The Perspective

A Publication of the Vermont Academy of Family Physicians

"To promote excellence of the health care provided to all the people of Vermont."

Winter 2014

In This Issue:

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President's Report

The holidays are behind us and we have begun 2014. Happy New Year! I trust you are finding time for yourselves as you continue to grapple with EMRs, meaningful use, Blueprint, VCHIP and the coming ICD 10. We struggle to keep our practices centered on the patient and promoting good health and very often don't find the time to recharge and renew ourselves. My hope is that you find more of that time in this new year.

2013 brought us more struggles with the SGR and Health care reform efforts. It remains very clear that we need many more primary care physicians and we are not training enough. UVMCOM and the Department of Family Medicine saw more students opting for Family Medicine residencies and the Family Medicine Interest group has grown in numbers. This type of interest needs support from all of us through working with and mentoring high school, college and medical students. I encourage you to continue to mentor young folks who are choosing medicine as a career.

Our annual November meeting was a great success! We were successful in giving free CME, allowing time to catch up and meet new colleagues from around the state, and hearing from a representative of the AAFP on their efforts on our behalf. This year Saturday, November 1st is our annual meeting. Scheduled to be with us is the current president of the AAFP, Reid Blackwelder. I encourage you to take advantage of this free event to hear from and talk with him about the AAFP and what they do for us.

Our grant for buying and distributing free lead screening machines continues this year. Feedback from offices that are utilizing them has been very positive for point of care testing and immediate results for our patients. If you would like to avail yourselves of this offer, please let us know.

The legislative session has begun and Stephanie Winters will outline some of the bills of interest to us later in this newsletter. If you wish to voice your opinions, let us know so we can advocate on your behalf. We are your collective voice in the state.

But we need your personal input with our legislators as well. To help with this communication and connection, we are setting up meetings throughout Vermont which will involve your House and/or Senate representative and physicians in your area. We hope this personal contact will facilitate personal communication on issues that are important to you. More to come…

The VTAFP is your organization and one of your voices at the national level through the congress of delegates to the AAFP and on those committees, and at the state level through VMS, VDH, GMCB, VCHIP, and the pediatric council. We appreciate your voice and input so keep the communication vibrant.

I hope to see you at Vermont Day this June at the Family Medicine Review Course, if not before.

Sincerely,
Allyson Bolduc. MD

2013 Vermont Family Physician of the Year
Anya Koutras, M.D.

As Presented by Candace Fraser, M.D.

Anya is incredible. As a physician, colleague, role model, teacher, (mother and wife too), - she is truly inspiring. I work alongside Anya both at Colchester Family Practice and at UVM where she is the Director of our Family Medicine 4th year programs. In her clinical work, she is one of the few providers that does OB as well as doing the in-patient hospital service and carries a large loyal out-patient load. She is ALWAYS heavily booked and never turns away a double-book or need to add in one of her patient's acutely.

The most amazing gift that she gives us though, is her smile - an always present shining light of humble appreciation of the 'honor of taking care of her patients and working with her colleagues' (words I have often heard from her). Anya inspires many students to go into Family Medicine! She probably has more advisees than all other faculty combined. She takes time to speak to so many of them and guide them. On top of that, she seems to be always preparing another teaching topic and gives lectures at national conferences.

Aside from being professionally up to date, she is current with social media and connects with students and family and I enjoy seeing her smile and those of her girls and spouse John as she balances her busy life (even after nights of being up all night on OB call) with fun family activities. I have been in medicine over 20 years. I have seen many faculty come and go and many struggle with the load, especially of balancing teaching and providing clinical care. Anya is a person that is going to continue to inspire students to carry on our field as she also compassionately cares for her patients with the highest quality care and teaches with passion and a smile.

Please congratulation Anya Koutras, Vermont's Family Physician of the Year.

CVMC Seeks Full-Time Family Medicine Physician for Waitsfield Practice

Central Vermont Medical Center seeks a full-time Family Medicine physician for our Waitsfield, VT practice. This is an out-patient position supported by our top-notch Hospitalists. The practice includes one other physician and 2 nurse practitioners, but is a part of CVMC's primary care service which includes 6 other practices.

At Central Vermont Medical Center, our doctors are proud of the integral role they play in keeping this thriving community-our family, friends and neighbors-healthy.

Central Vermont Medical Center, affiliated with University of Vermont/Fletcher Allen Health Care, includes and 80 bed medical center, Woodridge Nursing Home and 18 medical group practices. Our medical staff numbers 121 physicians providing care from their private practices as well as from hospital employed medical group practices. Central Vermont Medical Center is the primary health care provider for 66,000 people who live and work in central Vermont. We provide 24-hour emergency care, with a full spectrum of inpatient (licensed for 122 beds) and outpatient services.

A robust benefits package including relocation assistance, tuition loan repayment and 10 days of CME. Please contact Sarah Child, Manager of Physician Services at 802-225-1739 or Sarah.Child@cvmc.org.

Online DOT Medical Examiner Training

The Federal Motor Carrier Safety Administration (FMCSA) has established a National Registry of Certified Medical Examiners (NRCME) with requirements that all medical examiners who conduct physical examinations for interstate commercial motor vehicle drivers must complete a training course and pass a certification examination. Only providers passing the test will be listed on the National Registry and able to perform these exams after May 21, 2014.

The Vermont Academy has looked in to trainings and suggests that members take advantage of online offerings. Two examples of online training are below.

California AFP Online Training:
AAFP Members – $350
Non-AAFP Members – $500
Group pricing available

To Register: *https://cafpmedot.eventbrite.com*

National Registry of Certified Medical Examiners:

To Register: *http://www.nrcmetraininginstitute.com*

Congress of Delegates Report

By Andrea Regan

The 2013 AAFP Congress of Delegates was held in San Diego, California from September 23rd to 25th. This year's delegates for the Vermont Chapter of the AAFP were Dr. Allyson Bolduc, Acting President, and Dr. Andrea Regan, Board Member.

One hot topic included the over the counter sale (OTC) of Oral Contraceptive Pills (OCP); ultimately it was deferred to the Board of Directors for further review. While testimony in support of OTC sales of OCP's cited reductions in unwanted pregnancy, especially amongst lower income populations, other members pointed to concerns that patients will find OCP selection confusing and that it may have the unintended effect of reducing coverage by insurers. Testimony pointed to the recent gains in coverage under the Affordable Care Act and the decrease in coverage of other medications such as anti-histamines and proton pump inhibitors.

Less controversial but popular resolutions include the AAFP advocating for: obesity-related care payments from all payers, Centers of Medicare and Medicaid Services (CMS) funding for ICD-10 training for physicians, research into the medical implications and potential adverse health effects of marijuana, research on the health effects of energy drinks on children, ending prior authorization for contraceptive devices, and CMS coverage of pap smears and HPV to reflect current ASCAP guidelines. There were also multiple resolutions regarding rural health care, single physician practices, streamlining paperwork, improving medical education, and preventing physician burn out.

The AAFP COD were also asked to weigh in on more divisive topics. The AAFP Task Force was assigned to study state representation in the Congress of Delegates. This measure was well supported by larger states, who request delegates have limited proportional representation instead of the current system, which offers 2 seats per states and special groups. There were several proposed resolutions looking to undermine the AAFP's successful 2012 Resolution to go on record as supporting same sexed marriages. Delegates who sponsored these amendments sited division amongst AAFP members and a desire for the Academy to avoid socially divisive topics that have "ethical, religious, and moral implications." Legislature on gun violence was only partially successful. While a resolution was passed for the AAFP to acknowledging the dangers of gun violence to our communities and youth, the subsequent resolution to support background checks was not supported. The community was also divided on whether the demographic survey on the ABFM should be continued. There was extensive testimony highlighting the importance of demographic information, such as FP physician salaries, in lobbying to improve the standing of Family Physicians.

The 2014 AAFP Congress of Delegates will be held in Washington DC on October 20th, 2014 and will be followed by the Scientific Assembly. Please see *aafp.org* for further details.

Vermont Academy of Family Physiicans
2014 Annual Meeting
Saturday, November 1, 2014
Capitol Plaza Hotel, Montpelier, VT

VERMONT ACADEMY OF FAMILY PHYSICIANS

Leadership

Allyson Bolduc, M.D.
President/Delegate

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Mark Lichtenstein, M.D.
Member-At-Large

Andrea Regan, M.D.
Member-At-Large
Alternate Delegate

Stephanie Winters
Executive Director

An Update on the UVM College of Medicine Family Medicine Interest Group (FMIG)

By Vanessa Patten, MD Candidate Class of 2014

The UVM College of Medicine Family Medicine Interest Group (FMIG) was back in session for the fall of 2013. As a recap, the group is a student-run organization that provides a forum where medical students of all four classes interested in pursuing a career in family medicine can learn about and integrate themselves into the specialty. So far the group has been off to a very productive start! Over the summer five UVM COM medical students and two family medicine residents attended the 2013 National Conference of Family Medicine Residents and Medical Students on August 1st-3rd in Kansas City, Missouri. This conference served as a forum for medical students to learn more about family medicine residency programs and network with medical students and family medicine residents from all over the country. The keynote speaker, Dr. Ted Epperly, author of Fractured: America's Broken Health Care System and What We Must Do to Heal It, offered an optimistic perspective on the future of family medicine and primary care in our country.

The FMIG has also been busy at work recruiting new members. Representatives of the group attended the Student Interest Group Fair to promote the group to members of the new class of 2017. The group also put on a welcome picnic at Oakledge Park which was attended by family medicine physicians, residents, medical students and their friends and families. Despite the threat of rain, everyone had a great time! The Family Medicine Department also sponsored "COM goes to the Fair," offering tickets to students from all four classes to attend the Champlain Valley Fair.

A Vital Signs Clinic took place in September, which allowed first year medical students to practice taking vital signs and familiarizing themselves with normal values. The group is also planning for National Primary Care Week, which draws notable speakers every year to the College of Medicine to address the importance of primary care. Members of FMIG attended the 2013 Family Medicine Education Consortium (FMEC) Northeast Region Meeting in November, where members submitted posters summarizing their research.

Finally, the group is busy brainstorming events to give back to the community including a bone marrow donor event, something which has taken place in past years. We are always looking for ways to give back – feel free to contact me if you have ideas for volunteer opportunities or ways the College of Medicine could reach out and connect with your communities!

2014 Legislative Session Update

H.762 – Adverse Childhood Experience Questionnaire - This bill would require a patient's Blueprint for Health medical home to use the Adverse Childhood Experience Questionnaire in assesing the patient's health risks. It also would make Medicaid reimbursement of primary care providers contingent upon the use of the questionnaire.

Concern was expressed through testimony by VTAFP President, Allyson Bolduc, M.D. about mandating such use of a questionnaire when there is more research to be done on its effects, usefullness and outcomes. Additionally, there is no clear path for what to do with patients who have adverse childhood experiences, and the resources we know of to refer patients to are already over burdened.

We expect the bill language to change dramatically this week, including removal of the medicaid reimbursement language.

The full text of the bill can be read at: *http://www.leg.state.vt.us/docs/2014/bills/Intro/H-762.pdf.*

H. 350 passes House, addresses changes to Vermont Board of Medical Practice procedures - The bill, H. 350, clarifies what information about disciplinary actions taken against licensees is posted on the Board's "Actions" website and the Department of Health's (Department) physician profiles site. The bill requires the Board and the Department to remove information from the public websites when a charge filed against a licensee is dismissed by the Board or the court, or when a licensee is found to be not guilty of unprofessional conduct. Information about disciplinary charges dismissed by other states is also required to be removed on request of a licensee, and the Board will post a summary of the final disposition of cases indicating any charges that were dismissed and any charges resulting in a finding of unprofessional conduct. Currently even when a charge is dismissed, the information about the entire history of the case is retained on the Board Actions site and on the physician profiles.

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Legislative Session Update

(Cont'd from pg. 4) H. 350 also sets standards for Board investigators. Investigators who are not currently certified as law enforcement officers must take 25 hours of relevant continuing education every year, which is comparable to the 25 hours required to maintain certification for those investigators who are law enforcement certified. In addition, investigators will be required by the bill to "obtain and maintain certification from a national or regionally recognized entity regarding investigation of licensing cases as approved by the Board."

Finally, the bill requires the Board to review and revise as appropriate its policies and procedures for conducting unprofessional conduct investigations. As part of this review, the Board is required to accept suggestions from interested stakeholders, such as VMS. The bill also requires the Board to report to the legislature next year on the outcome of its review and any changes made to its investigation policies and procedures.

For the full text of the bill as passed by the House go to: *http://bit.ly/1jBC29x*

The budget recommendation also includes a 2-percent increase, starting Jan. 1, 2015, in Medicaid reimbursement rates for many Medicaid providers, to recognize inflation and to minimize cost shifts to private payers. The increase is proposed to be paid for through an increase in the Health Care Claims Assessment of 0.8 percent. The budget also includes funding for the opening of the Vermont Psychiatric Care Hospital in Berlin and continues the implementation of community based mental health programs.

For more information, please go to: *http://bit.ly/1aP1aS4*.

S. 287 – Involuntary Treatment Timelines and Procedures - This bill is designed to expedite treatment for acutely ill patients who have been admitted to designated hospitals for involuntary treatment. S. 287, would modify the procedures for involuntary treatment and medication. The Vermont Medical Society (VMS), Department of Mental Health and the Vermont Association of Hospitals and Health Systems (VAHHS) support the bill. Currently, after patients are admitted to a designated hospital, it takes on average 48 days to obtain a commitment order and an additional 21 days after that to obtain a medication order.

Details of the legislation include:
• Requiring a mandatory court review of the emergency examination paperwork, which includes attestations by a physician, interested person and psychiatrist, that a patient is mentally ill and dangerous to him or herself or to others. This paperwork authorizes designated hospitals to admit patients and hold them involuntarily for 72 hours;
• Permiting a petition for involuntary non-emergency medication to be filed at the same time or any time subsequent to the time a commitment application (application for involuntary treatment –AIT) is filed with the court. Current law does not permit a non-emergency involuntary medication petition to be filed until after commitment is ordered by the court;
• Permitting an expedited hearing to be held for good cause if the patient presents a significant risk of harm even while hospitalized. The expedited hearing may be held within five or 10 days if a psychiatric examination is ordered;
• Repealing an automatic 30-day stay of an involuntary medication order, but allows the court to order a stay on request; and,
• Finally, the bill asks the Agency of Human Services to determine if the Mental Health Law Project is contracting with a sufficient number of psychiatrists to conduct psychiatric examinations in the times established in the law.

The full text of the bill can be read at: *http://www.leg.state.vt.us/docs/2014/bills/Intro/S-287.pdf*

Fiscal Year 2015 Budget Recommendations - Governor Peter Shumlin presented his state fiscal year 2015 Budget recommendation to the Vermont General Assembly in January, which includes more than $10 million to support the Governor's opiate treatment initiatives, including $8 million in ongoing funding for the Care Alliance for Opioid Addiction. In addition, he proposed adding $200,000 in the FY 2014 Budget Adjustment Act to be put toward eliminating the opiate treatment wait list throughout Vermont. The money will allow treatment centers to bring on additional resources to serve a growing number of patients.

The Residents Corner:
Further Discussion on the Treatment of Hypertension

1. Hermida RC, Ayala DE, Mojón A, et al. Influence of circadian time of hypertension treatment on cardiovascular risk: results of the MAPEC study. Chronobiol Int. 2010;27:1629–1651.

Background: A patient's blood pressure changes throughout the day, in sync with the rest-activity cycle. The body's circadian rhythm contributes to fluctuation in blood pressure and affects the body's response to antihypertensive medications. Traditionally, blood pressure medications are prescribed to be taken in the morning. Patients on more than 1 blood pressure medication usually take their medications all at once. Recent studies have shown that sleep time blood pressure may be a more important factor than daytime blood pressure readings in fatal and nonfatal cardiovascular disease events.
Study type: Randomized controlled trial, results evaluated from Ambulatory Blood Pressure Monitoring for Prediction of Cardiovascular Events Study (MAPEC)
2201 subjects diagnosed with untreated or resistant hypertension (awake BP mean greater than or equal to 135/85, asleep BP mean greater than or equal to 120/70), 1109 patients allocated to treatment in the morning, 1092 allocated to take >=1 medication at bedtime. Blood pressure was measured for 48 hours annually for a mean follow up of 5.6 years
Results:
-Differences between groups for mean BP while awake were not significant p=0.546
-Proportion of patients with non dipper blood pressure was lower in bedtime group than morning group 34% versus 62% p<0.001
-Relative risk of major CVD events (death, MI, ischemic stroke, hemorrhagic stroke) 0.39 p<0.001 when greater than or equal to one medication at bedtime was taken versus all medications ingested in the morning
Conclusions:
-Patients experienced better blood pressure control during sleep while taking at least one or more blood pressure medications at bedtime
-Major CVD events were lower in patients who took one or more of their blood pressure medications at bedtime NNT 30 over 5.6 years
-In comparison- patients with moderate to severe hypertension (SBP > 160), NNT for a patient taking low dose thiazide diuretics for 5 years was 20 in the primary prevention of cardiovascular events [1]

2. Webb AJ, Fischer U, Mehta Z, Rothwell PM. Effects of antihypertensive-drug class on interindividual variation in blood pressure and risk of stroke: a systematic review and meta-analysis. Lancet. 2010 Mar 13;375(9718):906-15.

Background: Studies show an increase in 20 mm Hg of SBP doubles the risk of stroke in individuals from 40-69 years of age. All hypertensive drugs have been shown to decrease stroke and cardiovascular events with decreasing mean blood pressure. However, class variations may exist. Previous studies showed CCB decreased stroke risk more than what is expected from simply decreasing blood pressure, hence there may be more to benefit from certain antihypertensive agents than just the lowering of mean blood pressure.
Study type: Meta-analysis and systematic review
Study evaluated 398 RCT which studied changes in interindividual variance in blood pressure at the highest dose of different antihypertensive drugs with mean SBP measured at one year in each study. Eight drug classes were evaluated: dihydropyridine CCB, non-dihydropyridine CCB, thiazide and thiazide like diuretics, ACEi, beta blockers, ARB, alpha1 blockers
Results:
-Interindividual variation in SBP was decreased by CCB (VR 0.81, p<0.0001), non-loop diuretics (0.97, p= 0.007), but increased by ACEi (1.08, p=0.008), ARB (1.16, p=0.0002), beta blockers (1.17, p=0.0007) (each drug class was compared to all other drug classes)
-A significant reduction in stroke with lower SD for systolic blood pressure was shown p=0.012
Conclusions:
-CCB and thiazide diuretics decrease interindividual variation of blood pressure
-Blood pressure medications which decreased interindividual variation showed statistically significant reduction in stroke risk

REFERENCES:
1. Wright JM, Musini VM. First-line drugs for hypertension. Cochrane Database Syst Rev. 2009;(3):CD001841.

Jessica Kim, M.D. Family Medicine Resident