



## From the Governor

**M**y "warmest" wishes for a productive but restorative summer to you all. Since my last newsletter I have met with our Program Planning Committee and New Hampshire colleagues regarding our fall Chapter Scientific meeting, attended the spring Board of Governors meeting and Internal Medicine 2009 in Philadelphia in April, and attended Leadership Day in our nation's capital in May, and endured another residency match. I wanted to briefly focus on each of these areas in this newsletter.

### Spring BOG Meeting and IM 2009:

At the spring BOG meeting, which precedes the annual IM meeting, I sat on one of the two reference committees (it seems I do this annually) that hears commentary on resolutions being submitted to the Board of Regents. I also presented a resolution of our own. Our Vermont resolution, co-authored with **Tony Williams**, was titled "*Encouraging editors of high impact medical journals to explicitly address costs and values of treatments*". It is an especially timely proposal in light of all the anticipation surrounding health care reform and the attention being paid to comparative effectiveness, quality, and cost effectiveness. The BOG recommended it be forwarded to the publications committee for further study. A total of 29 resolutions were submitted, and of those recommended for adoption the following were included:

- 1) Seeking legislation to mandate adequate reimbursement for Advisory Committee on Immunization Practices recommended vaccines.
- 2) Seeking regulation and/or legislation that requires health care bills to be uniform and written so that patients with average health care literacy can understand them.
- 3) Requesting liability insurance carrier's study criteria for internists who solely practice outpatient care and consider a different insurance rate structure if warranted.
- 4) Supporting an initiative designed to promote collaboration between human and veterinary medicine.
- 5) Increasing advocacy to achieve reimbursement for existing "after hours" CPT codes.
- 6) Working with legislators to require that insurers develop standard prescription and procedure forms.
- 7) Developing a post-graduate track to update Hospitalists and other internal medicine physicians about office based outpatient medical practice issues.

These resolutions will now go to the Board of Regents for final disposition and development of policy. Finally, our Chapter anticipates co-sponsoring a resolution at the fall BOG meeting that supports legislation, promotes education, and develops policy for making sound nutritional practices available and affordable to the U.S. population – stay tuned. Please notify me if you have a specific resolution you would personally like to have chaperoned through the resolutions process.

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## Political Advocacy/Leadership Day:

It was wonderful seeing a number of you at Internal Medicine 2009 and our Northern New England reception. Two of our associates were able to present posters: Mia Hockett's research on The Relationship between Alcohol Consumption and Glycemic Control in Adult Patients with Diabetes in Northern New England, and Nathaniel Price's clinical vignette Thyrotoxic Periodic Paralysis Precipitated by Carbohydrate Load. One of our medical student members, **Richard Zinke**, presented his award winning abstract as an oral presentation: Humate P for Treatment of Persistent Life Threatening Epistaxis in a Patient with Glanzsmann's Thrombasthenia – A Case Report. His presentation was also featured on the UVM College of Medicine website and will be published in IMPact, the ACP student newsletter. Finally, Emily Glick, our New England student representative to the Council of Student Members, played a very active role in the meeting as well. The educational quality of the annual sessions is always high, and you should give strong consideration to attending IM 2010 in Toronto - but be sure to have your passport!

On the political advocacy front there continues to be tremendous activity, and I am grateful to three members of the FAHC/UVM Internal Medicine Residency Program for accompanying me on visits to our congressional delegation at Leadership Day on May 20th: **Nathaniel Price**, **Mia Hockett**, and **Sukit Ringwala** representing all three years of residency. We met with healthcare/legislative staff from the offices of our two senators and Congressman Welch. Our politicians are very much in tune with Medicare payment issues (such as the proposed 20% reimbursement cut scheduled for 2010), medical student debt relief, and the need for meaningful health care reform and policies to save primary care. Through frank discussion, use of heartfelt stories of clinical encounters, and passionate description of the impending collapse of primary care we were able to effectively articulate the national ACP top priorities on health care reform:

- 1) Ensure that all Americans will have access to affordable coverage.
- 2) Pilot test new Medicare payment models that realign incentives to support effective, efficient, patient-centered coordinated care.
- 3) Improve Medicare fee for service system payments to make primary care competitive with other specialties.
- 4) Establish a national work force policy to ensure sufficient numbers of primary care and other physicians.

This was the most extraordinary Leadership Day I have attended. There is an energy and atmosphere of anticipation evident along with a sense of cautious optimism. During the Leadership Day Program ACP formally endorsed the Preserving Patient Access to Primary Care Act, a bill advanced by **Representative Allyson Schwartz** (D-PA). The entire bill is consistent with college policy initiatives in support of primary care: the patient-centered medical home, improvements in Medicare payments, incentivizing the establishment of better practices, increasing Title 7 and National Health Service Corps funding, addressing medical school and residency training and the supply of the primary care work force. **Representative Peter Welch** is a co-sponsor and is advancing his own legislation with regards to models that seek to improve chronic disease management (such as the Vermont Blueprint). Of major significance, the ACP has been at the testimony table of the important Senate Finance Committee, where its positions are well respected and emanate from solid evidence-based college policy statements in the peer reviewed literature.

## The Residency Match:

With regard to the residency match, the conclusion of the Association of Program Director's of Internal Medicine is that once again things "stayed the same" with only a 53.8% fill rate for U.S. seniors matching to categorical internal medicine programs and flat interest in primary care residencies with only 247 positions offered nationwide and U.S. seniors filling 63% of these positions. I provide these statistics not out of a desire to create depression, but more to provide hope that the fundamental changes being discussed in our healthcare delivery system will restore some of the prestige and appeal of primary care internal medicine. Our legislators are aware of this and they are listening to organizations such as the ACP when it comes to proposing constructive solutions.

## Our October Scientific Chapter Meeting:

Lastly, I want to encourage all of you to look closely at the schedule of events at our upcoming October Scientific Chapter Meeting. We will be hosting New Hampshire at this meeting and I truly believe this meeting will be amongst the best ever. The scientific talks are timely, provocative, and relevant. They span the spectrum from ambulatory to hospital medicine and frequently center on important controversies. In keeping with the attention being paid to national health care reform, **Robert Doherty**, Senior Vice President for Governmental Affairs in Public Policy from the Washington ACP office will be a guest speaker. His talks on the political scene are always superlative, filled with the appropriate mix of insider knowledge of political reality and cautious informed optimism. To see the complete program, go to <http://www.acponline.org/meetings/chapter/vt-nh-2009.pdf>, and see below on page 4.

## Associate Member Reflections on Leadership Day:

### Mia Hockett:

Someone once told me that there are two types of people in the world, Vermonters and those that wish they were Vermonters. Though I've lived in the state for ten years I apparently still belong in the second category. Regardless, it was with great enthusiasm that I represented Vermont during this May's ACP Leadership Day. With a new administration in the White House, the enthusiasm on Capital Hill was palpable. **Robert Kocher, MD**, Special Assistant to the President spoke of ensuring access to quality health care and **Representative Allyson Schwartz** of Pennsylvania outlined her Preserving Patient Access to Primary Care Act, a bill that served as a cornerstone of our lobbying efforts. As we traversed the halls of congress I felt proud not only to represent the ACP, an organization focused on the enhancement of quality and effective healthcare, but also to interact with the congressional staffers of a state that was already pioneering forward thinking efforts such as medical homes. I believe they understood our message that without more primary care physicians, expanding health insurance coverage would not ensure access to care. By the end of the day my feet hurt but I was happy knowing that in Vermont we didn't have to convince our congressmen to do the right thing, rather we had the privilege of helping them learn how to do the right thing better.

### Nathaniel Price:

My resident colleagues, **Mia Hockett** and **Sukit Ringwala** and I had the opportunity to travel to Washington, D.C. as representatives of the American College of Physicians and participate in a series of workshops and lectures focused on healthcare reform. The following day we had the rare opportunity to discuss these concerns with our Vermont Congressional and House representatives. It was a tremendous experience over several glorious days in D.C. that addressed one of the most pressing economic and political issues of the United States. We were fortunate to also hear from high level staff members of the Obama administration and listen to their perspective and ambitions as well. Not only was it fascinating but it is also possible that our small interactions collectively may actually have contributed to altering the course of healthcare reform for the entire country, only time will tell.

### Sukit Ringwala:

ACP Leadership day 2009 was an exciting and enlightening experience. Over the last year, I have developed an appreciation for our current health care system, and more so, an awareness of its limitations. Fortunately, health care reform has made its way to the top of the political agenda. Ensuring access to affordable coverage and supporting primary care are two of the top priorities emphasized in the legislation progressing through Congress. It was incredible to see physicians from all parts of the country meet on capital hill with the common goal of improving our healthcare system. ACP Leadership Day affirmed the conviction that the time for health care reform is truly now.

## PROGRAM SCHEDULE

Friday, October 23, 2009

<b>7:30 a.m.</b>	<b>Registration and Breakfast</b>
<b>8:20</b>	<b>Welcome and Announcements</b> <i>Mark A. Levine, MD, FACP, Governor, ACP Vermont Chapter</i> <i>Dana A. Merrithew, MD, FACP, Governor, ACP New Hampshire Chapter</i>
<b>8:30</b>	<b>Point/Counterpoint: Management of Type 2 Diabetes Mellitus— How Aggressively Should We Control Glycohemoglobin Levels?</b> Richard Comi, MD, FACP Richard E. Pratley, MD
<b>9:30</b>	<b>Vitamin D and Health: Fact or Fiction</b> <i>William F.C. Rigby, MD</i>
<b>10:10</b>	<b>Break</b> -Associate and Student Poster Viewing
<b>10:30</b>	<b>Multiple Small Feedings of the Mind: Geriatrics</b> John Batsis, MD Marvin F. Klikunas, MD, FACP Robert Karp, MD, CMD
<b>11:30</b>	<b>National Health Care Reform</b> Robert Doherty
<b>12:10 p.m.</b>	<b>Lunch</b> -Town Meeting ACP Update, Associate Poster Viewing
<b>2:00</b>	<b>Hospital Medicine Update: Impact on Health Care Quality, Patient Safety, and Communication</b> <i>Allen Repp, MD</i> <i>Edward Merrens, MD</i>
<b>2:40</b>	<b>Associate Oral Presentations</b>
<b>3:40</b>	<b>Break</b>
<b>4:00</b>	<b>Point/Counterpoint: Prostate Cancer Screening</b> <i>George Phillips, MD, MPH</i> <i>Charles Brackett, MD</i>
<b>5:00</b>	<b>Wine and Cheese Reception</b>

### Sports Participation Clearance:

Starting this fall, the Vermont Department of Health now recommends that high school students competing in sports now receive a "Well Exam". This replaces the "Sports Physical" and is meant to be a comprehensive exam that more thoroughly reviews the student's medical history and physical exam and provides age appropriate wellness education. This change is supported by the Vermont Principals' Association and the Vermont Chapters of the American Academy of Pediatrics and Family Physicians. Resources for preparticipation evaluation during the well exam appear on the Department of Health website:  
<http://healthvermont.gov/local/school/SchoolHealth-SportsClearance.aspx> .

### Chapter Excellence Award:

The Chapter has won a Chapter Excellence Award for yet another consecutive year. This award signifies that the Chapter has met standards for Chapter management and activities.

## PHOTO GALLERY



Left: The Vermont ACP delegation visiting David Reynolds, Senior Health Policy Advisor in Senator Sander's office

A gathering of all generations at the ACP Northern New England/UVM Reception at IM2009: Third year resident Nathaniel Price, Central Vermont internist and former UVM resident Nicole Belanger, Governor Mark Levine, Graduating UVM medical student and Council of Student Members representative Emily Glick(now a first year UVM resident), Second year resident Mia Hockett, and former Governor and current Regent Virginia Hood



Right: Drs. Sukit Ringwala(PGY1), Mia Hockett(PGY2), Nathaniel Price(PGY3), and Mark Levine in Washington for ACP Leadership Day on May 20.



Resident Nathaniel Price at IM 2009 with his Vermont Chapter Scientific Meeting award winning clinical vignette poster presentation

**The Relationship Between Alcohol Consumption and Glycemic Control**  
Mia Hockett MD MPH, Charles D. MacLean MDCM, Benjamin Littenberg MD, University of Vermont College of Medicine

**Background**

- Alcoholic beverages are high in calories and carbohydrates that may raise blood sugar and contribute to excess energy intake.
- However, alcohol also potentially lowers blood sugar in insulin dependent patients.
- The relationship between alcohol consumption and long-term glycemic control is unclear.

**Objective**

- To determine the relationship between alcohol consumption and glycemic control in patients with diabetes.

**Methods**

- Study included 102 adults with diabetes.
- Used the Vermont Diabetes Information System (VDIS), a statewide electronic database of community primary care practices.
- Measured alcohol consumption (drinks/day).
- Measured HbA1c (Average of Daily Blood Glucose (A1C)).
- Used multivariate regression models.

**Results**

Alcohol Consumption (drinks/day)	HbA1c (%)	P value
0	7.8	<0.001
1-2	7.5	<0.001
3-4	7.3	<0.001
5-6	7.2	0.5

**Figure 1. Bivariate A1C by Average Daily Alcohol Consumption**

**Figure 2. Mean A1C Levels (95% CI) by Daily Alcohol Consumption**

**Table 2. Linear Regression of Alcohol Consumption on HbA1c**

Alcohol Consumption (drinks/day)	Regression Coefficient	P value
0	0.00	0.00
1-2	-0.15	<0.001
3-4	-0.20	<0.001
5-6	-0.25	0.001

Resident Mia Hockett at IM2009 with her Vermont Chapter Scientific Meeting award winning research poster presentation