



Revised HIV Testing Guidelines Issued

By LOUIS B. POLISH, MD, ASSOCIATE PROFESSOR OF MEDICINE, UVM COLLEGE OF MEDICINE AND INFECTIOUS DISEASE SPECIALIST AT FLETCHER ALLEN HEALTH CARE



In September 2006, the Centers for Disease Control and Prevention published revised guidelines regarding HIV testing and recommended that every patient aged 13-64 in all health care settings undergo routine HIV testing. Why?

While the objectives of the new guidelines are clear: a) increase HIV screening of patients including pregnant women in health care settings, b) foster earlier identification of HIV infection, c) identify and counsel persons who are unaware of their HIV status and link them to clinical and preventive services, and, d) reduce perinatal transmission of HIV; what is the rationale for the new recommendations? First, some background and some history.

Over the past 25 years, we have witnessed the development of extremely effective therapy for the treatment of HIV infection and currently, there are approximately 30 antiretroviral drugs and/or combinations available. While treatment of HIV has improved survival rates dramatically over the years, behavioral strategies to prevent disease transmission

have only been partially successful. New HIV infections have remained relatively constant over the past decade and recent estimates of HIV incidence suggest that there are approximately 55,000 new infections per year in the U.S.. (Hall, et al JAMA 2008).

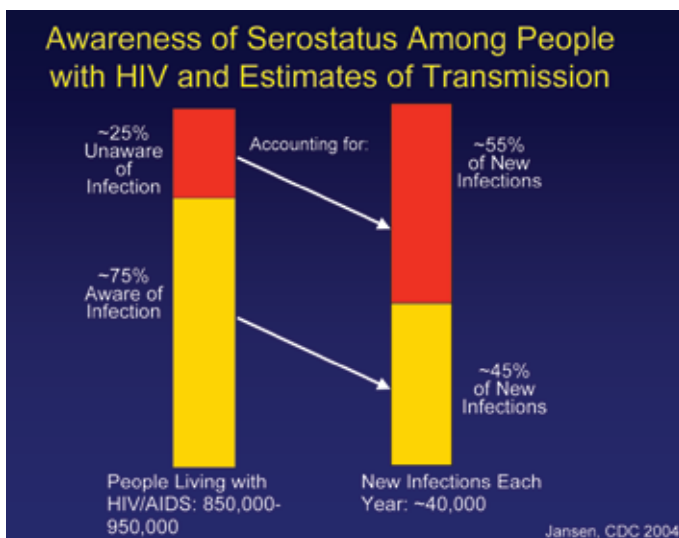
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There are approximately 1.0-1.2 million persons estimated to be living in the U.S. with HIV infection, with an estimated one quarter (250,000-312,000) unaware of their infection. Those persons unaware of their HIV status are unable to benefit from care to reduce morbidity and mortality associated with the immunologic

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From the Editor

At both the state and national levels, there is a great deal of buzz about transforming our health care system via: education, quality improvement and pilot projects, information technology, payment reform, insurance coverage, expanded safety-net, and control of prescription drug costs. All of these are relevant and deserve the attention of policy-makers, health professionals, advocates, and the general public. However, we cannot forget that transforming the health care delivery system is dependent on an appropriate and adequate health care workforce. The workforce is the foundation to access and delivery of care when and where it's needed for all citizens. It is imperative that workforce issues are included in all conversations about direct services, our current system and reform.

Page 4 of this edition highlights two workforce recruitment and retention initiatives — the Freeman and Vermont State Educational Loan Repayment Programs. Additionally, the American Recovery and Reinvestment Act (ARRA) of 2009 provides \$300 million in federal money to the National Health Service Corps (NHSC) loan repayment and scholarship programs, to recruit health professionals to underserved communities across the country. Visit <http://nhsc.hrsa.gov> for more information.

The Vermont Legislature adopted a joint resolution designating October 2009 as Health Care Career Awareness Month. AHEC and the VT Healthcare Workforce Development Partners will collaborate to deliver an October drive-to-web campaign featuring www.vthealthcareers.org. Please let me know if you have ideas or can contribute resources. ■

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

compromise caused by progressive HIV infection, and they are also estimated to be responsible for approximately 55% of the new infections identified.

The objectives of HIV testing in the U.S. have undergone a gradual evolution over the last 25 years as it became apparent that the existing testing strategies were having only a modest impact as a public health approach. From 1990 -1992 the proportion of persons who first tested positive for HIV < 1 year before receiving a diagnosis of AIDS was 51%; from 1993-2004 the proportion declined modestly to 39% (MMWR Recommendations and Reports v. 55 RR-14 2006). In addition, the incidence of new infections had not declined substantially and many barriers existed which made it difficult to implement previous guidelines; among others these included the lack of time primary care practitioners have to conduct appropriate risk assessments, and obtaining written informed consent.

There are multiple reasons for shifting to a policy of routine HIV screening. Risk-based testing has decreased in effectiveness over the years since the demographics of the HIV/AIDS epidemic has changed: many infected persons are < 20, women, members of a racial or ethnic minority, rural residents, and heterosexual men and women unaware that they are at risk for HIV infection. Public health prevention strategies that utilize universal screening have been extremely effective, such as screening blood donors and screening pregnant women. The majority of persons who are aware of their HIV status markedly reduce behaviors that might transmit HIV. Routine testing reduces the stigma associated with risk-based testing and more patients accept recommended testing when it is not based on a risk assessment of behavior. Prevention efforts need to be repeated for each generation. In five U.S. cities during 2004-2005, 14% of young men who have sex with men aged 18-24 were HIV infected and 79% were unaware of their infection. Adolescents also prefer to receive information from their health care practitioners and 58% cited their practitioners' recommendation as their reason for testing. Diagnosing HIV

infection early allows appropriate interventions, particularly the use of highly active antiretroviral therapy (HAART), which improves both morbidity and mortality. Finally, multiple studies have demonstrated that screening is cost-effective even in health care settings with extremely low HIV prevalence.

The current recommendations and revisions from previous published guidelines are as follows:

1. Screening for HIV infection should be performed routinely for every patient aged 13-64 in all health care settings.
2. All persons likely to be at high risk for HIV should be tested annually.
3. Screening should be voluntary and only undertaken with the patient's understanding that HIV testing is planned. They should be informed (orally or in writing) that HIV testing will be performed unless they decline (opt-out screening). Specific signed consent for HIV testing is no longer required. If a patient declines an HIV test this decision should be documented in the medical record.
4. All pregnant women should be screened.
5. Repeat screening in the 3rd trimester is recommended for women known to be at high risk for HIV infection or who have signs and symptoms of HIV infection.
6. Any woman with undocumented HIV status at the time of labor should be screened with a rapid HIV test unless she declines (opt-out screening).

The full report of the revised guidelines can be found at the CDC website: www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm.

The Infectious Diseases Comprehensive Care Clinic in conjunction with community organizations and persons living with HIV as well as many others, have developed a web site (www.gettestedvermont.com) to provide health information about HIV testing and a comprehensive list of testing sites throughout the state. ■

Diabetes and Oral Health: The Connections

By ROBIN EDELMAN, REGISTERED DIETITIAN AND CERTIFIED DIABETES EDUCATOR, DIABETES PROGRAM ADMINISTRATOR FOR THE DIABETES PREVENTION AND CONTROL PROGRAM, VERMONT DEPARTMENT OF HEALTH.



Dr. Gregory Maurer, a Vergennes dentist, has long known about one complication of diabetes; he is active in the Vermont Lion's Club, the volunteer service organization dedicated to ending preventable blindness. As a full-time clinical practitioner and the current president of the Vermont State Dental Society (VSDS), Dr. Maurer keeps up with emerging

research related to patient care, which has recently revealed new information about oral and systemic inflammation – specifically diabetes and periodontal disease. Similar inflammatory processes are now believed to link the two conditions.

“This makes perfect sense; it has long been known in dentistry that uncontrolled diabetes adversely affects the health of the

mouth, specifically the health of the gums and bone,” Dr. Maurer explains. But the realization that undiagnosed diabetes along with pre-diabetes typically festers for years, and causes worsening sub-clinical, systemic complications most impressed Dr. Maurer during the Diabetes and Oral Health Program presentation in his Vergennes dental office. “It’s a push-pull situation. Periodontal disease and diabetes, depending upon how they’re controlled, can intensify or subdue each other’s signs and symptoms. It’s a two-way relationship,” Dr. Maurer concludes.

While the Diabetes and Oral Health Program (DOHP)



helps enhance communication and referral between medical and dental professionals, one of its most unique features is that the DOHP educators make “house calls” or “office calls,” to be precise. Modeled after the VSIDS in-office tobacco cessation education program, offering a practical method to include dental personnel in statewide public health efforts, the DOHP began trainings in dental offices last summer and will continue through the spring of 2010. While some may question the feasibility of a specially trained instructor reaching only ten people at an office-based educational session, Dr. Maurer believes that the informal atmosphere helps generate questions, discussion and utilization of the information. “If our staff is among 200 professionals in a lecture hall, it’s intimidating to raise a hand for clarification,” Dr. Maurer explains, “but when you’re among co-workers in the office you’re likely to ask questions and learn more. And because everybody in the office attends, we spread health information to a broader circle at family dinners, soccer games, and baby showers. Information ultimately reaches more patients.”

Vermont is definitely on the right track promoting tobacco cessation and diabetes self-management in dental offices. In October 2008 the *Journal of the American Dental Association* printed the special supplement, *Managing the Care of Patients with Diabetes*. One article in the supplement emphasized that “diabetes and smoking are the two most important risk factors for periodontitis,” while a second article focused on the importance of the interaction of physicians and dentists when managing the care of patients with diabetes.

“Chronic diseases such as diabetes, periodontal disease and conditions related to tobacco use offer prime opportunities for medical and dental professionals to strengthen their working relationship and communication to help their patients manage their health,” explains Susan Hill, RDH and coordinator of the DOHP for VSIDS. Building on the attributes of the tobacco cessation program, the Vermont State Dental Society and the Vermont Department of Health expanded their partnership to include dental hygienists, dental assistants, and diabetes educators. With guidance from a multidisciplinary advisory committee, an educational program was created



Nevin Zablotzky, DDS, Diabetes and Oral Health Program Educator.

translating current diabetes and oral health research plus data from a formal survey of 200 Vermont dental practices, specifically related to diabetes, into useful clinical practice protocols. “In other words,” says Hill, “the program helps the dental staff modify office systems to better assist their patients with personal diabetes management and more importantly, refer them to local educational diabetes resources.”

As verified by the VSIDS Tobacco Control program, dental professionals are eager to learn about and refer their patients to consumer health programs

in their local areas. The diabetes programs include diabetes self-management education and the Vermont Blueprint’s Healthier Living Workshops, both available statewide.

People with diabetes are twice as likely to develop periodontal disease. In addition, other oral health problems associated with diabetes include salivary gland dysfunction, fungal infections, ulcerations, changes in taste, and tooth decay. “Oral health professionals understandably focus on the mouth, while medical professionals focus on the rest of the body, but patients often benefit by hearing similar, consistent wellness messages from a variety of providers,” explains Hill. In the future, the

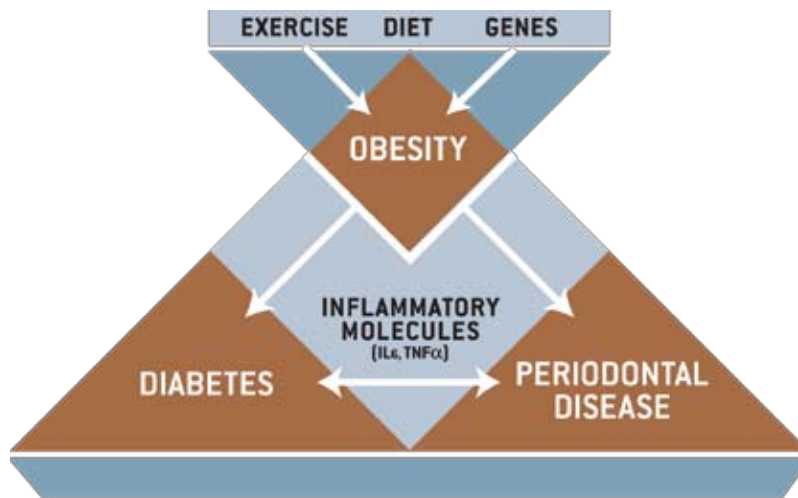
DOHP plans to offer educational programs to a variety of Vermont medical professionals to help improve their appreciation of the oral effects of diabetes and the connections between diabetes and oral health.

“The Dental Society’s partnership with the Department of Health and other Vermont professional organizations related to dentistry and diabetes creates a tremendous opportunity for the continuing advancement

of oral health care in Vermont,” states Peter Taylor, Executive Director of the Vermont State Dental Society. “And it keeps the door open to continued collaborations among all health care professionals treating the whole patient,” adds Hill.

The Diabetes and Oral Health Program is supported by funds from Northeast Delta Dental and a federal grant from the Centers for Disease Control (CDC) administered by the Vermont Department of Health’s Diabetes Prevention and Control Program.

For more information call Peter Taylor at 1-800-640-5099. ■



Freeman Educational Loan Repayment Awards

This year, the University of Vermont College of Medicine received 226 applications and awarded 29 Freeman Educational Loan Repayment awards to recruit physicians and 47 awards to retain physicians in Vermont. These physicians work in rural and underserved areas of Vermont and carry significant educational debt. Awards were granted to physicians practicing primary care, including family medicine, internal medicine, hospitalist, pediatrics, and obstetrics/gynecology. Awards were also granted to Vermont physicians practicing in other specialties including: cardiology, psychiatry, orthopedic surgery, rheumatology, psychiatry, neurology, emergency medicine, urology, anesthesiology, infectious disease, general surgery, gastroenterology, pathology, and ophthalmology. These awards are made possible by a gift to the College of Medicine from the Freeman Foundation and family. ■

VT Educational Loan Repayment Awards Benefit 237 Recipients in 2009

For the 2009 Vermont Educational Loan Repayment Program for Healthcare Professionals, 501 applications – a record number – were received; awards totaled \$1,435,000 to 237 people.

Each recipient is required to sign a service commitment contract and agrees to see Medicaid and Medicare patients (this does not pertain to nurses or nurse educators/faculty).

The program targets Vermont’s most rural and underserved regions and is available to primary care practitioners (family medicine, general internal medicine, pediatrics, obstetrics/gynecology, and psychiatric physicians; nurse practitioners; certified nurse midwives; and physician assistants), dentists, nurses, and nurse educators/faculty.

The program is funded by the State of Vermont, through the Department of Health, and administered by the University of Vermont College of Medicine Area Health Education Centers (AHEC) Program. The goal of the program is to ensure a stable and adequate supply of practitioners to meet the healthcare needs of Vermont.

Vermont’s high retention rate for Educational Loan Repayment recipients may be in part attributed to AHEC’s unique administration using these programs to create career-long rapport with health care professionals throughout Vermont; these practitioners become part of the AHEC network. ■

Parkinson’s Disease Awareness Update

BY JEAN BAKER, RN, VERMONT INFORMATION AND REFERRAL CENTER

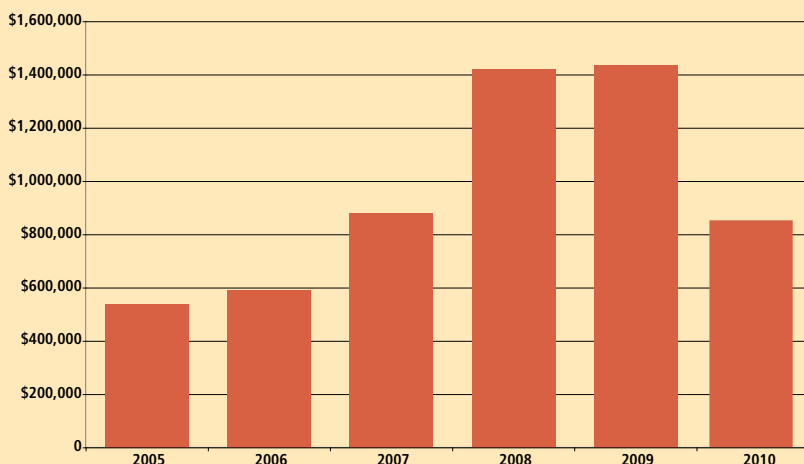


In Vermont, approximately 0.5% of our population (over 3,000) people have Parkinson’s disease (PD)¹. PD affects all body systems, from cognitive and psychiatric function,

to bowel, bladder and blood pressure regulation, to alterations in the control of movement. Although the Centers for Disease Control National Vital Statistics System lists Parkinson disease as one of the seven highest causes of death in the United States², it is important to know that there are excellent treatments for the disorder. Fortunately, many treatment options exist and scientific advances have brought forward many new therapies. Due to the rural nature of Vermont, and the relative paucity of PD specialists, many Vermonters with PD are treated in large part by their primary care physicians. Key to high quality care for PD patients is up-to-date knowledge for these providers.

The American Parkinson Disease Association (APDA) aims to provide information and education for people with PD as well as for those who provide treatment. APDA was formed in 1961 in response to a need for support and education for people with Parkinson disease. Since then, APDA has grown to a multimillion dollar organization funding research, support programs and outreach. What makes APDA unique among Parkinson disease organizations is its equal dedication to those who have the disease and to their loved ones with its support of research for a cure. Through a national network of chapters, Information and Referral Centers, and support groups, thousands of volunteers and health care professionals diligently work to increase awareness, raise funds for research, and provide information,

State funding for Vermont Educational Loan Repayment for Healthcare Professionals



referrals, educational materials and programs and support to anyone who seeks them. The APDA system stretches from Maine to California and from Washington to Florida as well as to millions worldwide via websites and newsletters (from www.apdaparkinson.org).

Vermont's Information and Referral (I&R) Center was formed in 1998, through grassroots efforts of local PD patients and families. With the help of Medical Director Robert W. Hamill, MD, the Center has grown in referrals and outreach ever since. Nurse Coordinator Jean Baker, RN, oversees the daily operations of the Center, and works closely with the Vermont Chapter of APDA to provide education, support and referrals to people from Vermont and Northern New York. The I&R Center maintains a free lending library, as well as a stock of books, DVDs, videos and free publications about PD.

APDA Vermont is quite active with support groups in each region of the state. The Chapter sponsors annual Awareness Day events, fund raisers, symposia and rural outreach programs. Members of the Chapter or Information and Referral Center are available to provide free educational workshops, inservices and materials to medical professionals, patients and families. For further information about accessing these resources, please call the Information and Referral Center toll-free at 888-763-3366, or email to jeanette.baker@vtmednet.org. ■

1. http://healthvermont.gov/research/chronic/documents/Chronic_Disease_Profiles.pdf.
2. http://www.cdc.gov/nchs/data/infosheets/infosheet_NVSS.pdf

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A Message from the Associate Dean for Primary Care

By CHARLES D. MACLEAN, MDCM, ASSOCIATE PROFESSOR, GENERAL INTERNAL MEDICINE; DIRECTOR OF RESEARCH AND ASSOCIATE DEAN, UNIVERSITY OF VERMONT COLLEGE OF MEDICINE, OFFICE OF PRIMARY CARE AND AHEC



Primary care is in crisis because of the growing demand for primary care practitioners (PCP) coupled with the dwindling supply. There is a variety of proposed solutions including reorganizing the way we deliver primary care, innovations in technology, and payment reform. The University of Vermont has a strong commitment to primary care and is ranked among the top six medical schools in the country for primary care education by *U.S. News and World Report*.

The Patient Centered Medical Home concept has been adopted by the leading primary care professional organizations in the U.S. (the American Academy of Family Practice, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association) as a way to organize and revitalize primary care. The concept, which had its origins in Pediatrics many years ago, highlights the importance of a primary care office team that is accessible, offers preventive and chronic care in the context of a long term relationship, coordinates well with specialty care, and works in the best interests of the patient to achieve the highest quality outcomes as efficiently as possible. For primary care practitioners there is considerable excitement that this approach could help reorganize care in ways that make our practices more efficient, more user-friendly for patients, and allow us to practice more responsively to patient needs and less focused on seeing a high patient volume. For more information, check out the American College of Physicians website, (www.acponline.org) which has an entire section devoted to the Medical Home.

How will we know if the Patient Centered Medical Home is effective at improving quality and controlling costs? There are demonstration projects sponsored by insurers, state and federal government (Medicaid and Medicare), and other organizations. Vermont is at the forefront of these Medical Home efforts; in 2008 the Vermont Blueprint for Health embarked on a unique Integrated Pilot Program that provides a payment structure to support a Primary Care-based Medical Home. In the three pilot communities, existing practices have had the opportunity to reorganize as Medical Homes and are complemented by community-based teams to help tackle problems that are difficult for the primary care office to solve. The findings from this two year program will be an important contribution to the understanding of this approach.

Vermont has better access to primary care services than many regions of the country. Concerns for the future include the aging population (Vermont has one of the oldest populations in the country), the aging of the PCP workforce, and the declining interest in primary care among new graduates. UVM plays a critical role in training the next generations of Vermont's health care providers: 40% of primary care physicians working in Vermont attended medical school at UVM or completed residency at Fletcher Allen Health Care; 30% of Vermont's nurse practitioners trained at UVM. Many of these primary care practitioners have stayed in Vermont because of the great experiences they had with the community-based preceptors who are committed not only to their patients and communities, but also to imparting their wisdom to our young trainees.

My goals as the Associate Dean for Primary Care are:

- 1) To continue the College of Medicine's strong commitment to training the next generation of primary care practitioners for the State of Vermont and beyond; and
- 2) To work with state and federal governments, insurers, and other policy makers to ensure that the practice of primary care can continue to offer a rewarding and fulfilling career that helps keep Vermont among the healthiest states in the country. ■

Ask Dr. Amidon: Women and Cardiac Health

By FREDERICKE KEATING, MD, ASSOCIATE PROFESSOR OF MEDICINE (CARDIOLOGY), UNIVERSITY OF VERMONT COLLEGE OF MEDICINE; PROGRAM LEADER, WOMEN'S CARDIAC CARE PROGRAM, FLETCHER ALLEN HEALTH CARE



We know women have different symptoms of heart disease than men. What should they be looking out for?

Several studies in the late 1990s and early 2000s described differences in how women experience acute coronary syndromes. However, these differences have been overstated. For example, when compared with men, a greater percentage of women with myocardial infarctions (MI), do not report chest pain. Still, women with acute MI are more likely to have chest pain than not. A more significant issue may be that women and their health care practitioners are less attuned to heart disease as a possible etiology of symptoms. A recent review of published evidence confirmed that while there are statistical differences, these are not clearly meaningful when evaluating individual women (Canto JG, et al. Arch Intern Med. 2007; 167(22):2405-13.).

Is cardiac risk under recognized in women?

Women receive less screening and preventive care and are less likely to be at recommended targets for modifiable risk factors than men. For example, women with diabetes are less likely to be prescribed statins and to have an LDL cholesterol at target (<100 mg/dl). This may be because women are perceived to be at lower risk for coronary disease than men – which is correct overall but not when it comes to certain higher-risk groups. Men have about twice the lifetime risk of dying from an MI than women, and women develop coronary disease on average 10 years later than men; this has been described as “the female advantage.” However, women with diabetes and those who smoke lose the “female advantage” and are at similar risk as their male peers. Also, age is still the most important – and unfortunately non-modifiable - risk factor, so older women should be evaluated carefully.

Are there any gender-specific recommendations for stress testing?

There are subtle differences that can be relevant when evaluating symptomatic women. For example, exercise treadmill testing by itself is less accurate in women than in men, but it has a high negative predictive value in younger women. With new technology, both nuclear and echocardiographic stress tests are excellent modalities for women with an accuracy comparable to that in men. The treadmill exercise component of these tests also yields useful information. However, older women have a lower exercise capacity than men so the value of exercise testing may be

reduced – pharmacological nuclear stress testing may be the best option for these women.

Is aspirin useful in women?

The Women's Health Study (N Engl J Med. 2005;352(13):1293-304) showed no statistical benefit overall of using aspirin for the primary prevention of myocardial infarction in women. In subgroup analysis, it appeared that aspirin was protective in women above the age of 65. Also, it seemed to have a benefit in preventing ischemic stroke. I recommend aspirin to women above 65 and to some younger women who have additional risk factors such as hypertension. Of note, women with established vascular disease should receive aspirin – the data on primary prevention do not apply to them.

What about “novel biomarkers” such as CRP?

Several biomarkers are associated with an increased risk of cardiac events in women and men. The problem is that in general the consequence of finding elevated biomarkers is limited to addressing the “old” modifiable risk factors more aggressively. Thus, in someone who is at very high or very low risk of cardiac events, the additional information that CRP is elevated would probably not affect treatment. Recently, one industry-sponsored study of men >50 years and women >60 years found that people with elevated CRP and normal cholesterol may benefit from statin therapy (Ridker PM, et al. N Engl J Med. 200;359(21):2195-207). The implications of that study are still being discussed, mainly because the number needed to treat to prevent cardiac events was quite high. At present, I still use CRP mainly in intermediate-risk women whose treatment may be affected. This includes younger women who have a strong family history of early coronary artery disease, and treatment includes not only statin therapy but also intensive lifestyle modification.

(continues on next page)

In memory of one of UVM's finest teachers, Dr. Ellsworth Amidon (1906-1992). When difficult questions arose, the response often was “Ask Dr. Amidon.” Dr. Amidon was the first chair of the Department of Medicine at the UVM College of Medicine and at Mary Fletcher Hospital, where he was also the medical director.



ASK DR. AMIDON

(continued)

What should we tell women who are worried about heart disease but are asymptomatic?

I tell them that there is no “screening test” for heart disease. Plaque buildup is a slowly progressive process and even when visualized more or less directly (e.g. with CT angiography or cardiac catheterization) the information that there is or is not visible plaque buildup is not likely to affect the course of treatment in asymptomatic individuals beyond what a traditional risk assessment would. It is unsatisfying for many to be “reduced to a statistic” by way of risk assessment rather than getting a yes or no answer about whether they do or do not have a disease. The new guidelines for prevention of coronary disease in women address this by stating that nearly every woman is “at risk” of eventually developing cardiac disease, and thus most women should be proactive when it comes to modifiable risk factors. Again, no screening test and no quick cure, rather the familiar exhortation to live well, exercise, and know your cholesterol numbers. ■

Web Site Resources

Military, Family and Community Network

A statewide collaborative network of military and service providers working to meet the needs of soldiers and their families, especially those connected with the Global War on Terrorism: www.vtmfcn.org.

Prescription Drug Savings Program

Free prescription discount card that can save an individual and their family an average of 20% on eight out of ten prescriptions at participating pharmacies. There is no income limit, age requirement, eligibility, or registration required: www.familywize.org.

Careers in Medical Specialties

This site offers Careers in Medicine Specialty Pages, and lists the nature of the work, personal characteristics, training and residency information, match data, workforce statistics, salary information, and links to over 1,000 journals, publications and specialty and academic societies for 112 specialties and subspecialties. Register and login at: www.aamc.org/students/cim/.

U.S. Drug Error Finder

A new online tool enables physicians and consumers to look up drug names that have been identified with a medication error. The USP Drug Error Finder, from U.S. Pharmacopeia, is based on the nonprofit group’s annual report on medication errors involving drug nomenclature. The free Web tool includes more than 1,400 drugs that have been involved in look-alike and/or sound-alike errors. It lists the other drugs involved in the mix-up, as well as designating the severity of the reported error. More information is available at: <http://www.usp.org/hqi/similarProducts/drugErrorFinderTool.html>.

New Diabetes Report

In the United States, nearly 13 percent of adults age 20 and older have diabetes, but 40 percent of them have not been diagnosed, according to a study from the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) which includes newly available data from an Oral Glucose Tolerance Test. The researchers reported their findings in the February 2009 issue of Diabetes Care, which posted a version of the article online at: <http://diabetes.org/diabetescare>. ■



**PLEASE JOIN US AT
Vermont
Recruitment
Day**

**Wednesday, October 7, 2009
11:00 am to 2:00 pm**

**University of Vermont
College of Medicine
HSRF Hoehl Gallery**



Representatives from hospitals, AHEC, the Vermont Department of Health, Vermont Medical Society, Vermont Recruitment Center and many others, will be available to meet with students and residents about health career opportunities in Vermont.

MedQuest 2001 to UVM College of Medicine Student: Aleksey Androsov



Aleksey Androsov receives his white coat as a first year medical student from Frederick C. Morin, III, MD, Dean of the College of Medicine at UVM, in February, 2009.

Aleksey Androsov slipped into his medical white coat earlier this year at the annual White Coat Ceremony for first year medical students at the University of Vermont College of Medicine, but he wore scrubs for the first time eight years earlier at Northeastern Vermont AHEC's summer MedQuest week.

That's exactly what MedQuest is designed to do: pique a young person's interest in medical and health sciences careers.

"It was a great opportunity to experience medicine; I was extremely lucky that my advisor at the [St.

Johnsbury] Academy suggested I go to MedQuest," Aleksey recalls.

"The medical students were great and the best was visiting doctors; surprisingly, they were very open to us. I was invited into an operating room where the doctor amputated the finger of a man who injured it with a lawnmower. I got into scrubs and the doctor permitted me to stand right next to him while he worked. The doctor was very professional yet joked with the patient, who was awake for the surgery. That was the most memorable part for me; it's people like that doctor who make medicine so interesting for us as very young students," Aleksey notes.

MedQuest furthered his interest in a medical career ("It develops a spark of interest," Aleksey says) and the fact that his father was once a cardiologist in their native St. Petersburg, Russia undoubtedly helps. As a matter of fact, this summer Aleksey will travel to St. Petersburg to work for the summer with his father's classmate who is now chief of surgery in a hospital there. While in Russia, he will also attempt to re-start the UVM-Yaroslavl exchange program in which medical students do a clinical rotation in the exchange site. Aleksey will visit the coordinators who are still at Yaroslavl, and the effort would need to be approved by UVM.

After MedQuest, Aleksey completed his undergraduate work at Norwich University where he majored in biology and participated in the Corps of Cadets. He said he was fortunate to make wonderful friends and have good educational experiences at both Norwich and St. Johnsbury.

He remains enthusiastic about AHEC's MedQuest program and urged his sister to attend the year after he did, which she did. Angelina Androsov is now in a physician assistant's school in Manchester, NH.

"I would like to say thank you to physicians for the support that they give to MedQuest; those doctor encounters are what the students remember," he remarks. "And I would like to tell MedQuest students that you can do it; don't set huge goals, set small goals along the way." ■



Northeastern Vermont AHEC's MedQuest 2001 students included Aleksey Androsov, shown at left in a learning session.

Vermont AHEC & MedQuest 2009 Information

MedQuest is a hands-on health careers exploration program for high school students.

Champlain Valley AHEC

JUNE 21-26: UVM Campus

JULY 5-10: UVM Campus

Grades 9-12

For more information visit, www.cvahec.org

Northeastern Vermont AHEC

JULY 12-18: Lyndon State College

Grades 9-10

For more information visit, www.nevahec.org

Southern Vermont AHEC

JUNE 21-26: Southern Vermont College, Bennington

AUGUST 2-7: School for International Training (SIT) in Brattleboro

Grades 9-11

For more information visit, www.svahec.org



Southern Vermont AHEC Advanced MedQuest 2008 students at the UVM Campus.

Vermont Academic Detailing Program for 2009: Management of Migraines

The Vermont Academic Detailing Program delivers educational sessions to healthcare professionals at their practices throughout Vermont. This program is offered by the University of Vermont Office of Primary Care with funding support from public and private sources, including the State of Vermont; there is no pharmaceutical company sponsorship. The Vermont Academic Detailing Program goal is to promote high-quality, evidence-based, patient-centered,

cost-effective treatment decisions by healthcare practitioners.

The program consists of one hour case-based interactive sessions geared to primary care practitioners who prescribe medications. Sessions are delivered at Vermont practices by a pharmacist-physician team. Our team includes pharmacists Amanda Kennedy, PharmD, BCPS, Michele Corriveau, RPH, and Gary Starecheski, RPh, and internal medicine physicians Richard Pinckney, MD, MPH,

and Charles MacLean, MD. This program presents an objective unbiased overview of what evidence from studies shows about various medications and behavioral interventions used to treat a medical condition.

The new session offered this year is "Management of Migraines." Prescribers or office managers can schedule this session by contacting Laurie McLean at (802) 656-2179 or lmclean@uvm.edu. ■

Medical Interpreter Training Available

According to the Vermont Department of Labor, the interpretation and translation occupations have the second highest growth rate in the greater Burlington area at 4.2% through 2016. The VT Interpreter Task Force, a group of advocates dedicated to improving the quality and availability of skilled interpreters, recently assessed Champlain Valley needs related to interpretation generally and medical interpretation specifically. The group found that employers have difficulty providing enough specialized training to prepare general interpreters and translators for the technical, social and ethical demands of health care setting work. Cultures hold different views of illness, health and care, so medical interpretation usually involves more than matching words and phrases between languages. As a result, practitioners report that they must often schedule medical appointments around the availability of an appropriate interpreter.

To help develop the workforce, Champlain Valley Area Health Education Center (AHEC) purchased rights to provide Bridging the Gap medical interpreter training to employees and contractors of the Association of Africans Living in Vermont, Community Health Center of Burlington, Fletcher Allen Health Care, Vermont Refugee Resettlement Program, and local migrant farm worker partnerships. Champlain Valley AHEC and Fletcher Allen Health Care sent experienced local interpreter Guylaine Daoust to Seattle last summer

to become a certified Bridging the Gap trainer. Jacqueline Rose of Vermont Refugee Resettlement Program also holds the credential.

Champlain Valley AHEC will coordinate available resources with partner agencies and raise additional funds (some through "tuition" charges) to provide multiple 40-hour training sessions through July 2010. Participants will learn how to manage roles, ethics and the flow of a session/appointment; terminology; culturally specific information; communication skills; the professional role; and resources to continue learning after the series. Most sessions will be held in the greater Burlington area; one will be planned for winter 2010 in partnership with the Addison County Migrant Farm Worker Coalition. For information, contact Karin Hammer-Williamson, Education Resource Coordinator, Champlain Valley AHEC at 802-527-1474, khammer@cvahec.org.

Resources for Practices

- Good News! On February 24, 2009, the Office of Vermont Health Access announced clarification of its policy regarding reimbursement for interpreter costs associated with the delivery of covered Medicaid services. Both telephonic and face-to-face interpretations are covered. For more information Medicaid providers may consult the EDS Interpreter Banner Page Announcement or the Vermont

Medicaid Provider manual regarding Interpreter Services (procedure code T1013) at <http://ovha.vermont.gov/for-providers/provider-manuals> (then click on CMS 1500 08/05 Supplement Provider Manual).

- Champlain Valley AHEC's *Cultural Competency for Health Care Providers*, a compendium of topical, education and population-based resources compiled by Sarah Mulligan in partnership with the Freeman Medical Scholars Program at the UVM College of Medicine. Visit <http://www.cvahec.org> and scroll down to Cultural Competency.
- VT Interpreter Task Force Trainings (Champlain Valley region; periodically offered), "How to Work Effectively with Limited English Proficiency Persons and Interpreters." Contact: Tracey Tsugawa, Vermont Human Rights Commission, 800-416-2010, x23.
- Vermont Medical Society "Interpreter Issues and Resources" <http://www.vtmd.org> – click on Education, then on Interpreter Services. ■



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Spring Briefs

Data Mining Law Ruled Constitutional

The federal court upheld Vermont's Pharmaceutical Data Mining Law as constitutional in a decision announced in late April. The court found that the Vermont law reasonably regulates the information that data mining companies obtain from individual Vermonters' prescription information. The new law would allow physicians to protect the disclosure of this information for marketing purposes. The legislature's goal in enacting the law was to contain health costs by ensuring that physicians focus on generic alternatives where appropriate. The lawsuit alleges that the law violated data mining companies and pharmaceutical companies' right of free speech. The U.S. District Court rejected the contention, finding that the law reasonably regulated commercial speech. The opinion can be viewed at: www.atg.state.vt.us/upload/1240579961_IMS_Opinion.pdf.

Community Medical School

Spring Community Medical School lectures, sponsored by the University of Vermont and Fletcher Allen Health Care, include topics such as Alzheimer's disease, Diagnosing Autism Spectrum Disorders, Understanding Treatment for Atrial Fibrillation, and more.

For details about topics and presenters, program rebroadcasts on Cable Access television stations, and a list of libraries in Chittenden County that lend DVDs of the programs, go to: www.med.uvm.edu/cms.

2009-2010 Grand Rounds for School Nurses Dates

Dates for five Grand Rounds for School Nurses sessions in the 2009-2010 school year have been booked with Vermont Interactive Television (VIT). The dates are:

- Tuesday, Sept. 15;
- Wednesday, November 18;
- Tuesday, January 12;
- Tuesday, March 9; and
- Wednesday, May 12.

All sessions will take place between 3:30-5 p.m.

School nurses will soon receive AHEC's annual survey in which they select the topics on which next year's programs should focus to best meet their needs in caring for Vermont's K-12 students.

Direct Care Worker Registry

The Department of Disabilities, Aging and Independent Living (DAIL) launched Vermont's Direct Care Worker Registry last fall. The Registry is designed to help people who are looking for jobs in direct care for elders or individuals with disabilities connect to individual and agency employers. Those interested in finding a caregiver, or registering to work as a caregiver can learn more at the site: www.rewardingwork.org/vt.

People in the News

Fay Homan, MD of Little Rivers Health Care in Wells River, VT received the Outstanding Clinician Award of the B-State Primary Care Association at their May conference. Dr. Homan and **Stephen Genereaux, MD** led the effort to create the Little Rivers Health Care FQHC to continue **Dr. Harry Rowe's** tradition of providing "cradle to grave" care to residents of that part of the Northeast Kingdom. She was nominated for the award by the University of Vermont College of Medicine Office of Primary Care and the Vermont Area Health Education Centers (AHEC) Program.

Elizabeth Cote and **Charles MacLean, MD**, Associate Dean for Primary Care and Principal Investigator for the Vermont AHEC Program, participated in the White House Regional Forum on Health Reform that took place at the University of Vermont's Davis Center on March 17, one of five regional White House forums being held around the country.

Richard Pinckney, MD, MPH, Assistant Professor of Medicine, and co-director of UVM's Vermont Academic Detailing Program, delivered a session and trained other faculty members in "Motivational Interviewing" in February at the University of Puerto Rico School of Medicine and College of Health Related Professions in San Juan, Puerto Rico.

Two New Health Professions Programs in Vermont

Albany College of Pharmacy and Health Sciences has established a satellite campus in Colchester, VT which will become Vermont's only pharmacy school with seven faculty members and 70 students expected for the August 31 opening. The program will be the only one in Vermont to offer a four-year Doctor of Pharmacy degree (Pharm. D.) The Ph.D. offered by the Department of Pharmacology at the University of Vermont's College of Medicine focuses on research, not pharmacy practice.

The Southern New Hampshire University Graduate Program in Community Mental Health offers a Master of Science degree in Community Mental Health, designed to help individual students prepare for licensure as a professional mental health counselor. The program is offered one weekend per month in Burlington, VT, to accommodate the learning needs of working adults. More information is available at: pcmhadmissions@snhu.wedu.

Springfield Gets an FQHC

Springfield Medical Care Systems was awarded \$1.3 million to become Vermont's eighth Federally Qualified Health Center (FQHC), as part of the American Recovery and Reinvestment Act. The designation means that residents of the Springfield area will be able to access quality primary health care regardless of income, and the hospital will be able to expand services to provide access to affordable primary care, dental care, mental health counseling and the lowest cost prescription drugs available in the U.S. The two-year grant will make Springfield Hospital part of the largest FQHC in Vermont, and the first FQHC established by an entity that also operates a hospital.

New Health Workforce Information Center

The Bureau of Health Professions of the Health Resources and Services Administration (HRSA) recently unveiled an online resource with information (including state-by-state) about more than 50 health workforce topics and over 80 professions in health care. It includes workforce data and research, educational opportunities, health workforce programs and funding sources, and more. The address is: www.healthworkforceinfo.org.

Co-Occurring Mental Health & Substance Use Conditions

A comprehensive and free online course designed to give the participant a deeper understanding of co-occurring mental health and substance use conditions is available through the efforts of the Division of Alcohol and Drug Abuse Programs and the Department of Mental Health with the Vermont Agency of Human Services. The course can be accessed via: www.ahsnet.ahs.state.vt.us/leaningcenter/courses/coms/mainmenu.cfm.

Families Skimp on Medical Care Due to Cost

More than half of American families skimped on medical care in the past year, according to a new Kaiser Family Foundation survey. According to the Foundation's first healthcare tracking poll of 2009, 53 percent of Americans said their household cut back on health care due to cost concerns in the past 12 months, relying instead on home remedies and over-the-counter drugs rather than visiting a doctor (35 percent), skipping dental care (34 percent), not filling a prescription (21 percent), or cutting pills in half or skipping doses to make prescriptions last longer (15 percent). In a riskier attempt to make ends meet, 27 percent put off needed care, including 16 percent who postponed a doctor's visit related to a chronic illness like diabetes or delayed major or minor surgery.

The survey also showed that given the country's ongoing economic challenges, 62 percent of Americans support healthcare reform.

The complete February news release can be found at: www.kff.org/newsroom/index/cfm.

VHCURES = Former Multipayer Claims Database

Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES) (formerly Multipayer Claims Database) aids in reviewing health care utilization, expenditures, and performance in Vermont. It is a consolidated database of eligibility, medical and pharmacy claim records on health care provided to insured Vermont residents regardless of where care is rendered. VHCURES includes eligibility and medical and pharmacy claims data for comprehensive major medical benefits (insured and self-funded), Medicare Parts C and D, and Medicare Supplement. It is accessible at: www.bishca.state.vt.us/HcaDiv/VHCURES.

"State of the States" Report on U.S. Health Care

The State Coverage Initiatives program of the Robert Wood Johnson Foundation published a "State of the States" report about health care coverage, reform efforts cost containment and quality improvement efforts for each state in January, 2009. It is available online at: www.statecoverage.org.

Drug Makers Spent \$2.9 Million in Vermont

Vermont's Attorney General published its sixth annual report on pharmaceutical marketing disclosure showing that more than \$2.9 million was spent marketing to Vermont health professionals in FY '08. The full report is available at www.atg.state.vt.us.

UVM College of Medicine Ranked Sixth for Primary Care

The University of Vermont College of Medicine ranked sixth for primary care among the nation's 130 medical schools according to the U.S. News and World Report's 2010 "America's Best Graduate Schools" released in late April. UVM has consistently ranked in the top 15 percent of all medical schools in Primary Care.

"We're extremely proud to once again be recognized as a national leader in providing top quality medical education and training," said UVM College of medicine Dean **Frederick C. Morin, III, MD** "Primary care is an integral part of our health care system, and, along with our teaching hospital partner Fletcher Allen Health Care, we have a long history of education physicians who are well prepared to serve our community, our state and our nation. This positive feedback from our peer institutions, along with our strong student and faculty data, is a wonderful affirmation of our commitment to innovation and excellence in medical education."

The UVM College of Medicine received over 5700 applications for the 111 students in the Class of 2012 that entered in the fall of 2008, and has 458 total medical students over the four years.

Vermont Prescription Monitoring System Open

Registration began last month for Vermont-licensed health care practitioners and dispensers who want to be able to request information relating to a patient directly from the Vermont Prescription Monitoring System database. Benefits of the new System include: practitioners and pharmacists can effectively manage their patients' treatment; prescribers can see a record of all prescriptions previously received by the patient; patients can be identified who would benefit from early assessment, treatment, and rehabilitation for drug abuse and addiction; the Department of Health may use de-identified information from the database to monitor trends and address prescribing problems on a state or regional basis. More information is available at: <http://www.healthvermont.gov/adap/VPMS.aspx>. ■

Calendar

* For information, call UVM Continuing Medical Education at 802-656-2292, or go online to <http://cme.uvm.edu>.

JUNE

- 3 Annual Cultural Awareness Day. College of Medicine, UVM. Call: 802-656-4278.
- 5 Bi-State Primary Care Association New Hampshire-Vermont Clinician Recruitment & Retention Symposium. Lake Morey Resort, Fairlee, VT. Contact 802-229-0002.
- 11 Hospice & Palliative Care Council of VT Annual Conference. Lake Morey Inn, Fairlee, VT. Call 802-229-0579.
- 9-12 Family Medicine Review Course*. Sheraton, Burlington, VT.
- 18-21 Vermont Summer Pediatrics Seminar* The Equinox, Manchester, VT.
- 28-7/2 Women in Medicine*. Provincetown Inn, Provincetown, MA.

JULY

- 16-17 Quality and the Electronic Health Record: Making the Connection*. Hilton Hotel, Burlington, VT.

SEPTEMBER

- 15 Grand Rounds for School Nurses. All Vermont Interactive Television (VIT) sites. Call UVM AHEC 802-656-2179.
- 23-25 Primary Care Sports Medicine* Sheraton Hotel, Burlington, VT.
- 25-27 Annual Imaging Seminar*. Stoweflake Resort, Stowe, VT.

OCTOBER

- 1-4 Advanced Dermatology for the Primary Care Provider*. Cliff House, Ogunquit, ME.
- 3 Vermont Medical Society Annual Meeting. Basin Harbor Club, Vergennes, VT. Contact www.vtmd.org or (802) 223-7898.
- 7 Vermont Recruitment Day. UVM HSRF Hoehl Gallery, Burlington, VT. Call 802-655-2179 for info.

OCTOBER

- 22-24 Northern New England Critical Care Conference*. Stoweflake Resort, Stowe, VT.

NOVEMBER

- 16 Bridging the Divide Between Primary Care and Mental Health*. Sheraton, Burlington, VT.
- 17 Child Psychiatry for the Primary Care Clinician*. Sheraton, Burlington, VT.
- 18 Grand Rounds for School Nurses. All Vermont Interactive Television (VIT) sites. Call UVM AHEC 802-656-2179.

JANUARY 2010

- 12 Grand Rounds for School Nurses. All Vermont Interactive Television (VIT) sites. Call UVM AHEC 802-656-2179
- 20-24 Physician Assistant Academy of VT Winter Conference. Manchester, VT. Contact paav@conmx.net or 603-643-2325.

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