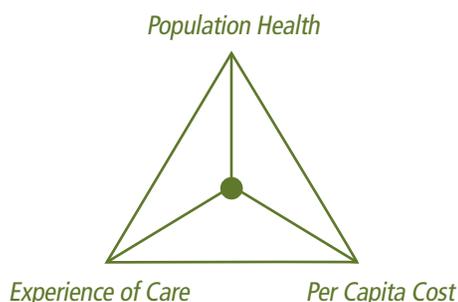
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Americans experienced no gains. In fact, their research shows the richest American men live 15 years longer than the poorest men, while the richest American women live 10 years longer than the poorest women.⁵

These data are part of what is driving a paradigm shift in the United States' approach to population health, in which physicians are being urged to become "upstream doctors" as author Rishi Manchanda, MD, calls them in his TED Book, *The Upstream Doctors: Medical Innovators Track Sickness to Its Source*.⁶ He argues that health care practitioners need to look beyond symptom relief to find the causes of illness in social and environmental factors. It is one of three prongs in the Institute for Healthcare Improvement's (IHI) Triple Aim: "improving the health of the population." (ihi.org)

The IHI Triple Aim



The IHI Triple Aim

The Triple Aim is a framework developed by the Institute for Healthcare Improvement (IHI) that describes an approach to optimizing health system performance. It is IHI's belief that new designs must be developed to simultaneously pursue three dimensions called the "Triple Aim":

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

The Responses

Health care organizations, consultants, government agencies

and others are developing their own approaches to addressing the "wider picture." Some specific examples include:

Health care organizations are forming Accountable Care Organizations (ACOs) and engaging more in community outreach initiatives to move from service volume incentives to population value. In fact, so many efforts are underway that a network of networks has been created called All In: Data for Community Health, to share knowledge and enhance collective impact. (dashconnect.org)

Kaiser Permanente's evaluation team has designed an ongoing, evaluation methodology and approach, which they call "Dose" that has become fundamental to the work of the Community Health Initiatives. Their experiences with communities across the country have taught that strategies for improving health among populations can be designed and implemented in ways that maximize their reach and strength — their dose — and thereby the likelihood of seeing health improvements at the population level.

Healthy Dose: A Toolkit for Boosting the Impact of Community Health Strategies — an interactive compendium of Dose tools and resources that provides an overview of the methodology and an understanding of how to apply Dose to community health intervention strategies is available at kaiserpermanente.org.

The Centers for Disease Control and Prevention (CDC) has created the "6/18 Initiative: Accelerating Evidence into Action" which highlights six ways to spend smarter for healthier people, with 18 effective interventions to improve health and control health care costs. The six goals are: reduce tobacco use, control high blood pressure, prevent healthcare-associated infections, control asthma, prevent unintended pregnancy, and control and prevent diabetes. This fits within a population health and prevention framework for clinicians, insurers, and public health practitioners called the Three Buckets of Prevention:

- Traditional clinical preventive interventions
- Innovative preventive interventions that extend care outside the clinical setting
- Total population or community-wide interventions

Examples of interventions range from smoking cessation efforts, and long-acting reversible contraception, to eliminating cost-sharing for medications that treat hypertension, cholesterol, and tobacco cessation because even low co-pay charges for such drugs discourage many patients from taking them. Auerbach also describes an effort by the Camden Coalition of Health providers that targeted two buildings in Camden, NJ housing a disproportionate number of asthma patients, where fixes reduced environmental triggers, and provided customized, home-based preventive education counseling.⁷

To facilitate local discussions on how to approach this new paradigm, the CDC offers Community Health Status Indicators with county-specific health-impacting data of factors that determine mortality, morbidity, health care access and quality, health behaviors, social factors, and physical environment. (cdc.gov)

In addition, the University of Wisconsin Population Health Institute has created *County Health Rankings* with a Health Gaps Report 2015, which identifies county-by-county health differences across a state and suggests ways those gaps can be closed. (countyhealthrankings.org)

The Vermont Department of Health (VDH) is using 3-4-50: A Focusing Framework for Community Health Improvement. (healthvermont.gov)

The 3-4-50 concept was originally developed by the Oxford Health Alliance in response to global concerns about chronic disease. 3-4-50 is a community health improvement strategy based on evidence that three health behaviors

PRIMARILY VERMONT

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

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(unhealthy diet, sedentary lifestyle, and tobacco use) lead to four chronic conditions (cardiovascular disease, cancer, chronic lower respiratory disease, and diabetes) that cause more than 50 percent of all deaths.

3-4-50 interventions are aimed at supporting healthy living choices by individuals and families; evidence-based recommendations from the U.S. National Prevention Strategy can serve as a guide. Interventions can be implemented in health care settings, school, the workplace, and additional community settings.

Convincing data, development of toolkits, numerous approaches and

interventions to address population health are underway in hope of improving health and quality of life, while also containing costs. Stay tuned. ■

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Leverage Points for Medical/Dental Collaboration

In November 2015, the UVM Office of Primary Care and AHEC Program hosted *Bridging the Divide: Medical and Dental Conference*. The goals of the day-long conference were two-fold: to provide participants with practical, clinically-oriented information that can be readily applied to patient care; and to explore how medical professionals and oral health professionals can learn together and collaborate to improve the overall health of Vermonters.

At this event, 89 medical, dental, and public health professionals from around Vermont participated in an interactive workshop to identify leverage points for collaboration to enhance patient care and

improve health, including opportunities for joint/shared educational offerings and quality improvement projects that will benefit patients and support providers. The stated purpose of the discussion was to provide direction for health care leaders and policy-makers to support collaborative efforts over the next year.

Process: Participants were asked individually to describe challenges facing medical and dental professionals regarding patient care, continuing education and practice improvement challenges. Participants were instructed to limit responses to those that were collaborative, action-oriented, and feasible in the near future. Sub-groups then



reframed and redefined these challenges as opportunities. Two groups completed this exercise. The following reflects the ideas and opinions of the participants and is a summary of their results.

Results: The top three ranked opportunities for collaboration identified by each group (A and B) are shown below. For more information, visit uvm.edu/medicine/ahec.

Identified Priority Leverage Points for Medical/Dental Collaboration		
Group A	Rank	Group B
Collaboration between Medical and Dental <ul style="list-style-type: none"> • Communication • Shared (practice and patient) resources around common issues • Joint Continuing Education • Joint meetings and networking 	1	Access to Care <ul style="list-style-type: none"> • Insurance • Reimbursement • Identify efficiencies in system/processes • Capacity/lack of access, emergency dept. diversion, where to refer patients
Legislative and Policy <ul style="list-style-type: none"> • Access • Insurance and reimbursement 	2	Data-Driven Policy and Practice Change <ul style="list-style-type: none"> • Dental measures and quality indicators • Inclusion of dental in health care reform efforts
Interprofessional/Integrated Education and Training for Health Professions Students/Residents <ul style="list-style-type: none"> • <i>Smiles for Life</i> curriculum • Clinical rotations to expose medical students/residents to dental and vice versa 	3	Education for Patients <ul style="list-style-type: none"> • Patient engagement • Overall wellness • Lifestyle changes; motivational interview • Shared resources and consistent messaging

Summer Briefs

PEOPLE IN THE NEWS

Six UVM Medical Students Receive Freeman Legacy Scholarships

Six members of the University of Vermont College of Medicine Class of 2018 received \$6,000 Freeman Foundation Legacy Scholarships toward their tuition costs. The students are: **Grace Adamson**, **Liam Donnelly**, **Emily Forbes-Mobus**, **Margaret Graham**, **Miles Grunvald**, and **Vicenta Hudziak**. Five of the six are Vermonters and Graham is from Iowa. The program was started in 2010 to honor the Freeman family and Foundation for their long history of support for UVM College of Medicine students. Recipients sign a letter of intent to practice medicine in Vermont following completion of their medical training.

Vermont AHEC extends retirement best wishes to Madeleine Mongan, Dawn Philibert, and Peter Cobb who have been supportive of AHEC's work over the years and long-time members of the AHEC Statewide Advisory Committee. Thank you, Madeline, Dawn, and Peter! **Madeleine Mongan, JD**, left her position as Deputy Executive Vice President at the Vermont Medical Society (VMS) where she has worked since 1996. At VMS she worked with the Vermont Legislature, state agencies and insurers on health care policy and provided education and technical assistance to Vermont physicians on legal issues. **Dawn Philibert, MSW**, retired as Director of Public Health Policy at the Vermont Department of Health; and **Peter Cobb**, Executive Director, retired after 32 years at VNAs of Vermont.

Charles MacLean, MD, Associate Dean for Primary Care, provided legislative testimony to the Vermont House Committee on Health Care and the Senate Committee on Health and Welfare about optimizing the use of the Vermont Prescription Monitoring System (VPMS) for clinicians. He has been appointed to the VDH Opioid Advisory Committee. **Constance van Eeghen, DrPH**, Research Assistant Professor at the UVM College of Medicine, and faculty member of the Office of Primary Care (OPC) and AHEC Program, described the Opioid Management Prescription Toolkit and its use with ambulatory practices at a reverse site meeting at the centers for Diseases Control and Prevention in Atlanta this spring. Dr. MacLean and **Amanda Kennedy, PharmD**, pharmacist clinician at the UVM Medical Center and director of OPC's Vermont Academic Detailing Program, participated in a Congressional briefing this spring at the invitation of the American College of Clinical Pharmacy. They described how the integration of clinical pharmacists as members of the healthcare team can improve the safety and effectiveness of medications for complex patients. The briefing coincided with the introduction of HR4878, "Better Care, Lower Cost Act." Another AHEC faculty member, **Mary Val Palumbo, DNP, APRN**, was honored for APRN Excellence in Advanced Practice Nursing during National Nurses Week observances at the UVM Medical Center. **Susan White, M.Ed.**, Education Resource Coordinator at the Southern Vermont AHEC, collaborated with AHEC representatives from New York and Kentucky to present a workshop on "Plugging the Leaky Pipeline:

Post-Secondary Internships to Promote Health Careers and Community Partnerships" at the National AHEC Organization Conference in Washington, DC this summer.

VERMONT

VT Vaccine Compliance Improves

The percentage of fully vaccinated kindergartners has increased nearly three percent since 2012-13 according to **Christine Finley**, Immunization Chief at the Vermont Department of Health. Vermont is now about in the middle of all states regarding vaccine compliance, an improvement over the state's previous position near the bottom. On July 1, 2016 the new state law (Act 37/H.98) took effect that bans philosophical exemption, and state officials note a slight increase in religious exemptions.

UVM Offers Certificate in Cannabis Science and Medicine

The University of Vermont is the only medical school in the country that offers a professional certificate in Cannabis Science and Medicine, in response to the rapid growth of the medical cannabis industry. The eight week online program is designed for physicians, dispensary personnel, nurse practitioners, pharmacists, physician assistants, edible creators, regulators, and budtenders. The program covers cannabis history, law and privacy; plant biology; biological effects on humans; production and safety; pharmacology; and clinical research. It is offered by UVM's Department of Pharmacology and UVM Continuing and Distance Education.

UVM Offers Epidemiology Graduate Certificate

The University of Vermont is offering a new Epidemiology Graduate Certificate to provide students with a framework for problem solving and critical thinking in analyzing disease and health-related conditions within a given population. This program is 100% online and can be completed in one year.

Epidemiologists examine how and where disease outbreaks start, how diseases are transmitted among individuals in a population and how to effectively treat those diseases. The information gathered and analyzed by epidemiologists is then used to develop or improve clinical and medical research, as well as improve preventive health care.

Oral Health in Vermont Nursing Homes

The Vermont Health Care Association (VHCA) has been awarded funding for a three-pronged project that includes: mentor training in five nursing homes; providing Alzheimer's Disease and Dementia Care training that can lead to certification for nursing home staff; and

partnering with the Vermont Department of Health's Office of Oral Health to promote oral health information and training to nursing home staff in all 39 nursing homes in the state. VHCA has opened the training and certification opportunity to dental team professionals who are interested in providing preventive dental care services in nursing homes.

Vermont Pain Management Policies Lauded

Vermont scores well in enacting balanced policies that enhance the delivery of effective pain management for patients dealing with a chronic disease such as cancer, according to "Achieving Balance in State Pain Policy: A Progress Report Card (CY 2015)" from the University of Wisconsin Pain and Policy Studies Group. The report was funded by the American Cancer Society and its action affiliate ACS Cancer Action Network. The report gave Vermont a letter grade of A in measuring the quality and balance of its policies to make pain treatment available to patients.

CCV and BMH Collaborate On Medical Assistant Program

Classes start in September at the Community College of Vermont Brattleboro site for up to 20 participants in an accelerated program to prepare them for jobs as Certified Medical Assistants. Brattleboro Memorial Hospital will provide full scholarships to eight of those students, as well as clinical site training, and will hire the eight scholarship recipients upon their successful completion of the program.

UVM Medical Students and Residents Work with Veterans

UVM Psychiatry residents have begun training with veterans in Vermont, in an effort to improve veterans' access to care and give residents experience in treatment for post-traumatic stress disorder, traumatic brain injury and addiction, and other skills. The UVM Medical Center has expanded its psychiatry residency program from four to five new residents per year.

Responding to Opioid Addiction

Vermont is one of four states recognized for making significant progress in confronting the challenge of opioid addiction in a new report by the National Safety Council. In "**Prescription Nation 2016: Addressing America's Drug Epidemic**," Vermont is credited with meeting five out of six key indicators of progress; the sixth indicator, eliminating "pill mills" by law (health care offices that routinely prescribe controlled substances outside the scope of standard medical practice) does not currently seem to be a problem in the state. One indicator, expanding the availability of medication-assisted treatment, saw only three states (VT, ME, NM) being judged to have buprenorphine capacity sufficient to meet the needs in the state.

BAART Behavioral Health Services will open a new medication-assisted treatment center (or "Hub") in the St. Albans area, an expansion of the Care Alliance for Opioid Addiction's Hub and Spoke system of care. The new site will offer comprehensive addiction and

co-occurring mental health treatment services for residents of Franklin and Grand Isle Counties and is expected to serve 250 Vermonters in its first year, after a January 2017 opening.

The **Chittenden County Opioid Alliance (CCOA)** is a new collaborative partnership with local non-profit agencies, state and local government, UVM Medical Center, business leaders and community members in Chittenden County dedicated to reducing the opioid crisis.

NATIONAL

Fluoridation Spokesperson Training Available

The Children's Dental Health Project in Washington, D.C. offers training sessions to medical and dental professionals, civic leaders, children's advocates and/or water engineers to effectively address city councils, local water boards or key stakeholders about the efficacy and safety of community water fluoridation. Sessions have taken place in New York, Wisconsin and Pennsylvania to date. Contact CDHP.org for information.

Report Looks at Oral Health of Older Americans

"A State of Decay, Vol. III" published by Oral Health America examines factors that impact the oral health of older Americans. Top findings of the report indicate that tooth loss continues to be a signal of suboptimal oral health; communities without fluoridated water ignore opportunities for prevention; there is a persistent shortage of oral health coverage; a critical lack of a strategic plan to address the oral health of older adults is noted; and inadequate surveillance of the oral health condition of older adults persists. The study revealed that 38 states (76%) earned a composite score of fair (22%) or poor (54%); ten states earned a score of good and only two states, Minnesota and North Dakota, earned a composite score of excellent. Vermont ranked 18th out of the 50 states. The full report is available at toothwisdom.org.

Physicians Less Satisfied, More Burned Out with Electronic Medical Records

Authors of a Mayo Clinic study that examined the effects of using electronic health records (EHR) and order entry software on physicians showed that they tend to be less satisfied with how much time they spend on clerical tasks and are at higher risk of burnout than others. Lead author Dr. Tait D. Shanafelt notes, "These electronic tools also give physicians access to the medical record when at home, which has extended the physician work day. Studies suggest physicians spend more than ten hours per week interacting with the EHR after they go home from the office on nights and weekends." The study surveyed U.S. physicians in all specialties in 2014, and received 6,880 responses. ■

Ask Dr. Amidon:

What is it like to be a Doctor in the Vermont House?



In the 2015-2016 Legislative Biennium, George Till, MD, of Jericho, represented the Chittenden-3 State House District (Jericho and Underhill), where he is a member of the Ways and Means Committee and previously served on the Health Care Committee. Dr. Till also is currently an Associate Professor of Obstetrics and Gynecology at the UVM College of Medicine and works as an OB/GYN hospitalist at the University of Vermont Medical Center.

How did you become interested in serving in the Vermont Legislature? Were there specific issues you wanted to work on?

Frankly, my entry into politics is one of those really good life lessons. If someone had asked me to list things I would never be interested in doing five years before I ran for the House, politics would absolutely have been on the list. While I was active in the community, the idea of participating in state politics directly was not the least bit appealing. Through another unlikely event, I had joined the school board a number of years previously. I was chair of the Budget Committee and had a bit of public presence because of that. Then, two things happened. First, some land was donated to the school for some much needed athletic field space and we had to go through the Act 250 process. What an eye opener that was. The arrogance and uncooperativeness of the state bureaucracy shocked me. The resistance to turning a grassy field into a flatter grassy field left me with quite a burr about state government. Then our local State Representative decided to run for Governor and vacate her seat and asked if I might be interested in running. I had no idea what that entailed but didn't say no immediately. Now, I'm running for my fifth term in the House.

Can you describe instances when your medical background contributed to discussion and an understanding that might have been missing, particularly in your work on the House Health Care Committee?

There have been many, many instances where my medical background has contributed, but I'll just mention a few. The very first substantial bill of my freshman year was about mandating insurance coverage for screening colonoscopy with minimal cost to the patient. I was tagged to present the bill on the floor. I assumed a quick presentation and passage. What ensued, however, was multiple hours of debate over two days with extensive interrogation on the subject from the opposition. My medical background and knowing more about the subject than anyone else in the chamber was key to passage.

Later in the session, we were debating a bill about toxic chemical regulation when I talked about endocrine disruptors and effects on reproductive health. One long time member came up to me after the debate and said that not once previously, during her many years in the House, had

she actually changed her opinion and vote based on the floor debate, but on that day she did based on the information I had presented.

What is your position on legalizing marijuana in Vermont?

For me there are two major issues. The first is enforcement around motor vehicle operation given the messy fact that we have no accurate way to determine impairment based on THC levels. The second is the unanswered question of what happens to utilization by teens after legalization. The early data from states which have legalized does not show a major increase, but the data is very preliminary. What is clear in those states is that the attitudes of teens about the dangers of marijuana usage change. Once legalized, kids' perception of the risk of usage goes down. Whether that will lead to increased utilization in younger kids is unknown, but concerning. Therefore, my opinion remains that it is premature to legalize at this time.

What is your greatest accomplishment in the Legislature and what is your biggest disappointment?

"It was the best of times. It was the worst of times" wrote Dickens. It feels really good to know you've made a difference in the overall health of Vermonters such as with the removal of vaccine exemptions, expedited partner therapy for STDs, concussions in student athletes, regulating tobacco and electronic cigarettes, pharmaceutical cost limitations, healthcare coverage for autism disorders, Medicaid payment for BRCA testing, use of telemedicine, removal of toxic chemicals in children's products and a number of other bills I've sponsored which have become law. On the other hand, it is painful to put lots of effort and hours of time without succeeding in passage through the House or to have the

continued on next page

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.



Ask Dr. Amidon *continued*

Senate refuse to consider the subject. This has been the case with raising the smoking age to 21, creating an excise tax on sugar sweetened beverages, taking a comprehensive approach to Adverse Childhood Experiences (ACEs) prevention and treatment, and the first time I attempted to remove the philosophical exemption on vaccines.

What do you think will be a hot topic in the new Biennium starting in January 2017?

It is likely that commercial wind energy projects will remain a major issue

as will the usual budget and tax issues. Of interest to the medical community, I believe that once again we will debate raising the smoking age to 21, adding an excise tax to sugar sweetened beverages, further discuss the opiate problem and marijuana legalization.

In addition to running for a Legislative seat or statewide office, how else might health professionals play a role in state policymaking and service?

It is hard to overstate the usefulness of simply contacting your representative and senator personally about an issue. Form letters or emails

are not very helpful, but direct personal communication is very effective coming from a physician with expertise. Even more effective is coming to the State House to testify in person and express your thoughts on a subject. Committees are very amenable to input from the medical community. The Vermont Medical Society does a tremendous job and is a great resource about what is happening in the Legislature. They can always use additional medical professionals to testify. Likewise, there are multiple advisory groups through the Vermont Department of Health which need physician members and expertise. ■

Dental Therapists — New Health Profession Established in Vermont

Governor Peter Shumlin signed Act 161 (S.20) in June, which established dental therapists as a new licensed oral health profession and is intended to increase access to basic dental care in Vermont. The scope of practice for dental therapists is between that of dentists and dental hygienists.

Per Act 161, a dental therapist is able to perform a limited number of the dental services that a dentist can perform, but is required to practice under a dentist's general supervision pursuant to a collaborative agreement. The collaborative

agreement would establish the parameters of the dental therapist's practice. For scope of practice details, see Act 161 (S.20), *An act relating to establishing and regulating dental therapists*. Vermont dental therapists will be regulated by the Board of Dental Examiners within the Secretary of State's Office of Professional Regulation (OPR) division.

Act 161 requires that two years following the graduation of the first class of dental therapists from a Vermont accredited program, the Vermont Department of Health, in consultation

with the Board of Dental Examiners, shall report to the legislature on: geographic distribution of licensed dental therapists practicing in the state; geographic areas in the state underserved by licensed dental therapists; and recommended strategies to promote the practice of licensed dental therapists in underserved areas of the state, particularly those rural and with high numbers of people living in poverty.

Vermont Technical College (VTC) is drafting curriculum and making plans to offer a new program to train dental therapists at its Williston campus. ■



REGISTER NOW!

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

Study Ranks Vermont Second in U.S. for Senior Health

For the fourth year in a row Vermont ranked among the top five states in the country for senior health in the United Health Foundation’s “America’s Health Rankings” Senior Report 2016. According to the report, Vermont’s strengths in keeping senior citizens healthy are:

- Low prevalence of smoking
 - High Supplemental Nutritional Assistance Program (SNAP) enrollment, i.e., food stamps
 - High health status
- Areas cited as challenges in Vermont include:
- Low hospice care use
 - High prevalence of excessive drinking
 - High prevalence of falls

Other statistics in the report show a decrease in the senior smoking rate in the past year; an increase in food insecurity in the past year; a decrease in the number of hospitalizations for hip fractures in the past two years; an increase in the need for geriatricians over the past two years; an increase in hospice care use in the past three years.

To review the full report, visit americashealthranking.org.

UVM Establishes Geriatrics Section

The University of Vermont Division of General Internal Medicine and Geriatrics recently welcomed **Michael LaMantia, MD, MPH** as a section chief of Geriatrics; he will lead the division’s team of four geriatricians. Dr. LaMantia was formerly a geriatrician at the Indiana University School of Medicine where he led the Aging Brain Care Medical Home Program. He has extensive health services research experience with particular interest in the acute care of elderly patients with delirium, and dementia. Board certified in internal medicine and geriatrics medicine, Dr. LaMantia earned his medical degree at Yeshiva University, and completed residency and a fellowship at the University of North Carolina Hospitals in Chapel Hill, NC, where he also earned his master’s degree in public health and completed a post-doctoral fellowship at the Institute on Aging. Last year he was honored with a new Investigator Award by the American Geriatrics Society. Dr. LaMantia is an associate professor in the Department of Medicine.

Robert Gramling, MD, D.Sc., associate professor of Family Medicine, is the chief of the newly-formed division of Palliative Medicine in the Department of Family Medicine. He is the inaugural Holly and Bob Miller Chair in Palliative Medicine, and will be responsible for building the palliative medicine program at the UVM Medical Center and the College of Medicine. Dr. Gramling earned his medical degree at Dartmouth Medical School, completed a family medicine fellowship at Boston University (BU) School of Medicine, and studied epidemiology at the BU School of Public Health. He is board certified in family medicine and in hospice and palliative care. ■

Child Psychiatric Consultation Program for Primary Care Providers

The Vermont Center for Children, Youth and Families (VCCYF), in partnership with the Vermont Child Health Improvement Program (VCHIP), offers healthcare providers free curbside telephone and email consultation regarding the management of emotional and behavioral problems in primary care settings. Examples of these consultations include discussion of assessment, diagnosis, medication management and providing Vermont Family-Based Approach Wellness recommendations.

What is the Vermont Family-Based Approach?

Definition: a paradigm for promoting mental health and wellness, preventing and treating psychopathology that applies evidence-based strategies from the family perspective.

Goal: Using evidence-based prevention and intervention strategies, to keep the well well, protect those at risk from developing psychopathology, and effectively treat those who are suffering from it. (Hudziak, 2010)

Strategies: Help all family members to further engage in health-promoting activities.

If you are interested in accessing a phone or email consult, please contact Eliza Pillard, LICSW, at: eliza.pillard@uvmhealth.org or (802) 847-9759. Eliza will arrange for a child psychiatric specialist (MD or NP) to return your phone call/email within 24 hours during the regular work week (weekend coverage is available through the on call system). ■

SAVE THE DATE!

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

VERMONT GERIATRICS CONFERENCE

April 5, 2017



Location: The Essex in Essex, Vermont

REGISTER AT: [HTTP://CME.UVM.EDU](http://CME.UVM.EDU) OR (802) 656-2292

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Hearing Loss and Audiology Services at The Eleanor M. Luse Center

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Nearly 1 in 5 Americans over age 12 experience hearing loss¹. Increased noise exposure contributes to this as does the aging population. Two out of three people 70 and older experience hearing loss²; it is the 3rd most common chronic condition in the elderly³. Surprisingly few are screened for this disorder despite its serious negative consequences.

Hearing loss typically occurs gradually; most adults wait over 10 years before addressing it⁴. Consequences include embarrassment, social isolation⁵, anger, frustration, loneliness⁶, and depression⁷. There also is an increased risk of falling⁸ and overall higher medical expenditures⁹. Lastly, hearing loss is linked with reduced memory and cognitive decline¹⁰, along with a higher risk of dementia¹¹. Treatment of hearing loss is often not covered by insurance and the perceived stigma of wearing hearing aids remains. Only about 20% of people who could benefit from hearing aids wear them¹².

The Eleanor M. Luse Center for Communication: Speech, Language and

Hearing is a non-profit organization that provides speech-language pathology and audiology services to children and adults. University of Vermont clinical faculty who are nationally certified and state licensed audiologists and speech language pathologists provide comprehensive, evidence-based evaluation and treatment. The Center also is the primary training site for graduate students in the UVM Department of Communication Sciences and Disorders. For more information about the Center's audiology or speech and language services, call 802-656-3861. ■

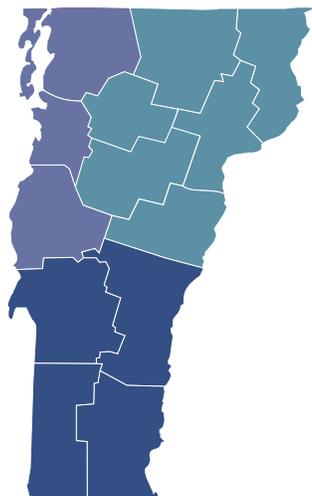
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AHEC News From Around the State



For news from Vermont's three regional Area Health Education Centers, check out their community-based web sites:

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- **Southern Vermont AHEC:**
svahec.org • Springfield
(802) 885-2126

Calendar

SEPTEMBER

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

28 Vermont AHEC's Health Care Workforce Recruitment and Networking Day. Hoehl Gallery & Courtyard, UVM College of Medicine. UVM AHEC Program, Burlington, VT. Call: 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.

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.

APRIL 2017

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

JUNE 2017

Family Medicine Review Course

NOVEMBER 2017

Bridging the Divide

* 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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