



Prescriber Perspectives on New Rules for Opioid Prescribing

UVM Larner College of Medicine (LCOM) students recently presented the results of their public health projects, including one sponsored by the University of Vermont AHEC Program on "Prescriber Perspectives of July 1, 2017 Opioid Prescribing Rules."

The medical students created a 17-item survey about prescriber perceptions of the new rules as well as demographic information about respondents. Of the respondents, 75% thought that more restrictive opioid prescribing rules were necessary; 74% felt that the new rules would have some positive effect on the opioid crisis; 48% were in favor of the new rules. Barriers to implementation included: co-prescribing naloxone (50% were unsuccessful); justifying exceptions to rules in the medical record (46% unsuccessful); considering non-pharmacologic therapies (39% unsuccessful); and adhering to prescription limits (31% unsuccessful). Respondents included: MD/DOs, 65%; APRNs, 14%; DDS/DMD, 7%; PAs, 135; and NPs, 1%.

The rollout of the new rules was criticized by some respondents for implementation issues, reducing overall favorability among prescribers. Feedback obtained may be utilized by the Vermont Department of Health and by other states to improve current models of opioid prescribing.

Asked to comment about the results of the project, Hanna Mathers responded, "There is a disconnect that exists between people believing stricter rules are necessary and being in favor of the July 1st rules. It was really helpful to know the exact issues that physicians, nurses, and others are facing in the implementation of these regulations."

Natasha Jost remarked, "Something that came up a lot in the open-ended questions was the idea of 'shifting the blame'. Prescribers now have something to fall back on, using the new rules to explain why they can't prescribe or have to limit the prescription. It has helped to shift some people's prescribing habits without harming the prescriber-patient relationship."

LCOM Class of 2020 participating students were: Zara S. Bowden, Jinal Gandhi, S. Natasha Jost, Hanna Mathers, Chad Serels, Daniel Wigmore, and Timothy Wong. Charles D. MacLean, MD and Jan K. Carney, MD, MPH were faculty mentors and Elizabeth Cote, AHEC Program Director, was community faculty for the project. ■



Left to right: Timothy Wong, Chad Serels, S. Natasha Jost, Jinal Gandhi, Hanna Mathers, Zara S. Bowden (Absent: Daniel Wigmore)

From the Editor

The conclusion of the academic year is a good time to reflect on accomplishments.

As health workforce development needs and priorities change, our programs evolve to meet the new challenges. Project ECHO (Extension for Community Health Outcomes) at UVM was successfully implemented in April 2018, with our first offering on the "Treatment of Chronic Pain." This program highlights best practices and evidence-based care for treating patients who experience chronic pain. Continuing education on various topics will be offered via Project ECHO in the coming year. See article in this issue of *Primarily Vermont* to learn more about the Project ECHO tele-education model or visit vtahec.org. We also continue to collaborate with Maine and New Hampshire on regional Project ECHO offerings. Please visit mainequalitycounts.org for the latest on this tri-state initiative.

As we look forward to summer sunshine and a new academic year, change is on the horizon: Marty Hammond, M.Ed, has announced her plans to retire. Marty has contributed 17 years of dedicated service to AHEC, including 7 years as Executive Director of the Southern VT AHEC. Visit svtahec.org for information about this position and terrific career opportunity.

I hope you enjoy reading about the Vermont AHEC Network's workforce development programs, and the individuals we've worked with in the past year. Thank you to all of our funders, partners, and collaborators who make this work and these accomplishments possible. ■

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

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Internships at Battenkill Valley Health Center for Future Practitioners

By *CHERISE MADIGAN,*
*MANCHESTER JOURNAL**

As dental student Nicholas Guy prepares to depart his externship at Arlington's Battenkill Valley Health Center (BVHC), medical student Allison Robbins has just begun to settle in.

The two are trailblazers for the community health center's growing internship (clinical rotation) program, which encourages students to learn and grow in the Arlington community. Eventually, BVHC hopes that some students will return to live and work after graduating.

"It's a really critically important way for us to build a primary care workforce in the state of Vermont," said Dr. Anje Van Berckelaer, who will oversee Robbins during her time at BVHC. "We have a real shortage of primary care providers. Not enough medical students go into family medicine, so it's an opportunity for us to show them that it's fun, it's rewarding, and that the relationships we build with our patients are really meaningful."

According to Van Berckelaer, welcoming a medical student is beneficial in a number of respects.

"For the student, it's important to have locations to learn family medicine," she said. "From a practice perspective, it's good for the clinicians who work with her, me in particular, to stay fresh."

Robbins, a native of North Bennington, is in her third year at the Larner College of Medicine. Knowing that she would be placed somewhere in Vermont, the aspiring doctor opted to "control her own destiny" by requesting BVHC specifically.

"This area has such a need for family medicine and practitioners," she said. "It's been really rewarding seeing the community I grew up in, and being able to give back a bit. [The program's] off to a great start, and it's going to make a really big difference in this area because there is such a need."

Though Robbins only began on Dec. 4, she says that the experience has already proved educational.

Typically, Robbins will begin each appointment by taking a patient's history



PHOTO PROVIDED BY BVHC

UNE dental student Nicholas Guy works with a patient at Battenkill Valley Health Center.

and conducting any necessary physical examination. She will then explain her plan for each patient to Van Berckelaer, who works with both Robbins and the patient to solidify that plan.

"It's been wonderful to have a group of mentors around me and coaching me," said Robbins. "I think that the collegial environment, as well as the enthusiasm behind both medicine and taking care of your community, are really great."

Guy, who began his dental externship in September, says that the experience also provides insight unique to a smaller community health center.

"You get to see it all, and the unique thing about coming to a community health center like this is that we have medical right across the hall," he explained. "You really get those interprofessional workings, which are a little different than going to a stand-alone private dental practice. It almost becomes a one-stop-shop for the community."

While working in a rural area provides its own challenges, BVHC dentist Dr. Stephen Phillips says that the experience provides students with a range of skills.

"He got a little taste of everything; especially extractions and fillings," Phillips said, adding that Guy will typically see up to six patients a day. "The volume is really good because dentistry is really repetitious. The more you do the better you get; it's like riding a bike."

Having a dental student is also a boon to BVHC's patients as well, says Phillips, as it becomes easier to accommodate same-day emergencies. Describing Guy as "the apple of his eye," Phillips hopes that more dental students like him will consider joining BVHC on a more permanent basis.

"That's kind of a mission for my school, trying to get dentists into rural underserved communities," said Guy, a student at the University of New England. "It's an experience like no other; you really become the community's dentist. I think anyone would be lucky to come back and serve the greater Arlington community." ■

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PRIMARYLY VERMONT

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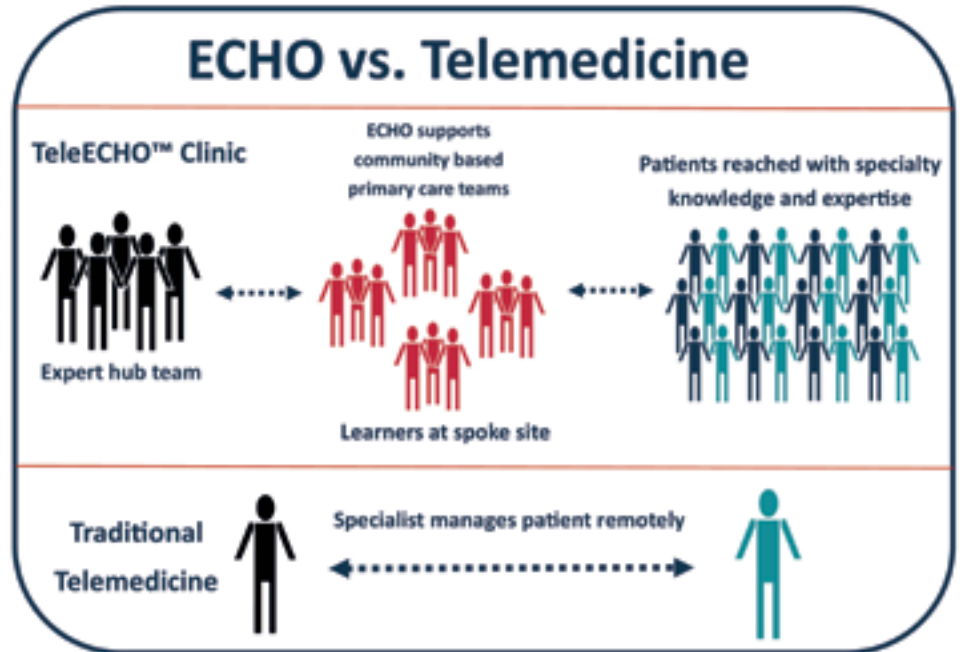
UVM Launches Project ECHO



Project ECHO® (Extension for Community Healthcare Outcomes) is an evidence-based interactive distance-learning method developed by researchers at the University of New Mexico. The ECHO model™ links teams of interdisciplinary specialists with primary care clinicians. During teleECHO™ sessions, experts mentor and share their expertise across a virtual network via case-based learning, enabling primary care practice teams to treat patients with complex conditions in their own communities.

The University of Vermont Project ECHO delivered its first session in April 2018 on Treatment of Chronic Pain. This pilot of ECHO will continue through July 2018. This program highlights best practices and evidence-based care for treating patients who experience chronic pain. The program will identify strategies, screening tools, resources, and emerging topics in this field. The participating cohort is made up of individuals and practice teams, including family medicine, internal medicine, social work, behavioral health, and addiction medicine providers throughout Vermont.

Additional ECHO sessions on various topics are planned for the future. General questions about the University of Vermont's Project ECHO can be directed to Elizabeth.Cote@uvm.edu; clinical/topic-specific questions can be directed to Mark.Pasanen@uvm.edu.



PROJECT ECHO: Doing More for More Patients



PATIENT

- Right Care
- Right Place
- Right Time

PROVIDER

- Acquire New Knowledge
- Treat More Patients
- Build Community of Practice

COMMUNITY

- Reduce Disparities
- Retain Providers
- Keep Patients Local

SYSTEM

- Increase Access
- Improve Quality
- Reduce Cost



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MEDICAL
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Ask Dr. Amidon:

Why Does Breast Density Category Matter in Patient Care?

CO-WRITTEN BY SALLY D. HERSCHORN, MD, DIVISION CHIEF AND MEDICAL DIRECTOR OF BREAST IMAGING AT UVM MEDICAL CENTER; ASSOCIATE PROFESSOR OF RADIOLOGY AT THE UNIVERSITY OF VERMONT, AND HER MENTEE, HEEJUNG CHARRON, A UVM NURSE PRACTITIONER STUDENT WHO GRADUATED IN 2018 WITH A DOCTORATE OF NURSE PRACTITIONER DEGREE

How common are dense breasts and why is breast density important?

Approximately 40-50% of women are categorized as having heterogeneously dense or extremely dense breast tissue on mammograms. For women with dense breasts, an annual mammogram screening may not be enough to detect breast cancer. Vermont has passed a law which requires women who get mammography to receive a letter informing them about their breast density category. Providers need to understand the impact of breast density on breast cancer diagnosis for women. Supplementary screening in addition to mammography may be a choice for women with dense breasts. Dense breasts provide a great opportunity for providers to engage their patients in individualized risk assessment, education and shared decision-making.



dense breasts as it reduces recall rates and increases cancer-detection rates compared to standard digital mammography (though cancer detection may not be significantly improved in extremely dense breasts). This is because dense tissue can still hide cancers on 3D mammography.

If patients have dense breasts, do they need supplemental tests?

Currently, no definitive evidence-based guidelines exist for screening based on density alone. Additional screening is costly, has potential for increased false positives, and can lead to further testing. But additional screening offers women with dense breasts the opportunity to find cancers earlier and avoid the more costly and debilitating treatments that may be needed if cancer is diagnosed at a later stage. In order to make screening decisions, stratifying a woman's risk is needed. The bottom line is that supplemental screening strategy requires a personalized approach based on risk assessment as well as individual patients' values and preferences.

Why do dense breasts matter on mammography?

Mammograms of breasts with higher density are more difficult to interpret than those of less dense breasts. Breast density increases the likelihood that cancer will be missed by mammography; as breast density increases, mammographic sensitivity decreases. Having dense breasts is the number one reason for missed cancers on mammography.

Are dense breasts a true independent risk factor for developing breast cancer?

Yes. Dense breasts are a risk factor for the development of breast cancer. In the population-based, case-control, cohort study, breast density is a more prevalent risk factor than all other risk factors for both premenopausal and postmenopausal women. Relative risk with heterogeneously dense breasts compared to scattered fibro glandular breasts is 1.57 and extremely dense compared with scattered fibro glandular breasts is 1.81. These risks are the same order of magnitude as having a first degree relative with premenopausal breast cancer.

How does 3D mammography (tomosynthesis) benefit patients with dense breasts?

3D mammography should be the first step in screening

Which risk assessment models can be used to stratify women's risk of breast cancers with dense breasts?

Providers are encouraged to use risk-based models such as the Tyrer-Cuzick model (IBIS) to help counsel patients who have dense breasts regarding the need for supplemental imaging. The Tyrer-Cuzick (version 8) risk prediction model incorporates mammographic breast density as a risk factor, and it also calculates women's lifetime risk of developing breast cancer. The Tyler-Cuzick model has all the risk factors in the Gail model plus it considers other breast cancer risk factors:

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.



including more family history: second degree relatives (+cousin) and age at diagnosis, BMI, estrogen exposure status, age at menopause, and hormone replacement therapy use. For other risk models, please visit <http://densebreast-info.org/explanation-of-dense-breast-risk-models.aspx>

Are there any screening decision algorithms to use for supplemental screening?

Below are two screening decision algorithms that can assist providers in making decisions for supplemental screening.

1. Screening Decision Support Tool from dense breast-info.org: <http://densebreast-info.org/who-needs-more-breast-screening.aspx>

2. Evidence-based supplemental screening algorithm from Massachusetts Breast Risk Education and Assessment Task Force: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4592317/figure/F1>

What are the key points of breast density?

- Use 3D mammography for all levels of risk, if possible
- Supplemental screening strategy requires a personalized approach based on risk assessment as well as individual patients' values and preferences
- Opportunity for individualized risk assessment, education and shared decision-making
- If dense and life time risk of breast cancer <20%, consider ultrasound
- If life time risk is >20%, add MRI
- Regardless of breast density, MRI is recommended in women at high risk of breast cancer. MRI screening generally covered when meet American Cancer Society criteria (applied to deductible and a pre-authorization)

- Consider the possibility of increased false positives, need for follow-ups, and costs with supplemental screening when recommending supplemental screening

What are some useful dense breasts resources for providers?

UVM MC public site on breast density (with useful direct links) <https://www.uvmhealth.org/medcenter/Pages/Conditions-and-Treatments/Breast-Density.aspx#TabThree>

Dense Breast-Info <http://densebreast-info.org/>

Breast Cancer Risk Assessment Checklist

- http://densebreast-info.org/img/risk_checklist_english.pdf
- <http://www.areyoudense.org/>

See patient resource included as an insert in this newsletter.

In May 2018 the Vermont Legislature passed a law (effective January 2019) that provides supplementary breast ultrasound screening for women with dense breasts without a copayment charge for the patient.

If you have any questions about breast density, please email mammoinfo@uvmhealth.org or Dr. Herschorn at sally.herschorn@uvmhealth.org. ■

REFERENCE

Engmann, N. J., Golmakani, M. K., Miglioretti, D. L., Sprague, B. L., & Kerlikowske, K. (2017). Population-Attributable Risk Proportion of Clinical Risk Factors for Breast Cancer. *JAMA Oncol.* doi:10.1001/jamaoncol.2016.6326

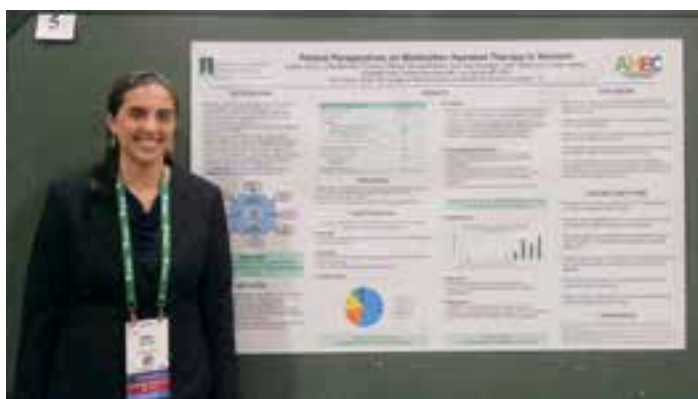


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UVM Medical Student Presents Public Health Poster

Third year medical student Holly Bachilas at the University of Vermont Larner College of Medicine presented a poster at the American Public Health Association conference in Atlanta, GA that summarizes research on “Patient Perspectives on Medication-Assisted Therapy in Vermont.” The AHEC-sponsored project was conducted in fall 2016 with several other medical students and found that half of the subjects reported a mental health condition and stated that barriers to treatment included transportation (25 percent) and stigma (41 percent), among other factors. The students advised that “a comprehensive system that addresses this wide range of domains is critical to achieving optimal outcomes.”

Visit www.vtahec.org for the project poster and abstract.

AHEC News From Around the State

For news from the Vermont Area Health Education Centers Network, check out their community-based web sites:



■ Northern Vermont AHEC:

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

■ Southern Vermont AHEC:

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

■ UVM AHEC Program:

www.vtahec.org
Burlington
(802) 656-2179

Rural Americans at Higher Risk of Death

Rural Americans (15-20% of the U.S. population) face inequities in health care resulting from economic, social, racial, ethnic, geographic and health workforce factors, according to a study by the Centers for Disease Control and Prevention (CDC),¹ and other indicators. Those factors limit access to care, make finding solutions more difficult and intensify problems for rural communities everywhere.¹

The CDC study demonstrates that Americans who live in rural areas are more likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke.

Differences exist within disease groups among various sections of the country. New cases for lung cancer, colorectal cancer, and cervical cancer were higher in rural America while rural areas have lower rates of new cancers of the female breast and prostate. Rural counties have higher death rates from lung, colorectal, prostate, and cervical cancers. “While geography alone can’t predict your risk of cancer, it can impact prevention, diagnosis and treatment opportunities – and that’s a significant public health problem in the U.S.,” states CDC Acting Director Anne Souchat, MD.² The study reveals that unintentional injury deaths were approximately 50 percent higher in rural areas than in urban areas, partly due to death from motor vehicle crashes and opioid overdoses. Also, the distance between healthcare facilities and trauma centers makes rapid access to specialized care more challenging in rural areas.³ In addition to geographical distance, the supply of healthcare providers is uneven. Primary care physicians in rural areas number 39.8 per 100,000 residents; in urban areas, there are 53 per 100,000.⁴ There are only 30 specialists per 100,000 people in rural communities, compared to 263 specialists per 100,000 urban residents.⁴

Healthcare providers in rural areas can take steps to address gaps in health, such as:

- Screen patients for high blood pressure and make control a quality improvement goal.
- Increase early detection.
- Encourage physical activity and healthy eating.
- Promote cancer prevention efforts.
- Promote smoking cessation.
- Promote motor vehicle safety.
- Reduce opioid prescribing.

The full report is available at: cdc.gov/mmwr.

SOURCES:

1. Warsaw, R. Health Disparities Affect Millions in Rural U.S. Communities. *AAMC News – Patient Care*. October 31, 2017.
2. Centers for Disease Control and Prevention. *New CDC Report shows deaths from cancer higher in rural America*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept. of Health and Human Services; July 2017.
3. Centers for Disease Control and Prevention. *Rural Americans at higher risk of death from five leading causes*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept. of Health and Human Services; January 2017.
4. The National Rural Health Association. *About Rural Health Care*. Leawood, KS: National Rural Health Care Association (2017).

FY2017 REPORT TO THE COMMUNITY (JULY 1, 2016 – JUNE 30, 2017)

PHYSICIAN PLACEMENT:

A Child Psychiatrist is Recruited to Community Health Center in Burlington through Vermont Educational Loan Repayment

Margaret (“Greta”) Spottswood, MD, MPH joined the staff of the Community Health Center in Burlington in December, thanks in part to a recruitment award from the Vermont Educational Loan Repayment (ELR) Program. “I look forward to practicing integrative care where psychiatrists are addressing the needs of populations by supporting pediatricians, family physicians, and internal medicine physicians,” she remarks about her position.

Dr. Spottswood grew up in Ontario, Minnesota and Vermont. She majored in English and International Studies at Macalester College in MN “which helped me organize my thought process,” she notes. “I started taking a few science classes, realized it was something I could do and enjoyed doing but hadn’t given myself the opportunity to do.” The post-baccalaureate pre-med program at UVM caught her up on courses she would need for medical school, and during that time she was a medical assistant at University Pediatrics (UPeds). “I’ve enjoyed working hands-on throughout my career which enables me to stay focused on the needs of the patients. Working with Dr. (Nilgun) Zimakas in a new refugee clinic at UPeds made me think about how to provide the best care for populations.” After medical school at UVM, and a master’s degree in public health at the Harvard School of Public Health, Dr. Spottswood moved to Boston where she completed a general psychiatry residency, and a fellowship in child and adolescent psychiatry.

“I was planning to go into primary care but then realized how much I liked hearing peoples’ stories and the interconnection between physical and mental health, as well as the need for psychiatrists, so my interest in working with families intersected with psychiatry. Psychiatry is a changing field; we’re learning a lot about how the brain works and translating this new information into better care,” she notes. She is particularly interested in caring for the caregivers as a means of longitudinal support for those with mental health needs.

A musician, she remained connected to Friends Music Camp (at Earlham College), which she attended as a youth. She even taught a course about “Your Brain on Music” to young musicians while at the UVM Larner College of Medicine. She and her husband met while working at this music camp. They have two young children. “It was hard to leave Boston, but what drew us back to Vermont were the values of its residents, taking care of each other and building strong communities. Melissa Liebig and AHEC were instrumental throughout my job search process. Being an early career physician, Educational Loan Repayment is a big part of our decision to return, along with raising a family in Vermont, she explains. In addition to music, she enjoys biking, swimming, and hiking. ■



Greta Spottswood, MD, MPH

“I was planning to go into primary care but then realized how much I liked hearing peoples’ stories and the interconnection between physical and mental health, as well as the need for psychiatrists, so my interest in working with families intersected with psychiatry. Psychiatry is a changing field; we’re learning a lot about how the brain works and translating this new information into better care.”

Vermont PEP Student Ben Kagan Values Communication

Ben Kagan of Essex, VT grew up with anatomical models in his house because his father is a spinal implant sales consultant, and that may have been the experience that sparked his desire to go into the medical field.



Ben Kagan

Now a graduate of the University of Vermont's Honors College, Ben had to figure out if he wanted a pure research career or one as a clinician. During the summer between graduation from Essex High School and starting college, he shadowed in the UVM Medical Center's Orthopedics Department, and as a UVM freshman, he applied to the UVM Premedical Enhancement Program (PEP). "I was looking for more job shadowing opportunities; when I was shadowing and watched the patient-doctor relationship, I realized I couldn't get that with a purely research position," he recalls.

After a year of job shadowing a cardiologist and a year in anesthesiology, Ben completed his PEP experience with Dennis Beatty, MD, in internal medicine/adult primary care, which he says has been the high point. "This year with Dr. Beatty I have moved beyond being a passive shadow and transitioned into actual patient assessment. He pushes me to think, listen to a patient, teaches me what to ask a patient and discover what's at the bottom of their issue." Ben continues, "He forces me to think critically."

"The job shadowing with PEP was the reason I was able to reach a decision about a career," Ben reflects. He gave the research option a chance by serving two summers as an intern at the Los Alamos National

Laboratory in New Mexico, working in actinide chemistry. "After firsthand experience in both fields, being able to see what it really means to be a doctor, and to see the patient-doctor relationship, motivated me to go down that route."

"I also enjoyed my student mentor because although we didn't get together that often, we email with each other and it gives me another perspective on what it means to be a medical student," he adds. "PEP is a fantastic experience that really lets you find out if you want to do this," Ben says. He will begin his medical studies at the UVM Larner College of Medicine this fall. This summer he is traveling, mountain and road biking, after which he will start the career that the PEP helped him to choose. ■

In Pursuit of a Dream

Keira Goodell, of Shaftsbury, VT, is a Green and Gold Scholar in the University of Vermont's Honors College, with her sights set on medical school. She may be carrying out a long-held dream of her mother (a pharmacist,) and great-grandfather, who left Yale University to run the family's apple orchard in MA. Both wanted to be doctors.



Keira Goodell

Keira, who enjoyed most academic subjects in high school, especially sciences, took Anatomy and Physiology where she was fascinated by dissection of animal organs. Seeing this interest, her A & P teacher brought in the heart of a deer he shot during hunting season, loaned her his dissection kit, and she had a home project in A & P. "I always thought I wanted to go into health care," she remarks, and for her senior project, "I reached out to general surgeons at Southwestern Vermont Medical Center to shadow them

three days per week for two hours a day." "It was mostly office hours, which showed me the administrative side of being a physician, but one surgeon let me shadow for eight hours in the Operating Room." She was hooked.

During UVM Admitted Student Visit Day, she learned about the Premedical Enhancement Program (PEP) which she found encouraging as a program to help students explore health care careers. Though her free tuition as a Green and Gold Scholar was a big factor in her decision to attend UVM, programs like PEP factored in, too.

Keira spent her sophomore year shadowing Joseph Schmoker, MD, a cardiothoracic surgeon, when she witnessed open heart surgery, as well as patient-physician interactions during office visits. This past year she learned about the complexities of anesthesiology with anesthesiologist Kathleen MacDonald, MD, and next year she will have a primary care assignment.

When she relaxes, Keira plays intramural sports, works out at the gym, swims in Lake Champlain or skis in the winter. Ambidextrous at birth, she has to figure out which hand or foot is the best to use for each new activity. But she loves mountains and four seasons and hopes to end up practicing orthopedic or cardiac surgery at least in New England, if not in Vermont.

And her time with PEP? "I think it is probably the most valuable experience I could have gotten out of my undergrad years," she states. ■

About PEP

The Pre-medical Enhancement Program (PEP) prepares students for medical school admission. The PEP is highly selective and rigorous; students must maintain a minimum cumulative Grade Point Average (GPA) of 3.5 and complete required PEP assignments.

To learn more about PEP, visit:
<http://www.med.uvm.edu/ahec/healthcareers/undergraduate>.

FY17 Vermont Educational Loan Repayment

The University of Vermont and AHEC Program administers the Vermont Educational Loan Repayment Programs for physicians, advanced practice registered nurses, physician assistants, dentists, registered nurses, and licensed practical nurses. The majority of Educational Loan Repayment funds are provided by federal and state grant funds, and health care employers. All recipients enter into a contractual service obligation and are required to serve Medicaid patients.

In the FY17 cycle, there were 165 new applications (63 recruitment and 102 retention) and 38 new awards. Additionally, there were 64 awards as part of a Year 2 auto renewal for two-year service contracts.

Awards totaled \$1,901,069 of pooled federal, state, employer/community, and

private funds.

The average (mean) educational debt of 165 applicants was \$133,289 for primary care practitioners; \$279,418 for dentists; and \$33,050 for nurses. Educational debt ranged from \$5,094 to \$658,032 and the total debt of all applicants combined was \$14,898,109. In the FY15 to FY16 cycle, the average debt of all applicants increased by \$17,653 (from \$96,989 to \$114,642). During the FY16 to FY17 cycle, the average debt of all applicants increased by \$18,377 (from \$114,642 to \$133,019).

"Increasing educational costs and the corresponding increasing educational debt are very concerning. Each year the cost of higher education becomes less affordable for U.S. individuals and families. Federal,

state, and private financial aid programs contribute while students are enrolled and then contribute again after degree completion via loan repayment and loan forgiveness programs. As a consequence, high educational debt is shifting more of the costs of higher education to (future) employers, and in this example, the health care sector. In the context of the current educational financing system, the need for educational loan repayment assistance becomes more evident every year, and plays an important role in recruiting and retaining the health care professionals Vermont needs most," notes Elizabeth Cote, Director of the UVM Office of Primary Care and AHEC Program. ■

New School Nurse Training

The second annual New School Nurse Training Conference sponsored by the UVM AHEC Program took place in August 2017 at the University of Vermont and attracted 55 new school nurses. The Conference was planned with the Vermont Department of Health and school nurses.

Topics included:

- The Role of EMS
- Organization and Time Management
- Screening Tools
- Oral Health – An Essential Component to Overall Health
- Autonomy and Delegation
- Student Self-Care; and
- A rapid topic session on anti-stress mechanisms, head lice, immunizations, reference books, and jargon busting.

The new school nurses also use the day to network with others and make connections with veteran school nurses.

Post-conference evaluations were positive and attendees offered comments such as:

- Wonderful and so useful. Thank you all!



Sharonlee Trefry, MSN, RN, NSCN, State School Nurse Consultant at the Vermont Department of Health, conducts a "speed dating" table on "Jargon-Busting," one of five such eight-minute presentations at the New School Nurse Training Conference.

- Met some great peers and feeling very supported by the community. Learned about new resources and gained tangible skills.
- Fantastic day! Very informative and great info for me on my first day of school nursing. Feeling

that I can leave today and feel confident in executing as a school nurse and what resources to use...or who to ask. Thank you!

Save the date: the 2018 training is scheduled for August 15.

UVM Office of Primary Care

Access to Primary and Preventive

Vermont Health

Program
Design

- Interprofession
- Program Evalua
- Interprofession
- Academic and C

Priorities
FY18-22

Supply & Distribution

Increase workforce supply and improve geographic distribution

Those who receive training in community-based and underserved settings are more likely to practice in similar settings.

Dive

Prepare a dive

A workforce reflective of Vermont's population and underserved/disadvantaged

Research, Data

UVM Office of Primary Care
Health Workforce Research,

and Vermont AHEC Network

Health Services for All Vermonters

Health Workforce

al Practice
tions & Data
al Training
Community Partnerships

rsity
se workforce.
e of and responsive to
n (racial, ethnic, and
backgrounds).

Practice Transformation

Provide evidence-based, continuing
education and quality improvement
practice support services

*Quality care that encourages innovative team-
based and interprofessional approaches.*

a and Planning

are and VT AHEC Network Planning and Development

Physicians Benefit from Vermont Educational Loan Repayment Program

HealthFirst, Vermont's independent practice association, has partnered with the Broughton Fund and the University of Vermont Larner College of Medicine Area Health Education Centers (AHEC) to provide Educational Loan Repayment (ELR) Community Match Grants to HealthFirst member practices seeking to hire new physicians or retain current physicians. AHEC administers the ELR program on behalf of the State of Vermont. Community grant funds of \$50,000 to assist with educational loan repayment have been earmarked over two years, beginning in 2018. Independent physicians play a key role in the health care landscape, and the goal of this collaboration is to strengthen the primary care physician workforce and private practice model, and to ensure, through recruitment and retention, an adequate supply of doctors to meet the health care needs of Vermonters.

The recipients of the 2018 ELR Community Match Grants are:



Glen C. MacKenzie, MD, FACOG

Glen C. MacKenzie, MD, FACOG: Dr. Glen MacKenzie received his Bachelor of Science degree in Pharmacology from the University of California at Santa Barbara with Honors in 1985 and his Doctor of Medicine from Loyola University of Chicago in 1991. He was accepted to postgraduate residency training at Loma Linda University where he completed clinical rotations at both the main campus medical center and the University's Los Angeles urban annex, Glendale Adventist Medical Center. Upon graduation Dr. MacKenzie and his

wife Donna moved to rural Vermont to raise their children. He currently works at Women and Children's Services of Southern Vermont, a private solo practice in Manchester, focusing on Gynecology after serving as

an Obstetrician for 15 years. Dr. MacKenzie has evolved his medical career through a traditional contribution within the clinical, surgical, quality review, credentialing and commercial aspects of medicine, with the goal of providing the highest caliber of women's health care.



Katie Casas Miller, MD, FACOG

Katie Casas Miller, MD, FACOG: Dr. Katie Miller grew up in a big family in rural Maine and attended Grinnell College in Iowa where she majored in



Anthropology and Biochemistry. She always wanted to be a doctor, but she also loves to wander and to learn about different cultures, so she spent several years traveling abroad and living in New York City before attending medical school at UVM's College of Medicine. She completed her residency in Internal Medicine at Thomas Jefferson University Hospital in Philadelphia, then returned to Vermont. Dr. Miller is very happy to be practicing at Middlebury Family Health, closer to her New England family and friends. She lives in Weybridge with her husband and two daughters, and loves working with plants, making food and spending quality time with the people she loves.

Thomas Chittenden Health Center: Thomas Chittenden Health Center (TCHC) in Williston is a family health care clinic established in 1969. TCHC providers consider themselves as care partners with patients and work to develop comprehensive care plans and promote community-based support of individual health care needs. These funds will assist the TCHC to recruit a new provider by offering ELR as an incentive, in exchange for a contractual service obligation.

Dentists Benefit from Vermont Educational Loan Repayment Program

Delta Dental Plan of Vermont recently awarded a community match grant to three Vermont dentists for the 2017-2018 year. For seven years, Delta Dental Plan of Vermont has contributed to the success of the Vermont Educational Loan Repayment Program for Dentists by awarding grants. The University of Vermont Larner College of Medicine Area Health Education Centers Program (AHEC) administers the program on behalf of the State of Vermont.

Through workforce recruitment and retention, the purpose of the program is to increase access to dental care in underserved communities and to address the health professional shortages that cause disparities in access to oral health care in Vermont. It provides repayment of educational loans for dentists serving in workforce shortage areas and serving the Medicaid population. Recipients must sign a service agreement contract and practice a minimum of 20 clinical hours per week at designated sites.



Katie Krieter Piet, DDS

Katie Krieter Piet, DDS: Dr. Katie Krieter Piet was looking for a position in a dental office that offered a high level of challenge and responsibility, with an opportunity for career growth. She found that at St. Johnsbury Dental Associates. Dr. Piet earned her Doctor of Dental Surgery degree from West Virginia University School of Dentistry in Morgantown, West Virginia, after earning a Bachelor of Science degree in Biology and Chemistry from Valparaiso University in Valparaiso, Indiana.

While studying at WVU School of Dentistry, she held several leadership positions in its Pediatric Dental Club and tutored students in Physiology and Anatomy. During her last two years, she worked in the Urgent Care and Oral Surgery departments during her school vacations and breaks. Urgent Care offered a fast-paced environment that strengthened her diagnostic skills. In the Oral Surgery department, she took medical histories, presented to the attending oral surgeon, and treated patients. Before training for her dental career, Dr. Piet worked as an analytical chemist, during which time she co-authored an article on an organic chemistry experiment that appeared in the *Journal of Chemical Education*.



Brandon M. Vanasse, DMD

Brandon M. Vanasse, DMD: "I'm very grateful for the award from Vermont Educational Loan Repayment Program and Northeast Delta Dental," said Dr. Brandon Vanasse. He practices general dentistry at the dental practice of Dennis LeBlanc, DDS, in Derby, Vermont, which is in Orleans County and is located on the Canadian border. A Vermont native, after graduating from high school in Newport, Vermont, he earned a Bachelor of Science Degree in Molecular Genetics from the University of

Vermont, Burlington. He earned his Doctor of Dental Medicine degree from Boston University Goldman School of Dental Medicine (BUGSDM), graduating Cum Laude.

Community service is one of the hallmarks of Dr. Vanasse's life. His volunteer work most closely aligned with the medical/dental fields include serving as a research associate at Fletcher Allen Health Care's Emergency Department (Burlington, VT); working with MEDLIFE (Ecuador) to set up medical clinics and teach children about oral hygiene; working with BUGSDM Service Learning Projects (Boston) to raise oral health awareness among inner city children and place free

sealants; and providing Special Smiles dental screenings (Burlington, VT) at Special Olympics events.

Sonal Patel, DMD: Dr. Sonal Patel earned her Doctor of Dental Medicine from Goldman School of Dental Medicine at Boston University, Boston, Massachusetts, and completed the Advanced Standing Program of Internationally Trained Dentists. She is originally from a small town in India. She came to the United States to continue her education, fell in love with the country, and decided to settle here. After her dental training, her first position was in Springfield, Massachusetts; however, she really wanted to settle in a small, peaceful town. While exploring Vermont, she recognized it as an attractive place to live and raise a family. She loves its people and its natural beauty. Searching for dental opportunities, she discovered St. Johnsbury Dental Associates. She was impressed with its state-of-the-art dental facility and its use of advanced technologies; and she loves the town of St. Johnsbury. She has a vision of "delivering high quality dentistry to a low-income population" and working in a clinic that serves a rural community by providing transformative care. The educational loan repayment funds have helped her to realize this vision.

For more information about the Vermont Educational Loan Repayment Program, visit www.vtahec.org

VT AHEC Health Care Workforce Recruitment & Networking Day

The annual fall Health Care Workforce Networking and Recruitment Day sponsored by Vermont AHEC attracted 200 medical, nursing and other health care students as well as residents who visited with 28 exhibitors from hospitals and health care organizations from Vermont and northern

New York. Post-event evaluations indicated attendees and exhibitors appreciated the connections made during the day.

Exhibitor comments included "I was able to meet many friendly resources that are sure to be helpful to my organization's development," and "We met several students interested in our programs and other programs we could partner with." Many students learned about rotation and employment opportunities outside of Chittenden County: "Talked to a woman about shadowing opportunities at Porter Medical Center;" "Brattleboro, learned about farther healthcare sites in Vermont;" "Talked with AHEC about mentoring opportunities which I am very interested in;" "Learned that I can use a state license to practice at a VA in any state;" plus, "Lots of good networking for hospital positions!"

The 2018 event will take place on Wednesday, September 26 at the UVM Larner College of Medicine.



Vermont High Schoolers Engage in MedQuest



Scott Neary, a second year medical student at the UVM Larner College of Medicine and a MedQuest alum, teaches students how to take a blood pressure reading during the Champlain Valley AHEC MedQuest.



Matt Greenberg, MD, an Emergency physician at Central Vermont Medical Center, taught suturing during the Northern Vermont AHEC MedQuest.



Kaitlin Rowe and Isabelle Gulick, both of Rutland, learned casting at the UVM Larner College of Medicine from Martha Seagrave, PA-C during Southern Vermont AHEC's MedQuest.

The University of Vermont Office of Primary Care and Area Health Education Centers Program gratefully acknowledges its supporters:



- Brattleboro Memorial Hospital
- Copley Hospital
- Federal Health Resources & Services Administration
- Gifford Medical Center
- Grace Cottage Hospital
- Mount Ascutney Hospital and Health Care
- North Country Hospital
- Northeastern Vermont Regional Hospital
- Northwestern Medical Center
- Rutland Regional Medical Center
- Springfield Hospital
- Southwestern Vermont Medical Center

- State of Vermont
- University of Vermont Larner College of Medicine
- University of Vermont Medical Center

**VERMONT
AHEC**
AREA HEALTH EDUCATION CENTERS NETWORK



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www.healthvermont.gov/wellness/oral-health/from-the-first-tooth

**MEDICAL
PROVIDERS
CAN HELP**

Physician Placement Program

The UVM OPC and AHEC Physician Placement Program recruits physicians to workforce shortage areas of Vermont, with an emphasis on rural and disadvantaged populations. The program works with the UVM Larner College of Medicine graduates and UVM Medical Center residents and fellows to match them to physician vacancies in Vermont.

AHEC placed 16 physicians during the past year, of which 11 were in primary care, and five in specialty care. Nine physicians were placed in rural counties, two were placed in a Federally Qualified Health Centers (FQHCs). One of the specialty care placements was in psychiatry. Currently there are 99 physician vacancies in Vermont; 44 in primary care and 55 in specialty care. In August 2017, UVM OPC and AHEC bid a fond farewell to **Melissa Liebig**, Physician Placement Specialist for the past seven years. During her tenure, Melissa made 132 placements in Vermont hospitals and practices.



Melissa Liebig

Jennifer Savage, formerly Physician Recruiter for Northwestern Medical Center in St. Albans, joined AHEC. A native of Essex, Vermont, she worked 20 years at Northwestern Medical Center (NMC) in St. Albans. During her career at NMC, Jennifer worked in various roles in Community Relations for 15 years, before transitioning to the role of Physician Recruiter for the past 5 years and successfully recruiting physicians across multiple specialties in rural Franklin County.



Jennifer Savage

Jennifer earned her Bachelor's Degree in Health Management & Policy from the University of New Hampshire, and a Professional Certificate in Leadership and Management from the University of Vermont. Certified as an Associate of the Association of Staff Physician Recruiters, she has earned numerous awards for her work in communications and leadership abilities throughout her career. Jennifer has been an active community volunteer, including work as a Girls Youth Hockey Coach, and as former President of the Franklin Grand Isle United Way Board of Directors. ■

Vermont Academic Detailing Program

The Vermont Academic Detailing Program delivered 131 sessions on six different topics in 2016-17 to prescribers in all 14 of Vermont's counties and one in New Hampshire. The majority of sessions were delivered in primary care practice sites around the state.

Academic detailing sessions present an objective overview of what evidence from studies shows about various drugs, and non-drug therapies used to treat a medical condition. An academic detailer will visit a primary care office anywhere in Vermont to present the latest evidence-based prescriber support and education for managing common but challenging primary care conditions. Participants earn Continuing Medical Education (CME) credit per session. This program is funded through a Vermont Department of Health grant; there is no pharmaceutical company sponsorship associated with the program.

2017-18 topics include:

- Advanced Management of Opioids
- Management of Opioids: The Rules
- Management of Type 2 Diabetes
- Oral Health and Fluoride Varnish in Primary Care Medical Practices
- Stroke Prevention in Atrial Fibrillation
- Women's Health: Contraception to Menopause

To schedule a session, contact Laurie McLean at the UVM Office of Primary Care and AHEC Program at 802-656-2888 or laurie.mclean@uvm.edu. To learn more about Vermont Academic Detailing, go to www.vtad.org. ■

Program Feedback

I can't say enough good things about this program - I feel it is a key part of a good clinical team retention plan, with elements of continued learning, staff engagement and morale, and team-building.

Specifically, these sessions:

- help us engage our staff at every level – MAs, nurses, medical providers, dental team all participate and appreciate being engaged in learning
- providers have an opportunity to discuss cases that are on their minds, but that they don't always have time to bring to the team – this helps unburden providers who often feel burned out
- builds camaraderie among our staff
- the pharmacists who come to teach are engaging, friendly, and extremely knowledgeable. We love having them visit so we can learn about the topic at hand, and occasionally pick their brains about tangential topics as well.

Thank you so much for this program. I can't think of a better way to allocate these funds. We are taking better, safer care of our patients AND our care team as a result.

— *Anje Van Berckelaer, MD, MS, Chief Medical Officer, Battenkill Valley Health Center*

I love Academic Detailing. I get up-to-date, non-biased information spoon fed to me at my office! You can't ask for any better or more convenient continuing medical education. I hold on to all of my handouts that I receive, and refer to them often.

— *Rima B Carlson, MD, Integrative Family Medicine - Montpelier*

Primary Care Rounds



Family Medicine and General Dentistry

Thomas C. Peterson, MD,
Professor and Chair

Hello Primary Care colleagues! The Department of Family Medicine is widely engaged in patient care, teaching, and scholarship, and greatly appreciates the support from our many community colleagues in Vermont. Community colleagues like you provide amazing care and clinical teaching.

Our residency programs (Family Medicine Burlington/Milton) and General Dentistry (Dental and Oral Health/South Burlington) continue to thrive with well-prepared graduates and strong applications. The medical student education program is going strong. Our third-year family medicine clerkship (TOPMed) has been recognized as a top clerkship, and in 2017 the department was recognized by the students as the Clinical Department of the Year. Each year we are able to send medical students and residents on global rotations, through an alliance with the Western Connecticut Health Network.

We are widely distributed in the area of academic clinical services: offices from Milton to Berlin, an Urgent Care Center, a 24/7 hospitalist service, general dentistry, and palliative care. We embrace the medical home as a site for integrated patient care and medical education, and as an opportunity to connect with the communities we serve. Medical homes in family medicine, along with other primary care practices are providing a foundation for population health. This past year UVM residents initiated a Back to Bedside project, whereby recently discharged hospital patients are seen by a multidisciplinary team very soon after discharge. Our outpatient medication assisted treatment program for opioid addiction is going very well, and in the hospital we continue with our successful Accountable Care Unit where we aspire to provide excellent communication and coordinated care to inpatients.

Our scholarship is active, in the areas of physician wellness and burnout, optimized low back pain care, motivational interviewing, and palliative care communication conversations.

UVM CME programs continue to be effective and serve Vermont's providers; the Family Medicine Review Course, Primary Care Sports Medicine Course, Cultural Awareness Workshop, Advanced Life Support in Obstetrics Course, and Primary Care Behavioral Health (PCBH) Course.

Thanks to so many of you for teaching in our education programs. Please call upon me if our department can help support medical education activities in your area of Vermont.



Pediatrics

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

The past year has been a strong one for primary care programs and services in our Department of Pediatrics Primary Care from a clinical, educational, research and advocacy standpoint. Clinically, we have experienced a few changes in our staffing as **Mary Lee Ritter** retired this past year after many outstanding years of service to our practice and to the Burlington schools. Because of the growth of our practice, we have been fortunate to welcome several new members including **Dr. Matt Saia**, former UVM medical student who trained at the Medical University of South Carolina, **Dr. Michelle Shepard**, who also trained at UVM as a student and completed her residency training at Dartmouth, and pediatric nurse practitioner **Libby McDonald** who trained at the University of Vermont.

These new primary care providers joined some new specialty faculty who have further enhanced the pediatric services we provide in our region. They include **Drs. Lauren E. Faricy** (pulmonology), **Matt Hollander** (rheumatology), **Jana Lichtenfeld** and **Sara Mednansky** (hospitalists), **Keith Morley** (dermatology), **Lisa Anne**

Rasmussen (neurology), **Joe Ravera** (emergency), **Sujata Singh** (pediatric ophthalmology), **Bob Wildin** (genetics) and **Marcia Wills** (pathology).

Special congrats to several of our primary care faculty including **Dr. Barb Frankowski** (who was awarded "2017 primary care clinician of the year" by our house staff); **Dr. Andrea Green** (winner of the Patricia O'Brien Global Leadership award); **Dr. Wendy Davis** for her election to the Board of the American Academy of Pediatrics (AAP) and for serving as president of the Vermont Medical Society this past year; and third year resident **Dr. Trey Williams** who was elected national president of the AAP's Section on Pediatric Trainees for 2017-2018.

Plans are underway for the construction of new space for a pediatric emergency unit adjacent to the adult unit and new pediatric phlebotomy space in soon to be expanded phlebotomy space adjacent to the current phlebotomy unit at the UVM Medical Center.



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, Chief of Women's Health Care Services, University of Vermont Medical Center

Our Reproductive Endocrinology and Infertility division has reestablished its advanced assisted reproduction program including in-vitro fertilization as an active clinical service with significant success. Our four attending providers **Drs. Elizabeth McGee, Misty Blanchette-Porter, Jennifer Dundee, and Joseph Findley**, along with subspecialty fellows, serve patients with both primary and secondary infertility as well as endocrine disorders affecting reproduction. In collaboration with the department of Family Medicine we have expanded clinical services in Family Planning. As part of this initiative we hired a new physician, **Dr. Lauren MacAfee**, with fellowship training in Family Planning in addition to her residency training in Obstetrics and Gynecology. The service

includes care for women with needs related to complex contraception, early pregnancy counseling and/or pregnancy termination services. As part of this initiative the department received a Ryan Training Program grant which will help develop multidisciplinary collaborative clinical education at the medical student and resident levels.



Internal Medicine and Geriatrics

*Jennifer Gilwee, MD, Chief,
Division of General Internal
Medicine and Geriatrics,
Department of Medicine*

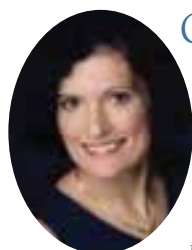
As I reflect on our accomplishments in General Internal Medicine and Geriatrics I am deeply honored to be able to work with such outstanding academic physicians. We continue our collaborative efforts with family medicine and pediatric primary care colleagues and have expanded our connections to include work with subspecialty colleagues. While already having connections to our endocrinologists, and pulmonologists, this past year we have worked with colleagues in neurology, cardiology, nephrology, and psychiatry on algorithms that support best practice in caring for patients with a number of chronic conditions including hypertension, headache, seizures, and addiction.

Since our last publication we have added several new faculty to our General Internal Medicine section: **Dr. Alberto Gutierrez** (LCOM'13), **Dr. Timothy Plante** (LCOM'11), **Dr. Michael Latreille**, **Dr. Sara Roberts**, and **Dr. Karen Abernathy**. In our Geriatrics section we have added

Dr. Lynn Wilkinson, and **Dr. Alexandra Messerli** (LCOM '13). We are so fortunate to have these outstanding clinician educators as part of our Division.

Each year the Larner College of Medicine awards Frymoyer Scholars. This program is an investment in outstanding medical education and promotes teaching that emphasizes the art of patient care. We have two recipients from our Division this past year: **Dennis R. Beatty, MD** for his project: "Developing and Applying a Longitudinal Clinical Reasoning Curriculum Across all Four Years of Training at the University of Vermont Larner College of Medicine"; and **Halle Sobel, MD, FACP** for "Medication Assisted Treatment (MAT) Integration into a Primary Care Internal Medicine Residency: A Novel Interprofessional Addiction Treatment Curriculum."

A number of our faculty continue to host and mentor students in all phases of education from the Pre-medical Education Program (PEP), to 3rd year research projects, to 4th year mentoring regarding career paths. We all find this work very rewarding and welcome anyone to reach out to us who might have an interest in general internal medicine.



College of Nursing and Health Sciences

*Rosemary Dale, Chair &
Associate Dean for Practice,
Department of Nursing, College of
Nursing & Health Sciences, and Patty
Prelock, Dean, College of Nursing and Health Sciences*

There are currently 82 students enrolled in the Doctor of Nursing

Practice program in the College of Nursing and Health Sciences. The program prepares students to be adult/geriatric nurse practitioners or family nurse practitioners. In summer 2017, 12 students completed their program and all graduates remained in Vermont. Over the last three years, 80%- 85% of all graduates of the DNP program have remained in the state of Vermont with 75% of those practicing in primary care.

Our graduate students have primary care experiences throughout the state of Vermont and beyond. Currently, we have developed a collaboration with the VA in White River Junction to place graduate students at their site for a clinical practice experience. The College, through the expertise of our Nursing Department, will provide mentoring in curriculum construction to the VA staff. A targeted outcome for the project is to enhance care for veterans throughout the state by creating primary care providers, in this case, nurse practitioners with increased awareness of patient needs. Knowing that approximately 65% of veterans receive their care in non-VA settings, there is a significant need for providers to be more knowledgeable about issues specific to the veteran population.

We are also expanding our model of service delivery at Appletree Bay Primary Care. A small grant from the College of Nursing and Health Sciences is supporting a graduate nursing student to work with a faculty member in initiating a telehealth pilot at our NP Practice. As we develop HIPAA- compliant communication lines, setting up the iPad equipment that will be used in the patient's home and/or office and developing protocols for use during the pilot, our ultimate goal is to further expand the model of telehealth.

ScholarWorks

ScholarWorks @ UVM collects, preserves, and shares the scholarly and creative works of University of Vermont faculty, staff, students, and their collaborators. A service of UVM Libraries, it gives access to a wide range of digital resources created by the UVM community.

<https://scholarworks.uvm.edu/>

SAVE THE DATE

WEDNESDAY, SEPTEMBER 26

Vermont AHEC's Health Care Workforce Recruitment & Networking Day

Hoehl Gallery & Courtyard, 11 am – 2 pm
UVM Larner College of Medicine, Burlington, VT

Call 802-656-2179 for more information.

News Briefs

VERMONT

Vermont 2017 Nursing Dashboard

The 2017 Nurse Workforce Data Dashboard, containing results of the Vermont Board of Nursing Re-licensure Survey earlier this year, is available. The report indicates more nurses are continuing their education (11% in 2017 compared to 9% in 2015), the mean age of RNs in the state is 48 years, and the average RN vacancy rate at hospitals is 9.5%, a 3% increase in open RN position in the past two years. The full report is at www.vtahec.org.

UVM Study Supports Lower Nicotine Levels

Researchers at the University of Vermont Tobacco Center of Regulatory Science (one of 14 nationwide) found that study participants prefer high nicotine cigarettes but low nicotine level cigarettes could serve as safer and less addictive substitutes for commercial cigarettes. Reducing nicotine in cigarettes reduces the likelihood of addiction, the study suggests. UVM research team leader Stephen Higgins, professor of psychiatry, states the Food and Drug Administration, which gained regulation of tobacco products in 2009, should keep nicotine levels as low as possible. Tobacco use is the leading cause of preventable disease and death in the U.S., causing more than 480,000 deaths per year. Direct health care costs from cigarette smoking and tobacco total nearly \$300 billion annually. Additional information about the study is available at: http://www.med.uvm.edu/behaviorandhealth/resources/2017/08/23/higgins_nicotine_reduction_study_published_in_JAMA

VDH Behavior Risk Factor Survey Data

Since 1990, Vermont and the other 49 states, Washington D.C., and U.S. territories have participated in the annual Behavior Risk Factor Survey with the Centers for Disease Control and Prevention (CDC). Results of the 2016 Vermont survey indicate the prevalence of chronic conditions has remained stable, with rates for obesity and diabetes lower than those in the U.S., but arthritis (28%) and depression (22%) are at a significantly higher rate than among U.S. adults, and asthma rates are higher in Vermont, with about one in ten reporting asthma. The rate of marijuana use in Vermont adults has shown statistical increase, from 7% in 2013 to 12% in 2016. The report can be viewed at: http://www.healthvermont.gov/sites/default/files/documents/pdf/summary_brfs_2016.pdf

VHCIP (SIM Grant) Summaries Posted

Results from the third year of the Medicaid and Commercial Shared Savings Programs are available at the Green Mountain Care Board web site. The Vermont Health Care Innovation Project (VHCIP) web site maintains reports, materials and other documents produced by the grant. View that information at: <http://healthcareinnovation.vermont.gov/>.

Zero Suicide Strategy Frames VT Mental Health Efforts

The Vermont Department of Mental Health has chosen Zero Suicide as the framework for current state efforts in health care systems. Vermont is aligning its efforts with the National Strategy for Suicide Prevention, which shows success in making an immediate impact on the number of deaths by suicide. The seven essential elements of suicide care in Zero Suicide are: make an explicit commitment to reduce suicide deaths; develop a competent, confident and caring workforce; systematically identify and assess suicide risk among people receiving care; ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs, including collaborative safety planning and restriction of lethal means; use effective, evidence-based treatments that directly target suicidal thoughts and behaviors; provide continuous contact and support post-discharge; apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk. For more information, go to Vermont Suicide Prevention Center at <http://vtspc.org/>.

CCV Medical Assistant Grads Begin Jobs at Brattleboro Memorial Hospital

The second group of medical assistant graduates from the Community College of Vermont completed the College to Careers program that prepares students to become medical assistants in five intensive months. The initiative was launched in 2016 in response to a declining number of healthcare workers. The program offers a full scholarship from Brattleboro Memorial Hospital (with a commitment to work there for two years) and a full-time position at the hospital when they successfully complete the program. Some of the seven new medical assistants plan to continue their studies in the healthcare arena.

College of St. Joseph Starts Traumatology Program

The College of St. Joseph in Rutland, VT has initiated a certification program for professionals who deal with trauma and its emotional impact. Housed with the Division of Psychology and Human Services, the CSJ Institute was established to provide advanced education, training, research and humanitarian aid, and is geared toward emergency responders, medical and mental health professionals, and others who work with trauma victims. It is accredited by the Green Cross Academy of Traumatology, the only program in the state to offer certification for this emerging field of study. For more information, contact: Robert Walsh, clinical director, at: robert.walsh@csj.edu.

SVMC Opens Dental Service on Campus

Southern Vermont Medical Center in Bennington has opened SVMC Dentistry in the medical offices building on its campus. SVMC cited a need for more dental services in the area, noting that Bennington kindergartners have the highest incidence of tooth decay among peers in Vermont when it applied for a certificate of need last year for the \$1.2 million project. The practice offers the full range of dental services including dental surgery and emergency care.

Vermont Gets Federal Grant for Substance Abuse, Mental Health Services

A \$9.9 million federal grant from the Substance Abuse and Mental Health Service Administration (SAMHSA) will fund the Vermont Family Centered Healthcare Home Project over a five-year period. The grant will enable a comprehensive approach to health care that includes mental, emotional, and physical health for children and their families. In the first year, the grant will fund the project for children and families in Windsor and Windham Counties at Health Care and Rehabilitative Services and Springfield Medical Care Systems; and in Franklin and Grand Isle Counties at Northwest Counseling and Support Services and Northern Tier Center for Health (NOTCH). The grant activities will expand to other regions after the second year, using best practices and lessons learned from these two regions. For more information, contact: Laura Bernard, MPH, at laura.bernard@vermont.gov.

Educational Videos for Nurse Practitioners

Five educational videos for nurse practitioners are available at www.vermontnursing.org/education. Continuing education credits for completing the videos are available through the American Association of Nurse Practitioners. Topics include: entrepreneurial skills for nurse practitioners in independent practice; how to implement a marketing plan; coding and reimbursement; business planning; and reimbursement explained.

AAMC Newsletter Features “Active Learning” at UVM LCOM

The American Association of Medical Colleges (AAMC) Premed Navigator newsletter featured a spotlight article on “Active Learning the Focus for Larner College of Medicine at UVM” earlier this year. Read more at: <https://students-residents.aamc.org/applying-medical-school/article/active-learning-larner-college-med/>.

UVM Larner College of Medicine Appoints New Dean



Dr. Richard L. Page, chair of the Department of Medicine at the University of Wisconsin School of Medicine and Public Health, is the new dean of the UVM Larner College of Medicine. He succeeds Frederick Morin, MD, who is retiring after 11 years as dean.

Dr. Page grew up in Storrs, CT, and earned his undergraduate and medical degrees from Duke University. He is currently the George R and Elaine Love Professor of Medicine at

the University of Wisconsin and is a nationally-recognized specialist in cardiac arrhythmias with interest in the treatment of atrial fibrillation and sudden cardiac arrest. He will assume his duties at UVM this fall.

NATIONAL

Stress Management for Health Professionals

New interdisciplinary research conducted by UVM researcher Jane Nathan, Ph.D., and colleagues has found that the Benson Henry Institute's (BHI) evidence-based Stress Management and Resiliency Training (SMART) is a valuable model to use with health professionals to enhance their wellbeing. The group's findings, presented at the International Conference to Promote Resilience, Empathy, and Well-Being in Health Care Professionals in Washington, D.C., indicates that increased daily mindful awareness and practice reduced stress and sense of job burnout among participants. www.med.uvm.edu/research/news/2017/10/09/nathan_s_study_finds_stress_management_training_beneficial_for_health_care_professionals

Effects of E-Cigarette Use Review

The National Academies of Science, Engineering and Medicine (NAS) recently published a review of 800 studies on e-cigarette use that concluded young people who vape and use e-cigarettes are likely to try more harmful tobacco products like regular cigarettes, but e-cigarettes do hold some promise for helping adults quit. In 15 of the studies reviewed the NAS found that when teens and young adults use e-cigarettes, they are more likely to try tobacco within a year; however, it is not yet known how much tobacco they use on a regular basis and whether it becomes a lifelong habit. The report indicates there is some evidence that e-cigarettes may help adults already smoking regular cigarettes quit, but only if they switch exclusively to e-cigarettes. The study concluded there is insufficient evidence on whether e-cigarettes work as well as no treatment or FDA-approved smoking-cessation treatments, such as nicotine patches or gum, to help smokers to quit. The full results can be seen at <http://www.nationalacademies.org/newsroom/index.html>.

Patients Who Use Opioids More Satisfied but Not Healthier

A new study by researchers at Dartmouth-Hitchcock Medical Center and the University of Michigan concludes that patients with musculoskeletal conditions who use opioids may be more satisfied but have poorer health when compared to patients who do not use opioids. The primary goal of the study was to determine if patients' perception of their care was associated with the number of opioid prescriptions they received from their health care providers. The researchers found that patients suffering from chronic musculoskeletal disorders (such as arthritis) rate their satisfaction with care higher when they receive opioids prescriptions, despite the fact that those patients had poorer physical and mental health when compared to their counterparts who do not take opioids. The full study can be seen at: <http://www.annfammed.org/content/16/1/6>.



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AUGUST

- 15 *New School Nurse Training,
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Medicine, Burlington, VT.
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SEPTEMBER

- 7 *Osteoporosis Update for
Primary Care* Hampton Inn,
Colchester, VT*
- 26 *Vermont AHEC's Health
Care Workforce Recruitment
and Networking Day. Hoehl
Gallery & Courtyard, UVM
Larner College of Medicine,
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SEPTEMBER

- 27-28 *Primary Care and
Behavioral Health
Conference* Hampton Inn,
Colchester, VT*

OCTOBER

- 5 *Women's Health and
Cancer Conference*
DoubleTree Inn
(formerly the Sheraton),
Burlington, VT*
- 18-21 *Advanced Dermatology
for Primary Care*
Hilton Hotel and Conference
Center, Burlington, VT*

OCTOBER

- 26 *Neurology for the Non-
Neurologist*
Portland, ME*

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Breast Density and Why It Matters

Starting January 2017, Vermont became the 28th state to report breast density categories to patients as part of their mammography results letter. If your breast density is considered to be within the dense categories, the mammography letter will alert you to have a discussion with your provider. Having dense breast tissue is not abnormal, but mammography is less effective at detecting cancer. Please talk with your provider and decide together if additional tests might be beneficial for you.

What is breast density and how do I know if I have dense breasts?

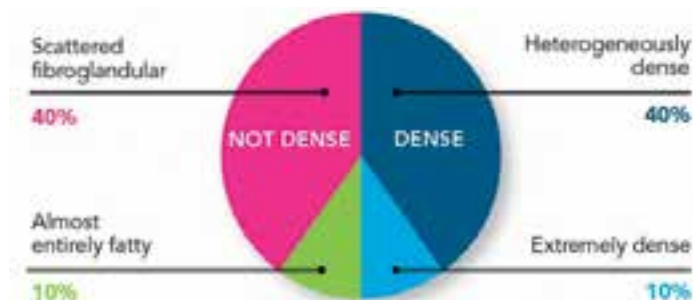
Breasts are made up of fatty tissue (non-dense tissue) and fibrous and glandular tissue (dense tissue). Breast density is determined by the radiologist who reads your mammogram. When viewed on a mammogram, women with dense breasts have more dense tissue than fatty tissue. Breast density is not a measure of how the breasts look or feel, but rather how the breasts look on a mammogram.

Why is breast density important?

Having dense breast tissue may increase your risk of getting breast cancer. The risk increases with increasing breast density. It is unclear why breast density is linked to breast cancer. Unfortunately, dense breasts make it more difficult to find breast cancer on a mammogram. Dense breast tissue can look more white on mammogram than fatty tissue. Cancerous or non-cancerous lumps also appear white. So, mammograms can be less accurate in women with dense breasts.

How common are dense breasts?

Dense breasts are common and normal. About 40-50 % of women over the age 40 years have dense breasts.



(Image adopted from <https://radltd.com/exams/adjunctive-imaging-tucson-az/>)

Will dense breast always be dense?

Dense breasts are more common in younger women. As women get older their breasts typically become less dense. Breastfeeding and combined (estrogen plus progesterone) hormone replacement therapy may increase breast density temporarily. Weight loss or gain can affect the breast density. Your breasts are unique and can change over time, which is why women should know their own breast density and understand the limitations of mammography for their breast type.



(Image adopted from https://www.acr.org/~media/ACR/Documents/PDF/QualitySafety/Resources/Breast-Imaging/Breast-Density-bro_ACR_SBI_lores.pdf)

If I have dense breasts, do I still need a mammogram?

Yes, an annual mammogram starting at age 40 is recommended regardless of breast density. A mammogram is the only medical imaging screening test proven to reduce breast cancer deaths. Many cancers are seen on mammograms even if you have dense breast tissue. 3D mammography increases cancer detection and reduces the chance of being called back for additional views, but may still miss cancers in all breast densities, especially in those with extremely dense breasts.

Are there better tests other than a mammogram for dense breasts?

Your provider may consider not only breast density, but also several risk factors to determine your overall breast cancer risk. Depending on your age, your breast cancer risk level (as determined by a health care provider), and your breast density, additional screening such as ultrasound or MRI may be recommended in addition to mammography. The addition of other imaging tests after your mammogram will find more cancers than mammography alone, though most women being screened do not have breast cancer. It is important to understand that it is normal for any screening test to find things that may need to be looked at more closely by additional screening. While some of these additional findings may be cancerous, the majority will not, and this is known as a "false positive".

What should I do if I have dense breasts?

Your mammography report tells you if you have dense breasts. Please discuss with your provider which additional screening options may be right for you. Knowing your lifetime risk of developing breast cancer is a key piece of information that will help with the discussion and decision. Talk to your provider and discuss your history as well as breast density.

Learn more at <https://www.cancer.gov/types/breast/breast-changes/dense-breasts>

Co-written by Sally D. Herschorn, MD, Division Chief and Medical Director of Breast Imaging at UVM Medical Center; Associate Professor of Radiology at the University of Vermont, and her mentee, Heejung Charron, a UVM nurse practitioner student who graduated in 2018 with a doctorate of nurse practitioner degree



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