

# VERMONTMEDICINE

THE ROBERT LARNER, M.D. COLLEGE OF  
MEDICINE AT THE UNIVERSITY OF VERMONT

SUMMER 2018

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## View from the Top

Reflections on more  
than a decade as dean

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- A VERMONT APPROACH TO  
TREATMENT IN THE OPIOID CRISIS
- THE TUNBRIDGE DOCS
- CLASS OF 2018 RESIDENCY MATCHES





## PROFILE IN GIVING

# Honoring Family, Supporting the Next Generation of Primary Care Physicians

As a third-generation primary care doctor, **Pamela Harrop, M.D.'83**, understands how important it is to connect with patients in the community, no matter what it takes to reach them. Her work with uninsured and marginalized populations began in 1986 through the Traveler's Aide free medical van, and continues in her home state of Rhode Island through her position as volunteer Associate Medical Director of Clinica Esperanza, a free clinic in Providence catering to uninsured adults, many of whom are undocumented citizens. At the Larner College of Medicine, she's helping students interested in joining the ranks of primary care physicians defray the costs of their medical education through a \$50,000 scholarship fund. The Harrop Family Scholarship for Primary Care, which received a \$25,000 match from the UVM Medical Alumni Association, honors the legacy of her grandfather, father, and uncle, all of whom practiced medicine out of the family's homestead in Rhode Island.



Pamela Harrop, M.D.'83, at second-row center, with her Clinica Esperanza colleagues.

**For information about how you can support the UVM Larner College of Medicine, please contact the Medical Development and Alumni Relations Office.**

Harrop, an associate clinical professor of medicine at the Warren Alpert School of Medicine at Brown University and president and chief medical officer of Medical Associates of Rhode Island, has been widely recognized for her own contributions to the field. In 2016, the Rhode Island Medical Women's Association honored her as Woman of the Year. And this year, she received the Service to Medicine and the Community Award from the UVM Medical Alumni Association after being nominated by fellow alum and Rhode Island physician Frances Conklin, M.D.'51, who noted her deep devotion to her patients and commitment to health care that's accessible to all.

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BY ERIN POST

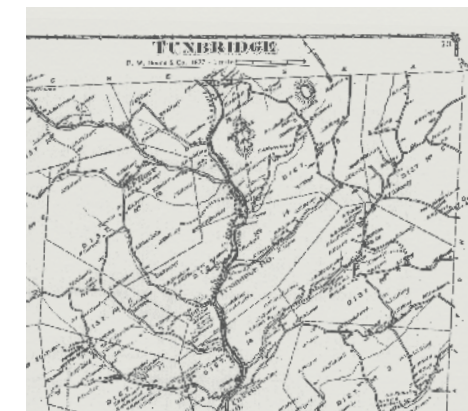


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One small town, four lives in medicine.

BY CAROLYN SHAPIRO

## The Robert Larner, M.D. College of Medicine at The University of Vermont

### DEAN

Frederick C. Morin III, M.D.

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The University of Vermont  
LARNER COLLEGE OF MEDICINE



FROM THE DEAN

In late May we celebrated Commencement for our medical students. Commencement recognizes the conclusion of our students’ education here and the beginning of the next stage of their careers. I felt the poignancy of that ceremony, the joy tempered by sadness. And I feel an even sharper poignancy today, as I prepare for the conclusion of my leadership of our College.



“I AM PROUD OF THE ACCOMPLISHMENTS WE HAVE ACHIEVED FOR OUR COLLEGE. AND I BELIEVE WE HAVE BUILT THE FOUNDATION FOR AN EVEN BRIGHTER FUTURE.”

I think back to the beginning, the last session of my last interview for this position. One of the faculty in the Sullivan Classroom asked me why I wanted to be the Dean of this College of Medicine. I responded that it certainly was not the resources, but it was the quality of the faculty that attracted me. Now, at the other end of this stage of my career, I think I was nearly half right. After I arrived, I quickly realized that it is the people, but it is all of the people — faculty, staff, students, and alumni — who are the foundation of the College.

It took me a little longer to realize that the College had another enormous asset, one that visitors, including our accrediting body, spontaneously remarked on: the culture of cooperation and collaboration that exists across our faculty, staff, students, and administration. I would add that creativity, personal responsibility, and just plain hard work are attributes of our culture as well. It is our people and our culture that have made us successful. Together, you have, in effect, created the other necessary resources.

Through creativity and collaboration, our educators, students, and staff have developed a medical education that is nationally and internationally recognized as leading the field, an education that is second to none and, with the support of Dr. Larner and many others, arguably ready to go one step higher.

Our clinical faculty, staff, and administrators have cooperated and collaborated with the hospital and University administration to create a University of Vermont Medical Center, and our ties to that institution have been greatly strengthened.

Through creativity, self-reliance, and hard work, our faculty and laboratory staff weathered a devastating storm in federal research funding. They preserved the excellence of their work and now are building on that quality to expand the work. Together, we are planning a \$90 million investment in modern research space. Through collaboration between the College administration, the University of Vermont Health Network Faculty Practice, and our alumni, we have put together most of the funding needed to get the new building formally approved and launched by the UVM Board of Trustees.

Contributions by the alumni for the building should put our philanthropy for the Move Mountains campaign over the \$200 million mark many months before it ends next May. We have by far the most dedicated alumni any medical school could wish to have. Throughout my years as dean, our alumni have consistently ranked among the highest for participation in philanthropy to their medical alma mater. They hold dear the place where their medical career began, and it shows. It is fitting that ours is the first medical school in the nation named for one of its alumni.

So I am proud of the accomplishments we have achieved for our College. And I believe we have built the foundation for an even brighter future. I am truly grateful for having had the opportunity to serve as Dean of your College. It has been the capstone of my career. Thank you.

*Handwritten signature of Frederick C. Morin III, M.D.*

FREDERICK C. MORIN III, M.D.  
Dean, The Robert Larner, M.D. College of Medicine at The University of Vermont

Kirkpatrick Appointed Chair of Microbiology and Molecular Genetics

Dean Rick Morin, M.D., and College of Agriculture and Life Sciences Dean Thomas Vogelmann, Ph.D., have appointed Beth Kirkpatrick, M.D., as chair of the Department of Microbiology and Molecular Genetics (MMG) at the Larner College of Medicine and College of Agriculture and Life Sciences. Kirkpatrick’s appointment became effective in March, when founding chair and University Distinguished Professor Susan Wallace, Ph.D., stepped down.

A nationally and internationally recognized physician-scientist and specialist in infectious diseases, translational immunology, and global vaccine development, Kirkpatrick launched the Vaccine Testing Center (VTC) at UVM in 2001. Under her leadership, the VTC has grown to assume a prominent international role in the development and evaluation of vaccines for globally-important infectious diseases such as dengue, cholera, rotavirus, and other pathogens. The VTC, which performs both clinical and laboratory-based research in vaccines and human immunity, has garnered support from

the National Institutes of Health, the Bill & Melinda Gates Foundation, the U.S. Department of Defense, and other funders. VTC work has a major positive impact on the health of millions of people around the globe, particularly in the developing world.

A graduate of Albany Medical College, Kirkpatrick completed an internal medicine residency at the University of Rochester, and an infectious disease fellowship at The Johns Hopkins School of Medicine. She joined the UVM faculty in 1999 as an assistant professor in the Division of Infectious Disease in the Department of Medicine. She was promoted to tenured professor in 2013. In addition, she served as interim associate dean for clinical research at the Larner College of Medicine from 2014 to 2016. Her many awards and honors include: the 2017 UVM Health Network Medical Group Senior Researcher of the Year award; election as a member of the American Society for Clinical Investigation; and receipt of the 2012 Bailey K. Ashford Medal from the American Society of Tropical Medicine and Hygiene. She was a 2010 Professor in Residence at the Infectious Disease Institute at Makerere University in Kampala, Uganda.

Kirkpatrick will retain leadership of the VTC and will continue to see patients in her role as an infectious disease specialist at the UVM Medical Center.



Beth Kirkpatrick, M.D.

ENSURING THE FUTURE OF BIOMEDICAL RESEARCH AT UVM

Preliminary work has begun at UVM to create a biomedical research complex that will include a new building and a rehabilitated Given Building. These spaces will accommodate faculty and staff from both the Larner College of Medicine and the College of Arts and Sciences Department of Psychological Science. The proposed location for the new building is adjacent to the Health Sciences Research Facility (HSRF). Larner College of Medicine Dean Rick Morin, M.D., and College of Arts and Sciences Dean William Falls, Ph.D., previewed building plans in the fall and spring to

the UVM Board of Trustees and, in a special town hall meeting with UVM faculty, staff, and students. Groundbreaking is tentatively scheduled for November 2019.



See videos, renderings, and other project information. Go to:  
[www.med.uvm.edu/vtmedicine](http://www.med.uvm.edu/vtmedicine)

Architect’s sketch of the proposed new research complex.



Andy Duback





## ACTIVE LEARNING UPDATE

## Training New Docs for 21st Century Medicine

When third-year medical students at the Larner College of Medicine attend orientation for their pediatrics clerkship, they don't sit and listen as an administrator explains what they can expect and how their grades are calculated. Instead, they read a syllabus addressing those questions before they arrive. At that point, they take a quiz, followed by a comparison of their answers as a group. Then, the group gets into a conversation about clerkship objectives, the importance of personal and group reflection, and other topics like the tenets of family-centered care.

"It's not just a quiz and we go on," explains **William Raszka, M.D.**, UVM pediatrics professor and director of the pediatrics clerkship. "We use it to lead to a broader discussion, because we want them to engage with the material."

Orientation sets the stage for what's to come, as the pediatrics clerkship incorporates active learning throughout. It is the first Larner College clerkship to feature an all-active regimen. By 2019, the college plans to shift the entire Vermont Integrated Curriculum to active learning methods. By incorporating small group discussion, flipped classroom exercises, simulation, and other teaching methods, not only do students apply the medical knowledge they're learning, they also practice how to work in a team and effectively communicate. The seven-week clerkship focuses on hands-on experience through rotations in pediatric primary care practices, children's hospital units, critical care, and pediatric specialties. It also

includes classroom sessions in areas such as fever and rashes, vaccines, abdominal complaints, and child abuse.

With active learning, those sessions start before the students get to the classroom. They receive reading materials, narrated PowerPoint presentations and videos that they review in advance, then come to class and take a "readiness" quiz. After the quiz, they discuss their answers, and an instructor makes sure to "close the gap," as Raszka puts it.

"We want the students to be very comfortable saying, 'I don't understand. I don't know why,'" he says. "That way, everyone has a level of knowledge and how to apply it."

A child with a rash, for example, could have scarlet fever, toxic shock syndrome or Kawasaki disease. Students must not only explain their diagnosis but their reasons for choosing it. In the final step of active learning, students put the information they learned to real-life case studies.

The pediatrics clerkship includes locations: UVM Medical Center; UVM Health Network affiliate sites in

Vermont and New York; Western Connecticut Health Network in Norwalk, Conn.; and St. Mary's Hospital in West Palm Beach, Fla.

Previously, all 17 students gathered — either in person or via Zoom video conference — at UVM's Burlington campus for the group sessions. Now, the clerkship uses a "distributed model," keeping students at their own sites for most active learning sessions.

Research shows that active learning improves student engagement, knowledge retention and, ultimately, test scores. Any student today can call up a description of meningitis symptoms on a smartphone, Raszka says. To identify meningitis as the cause of, say, a child's altered mental status — rather than trauma, vasculitis or seizures—requires more than recitation of facts.

"We're trying to foster, in a safe environment, application," Raszka says. "It's a way to apply the knowledge you have."

**"WE WANT THE STUDENTS TO BE VERY COMFORTABLE SAYING, 'I DON'T UNDERSTAND. I DON'T KNOW WHY.' THAT WAY, EVERYONE HAS A LEVEL OF KNOWLEDGE AND HOW TO APPLY IT."**

— WILLIAM RASZKA, M.D.

## GLOBAL HEALTH LEADERS, EDUCATORS, STUDENTS HONORED AT ANNUAL CELEBRATION EVENTS

The Global Health Program at the Larner College of Medicine and the Western Connecticut Health Network (WCHN) hosted "A Celebration of Global Health" at the College April 17 to 18. Guests from Russia and Zimbabwe joined WCHN and Larner leaders, faculty, staff and students for several events, including a Dean's Distinguished Lecture in Global Health by Trefz Family Professor in Global Health **Majid Sadigh, M.D.**, a poster session, and an exhibition of photographs and written reflections. Sadigh also presented Dean **Rick Morin** with a special thank you gift for his leadership and support of the Global Health Program.



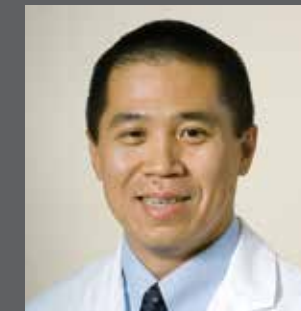
Karen Lounsbury, Ph.D.

## LOUNSBURY APPOINTED FOUNDATIONS DIRECTOR

**Karen Lounsbury, Ph.D.**, professor of pharmacology, has been appointed director of Foundations in the Office of Medical Student Education. She succeeds **Paula Tracy, Ph.D.**, who stepped down after six years in the position. Lounsbury will lead and manage the Foundations Level of the Vermont Integrated Curriculum, supporting course directors, the use of active learning, ensuring best practices and facilitating student engagement in the curriculum. She will also continue as director of the Masters in Medical Science Graduate Program.



Majid Sadigh, M.D., delivers the 2018 Dean's Distinguished Lecture in Global Health.



Cheung Wong, M.D.

## WONG NAMED ASSOCIATE VP FOR CLINICAL AFFAIRS FOR UVM HEALTH NETWORK MEDICAL GROUP

**Cheung Wong, M.D.**, associate professor of obstetrics, gynecology and reproductive sciences, has been named associate vice president for clinical affairs for the UVM Health Network Medical Group. In this role, Wong has primary responsibility for overseeing quality; developing strategies for value-based care and population health for UVMHN Medical Group specialty services in collaboration with OneCare Accountable Care Organization; and provides oversight of clinical programs for the UVMHN Medical Group.

## KULAGA APPOINTED ASSISTANT DEAN FOR STUDENTS AT CONNECTICUT CAMPUS

**Ellen Kulaga, M.D.**, has been appointed assistant dean for students at the Larner College of Medicine's Connecticut campus at Western Connecticut Health Network (WCHN). Kulaga began serving in this new role in January. She is a clinical assistant professor of medicine at UVM and reports to **Jonathan Rosen, M.D.**, associate dean for undergraduate medical education at the Connecticut campus. Kulaga's responsibilities include advocating for, advising and evaluating the performance of Larner medical students at the Connecticut campus; policy compliance; strategic planning; and central educational management.



Ellen Kulaga, M.D.



Yvonne Janssen-Heininger, Ph.D.

## JANSSEN-HEININGER NAMED UNIVERSITY SCHOLAR

Among the three new 2018–2019 University Scholars named by the UVM Graduate College this spring was Professor of Pathology **Yvonne Janssen-Heininger, Ph.D.**, an internationally recognized scientist in the field of redox biology, particularly as it applies to lung disease. University Scholar designation recognizes her as an outstanding member of the UVM faculty whose dedication, professionalism and talent has taken her to the top of her field. The University Scholars program recognizes distinguished UVM faculty members for sustained excellence in research, creative and scholarly activities. The Scholars are selected by a faculty panel based upon nominations submitted by UVM colleagues.

Raj Chawla; Andy Duback, David Seaver, LCOM Creative Services



Eric Gagnon, M.Ed., M.S.S.

## GAGNON APPOINTED DIRECTOR OF FACILITIES ADMINISTRATION AND PROJECTS

**Eric Gagnon, M.Ed., M.S.S.**, has been appointed director of facilities administration and projects in the Dean's Office. Gagnon, who has been the administrator for the Department of Medicine at the College and UVM Medical Center since 2001, will provide leadership for direct administrative and operational activities, including oversight of physical assets, construction and renovation projects, and space management for the College. He succeeds **Sue Ligon**, who retired after serving the College for more than

24 years. Gagnon also helped launch the Department of Medicine's SPARK-VT Program in 2012 and is currently co-chair of UVM's SPARK-VT Program Steering Committee. He serves on the College's Diversity & Inclusion Strategic Planning Committee, the Office of the Vice President for Research Entrepreneurship Forum, and the University Business Council Effort Reporting Subcommittee.



# Campaign News

## Bunker Scholars Set to Explore Medicine's Possibilities

The late **Robert B. Bunker, M.D.**, a Vermont native who spent four decades in practice as a military physician, made the extraordinary decision to help students at the Larner College of Medicine and the Geisel School of Medicine at Dartmouth graduate debt-free through a scholarship that covers tuition, room, and board for the four years of medical school.

Keenly aware of the financial commitment medical school requires, and inspired by the help he received when he attended medical school, he wanted to give deserving students the opportunity to follow their dream and explore the full range of opportunities for their practice.

"He grew up in Vermont and spent his retirement years in New Hampshire," says trustee John Kitchen. "That's why he named UVM and Dartmouth."

Three students in the Larner College of Medicine Class of 2021 are the first to benefit from Bunker's life-changing generosity. "The Bunker Scholarship has empowered me to focus on what I aspire to do rather than on how much it will cost to do it," says Jessica Lyon '21, one of the first three Bunker Scholarship recipients. "And more, it has completely opened my eyes to the world of possibilities medicine has laid out in front of me. The Bunker Scholarship has been nothing short of blessing, not only for my education but for my future as a whole."

## Haines Family Scholarship Benefits Students in Need

In July of 1939, **Gerald Haines '42, M.D.'44**, received a \$75 scholarship for his first year of college. For a boy who grew up on the family dairy farm in Cabot before moving to Barre at the height of the Great Depression, it was no small opportunity. Gerald Haines took full advantage of his time at UVM, graduating in 1942 and earning his medical degree in 1944. He served in World War II as a transport surgeon and neuropsychiatrist before returning to the U.S. to practice neurosurgery in northeastern New York for three decades. When Gerald passed away in 2015, he left a generous bequest for the Larner College of Medicine. Inspired by their father's commitment, **Jonathan Haines, Ph.D.**, **Dave Haines, Ph.D.**, and **Steve Haines, M.D.'75**, a neurosurgeon at the University of Minnesota Medical School, decided to contribute personal gifts and create the Haines Family Scholarship. This endowed fund honors Gerald's legacy by helping deserving students attend medical school at UVM. Their hope is that the fund, which also received a \$50,000 matching gift from the Medical Alumni Association, will "make a difference for a student deciding whether or not to matriculate," creating new opportunities for students who aspire to become physicians.



From left, Ibrahim Hussein '21; Joy Benner '21; trustee John Kitchen, J.D.; Jessica Lyon '21



From left, Steve, Gerald, Jonathan and David Haines

## Lucey's Life & Legacy Celebrated through Endowed Visiting Professorship

When UVM Professor Emeritus of Pediatrics **Jerold Lucey, M.D.**, passed away on December 10, 2017, at the age of 91, former students and colleagues from across the generations remembered his gift for teaching, his patience and good humor, and his deep knowledge of pediatrics. Lucey's widow, **Ingela Lucey**, as well as former students, friends and colleagues have come together to raise \$300,000 for an endowed visiting professorship in neonatal medicine at UVM that promises to help foster the next generation of neonatal specialists. The professorship will bring leading edge researchers and clinicians to UVM to host a keynote talk and meet with faculty and students with an interest in the field. Memorial contributions in Dr. Lucey's memory may be made by visiting: [go.uvm.edu/lucey](http://go.uvm.edu/lucey)



Jerold Lucey, M.D., in the mid-1990s

## Fourth-Year Students Benefit from Alum's Generosity

**John H. Healey, M.D.'78**, wants to make sure Larner College of Medicine students getting ready for residency have ample opportunity to "think broadly" about the possibilities for training and practice without worrying about the costs associated with travel to residency interviews and electives. In honor of his 40th reunion this year, he committed \$40,000 to help third- and fourth-year students meet these expenses through the John H. Healey, M.D.'78 Medical Student Travel Fund. The fund provides grants ranging from \$1,000 to \$2,000 to defray costs associated with interviews and visiting rotations for students with demonstrated financial need. A world-renowned surgical specialist in the treatment of bone and soft tissue tumors, Healey is the Stephen McDermott Chair in Surgery and Chief of Orthopedic Surgery at Memorial Sloan Kettering Cancer Center, and a professor of orthopedic surgery at Weill Medical College of Cornell University.



From left, John H. Healey, M.D.'78, and Dean Rick Morin

  
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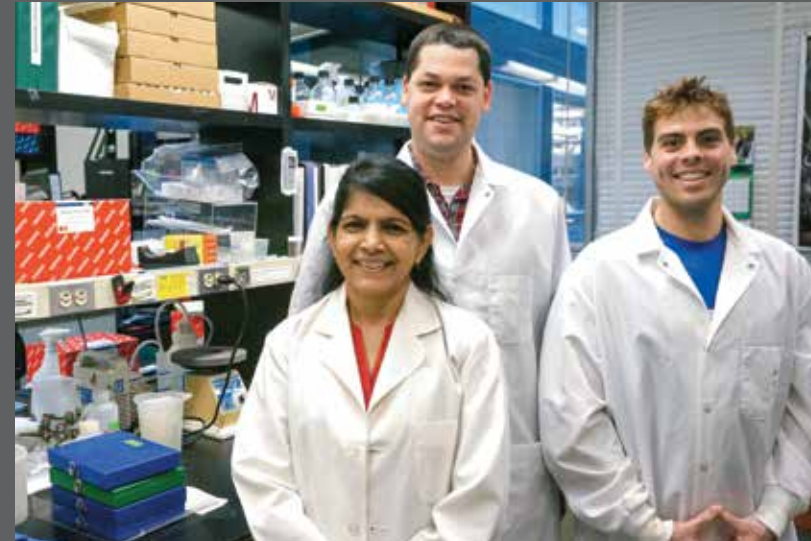
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# RESEARCH NOTEBOOK

COLLEGE NEWS

## UVM JOINS HIGH-PROFILE REGENERATIVE MEDICINE CONSORTIUM

The University of Vermont has joined the Advanced Regenerative Manufacturing Institute (ARMI) through its BioFabUSA program. ARMI is a non-profit, federally sponsored consortium dedicated to making the large-scale manufacture of engineered tissues and tissue-related technologies practical, to benefit existing industries and grow new ones. Regenerative medicine translates fundamental knowledge in biology, chemistry and physics into materials, devices, systems and a variety of therapeutic strategies that augment, repair, replace or regenerate organs and tissues. While great strides have been made in research, practical, large scale manufacturing in regenerative medicine has lagged. "Regenerative medicine as a field is on the verge of transforming the treatment of disease and disability, as the research breakthroughs of the past decade move into the world of practical medicine," said **Richard Galbraith, M.D., Ph.D.**, vice president for research at UVM. "Our membership in ARMI/BioFabUSA both recognizes UVM as a leader in this rapidly emerging area and provides an opportunity for the university to advance even further."



Arti Shukla, Ph.D., and lab team members Maximilian MacPherson and Phillip Munson.

## SHUKLA RESEARCH HIGHLIGHTS HOW ASBESTOS CAUSES LUNG DISEASE MESOTHELIOMA

Asbestos exposure is widely known to cause human disease, including the deadly cancer mesothelioma — although researchers aren't sure why. While asbestos is inhaled into the lungs, mesothelioma develops in physically remote mesothelial cells. No successful methods exist for early detection of exposure to asbestos. New research published in *The FASEB Journal* by Associate Professor of Pathology and Laboratory Medicine **Arti Shukla, Ph.D.**, may have unlocked the first piece of this puzzle. Shukla's findings suggest that cells in one region of the body are capable of sending messages to cells in a distant location, and can cause significant genetic changes. "These intriguing findings go a good ways toward explaining the conundrum of how a pulmonary irritant triggers distant effects," said Thoru Pederson, Ph.D., editor-in-chief of *The FASEB Journal*. "They also add to the burgeoning array of studies that link exosome-based communication to pathogenic events."

## BONNEY APPOINTED TO 5-YEAR TERM ON NICHD BOARD OF SCIENTIFIC COUNSELORS

**Elizabeth Bonney, M.D., M.P.H.**, professor of obstetrics, gynecology and reproductive sciences, has been appointed to a five-year term on the Board of Scientific Counselors for the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Division of Intramural Research. Bonney, who also serves as director of research for her department and specializes in immune system function during pregnancy, joined the UVM faculty in 2002. She received a medical degree from Stanford University Medical School, completed a residency in obstetrics/gynecology at Harvard, a fellowship in bacteriology and immunology at the National Institutes of Health, and earned an M.P.H. degree from the Harvard School of Public Health. She is a Fellow of the American Congress of Obstetricians and Gynecologists.



Elizabeth Bonney, M.D., M.P.H.







# The Big Reveal

**M**atch Day — the annual rite of passage that ignites a senior medical student's future — took place on Friday, March 16, 2018. Beginning at noon EDT, medical students in the Larner College of Medicine's Class of 2018 and soon-to-be-doctors from across the U.S. and world learned which U.S. residency program they have been matched to for the next three to seven years.

At the UVM, the celebration began at around 11:40 a.m., when members of the Class of 2018 processed down the hall of the Given building, following bagpiper **H. James Wallace, M.D.'88**, a medical alumnus and radiation oncologist, into the Health Science Research Facility's Hoehl Gallery. A video livestream allowed off-site students, family and friends to participate in the event's excitement.

How does The Match work? The National Resident Matching Program (NRMP) uses a computerized mathematical algorithm to align the preferences of applicants with the preferences of program directors in order to produce the best possible outcome for filling training positions available at U.S. teaching hospitals. The NRMP said the 2018 Main Residency Match was the largest in the program's 66-year history.



## MATCH DAY 2018

## Residency Matches for the College of Medicine Class of 2018

### ANESTHESIOLOGY

<b>Rachel Carlson</b>	UVM Medical Center
<b>Timothy Flanagan</b>	Lahey Clinic
<b>Ian Grant</b>	Brigham & Women's Hospital
<b>Tinh Huynh</b>	University of Texas Southwestern Medical School
<b>Christina Litsakos</b>	UVM Medical Center
<b>Melissa Rafferty</b>	University of Michigan Hospital — Ann Arbor
<b>Kasra Sarabakhsh</b>	NYU School Of Medicine
<b>Siyeon Seong</b>	Virginia Mason Medical Center
<b>Nathaniel Sugiyama</b>	Beth Israel Deaconess Medical Center

### DERMATOLOGY

<b>Apoorva Trivedi</b>	University of Massachusetts Medical School
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### DIAGNOSTIC RADIOLOGY

<b>Matteen Hakim</b>	Hartford Hospital
<b>Alex Jacobson</b>	Brigham & Women's Hospital
<b>Y-Lan Khuong</b>	UVM Medical Center
<b>Xiaoyu Lu</b>	University of Maryland Medical Center

### EM/ANESTHESIOLOGY

<b>David Leon</b>	Johns Hopkins Hospital
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### EMERGENCY MEDICINE

<b>Taylor Goller</b>	Carilion Clinic — Virginia Tech Carilion School of Medicine
<b>Timothy Henderson</b>	Advocate Health Care — Oak Lawn, Ill.
<b>Nicholas Kovacs</b>	Carilion Clinic — Virginia Tech Carilion School of Medicine
<b>Alexandra Miller</b>	University of Michigan Hospital — Ann Arbor
<b>Lindsay Miller</b>	Rhode Island Hospital/ Brown University
<b>Fran Riley</b>	Maimonides Medical Center — Brooklyn, N.Y.
<b>Stefan Wheat</b>	University of Arizona College of Medicine at Tucson

### FAMILY MEDICINE

<b>Grace Adamson</b>	Maine-Dartmouth Family Medicine
<b>Paul Baresel</b>	Penn State Hershey Medical Center
<b>Michael Chung</b>	Rutgers-RW Johnson Medical School
<b>Kelley Collier</b>	University of Colorado School of Medicine — Denver
<b>Sherilyn DeStefano</b>	University of Utah Affiliated Hospitals
<b>Emily Forbes-Mobus</b>	UVM Medical Center
<b>Margaret Graham</b>	UVM Medical Center
<b>Michael Ialeggio</b>	University of Rochester/ Strong Memorial
<b>Adrienne Jarvis</b>	UVM Medical Center
<b>Talia Kostick</b>	Sutter Medical Center of Santa Rosa
<b>Susannah Kricker</b>	Albany Medical Center
<b>Alison Mercier</b>	Lancaster General Hospital
<b>Michael Ohkura</b>	UCLA Medical Center
<b>Kishan Patel</b>	St. Marys Medical Center SCL Health — Grand Junction, Col.
<b>Brett Powers</b>	Maine Medical Center
<b>Saraga Reddy</b>	Kaiser Permanente — Washington
<b>Andrew Sheridan</b>	UVM Medical Center

### GENERAL SURGERY

<b>Ashley Deeb</b>	St. Elizabeths Medical Center — Boston
<b>Miles Grunvald</b>	Rush University Medical Center
<b>Richard Mendez</b>	UVM Medical Center
<b>Saurabh Patel</b>	Morristown Memorial Hospital — N.J.
<b>Adam Petchers</b>	Albany Medical Center
<b>Yazen Qumsiyeh</b>	UC San Francisco — Fresno
<b>Autumn Reilly</b>	UVM Medical Center
<b>Brittany Rocque</b>	University of Rochester/ Strong Memorial
<b>Brianna Spencer</b>	Penn State Hershey Medical Center
<b>Soraiya Thura</b>	George Washington University
<b>Brian Till</b>	Thomas Jefferson University

### INTERNAL MEDICINE

<b>Kenyon Bolton</b>	UVM Medical Center
<b>Christina Cahill</b>	Hospital of the University of Pennsylvania
<b>Patrick Cruden</b>	Beth Israel Deaconess Medical Center
<b>Eric Day</b>	UC San Francisco-Fresno
<b>Gilana Finogenov</b>	Yale-New Haven Hospital
<b>Lauren Haggerty</b>	UC San Diego Medical Center
<b>Tridu Huynh</b>	Scripps Clinic/Green Hospital
<b>Peter Hyson</b>	University of Colorado School of Medicine — Denver
<b>Catherine LaPenta</b>	Rhode Island Hospital/ Brown University
<b>Anton Manyak</b>	Virginia Mason Medical Center
<b>Stephen Maurer</b>	University of Michigan Hospital — Ann Arbor
<b>Astia Roper-Batker</b>	Hospital of the University of Pennsylvania
<b>Eric Schmidt</b>	Oregon Health & Science University
<b>Yueyue Shen</b>	Hofstra Northwell School of Medicine
<b>Samantha Siskind</b>	Boston University Medical Center
<b>Asaad Traina</b>	UCLA Medical Center
<b>Lisa Wang</b>	Kaiser Permanente — Santa Clara
<b>Tyler Wark</b>	Rhode Island Hosp/Brown University
<b>Taylor Wolfgang</b>	Tufts Medical Center

### NEUROLOGICAL SURGERY

<b>David Arsanious</b>	West Virginia University School of Medicine
<b>Taylor Sommer</b>	University of Illinois — St Francis Medical Center

### NEUROLOGY

<b>Jacob Korzun</b>	Rhode Island Hospital/ Brown University
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### OBSTETRICS - GYNECOLOGY

<b>Stephanie Brooks</b>	Case Western/ Cleveland Medical Center
<b>Elisabeth Day</b>	UC San Francisco — Fresno
<b>Lindsey Eastman</b>	University of Chicago Medical Center
<b>Andre Robinson</b>	Icahn School of Medicine — St. Luke's-Roosevelt

### OPHTHALMOLOGY

<b>Julia Shatten</b>	University of Pittsburgh Medical Center
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### ORTHOPAEDIC SURGERY

<b>Ethan Harlow</b>	Case Western/ Cleveland Medical Center
<b>Allicia Imada</b>	University of New Mexico School of Medicine

### PATHOLOGY

<b>Liam Donnelly</b>	UVM Medical Center
<b>Nicole Mendelson</b>	UVM Medical Center
<b>Rebekah Wieland</b>	Stanford University Programs

### PEDIATRICS

<b>Andrea Blood</b>	UVM Medical Center
<b>Shannon Brady</b>	University of Utah Affiliated Hospitals
<b>Kathryn Colelli</b>	N.Y. Presbyterian/ Columbia University Medical Center
<b>Peter Evans</b>	Children's Hospital of Philadelphia
<b>Rahul Gentyala</b>	Duke University Medical Center
<b>Catherine Hayes</b>	University of North Carolina Hospitals
<b>Colby Kearl</b>	Dartmouth-Hitchcock Medical Center
<b>Mary LoPiccolo</b>	Icahn School of Medicine — Mt. Sinai
<b>Molly Markowitz</b>	Yale-New Haven Hospital
<b>Gayathri Prabhakar</b>	Children's Hospital of Philadelphia
<b>Dana Ribaudo</b>	Wake Forest Baptist Medical Center
<b>Kelsey Sullivan</b>	UVM Medical Center
<b>Daniel Trigg</b>	Maine Medical Center
<b>Elaine Wang</b>	University of Connecticut School of Medicine

### PEDS/PSYCH/CHILD PSYCH

<b>Vicenta Hudziak</b>	Rhode Island Hospital/ Brown University
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### PRELIMINARY SURGERY

<b>Samy Ramadan</b>	David Grant Medical Center — Travis Air force Base, Calif.
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### PSYCHIATRY

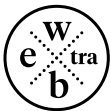
<b>Moshe Bitterman</b>	Northwestern McGaw
<b>Theresa Flanagan</b>	University of Wisconsin Hospital and Clinics
<b>Derek Luzim</b>	University of Massachusetts Medical School
<b>Jennifer Tufts</b>	Boston University Medical Center

### TRANSITIONAL YEAR

<b>Joshua Pothén</b>	University of Central Florida School of Medicine
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### UROLOGY

<b>Theodore Cisu</b>	Virginia Commonwealth University Health System
<b>Laura Donnelly</b>	Albany Medical Center
<b>Kathleen Olson</b>	Mayo Clinic School of Graduate Medical Education



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# INVENTING THE WHEEL

Vermonters craft the “hub and spoke” — the first effective clinical approach to treating widespread opioid addiction.

BY ERIN POST

**A**s a family medicine physician with the Community Health Centers of Burlington, **HEATHER STEIN, M.D.**, sees patients for the full range of medical complaints, ones that Vermont primary care physicians have treated for generations: chronic conditions like diabetes and heart disease, allergy woes, stomach pain, and everything in between.

But in one crucial aspect, Stein’s caseload is different than what Vermont’s doctors have faced in the past. Today, about 40 of her patients also suffer from addiction to prescription painkillers or heroin. They walk in the front door of the health center just like everyone else. She treats them with a medication called buprenorphine, which blocks the effects of the drugs they had been using, reducing cravings and withdrawal symptoms. For some, this allows them to start careers, rekindle relationships with family, or simply reconnect with the self they were before addiction took hold. Stein treats their substance use but she also goes beyond this one aspect of their lives: She refers them to CHCB’s Dental Center, prescribes birth control, and helps to manage high blood pressure. For her, they’re patients just like any other — complicated and multifaceted, defined not by their diseases but by their potential.

“It’s very rewarding work,” says Stein, who is also a clinical assistant professor of family medicine at the UVM Larner College of Medicine, and medical director at CHCB. “I’ve seen people move up to managerial positions, get married, buy houses. It’s fun to see people succeed and be part of that process.”

Stein is at the vanguard of a new way of treating addiction, in a state that is a national leader in its innovative approach to a public health crisis.



Vermont has made headlines in recent years for its residents’ struggles with opioids, a class of drug that includes prescription painkillers such as morphine, hydrocodone and oxycodone as well as illicit substances like heroin. From 2000 to 2014, Vermont saw a more than 770 percent increase in treatment for all opiates, indicating a rising tide of addiction. And it’s a deadly epidemic: Heroin-related fatalities were non-existent in the state in 2010. Five years later, 34 Vermonters died of a heroin overdose in a single year.

For a state that prides itself on its bucolic image — think general stores with creaky wooden floors, rolling fields of dairy cows, steam rising from the maple sugar shack - the epidemic rattled many Vermonters to their core.

In 2014, then-Governor Peter Shumlin devoted almost his entire State of the State Address to what he called a health crisis that required quick and decisive action. He cited statistics as well as stories from Vermont families that painted a dire picture. Vermonters were suffering and needed help.

“What started as an OxyContin and prescription drug addiction problem in Vermont has now grown into a full-blown heroin crisis,” said Shumlin.

Physicians at the front lines understood the stakes; even before the governor’s address they had been seeing the steady rise in addiction rates, and knew all too well the struggles their patients had with opioids, how addiction tore families apart and ruined lives. It also killed far too many people. Faced with the ratcheting crisis and waitlists of 500 or more at some treatment centers, physicians, public health leaders, community organizers and law enforcement officials rolled up their sleeves and got to work.

Over the past five years, Vermont has emerged as a national leader in treatment for opioid use disorder. The new system — called the hub and spoke — incorporates addiction treatment into primary care in a comprehensive way not seen anywhere else in the country. A support network for community physicians administering medication assisted treatment has increased capacity at what are known as the spokes, while centers of excellence called



hubs bring addiction specialists and wrap-around services together to provide more intensive treatment for patients who need a higher level of support. Research on new treatments for addiction — long an area of excellence at UVM — benefits from a model that incorporates opioid use disorder as a chronic condition, fostering innovative thinking about ways to deliver that care.

UVM Professor of Psychiatry **Richard Rawson ’70, Ph.D.’74**, a native Vermonter who returned to the state in 2015 after a storied career in addiction treatment research at UCLA, characterizes Vermont as the leader of a paradigm shift. In December of 2017 he completed a federally funded assessment of the hub and spoke system, conducting interviews with providers and patients over the course of one year.

“I was surprised and inspired by the treatment going on in primary care settings,” he says. “I think this new treatment paradigm will change the course of opioid addiction and recovery.”

In creating this new system, Vermont physicians and health policy leaders have altered public perception of addiction. Instead of shunting patients labeled as “addicts” into a category separate from other disease sufferers, they’re welcomed into an environment that supports them on the journey to recovery. Although challenges remain, the hub and spoke system represents a huge step forward in how opioid use disorder is treated and understood, and stands alone as a national model.

“HEY, YOU GUYS, I’VE GOT THIS IDEA”

UVM Clinical Assistant Professor of Family Medicine **John Brooklyn, M.D.**, had his first ‘aha’ moment related to addiction as a second-year medical student at Brown University. When a faculty member there gave a lecture about his own struggles with addiction, Brooklyn realized for the first time that the disorder doesn’t discriminate, and



UVM Professor of Psychiatry Richard Rawson ’70, Ph.D.’74

“I WAS SURPRISED AND INSPIRED BY THE TREATMENT GOING ON IN PRIMARY CARE SETTINGS. “I THINK THIS NEW TREATMENT PARADIGM WILL CHANGE THE COURSE OF OPIOID ADDICTION AND RECOVERY.”

— RICHARD RAWSON ’70, PH.D.’74

that “you can treat it just like anything else.” Although a career in the field “wasn’t anything he aspired to,” this early exposure stayed with him. He matched into Family Medicine in 1989 and came to Vermont for a residency at what is now UVM Medical Center. For him it was a homecoming of sorts — although he’s a Rhode Island native he attended UVM as an undergraduate, receiving his degree in elementary education in 1979.

After residency, he started working at UVM’s Human Behavioral Pharmacology Lab, directed at the time by a trio of renowned

UVM researchers: Stephen Higgins, Ph.D., now director of the Vermont Center on Behavior and Health; John Hughes, M.D., a leader in nicotine research; and Warren Bickel, Ph.D., now co-director of the Addiction Recovery Research Center at Virginia Tech. The lab was conducting studies of what was at the time a fairly new treatment for opioid addiction: buprenorphine. It showed promise as an alternative to methadone, an effective treatment backed by decades of research, although the medication is itself addictive. Buprenorphine, on the other hand, blocks the effects of opioids without the risk of addiction, allowing patients relief from cravings and withdrawal with less worry about medication diversion or overdose. UVM was one of the first institutions nationally to study buprenorphine’s clinical applications.

Vermont was also an early leader in providing care to pregnant women suffering from opioid addiction. The Children and Recovering Mothers Collaborative (CHARM) began providing access to methadone in the late 1990s, well before the state offered it more broadly. CHARM, which includes social service agencies as well as obstetricians and neonatal specialists, has served as an example for other states. It also helped to break the political logjam around Vermont establishing a methadone clinic, which came online just as the opioid epidemic began to take shape.

When Vermont’s first methadone clinic — called the Chittenden Clinic — opened in 2002 with Brooklyn as medical director, the waiting list quickly ballooned. In 2003, Vermont introduced buprenorphine as an office-based treatment, which in theory should have expanded treatment capacity. But concerns about managing complex patients without adequate support, the lack of social and mental health services for patients, and the possibility for medication diversion meant many primary care physicians only saw a handful of patients or less. So despite Vermont boasting a high number of office-based treatment providers per

capita, many still lacked care. The wait list at the Chittenden Clinic extended to two years.

Brooklyn, who was also treating patients at the Community Health Centers of Burlington, saw the struggling primary care physicians, the at-capacity clinic, and the growing number of patients who desperately needed treatment, and he proposed a plan to Vermont Department of Health officials with the executive director of the Howard Center:

“One day I marched into the Department of Health with Bob Bick from the Howard Center and I said ‘Hey, you guys, I’ve got this idea.’ And I sat down and I sketched it out where we would have these centralized centers of excellence that we would call hubs, and we’d have these docs in the community we’d call spokes, and there would be a connection. We’d set up the same kind of referral network that existed with everything else in medicine.”

The idea had traction with the group, and from this initial conversation plans were set in motion for a state-wide roll-out of the Care Alliance for Opioid Addictions Initiative, also known as the hub and spoke. It required buy-in from many groups across the state — including health care providers, elected officials, and government agency leaders — as well as funding. The Vermont Blueprint for Health — the state-led initiative to improve the overall health of the population while reducing costs — designated opioid use disorder as a chronic condition, paving the way for expanding treatment.

The first hub opened in January of 2013 at the Chittenden Clinic in Burlington, and other hubs across Vermont soon followed. Spoke providers were recruited from the ranks



John Brooklyn ’79, M.D.

David Seaver



Providers from across the region gather at the UVM Medical Center Community Health Improvement office for a Medication Assisted Treatment integration meeting. The meetings foster communication and collaboration among different agencies and service providers.

of family medicine physicians, obstetricians and pediatricians at all types of practices, from group and solo practices to federally qualified health centers. These doctors received training that granted them a “waiver” to prescribe buprenorphine, giving patients access to medication assisted treatment in a medical home, a place where treatment is coordinated and delivered in a way that puts the patient first. The key to making it all work, says Brooklyn, is communication and support.

“Docs in the community need to know that we have their back,” says Brooklyn. “Because if you’re going to take on prescribing for people who are fairly complex, you need to know that there’s a regional expert you can call at any time.”

In addition to being able to consult their hub, spoke providers also have a team to call on to help manage patients. Called a Medication Assisted Treatment team, or MAT team, they include one registered nurse and behavioral health provider per 100 Medicaid patients receiving office-based treatment. Funded through the Affordable Care Act and the Centers for Medicare and Medicaid, MAT teams handle scheduling, triage, and social service support. Brooklyn credits the MAT teams and another innovation called the Learning Collaborative,

which brings providers together for sessions on evidence-based best practices, with providing the support physicians need to feel comfortable joining the system and taking on more patients.

“There are six or eight sessions over course of the year,” he says. “These folks are now getting additional training and education.”

CONTINUITY OF CARE

As the MAT teams and Learning Collaborative took shape, the focus became recruiting spoke providers to join the system. **Patricia Fisher, M.D.**, understood the stakes all too well after ten years at the Community Health Centers of Burlington, where she served as a staff physician and medical director. She had treated patients who abused or depended on opioids, and had witnessed the toll it took on families. A UVM assistant professor of family medicine and the medical center’s medical director for Case Management and Medical Staff Affairs (until becoming chief medical officer at Central Vermont Medical Center in April of 2018), she remembers conversations involving the governor, UVM Medical Center leaders, public policy makers, and clinicians about how to bring more spoke providers into the new system. Concerns about treating addiction in a primary care setting

“DOCS IN THE COMMUNITY NEED TO KNOW THAT WE HAVE THEIR BACK. BECAUSE IF YOU’RE GOING TO TAKE ON PRESCRIBING FOR PEOPLE WHO ARE FAIRLY COMPLEX, YOU NEED TO KNOW THAT THERE’S A REGIONAL EXPERT YOU CAN CALL AT ANY TIME.”

— JOHN BROOKLYN, M.D.

Voices of Recovery

“ He’s [my MD] probably been the most helpful and beneficial person to me in my recovery, honestly. Even if it’s just calling him up and needing someone to talk to. He’s always been there, and he’s always had good advice.”

“ It’s 50% of the success. What I mean is the [buprenorphine] stops the cravings and allows me to live a stable life. The other 50% comes with a relationship with my doctor, and the trust, and respect, allowing me to be able to do what I need to do and know that he is going to be there for me. It just wouldn’t work without both parts working together. People gotta have a good doctor.”

“ I have had a couple of times where I’ve slipped up. Instead of threatening, we’re gonna kick you off the program, [my doctor] said, ‘You know what? We’re gonna move you to twice a week for the next couple of weeks.’ He’s like, ‘I just really wanna support you and work through this with you.’”

Patient quotes from the Vermont Department of Health study: “Hub and Spoke Model of Care for Opioid Use Disorders: An Evaluation.” The full study is available on [healthvermont.gov](https://healthvermont.gov).





## CONTROLLING THE SOURCE

When it comes to stemming the tide of opioid addiction, tightening rules around prescribing these powerful painkillers is an important part of the solution. In this, Vermont is also breaking new ground, much like the hub and spoke system is leading the way in treatment.

UVM Associate Dean for Primary Care **Charles MacLean, M.D.**, has been a key proponent of evidence-based prescribing rules that meet the needs of patients while ensuring the supply of opioids is tightly controlled.

His state-level public policy work has informed prescribing rules for chronic pain that were instituted in 2015, and rules for acute pain that took effect in July of 2017. Although 23 states have some type of prescribing rules on the books, MacLean says Vermont's are among the most comprehensive. They are consistent with the Centers for Disease Control guidelines and emphasize using alternatives to opioids when possible, using the lowest effective dose possible, and monitoring carefully for side effects or problems. They provide specific scenarios for when to check the Vermont Prescription Monitoring System, and when to reevaluate patients using opioids for chronic pain. Guidelines for prescribing according to pain severity level and common surgical procedures are suggested, and increasingly these recommendations are being integrated into electronic health record systems, making it easier for physicians to access information on best practices.

In addition to MacLean's and other faculty's work, medical students and alumni have played key roles in fine tuning and evaluating the rules.

For their public health project, seven medical students in the Class of 2020 surveyed over 400 Vermont prescribers to assess their attitudes regarding the 2017 rules. Working with UVM's Area Health Education Centers, the students found that although 75 percent of providers thought the new rules were necessary, and 74 percent thought they would have a positive effect on prescribing, only 48 percent were in favor of them as they were rolled out. This feedback — and more specific comments

individual physicians provided — could lead to improvements as Vermont policy makers adjust what's on the books, says Dan Wigmore '20.

It may also inform how other states introduce prescribing rules, as Vermont is one of the first states to implement such rules, and their group was one of the first to evaluate their effectiveness, says Zara Bowden '20. The group has submitted their poster for presentation at the 2018 American Public Health Association annual conference.

Another study — published online in February of 2018 in the *Journal of the American College of Physicians* with Larner College of Medicine alum Mayo Fujii, M.D.' 13 as first author — stands to inform post-operative prescribing best practices. The research team tracked patients who had undergone surgery across multiple specialties at UVM Medical Center and were prescribed opioids for post-operative pain, checking in by phone a week after surgery to ask how much of their prescribed opioid medication they ended up using. After about seven months of follow-up, they found that the median opioid use after surgery was just 27 percent of the total prescribed. The authors suggest using data from studies like theirs to standardize post-op prescribing practices. A follow-up study is underway to see how the prescribing has changed since the rules went into effect.

Of all the opioids prescribed in Vermont, most are being prescribed in primary care settings for chronically painful conditions.

"How to best manage chronic pain — that's where we need to go next," says MacLean. "Chronic pain is so complex, and people's experiences are so different." To this end, the Office of Primary Care is offering education and support to primary care offices in Vermont using a case-based approach that was developed at the University of New Mexico, called Project ECHO. This virtual mentoring and information sharing network brings a multi-disciplinary team of experts to a cohort of primary care physicians around the state to help solve specific patient problems.

translated into hesitation. But when Fisher invited a patient of hers to meet the group, someone who had slid into addiction after being prescribed painkillers for an injury, the conversation shifted.

"He told his story and it was so powerful," she says. "It refocused people and reframed the problem. This is our community we're talking about."

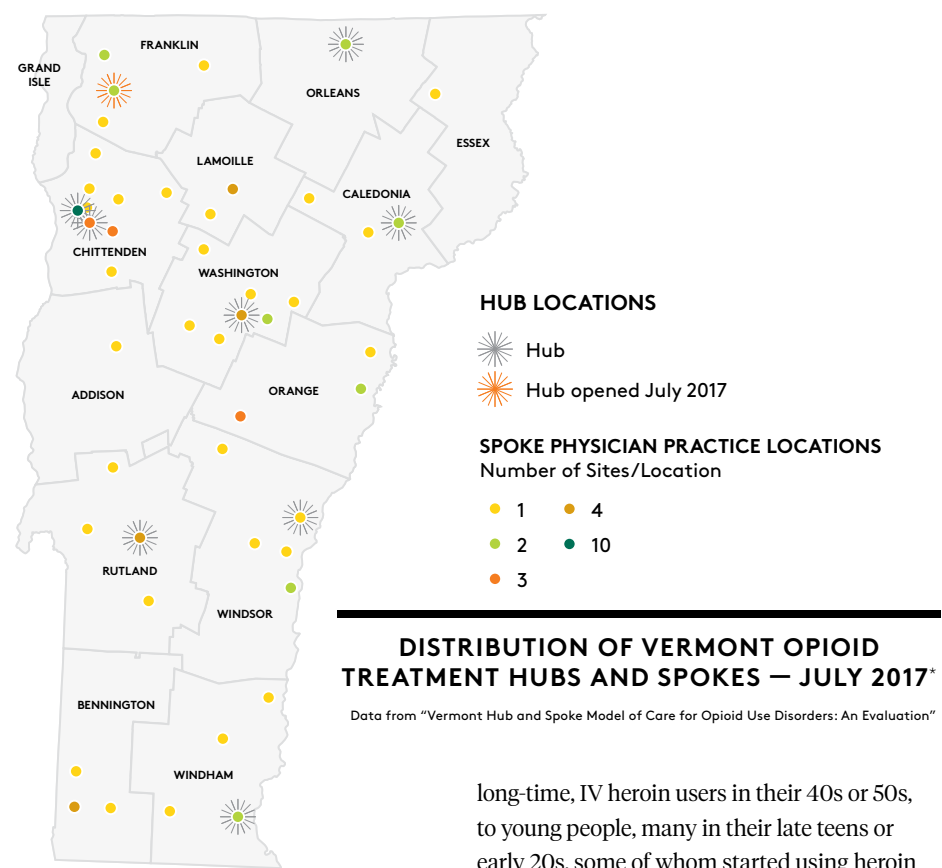
She credits her patient with helping to spur expansion of the spoke network as leaders took his story to heart and recognized the need. Those early conversations also fostered what was to become another key component of the hub-and-spoke: the Addiction Treatment Program (ATP), directed by Sanchit Maruti, M.D.'10, assistant professor of psychiatry at UVM. Conceived as a bridge between the intensive treatment in the hubs and the outpatient experience of the spokes, the program is designed to support primary care physicians and help patients move from one environment to the other.

"The goal is to have patients go to the ATP to be stabilized before going to the spoke," says Fisher. "And if they fall off the wagon, they can go back to the ATP. It's a way to manage the flow of patients."

This continuity of care is in part what makes the hub-and-spoke unique, says UVM Associate Dean for Primary Care **Charles MacLean, M.D.** Primary care doctors are embracing medication assisted treatment "like any other tool," he says, and the long-term relationships they are able to develop with patients are leading to positive outcomes.

A watershed moment came in September of 2017 when Governor Phil Scott convened a press conference to announce that the wait list for medication assisted treatment in Chittenden County had been eliminated, and that patients in all 14 Vermont counties could receive immediate treatment for opioid addiction.

Now, the state boasts six hubs and over 75 spokes across the state. Capacity for treatment of opioid use disorder in Vermont is higher than anywhere else in the United States, with 13.8 patients potentially treated per 1,000 people, according to a 2017 paper in the *Journal of Addiction Medicine*. As the first opioid treatment program in the U.S. to receive Medical Home status from the National Committee for Quality Assurance, the Chittenden Clinic leads the way for hubs. And UVM Medical Center residents in specialties including family medicine, internal medicine, obstetrics and



gynecology and psychiatry are trained to prescribe buprenorphine, so that many of the state's newest physicians provide treatment from day one.

It's a model worthy of export, says Brooklyn. Over the past two years he has been to California, Colorado, and even Vietnam to consult on how to set up similar systems. At a presentation at the annual meeting of the Association of American Medical Colleges in November 2017, Brooklyn was asked, "So how long are your wait times for treatment in Vermont?" When he replied that there were no wait times, an audible gasp was heard from the audience.

"We're breaking down silos and putting a lot of emphasis on primary care homes," he says. "Financially, it's a viable model. A lot of people are saying 'wow you are treating everybody, and saving money, and your overdose rate is low.' How often in medicine do you get pretty good evidence that something is working like that?"

### FRONT LINES OF RESEARCH

As director of the Chittenden Clinic since 2004, **Stacey Sigmon, Ph.D.**, has been at the front lines of the opioid epidemic. She's seen the population seeking treatment shift, from



UVM Associate Professor of Psychiatry Stacey Sigmon, Ph.D.

UVM has also been at the frontlines of testing long-lasting formulations of buprenorphine, including an implant that delivers the drug for up to six months. The device, approved by the FDA two years ago, has "huge potential for rural areas," says Sigmon.

The goal is to get treatment to patients who need it, in a way that's appropriate for their needs.

In this, Vermont has set the stage for more innovation to come.

After gathering data from patients and providers across Vermont, Richard Rawson, Ph.D., says there's no doubt the hub and spoke system is changing lives, even as the state continues to work on improvements like the integration of mental health care and additional support for family. The data tell one part of the story: Patients in both hub-and-spoke settings reported a 96 percent decrease in opioid use, including a 92 percent drop in injection drug use. Patients' lived experiences tell the rest of the story.

"The dynamic for many of these patients is about their relationship with their doctor," says Rawson. "Everything else is nice. Even the medicine gets rated as less important than the relationship they have with their physician. That's different. We've never seen that before."

Treating patients at the Community Health Centers of Burlington, Heather Stein, M.D., understands the value of those relationships. Not only is she helping patients, she is introducing medical students entering their family medicine clerkship to this new way of treating opioid addiction as part of primary care. In this, she sees their leadership potential as they go on to practice medicine across the country.

"They have this incredible ability to be ambassadors," she says. "Like Dr. Brooklyn here, they may go on to other places and start a fire." **VM**



A portrait of Dean Rick Morin, an older man with white hair and glasses, wearing a dark blue pinstripe suit, white shirt, and blue tie. He is smiling and looking towards the camera. The background is a blurred view of a modern building with large windows.

# THE SUMMIT VIEW

**As his eleven-year tenure  
nears its end, Dean Rick  
Morin reflects on the high  
points of his time at the  
helm of the Larner College  
of Medicine, and looks at  
the landscape ahead.**

#### **VERMONT MEDICINE:**

When you first came to UVM in 2007, you said that you felt that your career up to that point had prepared you well for this next step in your career. Do you still feel that way today as you reflect on your tenure as dean?

#### **RICK MORIN:**

A good deal of my career had prepared me. I'd seen many of the pieces as a division chief, department chair, interim dean, and a pediatrician-in-chief. The difference with the deanship is that the scope of the job is so much larger. You're maintaining relationships with a broad audience — with UVM Health Network, the UVM Medical Center, the physician group, the University, and the other colleges, and with the State of Vermont, the legislature and the Vermont Medical Society. All that in addition to the relationships here at “home” — the faculty, staff, students, and alumni. So you have this much broader view as dean. Many people at the institution have discrete areas of responsibility. The dean, in some ways, is the only one who's responsible for the whole thing. I had some experience with this as the interim dean in Buffalo, but it's even more complicated here in some ways because of the importance of this College within the state.





Meeting with medical students over lunch in 2009.

**VM** So you could feel prepared for that, but still have things to learn?

**RM** You're never really prepared until you just start doing it. I had been told, when you're the dean, you're no longer playing an instrument, you're the conductor. And that's true. Right? You can't focus on being the best at any single function of the College. You've got to keep your eye on the whole thing, keep the connections going, and provide the environment people can thrive in.

**VM** Eleven years is a long tenure for a dean. You've been involved in so much, but when you look back on your time here, are there a few high points that stick out above the rest?

**RM** Well, of course, the biggest is the fact that we've named the College. That was the culmination of years of relationship building with a dedicated donor. Very few deans get to experience that sort of change in the course of their deanship, so I feel fortunate to have been able to. Two major alumni in the last ten years have left the College the bulk of their considerable fortunes -- Dr. Larner and Dr. Tom Sullivan, for whom the Sullivan Classroom is named. That's a very seldom-seen occurrence, and a measure of the gratitude these men felt toward their alma mater. And we've used their support to build an innovative educational program.

Besides that, some of the other significant point are things that may not be so visible, like the major revision of our faculty handbook, a really fundamental element of an academic

community. And we've greatly improved and strengthened the relationship among the College, the Medical Center, and the University with our renegotiated affiliation agreement. Those aren't things that happen in the public eye, but they're vital to the success of the institution.

**VM** You also implemented an extensive strategic planning process, didn't you?

**RM** Yes. The first one we completed, across the institution, was the diversity and inclusion plan. We actually executed that first five-year plan and instituted a new one looking ahead. We did the things we said we were going to do and I'm proud that we have the most diverse student body in the history of the University of Vermont. There's certainly more work to do, and our current five-year plan will help guide those efforts.

When we made plans, we executed the plans. We weren't always successful. We always did what we said we were going to do and, most of the time, it actually worked. And in the end, it's the execution of the plans that counts — getting everybody together, crowdsourcing ideas, getting cohesion and commitment, and then making it real. I hope this has encouraged a culture of collaboration, and nimbleness, so that we can take advantage of opportunities that come up.

**VM** Back in 2007, when you first arrived here, you noted enhancing educational programs as something that was going to be a key focus.

**RM** And that's something that was way beyond my personal expertise. But we have people here who are very strong educational leaders — Lewis First, and then Bill Jeffries — who have been great to work with. When Bill Jeffries came to me and said "Here's the data on where we ought to be going," it was hard to argue with 250 studies that all pointed toward the immense value of active learning.

Dr. Larner's gift has accelerated our work dramatically, but we were going in that direction already. Dr. Larner challenged us to go further, and provided us the resources to do that. We've been able to accomplish our goals even faster than we'd planned, and I do believe the medical education we offer here will be second to none. A year after the Larners' gift, we had a five year plan, and almost immediately we jumped to year three of the plan. By year three we hoped to start telling the world where

we were. By the end of one year, the world already knew. I think there is no college of medicine that in the last few years that has received as much national and international recognition for their educational program. I have never seen anything like it in my career. We have a compelling story.

Along with our active learning work, we've built a Teaching Academy to help faculty develop teaching techniques and study the results, and keep improving our efforts. That's an unprecedented thing.

**VM** This dovetails very interestingly with your relationship with alumni. You've spent a lot of time over the last decade getting to know our graduates. It's interesting that one of our oldest alumni was most influential in making possible the most modern of teaching reforms.

**RM** Our alumni feel involved. That's why we consistently rank so high in alumni support and engagement. Bob Larner was an example. He was a person who wanted to see results, and I understand that. That was true when he first started supporting student loans and scholarships — he wanted the data on how that was helping. We kept showing him the results. I think it was the confidence in our ability to produce results, and his gratitude for where his medical education had taken him, that guided his incredible generosity.

**VM** That also led to improvements in our Clinical Simulation Laboratory, didn't it?



Leading a tour of the Given Courtyard construction in 2009.

**RM** And to our knowledge, and we surveyed medical school sim centers, our is the busiest one in the country. We actually teach more students, in more hours. Others may be bigger and shinier, but ours is actually used. And it actually has an impact with the students.

**VM** Another challenge you've faced is building clinical education opportunities.

**RM** Yes, that was certainly a challenge. It was a real loss for us when we lost Maine Medical Center. But we rebounded from that quickly. We set up agreements with other places with substantial clinical foundations. And we also managed, as part of that, to find a much more diverse population of patients, and of physicians and educators, to work with our students. ...Which was an unexpected positive outcome, I think. That was something that Maine didn't offer. Bill Jeffries just really scrambled to make that happen. There were ups and downs. There were challenges, and we had to meet those challenges, but our partners worked with us.

**VM** And now we're at the point where we have a branch campus.

**RM** Now we have a formal branch campus, with Western Connecticut Health Network, recognized by the state of Connecticut, and by the LCME, our accrediting body. And there's actually a potential for growth of that now with WCHN's merger with Quest, which has four more hospitals on the other side of the Hudson River.

And meanwhile our program with St. Mary's in Florida is thriving. It's one of our highest-rated clerkships every year.

**"BUT YOU'RE NEVER REALLY PREPARED UNTIL YOU JUST START DOING IT. I HAD BEEN TOLD, WHEN YOU'RE THE DEAN, YOU'RE NO LONGER PLAYING AN INSTRUMENT, YOU'RE THE CONDUCTOR. AND THAT'S TRUE. RIGHT? YOU CAN'T FOCUS ON BEING THE BEST AT ANY SINGLE FUNCTION OF THE COLLEGE. YOU'VE GOT TO KEEP YOUR EYE ON THE WHOLE THING, KEEP THE CONNECTIONS GOING, AND PROVIDE THE ENVIRONMENT PEOPLE CAN THRIVE IN."**

— DEAN RICK MORIN



Vermont Senator Bernie Sanders speaks with Dean Morin in 2010.

**VM** And you've overseen the formation of longitudinal integrative clerkships.

**RM** That was an attempt to do more, in a setting like those in the smaller hospitals in our network, where it's almost impossible to do a traditional clerkship, but over a year, with a broad panel of patients to follow, it can be very successful. We stated piloting it with Hudson Headwaters Health Network a year ago, and our first group of students did incredibly well. We have four more students there this year and we're working on doing another LIC at Central Vermont Medical Center next. If we can train students like that in Vermont, that's great, and this is what we're working to do — using the network to expand clinical education.

**VM** Among the changes you've seen is the formation of that very network, the UVM Health Network—

**RM** Well, that's something that's foundational, that fundamental relationship. You can't be a medical school unless you can teach clinical medicine, and you can't teach clinical medicine unless you have a substantial clinical foundation in which to do it. It takes an amazing number of patients to train a medical student. I remember when we started rewriting the affiliation agreement with [UVM Health Network CEO] John Brumsted. We rewrote that and it was dramatically better for both of us, I think. We became much better connected. It worked for us clinically and in education, and led to us merging our development efforts, which has been very successful. We're unquestionably functioning better than ever. I give John Brumsted credit — he recognized the value of being a university medical center, where it all comes together: the teaching, the research, and the patient care.

**VM** You've also seen, in your time here, the rise of the accountable care organizations—

**RM** And that's an area where John Brumsted and I really drank the Kool-Aid. (laughs) We both believed in this idea of value-based reimbursement, where you're incentivized to get better outcomes. And we're aligning with the clinical operation. One of our strategic plans



was to develop health care services research. We have about 15 million dollars a year of such work going on, and we've hired a leader, Adam Atherly, to organize that. We have a commitment to go forward with creating a data warehouse, and that clinical data will help us see how to control costs and get better outcomes. We've already had experience with that via VCHIP [the Vermont Child Health improvement Program]. Vermont can be a leader on this, and affect health care delivery far beyond our borders.

**VM** It's also been a challenging landscape for research over the last ten years.

**RM** We receive a very modest amount of state support. And if you look at the return on investment that we make to the state, we return about eight to nine dollars per dollar of investment. The average public medical school returns about a dollar. We are nine times higher than average. So we are incredibly productive at what we do. And if you also look at spinoff corporations from the University of Vermont, the vast majority originate at our College. What we do is important for the economy. Our research is a big engine. Our research also brings in clinical trials for devices and drugs and diagnostic tools that just, frankly, would not be available in the state otherwise. Vermont is in the top ten states in research

money per capita, and we're the driver of that. A year after I came here, in 2008, we got hit, as everybody did. There were a lot of things that could have gone wrong then. But we got through all that. We've held our own in research and we have grown it recently. And the work we do is world class.

With that in mind, it's important for us to consider the state of our facilities. Given is our biggest building, and it's nearly 60 years old. The research world has changed since then. Even if we had kept this place pristine, it wouldn't be adequate for today's science and equipment. So our plans are to put up a new building and then we're going to completely rehab Given.

**VM** And this leads into graduate education too—

**RM** It definitely impacts graduate education. We need better space to perform the research, and we should be able to do 30 percent more with the same amount of space because it's so much more efficient. That investment is also a huge recruiting tool for doctoral students, junior faculty, senior faculty. It functions as a recruitment and retention tool. Graduate education in the natural sciences, certainly in medicine, is built upon good, funded, published ongoing research. If you have that going on, then it's a wonderful



Presenting Robert Larner, M.D.'42 with a photo of current Larner Scholars in 2013.

environment in which to teach Ph.D. students. If you don't have that going on, you can't. The research is a foundation for having robust Ph.D. and post-doctorate programs. The research is first, and you build the educational programs on top of that. We need to build the next generation of biomedical scientists, recruit them, and retain them.

**VM** Returning again to things you said when you first came to UVM: you said you loved the fact that all the different components of the University and the academic health center were so close — that you could walk to the President's office or the medical center CEO's office in a matter of a few minutes. Clearly, that physical proximity has turned into a personal proximity with the people in those offices.

**RM** That just enhances and improves the opportunity for good relationships. And that has happened, you know. We can get things done just more rapidly because there's a longstanding trust there with my fellow leaders. In some ways, it's the same thing with the alumni — it's a sense of trust that's developed. You don't give your hard-earned money to somebody that you don't trust. They can see what we've done. That's why we're going to meet or beat our \$200 million goal for this campaign. And sure, we had the Larner gift, but more than half that goal came from a broad array of other alumni and friends. It's been a wonderful thing to work with alumni and find

their passion and help them do things, create things, for their medical school.

**VM** You also seem to have really embraced Vermont.

**RM** Oh, yes. It's a great place to live. Tracy and I love it. I love the outdoors — hiking, biking, skiing, fishing, climbing mountains.

**VM** So you're not going away. Is the path ahead clear?

**RM** I'll have a sabbatical — the first one I've ever taken in my career. And I've been talking with the president and provost about projects they would like to have done that I might help with. And I'd like to continue my relationships with alumni.

**VM** As you said when you made the announcement last August, there are more peaks for you to climb.

**RM** There always are. I like go out and climb mountains and I like to get to the top. I remember many years ago, running with a friend of mine, and talking about our careers. And I said I wanted to find something I could devote myself to, work hard at, and reach the end of it completely spent. Well, I found it, and I've reached what I feel is a good stopping point. But I'm not spent! The job's never really done. So we'll get a new dean who'll bring their own passion to it. I feel we've done a lot and set a foundation for a lot more to come. I'm confident of that. **VM**



Assisting at the Class of 2016 White Coat Ceremony.



## MORE MOUNTAINS

When he's not busy leading the UVM Larner College of Medicine, Dean Rick Morin likes to engage in challenging outdoor activities, so it was only natural for him to choose winter mountaineering as the focus of his fundraising campaign — "Three Peaks in Four Weeks" — in honor of the Class of 2018 and their Match Day.

Launched one month out from Match Day on February 16, 2018, the campaign consisted of three milestones at which Morin pledged to climb a mountain and contribute funds for the 2018 Match Challenge. Originally, Morin set his sights on summiting Vermont's three tallest peaks — Camel's Hump, Killington, and Mount Mansfield. But after reviewing the routes, he decided to replace the less-challenging Killington with Mount Marcy in New York's Adirondacks and altered his plan to the three tallest peaks that can be seen from campus.

Morin challenged 375 medical alumni to make donations during this campaign. After the first 100 donations were logged, he summited Camel's Hump -- and donated \$2,500 to the College of Medicine Fund.

"Camel's Hump can be an easy hike, with good conditions," said Morin, who completed the hike following the Forest City trail to the Long Trail to the summit, which he explained makes the hike 50 to 100 percent longer and more difficult. An experienced winter climber, Morin wore a combination of layers for his mountain ascents and descents. Upon reaching the tree line, he added a windbreaker and down jacket to provide protection from the winds and colder air at the summit.

With the Match Challenge campaign's surpassing 200 medical alumni donors, Morin took on a second peak — Mount Mansfield. His first attempt was solo and more challenging than expected. He opted to take "the road less traveled" and found a trail that was abandoned



At top, Dean Rick Morin holds the "Move Mountains" campaign banner atop Camel's Hump. Above, Morin on the trek up Mt. Marcy.

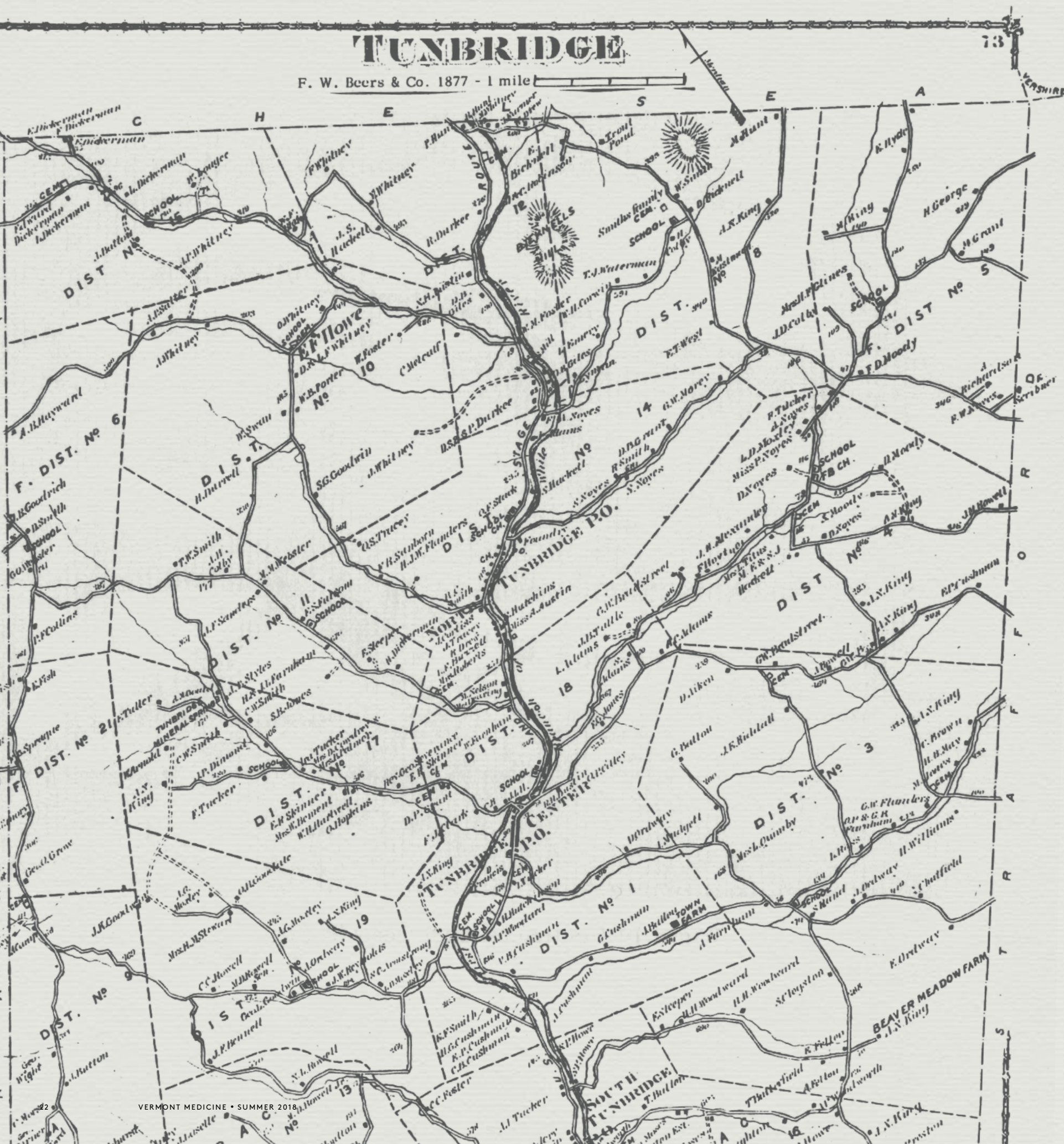
in the early 1960s, around the same time when the Given building was built. Due to deep snow and waning daylight, he had to return to the base before reaching the top. However, his second attempt, with friends, was successful, and was followed by a \$5,000 gift.

Alumni donor number 375 came through the morning of Match Day, and prompted Morin's final trek up Mt. Marcy a few days later, and his final gift of \$7,500 for a total of \$15,000 to support student scholarships and wellness.



See a video of the "3 Peaks in 4 Weeks" challenge at:  
[www.med.uvm.edu/vtmedicine](http://www.med.uvm.edu/vtmedicine)





# The Tunbridge Docs

BY CAROLYN SHAPIRO

One small town, four lives in medicine

**T**he Town of Tunbridge is known for its bucolic landscape and breathtaking fall colors, as well as its annual “World’s Fair,” but this Vermont enclave of about a thousand residents boasts another distinction.

It produced four doctors who got their early education in its one-room schoolhouses and went on to medical school at the University of Vermont. All four grew up on family farms, milking cows and pitching hay, and developing a strong work ethic. All of them ended up practicing medicine in small communities, translating the cohesive experience of rural life to their careers.

“I just made the assumption that people took care of other people,” says **John Ouellette, M.D. ’60**, who now, at age 84, lives near Madison, Wis. He did four years of residency in internal medicine at The University of Wisconsin Hospitals, and subsequently practiced as an allergist and immunologist, opening clinics all over the state.

At UVM he followed in the footsteps of Tunbridge natives **Royal Whitney, M.D. ’30**, and of **Harry Howe, M.D.**, and **Luke Howe, M.D.**, first cousins who both graduated in 1952.

Ouellette credits his mother, Dora Ouellette, with his interest in medicine. She worked as a nurse practitioner and midwife, seeing nearly every Tunbridge resident at some point, alongside longtime local physician William Mitchell. They handled home births, including the delivery of Harry Howe in 1921.

“She would ride in the ambulance” with a patient going to the hospital, Ouellette says today of his mother. “She would stay with people who were sick and dying or getting better.”

All four Tunbridge-raised doctors possessed that same passion for hands-on patient care. Royal Whitney was the youngest of nine children. His father was “a quintessential Vermont farmer” who wanted his sons to follow in the family business, says Whitney’s niece, Dorothy Yamashita.

Her uncle wanted to go to college at UVM, but his father expressed skepticism. “Grandpa gave Uncle Roy a dollar and said, ‘Good luck,’” she says. Somehow Whitney found the money, and, after graduating medical school opened a family practice in White River Junction. People Yamashita meets from the Upper Valley often will tell her that her uncle delivered them.





John Ouellette, M.D.'60 standing amidst the trees on his Wisconsin tree farm.

Over the years, Yamashita heard stories about her uncle's equitable and compassionate approach to his patients. "He would treat you even if you didn't have any money," she says. "He got paid in potatoes many times in his early years."

Whitney served in the U.S. Army Medical Corps during World War II. He practiced medicine into his 80s and died in 1998 at age 91. His son, Phil Whitney, also became a physician and attended the College of Medicine in Ouellette's class.

Harry Howe and Luke Howe, like Royal Whitney, went to UVM as undergraduates. Harry then served in the Army during World War II, was captured as a German prisoner and released at the end of the war, in 1945. His older brother, Ernest, lost both legs on D-Day.

Harry married his sweetheart, Theo, and taught high school math and science before applying to the College of Medicine in 1948. According to letters he included in his book, *A Journey from Tunbridge*, then-Dean W.E. Brown, M.D., expressed doubts about Harry's ability to pass a prerequisite course in organic chemistry with at least a B grade during his summer break, in order to qualify for admission. Harry passed as required and joined the first-year medical students that fall.



The interns and residents of Burlington's Mary Fletcher Hospital, circa 1952. Harry Howe, M.D.'52 in back row, far right, and his cousin Luke Howe, M.D.'52 in front row, far right.

Luke is four years younger than Harry. The Howe cousins did their post-graduate internship — a requirement before residency back then — at Mary Fletcher Hospital, a precursor to UVM Medical Center. Harry Howe discovered he loved surgery, and stayed at Mary Fletcher for his general surgical residency.

"As in each specialty with which we became involved, we worked directly with the attending physicians, including the chief of the service," he wrote in his book, a substantial memoir he published in 2012. "This, I believe, is an advantage in training with a smaller medical center as compared to the large center where there is little or no contact with the top-level physicians."

After residency, Harry started his practice in Massena, N.Y., far north on the St. Lawrence River, hoping to improve care in a rural area that needed skilled physicians. About a year later, he moved with his wife and two children to Canton, N.Y., where he practiced for almost 30 years before retiring. He and his wife traveled all over the world, bought a farm in Louisville, N.Y., then returned to Vermont to be closer to their grown children.

Luke Howe started a family practice in Chelsea, Vt., with classmate and close friend Brewster Martin, M.D.'52. During medical school, Martin and his wife lived upstairs in Harry and Theo Howe's house in Burlington. Martin and Luke Howe also founded the Chelsea Nursing Home, which became the Home for the Aged in Chelsea Village.

For four years, Luke served as director of health for the Trust Territory of the Pacific Islands, now known as the Federated States of Micronesia. Back in the States, he practiced in Newfane, Vt. His wife, Pat, was his office nurse and bookkeeper. He served as a U.S. Coast Guard staff physician in Connecticut and Maryland and eventually retired with his wife to Florida.

Luke Howe had a sharp sense of humor, Yamashita says. When she asked him about practicing medicine, "He would be flippant and say, 'That's why they call it a practice, because we don't know what we're doing!'" she recalls.

Yamashita has a connection to all four physicians. Luke Howe is her first cousin; his mother is her father's and Royal Whitney's sister.

Yamashita and Harry Howe attended the same one-room school, South Tunbridge, where he was several grades ahead of her. Today, both the Howe cousins and Yamashita live at Harvest Hill Retirement Community in Lebanon, N.H., which Royal Whitney helped to establish in the 1980s.

In 1945, after Yamashita's sophomore year in college, she took a teaching job at Tunbridge one-room school Number Three, where Ouellette was in eighth grade. Ouellette had polio at age 2, temporarily paralyzing his left side and leaving his left leg shorter than his right. What he lacked in stature he overcame with intellect, Yamashita says.

"His brain was so advanced," she says. "Any assignment I gave him, he had it done before it was due. ... And then he would help the other kids, which is what you do in a one-room school."

At age 10, Ouellette would trudge down the road in the morning to light the wood stove that heated his school. He figured he'd spend his life as a farmer, but by his teen years, the physical difficulties from polio became apparent. "I was smaller. I was weaker," he says. "I couldn't do the job."



Above, cousins Luke Howe, M.D.'52 and Harry Howe, M.D.'52, in the late 1990s. At right, the UVM yearbook page of Royal Whitney, M.D.'50. Below right, The one-room "School No. 3" John Ouellette, M.D.'60 attended in his youth.

Three of the four doctors attended the nearby South Royalton High School. Ouellette played the saxophone and considered becoming a jazz musician. His music teacher and a local priest, though, pushed him toward college.

"People who were educated saw something in me that my parents had no way of knowing," he says. "I never thought of myself as being smart."

The priest helped him get into St. Michael's College in Winooski, Vt. During his pre-med undergraduate years, Ouellette worked nights in a laboratory at Fanny Allen Hospital, now part of the UVM Medical Center, and lived at the hospital with interns and residents. He says he never considered studying medicine elsewhere.

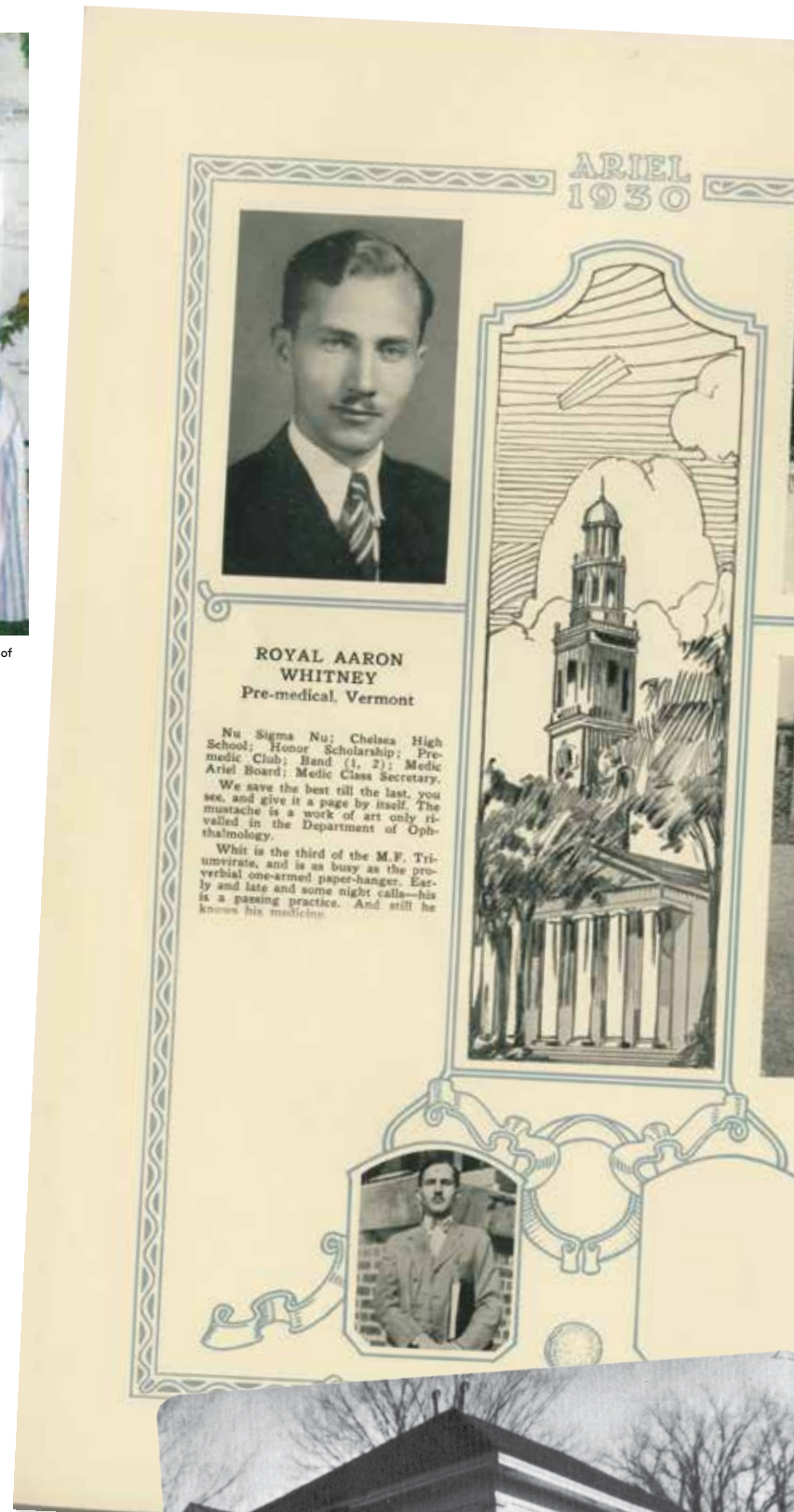
"I had to toe the line, because it was a very demanding medical school," he says, noting that only 40 of 50 original students in his class graduated. "We worked hard."

In his first year of a four-year residency in internal medicine, Ouellette met a nationally renowned allergist, Charles Reed, who awoke his interest in that specialty. "I loved the key functions," he says. "I loved the anatomy and the physiology of the lung."

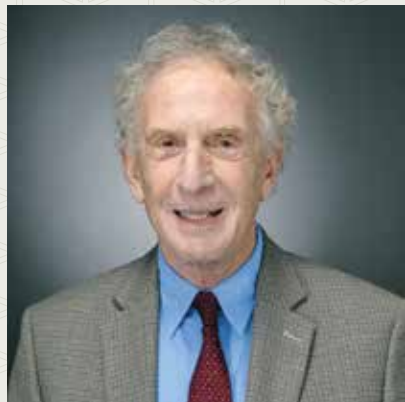
Ouellette completed a two-year fellowship in his specialty, then served a two-year military requirement at Walter Reed Army Medical Center in Washington, D.C. Back in Wisconsin, he expanded his allergy and asthma clinic to 22 satellite offices and joined the University of Wisconsin medical school faculty. Later, Ouellette became an expert in building science and environmental air quality."

After retiring at age 69, Ouellette and his wife have devoted themselves to raising prized black walnut trees on their Dayton Ridge Tree Farm. He remains close — "like brothers" — with his medical school roommate, Dick Caldwell, a general surgeon in Chicago, and classmate John "Jack" Stetson, M.D.'60, who helped Ouellette during his recent knee replacement. For Ouellette, that modern medical miracle is just another reason to be thankful.

"Just look at what medicine has done for me," he says. **WM**







**“WHEN WE LEAVE A PLACE  
WE LEAVE SOMETHING  
BEHIND AND WE CARRY  
SOMETHING WITH US.  
AS ALUMNI WE HAVE  
LEFT BEHIND PART OF  
OURSELVES, EACH ONE  
OF US ADDING TO THE  
PERSONA OF THE LARNER  
COLLEGE OF MEDICINE. ”**

When we leave a place we leave something behind and we carry something with us. As alumni we have left behind part of ourselves, each one of us adding to the persona of the Larner College of Medicine.

We have also carried away something with us; the way we have been taught, the signature of the College. Some have called it the heart of medicine; the way we listen to patients and the empathy of our responses.

I returned to the College as president of the UVM Medical Alumni Association and had the greatest pleasure knowing that “the way” is still present, taught, practiced and even fine tuned into computer practice, but not replaced by it. I say with gratitude, my best to Dean Rick Morin who leaves with wonderful successes and accomplishments after his 11 years leading our College. I am grateful for his wisdom, for his ability to expand the College and to lead its vigorous growth without losing “the way.” I am grateful for his ability to be the Dean who creates, who sets the high water mark by example. Dean Morin, my personal best to you as you continue to reach new heights in all your future endeavors.

Finally, it is my distinct honor to pass the torch of the presidency of the UVM Medical Alumni Association to my fellow alum and friend, Dr. Betsy Sussman, from the Class of 1981. Dr. Sussman is a radiologist at the University of Vermont Medical Center, a class agent for her medical class of 1981, and has been a member of the Medical Alumni Executive Committee since 2007. She also has a distinguished family legacy with the College. Her uncle, Dr. Ralph Sussman, from the Class of 1938 was one of the original founders of the UVM Medical Alumni Association! Dr. Betsy Sussman begins her term as President on July 1, 2018 and I know the Medical Alumni Association will be in great hands under her leadership.

**FREDERICK MANDELL, M.D. '64**  
President, UVM Medical Alumni Association

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TO THE FALL!**

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**Alumni Executive Committee**

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**PRESIDENT-ELECT**  
Betsy Sussman, M.D. '81 (2016–2018)

**SECRETARY**  
Omar Khan, M.D. '03 (2016–2018)

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Ernest Bove, M.D. '81 (2012–2018)  
Mary Cushman, M.D. '89 (2012–2018)  
Sean Diehl, Ph.D. '03 (2016–2022)  
Seth Dorsky, M.D. '10 (2017–2020)  
Janice M. Gallant, M.D. '89 (2015–2021)  
Albert Hebert Jr., M.D. '74 (2015–2021)  
Christopher Hebert, M.D. '02 (2015–2021)  
Suzanne R. Parker, M.D. '73 (2016–2022)  
Heidi K. Schumacher, M.D. '10 (2015–2021)  
Michael Upton, M.D. '94 (2015–2021)  
Pramila Yadav, M.D. '99 (2015–2021)

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Dean Frederick C. Morin III, M.D.  
Kevin McAteer, UVM Foundation

If you have news to share, or updated contact information, you may submit it at [go.uvm.edu/infoupdate](http://go.uvm.edu/infoupdate). You may also contact your class agent or the Development & Alumni Relations office at [medalumni.relations@uvm.edu](mailto:medalumni.relations@uvm.edu) or (802) 656-4014.

## 1970s

REUNION 2019: 1974 + 1979

**'73 David L. Bronson** was one of 25 U.S. physicians elected to Fellowship in the Royal College of Physicians of London, which celebrated its 500th anniversary in 2017. He attended the induction ceremony in September of 2017.

**'75 Lorraine Racusen** and her husband, Richard, who received his Ph.D. from UVM in 1975, are both retired, from Johns Hopkins and the University of Maryland respectively, and living in the Baltimore area. Lorraine still does committee work, reviews journal manuscripts, and attends meetings and gives lectures nationally and internationally. Their sons, Chris and Darren '11, live near San Francisco with their families, including new granddaughter Lucy Suji Yi-Racusen, so many trips to California. “Always happy to hear from fellow classmates!”

**'78 Jonathan B. Hayden** writes: “I am planning to attend the class reunion in June!”

**William John Spina** says: “Hi everybody! After 35 years of operative orthopaedics now doing very boring IME’s. Looking forward to 40th reunion next year. Tucked away safely in the Kingdom. Love you all!”

## 1980s

REUNION 2019: 1984 + 1989

**'81 Susan Torrey** reports: “My work colleagues know about this, but for family and friends let me share a tremendous surprise and honor that I recently received... the Massachusetts ACEP emergency physician of the year! I am humbled and overwhelmed!”

**'82 Robert D. Harris** says: “Finishing a year + year at U staff Iowa, moving onto U Washington staff in Seattle, where I did my fellowship 32 years ago! Anyone in town please look me up.”

Sally and **David Murdock** were recently honored by the Montana Academy of Dermatology for their many years of service as president and executive director, respectively.

Also, at the annual meeting in Big Sky, Mont. the “Murdock Lectureship of Medical Dermatology and Clinical Excellence” was established.

**'86 Joseph A. Bosco, III, M.D.,** became second vice president of the American Academy of Orthopaedic Surgeons (AAOS) Board of Directors at the organization’s 2018 Annual Meeting. His new role is the first in a four-year term of volunteer service that includes serving as president of the Academy in 2020–21. Dr. Bosco is a professor and vice chair for the Department of Orthopedic Surgery at NYU Langone Health. He specializes in sports medicine, total knee replacement, shoulder and elbow surgery.

**'87 Janet S. McAuliffe** writes: “I am now single. Both boys are married, ages 37 and 39, and each have a boy and a girl! So I have four grandchildren: Norah, age six; Declan, age four; Ian, age three; and Elise, age one. I work Locums jobs now so life is still busy.”

**'89 Janine Taylor** has been promoted to medical director of Kennebec Behavioral Health (KBH), a mental health and substance abuse services organization in Waterville, Maine. She has worked at KBH for nearly 15 years, providing psychiatric evaluation and treatment for children. In 2011, she was appointed assistant medical director, adding supervisory and administrative duties to her ongoing clinical duties.

## 1990s

REUNION 2019: 1994 + 1999

**'95 Lynn M. Hietala Wickberg** writes: “Over the past five years, life’s journey has included retirement from medical practice, completion of a Master of Divinity at Eden Seminary in St. Louis, and ordination in the United Church of Christ (UCC). Am currently a pastor in N.H.”

**'99 Michael Eng** joined the Community Care Network, Inc. (CCNI) of physicians as a cardiothoracic surgeon in February of 2018. The CCNI physicians of Community Healthcare System are closely affiliated with Community Hospital in Munster, Ind., St.

Catherine Hospital in East Chicago, Ind., and St. Mary Medical Center in Hobart, Ind. Prior to this appointment, he served as an attending surgeon and assistant professor at Loyola University in Chicago and as chief of cardiothoracic surgery at Hines VA Medical Center in Illinois.

## 2000s

REUNION 2019: 2004 + 2009

**'01 Alan Cook** is enjoying living in Arizona and has been promoted to Clinical Associate Professor in the Department of Surgery at the University of Arizona College of Medicine-Phoenix campus.

**'09 Meg Greenleaf** writes: “**Sean Toussaint** and I just had our first child, and we’re thrilled to trust her care to our classmate, **Anna Carlson McCloy**. As two former Freeman scholars and a Maine student, we’ve all returned to Vermont to practice in the Rutland area.”

## COLLEGE EVENTS

**AUGUST 13–17, 2018**

Orientation for the Class of 2022

**OCTOBER 6, 2018**

Fall Alumni Executive Committee meeting  
UVM Med Campus

**OCTOBER 5, 2018**

White Coat Ceremony for Class of 2022

For updates on events see:  
[med.uvm.edu/alumni](http://med.uvm.edu/alumni)

Larner College of Medicine graduates are also members of the UVM Alumni Association. See those events at:  
[www.alumni.uvm.edu](http://www.alumni.uvm.edu)

## UVM CONTINUING MEDICAL & INTERPROFESSIONAL EDUCATION

UPCOMING CONFERENCE SCHEDULE

**PRIMARY CARE AND  
BEHAVIORAL HEALTH  
CONFERENCE**

September 27–28, 2018  
Hampton Inn  
Colchester, Vt.

**WOMEN’S HEALTH AND  
CANCER CONFERENCE**

October 5, 2018  
DoubleTree Hotel (formerly the Sheraton)  
Burlington, Vt.

**16TH ANNUAL NORTHERN NEW  
ENGLAND CRITICAL CARE  
CONFERENCE**

October 11–13, 2018  
The Stoweflake Hotel  
Stowe, Vt.

**ADVANCED DERMATOLOGY  
FOR PRIMARY CARE**

October 18–21, 2018  
Hilton Hotel & Conference Center  
Burlington, Vt.

**NEUROLOGY FOR THE  
NON-NEUROLOGIST**

October 26, 2018  
Portland, Maine

**NORTHERN NEW ENGLAND  
NEUROLOGICAL SOCIETY**

**ANNUAL MEETING**  
October 26–27, 2018  
Portland, Maine

For information contact:

**UNIVERSITY OF VERMONT  
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EDUCATION**

401 Water Tower Circle, Suite 102  
Colchester, VT 05446  
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[www.med.uvm.edu/cme](http://www.med.uvm.edu/cme)



2018

# Medical Alumni Association Awards

The MAA Awards are presented every year at the Celebration of Achievements Ceremony at Reunion. Full biographies of the awardees can be found at [www.med.uvm.edu/alumni](http://www.med.uvm.edu/alumni)

### A. BRADLEY SOULE AWARD

Presented to an alumnus/a whose loyalty and dedication to the College of Medicine most emulate those qualities as found in its first recipient, A. Bradley Soule, M.D.'28.

### DISTINGUISHED ACADEMIC ACHIEVEMENT AWARD

Presented to alumni in recognition of outstanding scientific or academic achievement.

### SERVICE TO MEDICINE AND COMMUNITY AWARD

Presented to alumni who have maintained a high standard of medical service and who have achieved an outstanding record of community service or assumed other significant responsibilities not directly related to medical practice.

### EARLY ACHIEVEMENT AWARD

Presented to alumni who have graduated within the past 15 years in recognition of their outstanding community or College service and/or scientific or academic achievement.

### ROBERT LARNER, M.D.'42 STUDENT AWARD

Presented to a current student(s) for his or her outstanding leadership and loyalty to the College and one who embodies Dr. Larner's dedication to not only supporting his medical alma mater, but to inspiring others to do so as well.



### A. BRADLEY SOULE AWARD

#### H. James Wallace, III, M.D.'88

Associate Professor, UVM Larner College of Medicine; Chief, Division of Radiation Oncology, Department of Radiology, UVM Medical Center.

H. James Wallace, III, '83, M.D. '88 remembers following his father (H. James Wallace Jr., '54, M.D.'58) rounding at the Mary Fletcher and Bishop DeGoesbriand hospitals in the 1960s and can't remember a time that he did not want to be a doctor. His father instilled in him a sense of honor in being part of peoples' lives when they were most vulnerable and the importance of being a person while being a doctor. These ideals have led Dr. Wallace through his career, informing his work with — and inspiring — patients, students, colleagues, and fellow alumni.

After completing training and working in private practice in a few locations, Dr. Wallace arrived back in Burlington in 2000 and over the last 18 years has led the Division of Radiation Oncology, helping integrate the group into the University of Vermont Health Network Medical Group in 2011. He is a member of the UVM Cancer Center leadership team, is the Executive Director for the Lake Champlain Cancer Research Organization

and holds numerous roles on cancer-related committees. He is also currently the physician leader for the Patient and Family Centered Care initiative.

Asked by John Tampas, M.D.'54 to become more involved in the Medical Alumni Association, Dr. Wallace agreed, serving on the Alumni Executive Committee from 2003 to 2016 and eventually becoming President of the Medical Alumni Association from 2014 to 2016. He is a class agent for the class of 1988.

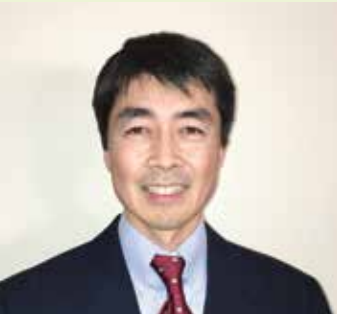
In addition to his success as a physician and his leadership among alumni, this award recognizes the compassionate, expert care that Dr. Wallace provides every day to his patients and their families, as well as the inspiration he provides to his students. Dr. Wallace's commitment to the values instilled in him by his father, the knowledge he obtained at the College, and the respect for every person he meets combine to create a physician deserving of the A. Bradley Soule Award.

### DISTINGUISHED ACADEMIC ACHIEVEMENT AWARD



#### David L. Bronson, M.D.'73, MACP, FRCP Edin

Chairman, Board of Commissioners of the Joint Commission; Professor Emeritus, Lerner College of Medicine/Case Western Reserve University; Past President and CEO, Cleveland Clinic Regional Hospitals



#### Matthew Hsieh, M.D.'98

Staff Clinician, Molecular and Clinical Hematology Branch, National Institute of Diabetes and Digestive and Kidney Diseases within the National Institutes of Health, Maryland



#### Sumner Slavin, M.D.'73

Associate Clinical Professor of Plastic Surgery, Harvard Medical School; Founder, Chestnut Hill Plastic & Aesthetic Surgery Associates



#### Sara Vargas, M.D.'93

Associate Professor, Harvard Medical School; Staff Pathologist, Children's Hospital, Boston; Staff Pathologist, Brigham and Women's Hospital

### SERVICE TO MEDICINE & COMMUNITY AWARD



#### Philip Cohen, M.D.'73

Assistant Clinical Professor, Voluntary Faculty, University of South Florida School of Medicine; Retired Ob/Gyn, Private Practice



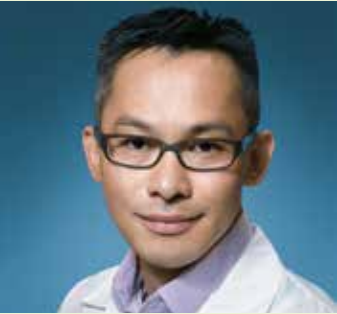
#### Pamela Harrop, M.D.'83

Clinical Associate Professor, Warren Alpert School of Medicine; Physician, Active Staff, Department of Medicine, Rhode Island Hospital



#### Veronica Rooks, M.D.'93

Chief, Pediatric Radiology, Tripler Army Medical Center, Kailua, Hawaii; Retired Colonel, U.S. Army



#### Duc T. Do, M.D.'03

Physician, Internal Medicine, Scripps Health, La Jolla, California

### EARLY ACHIEVEMENT AWARD

### ROBERT LARNER, M.D.'42 STUDENT AWARD



#### Desiree DiBella

University of Vermont Larner College of Medicine, Class of 2019

REUNION IS MOOOVING TO THE FALL!

REUNION 2019 | OCTOBER 4-6, 2019

For more information see the Medical Development and Alumni Relations website at:

[www.med.uvm.edu/alumni](http://www.med.uvm.edu/alumni)

Plan now to spend a long, glorious autumn weekend in Vermont catching up with old friends and faculty members.



MEDICAL REUNION

2019 NOMINATIONS

Do you know a class member deserving of recognition?

Send in your nominations for the 2019 awards at:

[www.med.uvm.edu/alumni](http://www.med.uvm.edu/alumni)



# Flashback



# DALLAS DAYS

He was a true legend at the College of Medicine: **Dallas Boushey** began as a custodian and assistant in the anatomy lab at the old College headquarters on Pearl Street in the 1930s. Over the decades, his natural talent for the study and teaching of anatomy propelled him to a full teaching position at the College. He taught generations of UVM medical students through his retirement in the 1990s and beyond. In this unmarked photo from the College files, Boushey offers a little help during a gross anatomy session — probably in the late 1980s or '90s. Do you recognize yourself or a friend as one of the students at his side? If so, send in your information to [erin.post@uvm.edu](mailto:erin.post@uvm.edu) and we will include it in the next issue of *Vermont Medicine*.

FROM THE PREVIOUS ISSUE ►

Several alumni wrote in with their identification of the SMILEDOCS participant, otoscope in hand, teaching elementary students in a Burlington-area school. Amy Parent Ouelette '99, Everatt Lamm '99, Andy Land '99, and Brad Parsons '99 all identified their classmate, Jeff Kenney, as the student in question. Lamm says "the photo was taken in '96 before Jeff would have started his clinical rotations in January of '97." Ouelette tells us "Jeff is now an emergency medicine physician at Georgia Emergency Associates in Savannah."



# Obituaries

**'44 James David (Dave) Sawyer, M.D.**

Dr. Sawyer died January 2, 2018, at the age of 97. Born May 18, 1920, he completed his undergraduate studies at the University of Vermont in 1942 and continued on to earn his medical degree in 1944. After serving as a Medical Officer in World War II, he began his general practice in Jewett City, Conn., and furthered his studies at the Lahey Clinic Fellowship in radiology in 1948. He worked at the W.W. Backus Hospital in Norwich, Conn., served as a Medical Officer in the Korean War, and was the head of radiology at Day Kimball Hospital in Putnam, Conn. Dr. Sawyer was a member of the American College of Radiology and the Connecticut Medical Society. He retired from medicine in 1987.

**'47 Bernard Kaye, M.D.**

Dr. Kaye, who delivered thousands of babies over a 61-year career practicing obstetrics and gynecology, died March 1, 2018, after a lengthy illness, at the age of 93. Born in Newark, N.J., on August 29, 1924, he grew up in Brandon, Vt., where his parents ran a general store. He received a bachelor of science degree, magna cum laude, from UVM in 1944, where he was elected to Phi Beta Kappa, and he obtained his medical degree with highest honors from UVM in 1947. He completed his medical training in Newark, N.J., and at Michael Reese Hospital in Chicago. He served his country honorably at numerous military postings, including as chief of obstetrics and gynecology at Dow Air Force Base in Bangor, Maine. From 1957 until 1973, he served as a faculty member at the University of Illinois College of Medicine. Dr. Kaye co-authored numerous articles in medical journals over the course of his career. In 2002, he received the Service to Medicine and Community Award from UVM, where a scholarship was established in his name to support medical students from Vermont. He was a member of the American Fertility Society, the Institute of Medicine of Chicago, the American Medical Association, and was a fellow of the American College of Obstetrics and Gynecology. Dr. Kaye was the consummate physician, dedicated to his patients until illness sidelined him at the age of 84. He served on the medical staff of Highland Park Hospital (now part of

North Shore University Health System), for 51 years and held several leadership positions there, including chair of the Department of Obstetrics and Gynecology, chief of staff, and longstanding member of the Ethics Committee. He had a treasured professional partnership with the late Dr. Burnell Reaney for 40 years.

**'48 Michael Marra, M.D.**

Dr. Marra died February 9, 2018. Born January 8, 1917, he grew up in New York City. His father, a Sicilian immigrant, passed away when he was just a toddler, prompting his mother to move to Brooklyn to live with his grandparents. Only Italian was spoken in that home; Dr. Marra didn't learn English until grade school. He enlisted in the U.S. Navy and attended UVM for medical school on the G.I. Bill. He served the community of Amery, Wisc., for 30 years, retiring in 1979.

**'48 Cecil Harry Kimball, M.D.**

Dr. Kimball, 99, a resident of Cleveland, Ohio, died Feb. 20, 2018, at a local assisted-living facility. Born in Greenfield, Mass., he was a veteran of the United States Army, serving in both World War II and the Korean War. He was honorably discharged with the rank of major. While on active duty, he returned to school and finished his medical degree at UVM. He moved to Cleveland in the late 1950s, after his last assignment at an Armed Forces Hospital in Orleans, France, and established his medical practice, becoming the community's first radiologist. He retired from his medical practice in 1992.

**'57 William E. Allard Jr., M.D.**

Dr. Allard died March 11, 2018, at the age of 84. Born in Littleton, N.H., he was raised in Rutland, Vt. He was educated at UVM and worked as a family doctor in Montpelier, Vt., for more than 30 years, and as the medical director for Blue Cross and Blue Shield of Vermont. Dr. Allard was known for his sharp intellect and warm, generous heart.

**'58 Bernard Raymond Blais, M.D.**

Dr. Blais, a resident of Clifton Park, N.Y., died December 23, 2017. A respected ophthalmologist and decorated 30-year military veteran, Dr. Blais was born in Colchester, Vt. He attended Saint Michael's College and the UVM College of Medicine and

received numerous honors throughout his Navy career, including the Navy Commendation Medal, Navy Unit Commendation, National Defense Service Medal with Bronze Star (Vietnam Conflict) National Defense Medal, and the Meritorious Service Medal. Dr. Blais specialized in both ophthalmology and occupational medicine, and led two ophthalmology departments as chairman — Naval Hospital Philadelphia and Naval Medical Center of Bethesda, Maryland. Later in his career, he served as Force Medical Officer of the Military Sealift Command (Corporate Medical Director) and head of the Surface/Sealift Operational Division the Bureau of Medicine and Surgery, U.S. Navy. Dr. Blais served as regional medical director for Knolls Atomic Plant Laboratory (KAPL) in Schenectady, N.Y. He was also president of Blais Consulting, a firm specializing in occupational ophthalmology, for which he was awarded the American College of Occupational and Environmental Medicine Achievement Award in 2008. Dr. Blais was widely noted across the industry for his book, *Color Vision in the Occupational Setting: Analysis and Testing*, a broad-based manual highlighting the topic of color vision from the occupational and environmental medicine point of view.

**'70 Peter David Hoden, M.D.**

Dr. Hoden, 75, died January 3, 2018, in Fort Myers, Fla. Born March 1, 1942, in Providence, Rhode Island, he graduated with a B.S. degree in 1964 from North Park College and received his medical degree from UVM in 1970. He was an ob-gyn intern at Rhode Island Hospital in Providence, and completed his residency program at Hartford Hospital in Connecticut. He then began a long and successful career in his beloved specialty at Waterbury Hospital, where he delivered over 3,500 babies and was known for his thoughtful and kind professionalism. He was a lifelong member of the American College of Obstetrics and Gynecology and Christian Medical and Dental Society.

**'77 Paul Kenneth Lewis, Jr., M.D.**

Dr. Lewis died December 19, 2017, at the age of 66. He suffered a massive heart attack and succumbed in the ICU at Boulder Community Hospital in Boulder, Colo., despite heroic efforts by his doctors, nurses and caregivers. Born May 1, 1951 in

Honolulu, Hawaii, he graduated from President Obama's high school alma mater, Punahou Academy, in 1969. He received both his undergraduate and medical degree at UVM. He completed emergency medicine residency at Denver General Hospital, then worked at St. Anthony's Hospital North & Central as an emergency physician. Paul's career was at Boulder Community Hospital; he had planned to retire from his position as chief medical officer at the end of the year. His gentle spirit, deep compassion and wise leadership have been a part of Boulder Community Hospital for 34 years, 25 years in the emergency department and nine years in administration.

**'96 Monwabisi David Lali, M.D.**

Dr. Lali, 58, of Fostoria, Ohio, died February 19, 2018. Born April 16, 1959, in Tokai, Western Cape, South Africa, Dr. Lali worked as a taxi driver, security guard, and even in a clothing factory. Early on, he had two options: leave school and work as a laborer or struggle his way through basic education. While working as a security guard, a professor from the University of Cape Town, South Africa, offered him a job as a technical assistant, and due to the segregationist apartheid laws, he spent the initial part of his academic career in a three-room unit home with four occupants and no electricity. He graduated from the University of Cape Town with a bachelor of science degree as a double major in biochemistry and chemistry. He then came to the U.S. to attend Wesleyan University, where he earned his master's degree in biochemistry. Dr. Lali furthered his practical training at The Pfizer Research Laboratories in Groton, Conn., as assistant scientist in the metabolic diseases department. He received his medical degree from the UVM College of Medicine in 1996, and completed residency training in internal medicine at Medical College of Pennsylvania Hospital in Philadelphia, Penn. He then served as an attending physician at Fostoria Community Hospital, before going on to start his own private practice on Vine Street in Fostoria. He was also the medical director at Good Shepherd Home. Dr. Lali credits many people in his life, especially the African Scholar Fund, for his success and opportunity to practice medicine in the United States.





**May 20, 2018**

**3:12 P.M.**

Class of 2018 student marshal Stephanie Brooks, soon to officially add an "M.D.'18" after her name, guides her fellow students in the procession into the commencement ceremony at Ira Allen Chapel. She holds the marshal's Staff of Aesculapius, carved by alumnus Robert Sharkey, M.D.'59.

PHOTOGRAPH BY ANDY DUBACK





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**10 Inventing the Wheel**  
Vermont's approach to opioid  
addiction treatment



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**16 The Summit View**  
Dean Morin reflects on his tenure



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**22 The Tunbridge Docs**  
One small town's gift to medicine

