

# THE GREEN MOUNTAIN PHYSICIAN

A PUBLICATION OF THE VERMONT MEDICAL SOCIETY

*"Not for ourselves do we labor"*

May/June  
2012

## BOARD OF MEDICAL PRACTICE PROPOSES NEW CME RULES

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Passed last year, Act 60 requires the Vermont Board of Medical Practice to enact a number of changes to the medical license renewal process, including establishing minimum CME criteria, stipulating a minimum of 10 of CME, and requiring licensees to show current professional competence with respect to treatment options such as hospice, palliative care or pain management services.

The Board recently released its proposed rules, aiming to have them in place for the next two-year license renewal period; Dec. 1, 2012, through Nov. 20, 2014. Physicians will then have the two-year period to take the required courses and submit CME affidavits along with their renewal applications in the fall of 2014.

### Minimum of 30 hours CME

Beginning with the 2014 license renewal, the rules as currently written would require each physician to certify that he or she has complete at least 30 hours – an increase from the 10 required by Act 60 – of qualifying CME during each two-year licensing period. The Board will create a CME form that will include information about the subject, sponsor, date, location and hours attended for each CME activity.

The law requires the CME training to be "designed to ensure that the licensee has updated his or her knowledge and skills in his or her own specialties and also kept abreast of advances in other fields for with patient referrals may be appropriate." The rules indicate that the Board intends to interpret the law's requirement to update knowledge and skills in his or her own specialties broadly, as they acknowledge that "training in many other fields may be reasonably related to a practitioner's own specialties."

The proposed rules consider CME activities that are approved for the American Medical Association Physician's Recognition Award Category 1 Credit (AMA PRA Category 1 Credit) as qualifying activities for purposes of the Vermont CME requirement. The Board will also grant two hours of CME credit for each hour of training presented by a physician. Training is not defined in the proposed rules.

### Hospice, Palliative Care and Pain Management

The proposed rules for require licensees to take at least one hour of the 30 required CME hours on the topics of hospice, palliative care and pain management services. This requirement is based on a legislative provision in Act 60 which directed the Board to require licensees to show "evidence of current professional competence in recognizing the need for timely appropriate consultation and referrals to assure fully informed patient choice of treatment options including treatments." VMS will work with the Board and the UVM College of Medicine to identify free and low-cost courses that meet this requirement.

### Prescribing Controlled Substances

The Board added an additional requirement that licensees take at least one of the 30 total CME hours each licensing period on prescribing controlled substances. While the law did not specifically require that the CME address prescribing controlled substances, the Board felt it was an important topic that should be included as it often comes up in disciplinary cases. Prescription drug abuse and prescription monitoring have recently been areas of considerable legislative focus.

*Continued on Page 5*



## FROM THE PRESIDENT'S DESK

By *Victor Pisanelli, M.D.*

Welcome to the latest edition of the *Green Mountain Physician*. I hope you and your families have been able to get out and enjoy the beautiful summer weather we've been having.

In this issue, you'll find a number of insightful articles, including:

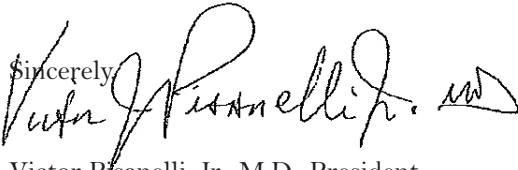
- The announcement of an exciting new conference being hosted by the VMS Foundation that aims to shine a spotlight on the importance of physician leadership to health care delivery reform (page 5);
- The Vermont Board of Medical Practice's proposed new CME requirements (page 1);
- Details an online tool that may be helpful to many

physicians as they continually confront the difficulties that surround prescribing schedule II, III and IV controlled substances to their patients (page 3); and,

- News about the renewal of VMS' contract to administer the Vermont Practitioner Health Program, and details about how this important service can help colleagues who may be suffering from addiction (page 6).

I hope you find these articles and more beneficial to you and your practice of medicine.

Finally, I'd like to congratulate Dr. Dick Butsch on 40 years of service to Central Vermont Medical Center (see below). Not only have his efforts been invaluable to his community, but so have his many years of service with the Vermont Medical Society and the AMA. We thank you for your commitment to health and our profession.

Sincerely,  


Victor Pisanelli, Jr., M.D., President  
Vermont Medical Society

## CENTRAL VERMONT MEDICAL CENTER RECOGNIZES DR. BUTSCH'S 40 YEARS OF SERVICE

In honor of his 40th year at Central Vermont Medical Center, the hospital recently unveiled a portrait of David "Dick" Butsch, M.D., in its lobby.

Dr. Butsch began his career in central Vermont following completion of his residency in 1973. He has practiced in central Vermont since that time, both in practice with Dr. William Segel and as a solo practitioner.

In addition to the dedicated care he has provided to his patients, Dr. Butsch has served CVMC in many capacities. He has served as Chairman of the Department of Surgery. He has previously been a member of numerous committees including the Emergency Room Committee, Endoscopy Committee, Executive Committee, Infection Control Committee, Joint Conference Committee, Pharmacy & Therapeutics Committee, and Library/Continuing Education Committee. He is currently the Chairman of the Operative and Invasive Committee, a post he has held for many years.



Dr. Butsch has been a member of the Vermont Medical Society for 38 years and a long time member of the American Medical Association's House of Delegates. He is board certified by the American Board of Surgery and is a Fellow in the American College of Surgeons.

## PRESCRIPTION MONITORING SYSTEM HELPS PHYSICIANS NAVIGATE DANGERS OF PRESCRIBING CONTROLLED SUBSTANCES

Ever since its launch in 2009, the Vermont Prescription Monitoring System (VPMS) has given the state's physicians, psychiatrists, pharmacists, dentists and other prescribers of controlled substances online access to a complete history of their patient's schedule II, III, and IV controlled substance use.

But while the topic of prescription drug abuse has recently been high profile in Vermont – it was one of the most hotly debated and controversial issues of the 2012 legislative session – and the problem has generated a growing sense of concern within the state's health care system, a majority of health care providers are not taking advantage of the monitoring system.

Of the roughly 4,000 professionals eligible to use the system, only about 1,500 are currently doing so. Even when taking into consideration that many physicians do not generally prescribe schedule II, III or IV drugs, there is still a sizeable number of prescribers who could benefit from VPMS are not registered to access it.

### What is VPMS?

VPMS is a database of over four-million-and-growing records of controlled substances prescriptions filled by 140 in-state licensed Vermont pharmacies and 240 out-of-state licensed Vermont pharmacies since July 1, 2008. Free to all users and in compliance with all HIPAA requirements, VPMS contains a history of each patients' use of schedule II-IV controlled substance. That history includes:

- The specific controlled substances they are using;
- Additional prescribers writing prescriptions for them;
- Which pharmacies are being used to obtain their drugs;
- The number of refills prescribed, and quantity, dosage and number of days' supply dispensed.

Collectively, the information gives licensed prescribers and pharmacists a more complete picture of each patient's controlled substance use, and assists health care practitioners in identifying patients who may need treatment for drug abuse or addiction.

"There really isn't any other way for prescribers to know what other controlled substances their patients have been prescribed," said Meika DiPietro, VPMS program coordinator. "The VPMS is a validation tool that assists prescribers by providing them with a complete picture of their patient's history of controlled substance prescriptions regardless of source of payment. You just can't tell if a person has drug abuse problem or is doctor shopping based on someone's appearance."

According to DiPietro, the benefits for physicians' using the system are two-fold. First and foremost it provides valuable insight into a patient's condition that can lead to them getting the help they need. Second, it reduces the need for prescribers to play "detective" with some of their patients.

"My experience is that physicians truly want to give their patients the best care. But without the use of the VPMS there is no way to tell if their patients are drug seeking and therefore prescribers feel they need to be suspicious of their patients," said DiPietro. "Physicians went into medicine to help their patients, not investigate them."

For Charles Maclean, M.D., an internal medicine physician at Fletcher Allen, the system is a valuable weapon in the fight against what he calls the "major problem" of narcotic diversion and misuse.



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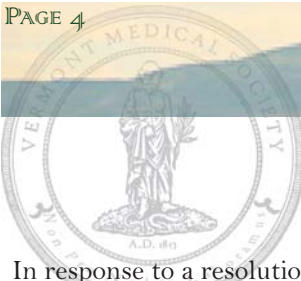
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## BARGAINING GROUP LAW UPDATES SPUR VMS TO RECONVENE PHYSICIAN POLICY COUNCIL

In response to a resolution passed at the 2011 VMS annual meeting, VMS staff worked with the Green Mountain Care Board (GMCB) and the state's director of health care reform to ensure that bargaining groups have full authority to negotiate with the newly created board and other branches of state government.

The resulting legislation, Act 171, or the 2012 Health Care Reform Implementation Act, authorizes the GMCB, the Secretary of Administration and other state agencies to hold discussions about health care with bargaining groups, such as the VMS Physician Policy Council.

Those negotiations are non-binding and can help held on a range of topics, including reimbursement, regulation, HIT, Blueprint, quality, workforce, administrative simplification, workers' compensation, and Medicaid.

As a result of Act 171's passage, the Department of Financial Regulation Rules (DFR) is drafting rules this summer and fall that will update and reestablish the process for certification of bargaining groups. Once the certification rules are underway, the GMCB will begin drafting rules to address how the bargaining process will work. After the rules are finished, bargaining with the GMCB and other state agencies could begin as early as the winter of 2013. VMS staff will work with the administration on the draft rules, and will comment on the rules in the formal process.

### **Bargaining Group Background Information**

In the 1990s, the Vermont legislature enacted a framework for a universal access health care system that included global budgets and expenditure targets designed to regulate health care expenditures in sectors such as hospitals, physicians, home health, and pharmacy. At that time, the legislature recognized the need to establish a process to enable health care professionals to discuss the health care budgets and expenditure targets with state government, while ensuring that the discussions did not violate federal antitrust law.

Federal antitrust laws are designed to preserve competition in a market and prohibit "unfair methods of competition," such as price fixing, boycotts, collective bargaining, and apply to health care providers. The state action exemption doctrine, however, shields certain conduct, such as collective bargaining, from federal antitrust scrutiny when the conduct furthers a clearly articulated state policy and is actively supervised by the state.

As part of the health care reform in the 1990s, the general assembly enacted a law that expressly authorized provider bargaining groups to negotiate with the state agencies that regulate health care, Medicaid and workers compensation. The law was designed to create a state action exemption that would protect provider bargaining groups from federal

antitrust enforcement actions, and permit professionals, through their bargaining groups, to engage in negotiations that address state health care provider regulations, reimbursement and quality. The law authorized a non-binding arbitration process that permitted state agencies to reject the recommendations developed through the bargaining process.

### **Vermont Medical Society Physician Policy Council**

In 1994, after the law was enacted, VMS organized the Physician Policy Council (PPC) to act as a bargaining group for Vermont physicians and the PPC was certified by the state. Each specialty organization recognized by the VMS Council is eligible for a seat on this the Physician Policy Council.

Currently the specialties recognized by the VMS Council include: *Anesthesiology, Cardiology, Child Psychiatry, Dermatology, Emergency Medicine, Family Medicine, Gastroenterology, Internal Medicine, Medical Education, Neurology/Neurosurgery, Obstetrics & Gynecology, Oncology, Ophthalmology, Orthopedics, Otolaryngology, Pathology, Pediatrics, Psychiatry, Radiology, Surgery, Thoracic Surgery, and Urology.*

Originally the PPC developed positions for VMS during the health care reform debate in the early 1990s and prepared to negotiate with the state on a unified global health care budget and expenditure analysis in the event a universal health care system achieved passage. Because implementation of a universal access health care system was not achieved, since then the PPC has worked on health care regulation and reimbursement issues for physicians within the context of the current delivery system. For example, in 1996 the group met to discuss with BCBSVT its plans to create TVHP with FAHC and the Rutland Hospital.

### **Reconvening the VMS Physician Policy Council**

In addition to recommending that VMS work to amend the bargaining group law, the resolution adopted at the 2011 VMS annual meeting encouraged the Society to reconvene the PPC, and renew its state certification as a physician bargaining group. The resolution also recommended that the PPC identify common physician purposes and concerns and create a process to effectively engage in negotiations with state agencies with respect to physician payment rates and payment methodologies, provider regulation and quality of health care. The resolution suggested that the PPC, as directed by the VMS Council, could address a broad range of issues of concern to physicians and their patients, including workforce shortages, administrative simplification, and educational debt and make recommendations to the VMS Council.

## VMS FOUNDATION TO HOST PHYSICIAN LEADERSHIP CONFERENCE

The Vermont Medical Society Education and Research Foundation has announced plans to host a conference that focuses on the importance of physician leadership to the success of health care reform efforts in Vermont.



VMS Education & Research Foundation

helping physicians help patients & communities

Titled “Making Vermont a High Performance Health System: Physician Roles,” the conference will be held Sept. 22nd, from 8 a.m. to 1:30 p.m., at the UVM College of Medicine.

The keynote address will be delivered by Tom Lee, M.D, network president for Partners Healthcare System and CEO of Partners Community HealthCare, Inc. Dr. Lee will present his insights on physician efforts to reorganize delivery systems elsewhere and offer his predictions of future challenges to the profession as health care reform evolves in the country and region.

Additional programs planned for the day include Fletcher Allen cardiologists discussing the success of the Vermont STEMI program, a presentation of the American College of Physicians’ High Value, Cost-Conscious Care Initiative, and a presentation regarding the CHF Bundled Care Payment Pilot in Rutland. The conference will conclude with a panel of public and private sector reform leaders reacting to the preceding speakers.

According to organizers, the conference is designed to inspire physicians to lend their unique experiences and expertise to the reform efforts.

“The overarching goal of the event is to act as a springboard for physician led reform initiatives,” said Cy Jordan, M.D., the Foundation’s director. “Nobody is more familiar with the health care needs of Vermont than the physicians who have dedicated their lives to helping others. This conference is about finding the best ways for physicians to put that knowledge to use as our state embarks on designing the best and most efficient state wide delivery system in the country.”

The conference is being co-sponsored by the University of Vermont College of Medicine, Vermont Chapter of the American College of Physicians, Vermont Association of Hospitals and Health Systems, Fletcher Allen Health Care, and Vermont Ethics Network.

### NEW CME RULES

*(Cont'd from pg. 1)* **Reactions among Vermont physicians vary**  
On behalf of its members, VMS asked for a received a number of written comments to submit to the Board during the public comment period. While there were a number of comments both for and against the rules, the overarching theme was concern about the Board’s requiring specific content areas.

In addition to concerns about relevancy amongst specialties, one commenter cited concern for the precedent that might be set in requiring specific content areas.

After the period of public input, the Board will respond to concerns raised and may revise the rules. The final step in the rulemaking process will be a review of the proposed rules and comments by the Legislative Committee on Administrative Rules, a committee made up of members of the Vermont General Assembly.

VMS will continue to keep its members updated throughout the process.

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## BOARD OF MEDICAL PRACTICE RENEWS VPHP CONTRACT WITH VMS

The Vermont Medical Society has been selected by the Vermont Board of Medical Practice to continue its administration of the Vermont Practitioner Health Program (VPHP) for another two-year contract.

The contract renewal, which also includes the possibility of two, one-year contract extensions, keeps VPHP at VMS, where it has been since the program was founded in 2000.

### The Program

VPHP's primary purpose is to protect the public by the early identification, treatment and rehabilitation of individual providers of health services who are impaired or at risk for impairment by the excessive use of drugs, including alcohol.

Physicians (including M.D.s and D.O.s), podiatrists and physician assistants are eligible to participate in VPHP. VPHP has a medical director who is a board certified addictionologist and the program is managed by the Case Management Team of the Society. Its members include a diverse group of physicians, and podiatrists.

Referrals come from colleagues, family members, friends, or patients, as well as self referrals. Each referral is treated individually, in a compassionate and confidential manner. Communications with VPHP are confidential under state law, and chemical dependency cases have additional protections under federal law.

Participation with VPHP is voluntary. VPHP will strongly urge a practitioner who is ill to obtain evaluation and treatment, and will suggest specific treatment options. VPHP responds to the concerns of families, colleagues, and hospitals by providing coordinated interventions and referrals to treatment.

Each participant's contract with the program is individualized to their condition, but in general, contracts last for five years and require participants to:

- Be treated by an addictionologist
- Seek drug and/or alcohol counseling
- Participate in a 12-step program
- Call in to a urine testing each morning, and submit samples up to six times per month
- Agree to someone in their practice serving as a monitor who is familiar with their condition and can

report concern or irregularities to the program

- Must inform their own primary care provider
- Must confer regularly with their assigned program liaison

VPHP provides ongoing, confidential support for recovery from alcoholism and substance abuse, including referral, liaison with colleagues, recovery monitoring and documentation. We provide advocacy for return to the practice of medicine.

### The Need

Physicians are not immune from health problems. Indeed, studies suggest that one practitioner out of 10 will face a life threatening illness during his or her career. Among the most serious threats to practitioner health are alcoholism and dependence on other substances.

Without proper treatment, this condition can jeopardize health and well-being, disrupt families, and ruin careers. Many practitioners cannot confront their own health problems. Instead, they deny their symptoms out of a sense of omnipotence, thus making acknowledgement more difficult. Similarly many practitioners who know of an ill colleague are reluctant to confront, not for lack of caring, but because they are unaware of the resources and probability of success.

### The Results

Studies do show however that practitioners can recover from the illness of substance abuse and resume normal personal, professional, and social lives. Recovery rates from addiction for medical practitioners are actually higher than for most other occupations.

Under VMS' administration, the program has been extremely successful with a success rate of more than 90 percent. It has been at least five years since any of its participants have left the program or suffered failures.

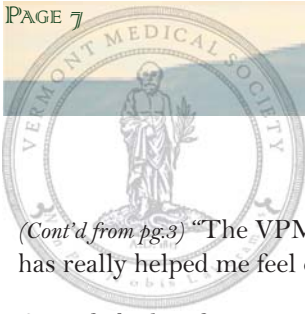
### To Get Help

If you or someone you may know may benefit from VPMS' services, you are encouraged to contact the confidential VPMS phone line at (800) 223-0400.

## SAVE THE DATE FOR THE VMS 2012 ANNUAL MEETING

The 199th VMS annual meeting will be held **Saturday, Oct. 27, 2012**, at the Woodstock Inn, Woodstock, Vt..  
For reservations call **802-457-1100**. Make sure to mention the VMS room block when you call.





## PRESCRIPTION MONITORING

(Cont'd from pg.3) "The VPMS is a great tool to help understand a patient's use of controlled substances," said Dr. Maclean. "It has really helped me feel confident that I am not missing something and therefore not either under-treating or over-treating."

One of the key features of the system is the threshold letters that it sends prescribers and pharmacies when patients exceed predetermined levels of prescription types and quantities. Since the system began, more than 2,000 such letters have been sent out to prescribers alerting them to potential problems.

DiPietro says that included in the threshold letters and the VPMS database is the contact information for all the prescribers and pharmacies a patient has been using, which helps prescribers and pharmacies reach out to each other.

### Barriers to Prescriber Usage

While the Department of Health encourages using the system, it acknowledges that using it for every single patient isn't always necessary, a reason prescribers often cite as to why they don't use VPMS. DiPietro says that it depends on a case-by-case basis.

"Using the VPMS every time you see the same patient is not necessary, but in terms of using precaution, taking care of patients and knowing where they are going, it makes sense to use the system," said DiPietro. "I believe best practice would include using the VPMS before prescribing to a new patient, for first time opiate prescriptions, if a patient breaks narcotic agreements or 'loses' their prescriptions frequently and every few months (based on clinical determination) for a patient who is on long-term opiate therapy."

Some concerns with the VPMS expressed by prescribers cannot be remedied due to budget restrictions, such as reporting prescriptions as they are filled in real time as opposed to the current requirement that pharmacies update it every seven days. But the Department of Health has responded to some of the concerns raised by prescriber by making a number of changes.

The process to obtain a password when registering for the system has been simplified, with the requirement to have the registration form notarized being removed. And the search process has been streamlined, reducing the amount of time it takes to use the system.

But perhaps most importantly, the system now allows what the Department of Health calls the "delegate option." This option allows staff from a registered prescriber's office to register for the system and use it on their behalf.

"If a prescriber has a list of patients coming in the next day, they can have a registered delegate run the VPMS report a head of time and prep the chart in advanced for the patient visit. This can take the burden off the prescriber while still obtaining critical information," said DiPietro.

Or, if a prescriber discovers cause for concern during a patient visit, they could instruct a staffer to quickly run a report while they continue their examination of the patient.

Besides making the system easier to use for prescribers, the improvements have helped on the pharmacy side as well.

"It's a simple system that does exactly what it was intended to do," said Marty Irons, RPh, CDE, and chairman of the Vermont Pharmacists Association. "The upgrades over the years have made it more effective."

### Registration Process

To become a registered VPMS user, prescribers need to print and fill out a one-page registration form available online. The original copy of that form is then required to be sent to the Department of Health along with copies of the applicant's DEA and Vermont medical licenses.

Prescriber and delegate registration forms are available at [http://healthvermont.gov/adap/VPMS\\_prescribers.aspx#register](http://healthvermont.gov/adap/VPMS_prescribers.aspx#register).

In all, DiPietro says the registration process should only take a few minutes, is completely free and can help a prescriber navigate an environment which is growing increasingly fraught.

"I think prescribers feel isolated dealing with issues of opioid prescribing because it is challenging and complex," said DiPietro. "Making steps to network with other prescribers to improve patient care is vitally important and the VPMS is one step to making that happen."

## CONFERENCES

### VERMONT ETHICS NETWORK TO EXPLORE ETHICAL ISSUES OF MEDICAL COST CONTAINMENT

The Vermont Ethics Network will host “When Less is Better: Ethical Issues in the Use of Health Care Resources,” Sept. 19, at the Lake Morey Resort in Fairlee.

The day-long conference seeks to provide conference participants with practical knowledge and skills to address the ethical imperative of avoiding waste in health care by limiting the use of medical resources to proven beneficial care.

The conference will feature Howard Brody, M.D., PhD., a Texan primary care physician who sparked the national Choosing Wisely campaign with his 2010 article in *The New England Journal of Medicine*. The article proposed that every specialty identify five procedures – diagnostic or therapeutic – that are done frequently and cost a lot but provide no benefit to the patients who receive them. Since his call to action, Choosing Wisely has promoted conversations between physicians and patients about the potential harms and implications of frequently ordered, unnecessary tests and treatments.

The conference will also feature a presentation by Green Mountain Care Board Member Karen Hein, M.D., and a panel discussion title “What will it take to get us there?” led by William Nelson, MDiv., PhD., of the Dartmouth Institute for Health Policy and Clinical Practice at Dartmouth Medical School.

Administrative and clinical health care professionals, consumers, policy makers, and ethics committee members are invited to attend. For more information, include registration and CME credit details, visit [www.vtethicsnetwork.org](http://www.vtethicsnetwork.org).

**Mark Your Calendars!**

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**Vermont Medical Society 199th Annual Meeting**

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