



Population Health Improvement Efforts in Vermont: Identifying Priorities

Population health refers to the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

In the previous issue of *Primarily Vermont*, we mentioned the Vermont Department of Health

(VDH) 3-4-50: A Focusing Framework for Community Health Improvement initiative. Developed by the Oxford Health Alliance, 3-4-50 is an evidence-based strategy that



Vermonters are more likely to die from chronic diseases than all other causes of death combined.

highlights three behaviors (unhealthy diet, sedentary lifestyle, and tobacco use) that lead to four chronic conditions (cardiovascular disease, cancer, chronic lower respiratory disease, and diabetes) that cause more than 50 percent of all deaths.

What are the specific challenges facing various parts of Vermont, and what initiatives are underway to address them? The Affordable Care Act requires that all tax-exempt hospitals and health systems conduct Community Health Needs Assessments at least once every three years and Vermont's Act 53 stipulates that hospitals maintain awareness of community needs and report on how these are met.

Each Vermont hospital web site carries a Community Health Needs Assessment (CHNA) and Report in some form. Below is a brief summary of identified challenges; visit hospital web sites to learn about responses and Implementation Plans.

Brattleboro Memorial Hospital: The 2015 CHNA conducted in partnership with Grace Cottage Hospital and the Brattleboro Retreat identified eight key needs in the Brattleboro Memorial Hospital (BMH) Service Area. Leadership at BMH prioritized needs as: High priority- mental health, obesity and substance abuse; Medium priority – aging, dental health problems, and difficulty navigating the healthcare system; and Lower priority – transportation, and culturally competent medical staff.

Central Vermont Medical Center: The 2016 CHNA of Washington County and the CVMC Service Area yielded 11 areas of need and CVMC is focusing on five top priorities: drug abuse, mental health support, tobacco use, healthy diets, and youth participation in physical activities. Other needs identified in the report include: access to oral health, available housing for those in need, decreasing teenage pregnancies, decreasing unplanned pregnancies, expanding services for the elderly, increasing the number of walking and bike paths.

Copley Hospital: Copley's 2015 CHNA identifies five primary care health concerns, including: access to health care, lifestyle and prevention, cost of health care and

(continued on page 2)

In Remembrance: Marge Trautz

It is with great sadness that we share news of the death of Northeastern Vermont AHEC's founding director, **Margaret H. Trautz**.



Marge took on the role of executive director for the first regional AHEC in the state of Vermont in 1997 and served until her retirement in 2008. Under her leadership, the Northeastern Vermont AHEC grew and flourished, providing valuable programming and resources to rural practices and practitioners, community agencies and partners, schools and students. Thanks to the solid foundation that Marge laid, Northeastern Vermont AHEC, along with the UVM AHEC Program and VT AHEC Network, continues with its mission of health workforce development to improve the health of Vermonters. Marge was an inspiration in her dedication and passion to serve. She will be truly missed.

This issue of *Primarily Vermont* and its *FY2016 Annual Report to the Community* is dedicated to the memory of Marge Trautz. ■

INSIDE

<i>Surgeon General's Letter</i>	3
<i>FY16 AHEC Highlights</i>	Insert
<i>FY18 AHEC Restructuring</i>	7

(Population Health continued from cover)

associated monetary issues, chronic health conditions, and social connections: family and friends' support. In an online survey respondents said the most frequent health issue or concern facing them or their family is arthritis, followed closely by high blood pressure and depression; the most frequent health issue or concern facing respondents' neighbors and/or community was obesity/overweight, followed by alcoholism and drug abuse or addiction; asked what prevents the respondent or their family from being healthy or well, the top response was "too busy to exercise."

Gifford Medical Center:

A 2015 CHNA for Gifford's Service Area identified: primary and chronic disease needs, and other health issues, including dental, diabetes care in seniors, mental health, adult obesity, and substance abuse. Community survey respondents identified the three biggest health problems in the area as addictions, obesity, and diseases associated with aging. Drug abuse was noted as the most risky behavior in their community. Participants identified dental fillings or other treatment, dental cleaning or x-ray, and alcohol or drug abuse counselor as the three most needed services. Asked why their health need was not met, the top response cited was "do not have dental insurance."

Grace Cottage Hospital: Following the Community Health Needs Assessment completed in 2015 (see Brattleboro Memorial Hospital), Grace Cottage prioritized needs to be addressed based in part on the alignment of the significant health need with the hospital's strengths and priorities, its ability to impact the significant health need within a reasonable time period, and other factors. High priority needs are: aging, colon and breast cancer, diabetes, heart disease/ high blood pressure, and mental health.

Medium priority needs are alcoholism and substance abuse prevention, cultural competency, difficulty navigating the system, financial barriers, flu vaccinations,

living; income, poverty, and family stress; access to transportation; access to primary care; health care for seniors; and tobacco use/smoking.

North Country Hospital:

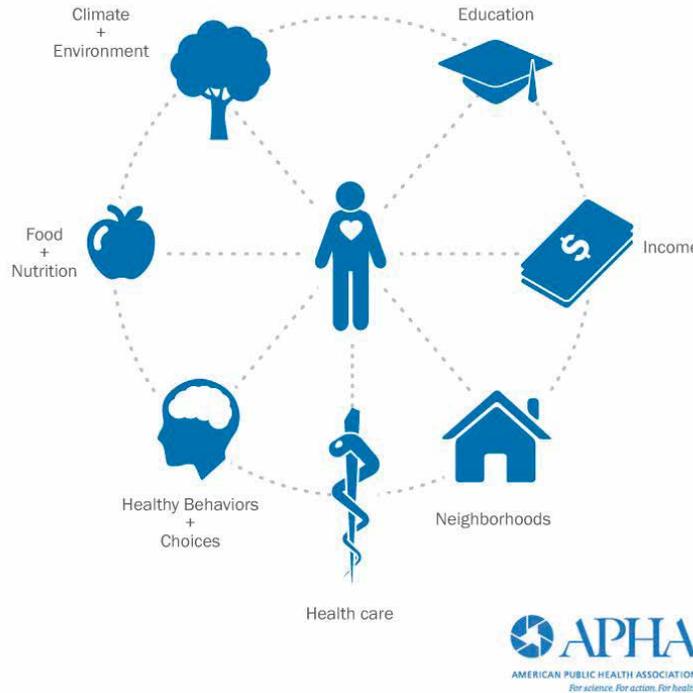
The 2015 CHNA yielded an implementation strategy that includes addressing: tobacco use and addiction treatment as well as prevention of alcohol, street drugs, and prescription drug abuse: addiction treatment and prevention; decreasing overweight/obesity by encouraging physical activities and healthy eating; access to dental and oral health care services. The strategy notes ongoing challenges with access to mental health and/or substance abuse treatment.

Northeastern Vermont Regional Hospital (NVRH):

The 2015 CHNA for this service area includes poverty-related issues of: lack of jobs and job training, isolation due to the stigma of poverty, affordable housing, food insecurity; substance abuse/ mental health challenges of crime related to substance abuse and rural isolation, lack of support; and

obesity – access to healthy foods, time, money and knowledge about program barriers to being physically active. NVRH is located in an area where health outcomes are low in comparison to the rest of the state (Caledonia County is ranked 9th and Essex and Orleans Counties are 14th and 13th, respectively). The

We know **good health** depends on **many things**



obesity/overweight/physical fitness, and smoking/tobacco use. Lower priority needs are chronic pain, dental, and transportation.

Porter Medical Center: Porter's 2015 CHNA notes it is fortunate to have many other agencies and organizations that address key issues such as mental health, dental health, and homelessness. It identifies as top priorities for the medical center to address: access to primary care, substance abuse/addiction, and obesity/nutrition/exercise.

Mt Ascutney Hospital and Health Center: The Board of Trustees approved an Implementation Plan to address these community health needs in April 2016: alcohol and drug misuse; access to mental health care; access to adequate and affordable health insurance, addressing the cost of prescription drugs; nutrition/ access to affordable healthy food; lack of physical activity and the need for recreational opportunities and active



PRIMARILY VERMONT

Primarily Vermont is published by The University of Vermont Larner College of Medicine Office of Primary Care, sponsor of the Vermont AHEC Program (www.vtahec.org).

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hospital uses the “Bridges Out of Poverty” program to define and identify ways to address poverty and its many factors. The program helps employees involved in social, health, and legal services to learn about redesigning programs to better serve people.

Northwestern Medical Center:

The 2015/16 CHNA was facilitated by Quorum Health Resources and identified as top priorities for this service area: mental health and substance abuse; obesity; smoking; cancer; suicide; domestic and sexual abuse. A considerable list of additional needs is also part of the report. Specific areas within those priorities to be addressed include suicide prevention, reduction in smoking rates, better early detection of cancer, and urging participation in RiseVT.com, a web site that helps people in Franklin and Grand Isle Counties to assess their lifestyle and plan improvements for better health.

Rutland Regional Medical Center:

Rutland County’s health outcomes were 11th out of 14 Vermont counties in 2015 when the latest CHNA was completed. Significant health needs identified in that

report include: Clinical Care - mental health and substance abuse services for youth; primary care providers; mental health and substance abuse services for adults; Health behaviors – life skills and physical activity; Social and Economic – recruitment and retention, societal culture building; educational attainment; Physical Environment – housing and transportation.

Southwestern Vermont Medical Center (SVMC):

Located in Bennington County where health outcomes were 12th out of 14 for the state, SVMC conducted a CHNA in 2015 that broadly outline priorities: access to care, healthy behaviors, and mental and behavioral health and addiction. This service area includes parts of New York and Massachusetts as well as southwestern Vermont, which makes the challenge of working with other agencies multi-pronged.

Springfield Hospital:

The 2016 CHNA identified three main areas of need to be addressed, including substance abuse/mental health, so closely linked in demand and utilization of services that they are considered one main focus area; obesity,

seen as both a personal health challenge and a community health challenge; and oral health, with few resources to help low income residents afford dentures, and a need to prevent tooth decay at an early age.

University of Vermont Medical Center:

The 2016 CHNA was conducted in partnership with a number of community organizations. The top needs were affordable housing, substance abuse treatment and economic opportunity, which were among the ten priorities outlined: access to healthy food, affordable housing, chronic conditions, early childhood and family supports, economic opportunities, healthy aging, mental health, oral health, STIs and teen birth, and substance abuse. One response by the medical center is an investment in two housing options for recently discharged patients, and the homeless. By tracking health care costs of the people housed before and after the investments, it was demonstrated that the investment saved health care costs. ■

Letter from the Surgeon General



Dear Colleague,

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

It is important to recognize that we arrived at this place on a path paved with good intentions. Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly – almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed. Now, nearly 2 million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.

I know solving this problem will not be easy. We often struggle to balance reducing our patients’ pain with increasing

their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

That is why I am asking you to pledge your commitment to turn the tide on the opioid crisis. Please take the pledge. Together, we will build a national movement of clinicians to do three things:

First, we will educate ourselves to treat pain safely and effectively. A good place to start is the TurnTheTideRx pocket guide with the CDC Opioid Prescribing Guideline. Second, we will screen our patients for opioid use disorder and provide or connect them with evidence-based treatment. Third, we can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing.

Years from now, I want us to look back and know that, in the face of a crisis that threatened our nation, it was our profession that stepped up and led the way. I know we can succeed because health care is more than an occupation to us. It is a calling rooted in empathy, science, and service to humanity. These values unite us. They remain our greatest strength.

Thank you for your leadership.

— Vivek H. Murthy, MD, MBA
19th US Surgeon General

Visit turnthetiderx.org to take the pledge and to access materials including patient resources.

The Northern New England Practice Transformation Network: Opportunity for Practice Transformation Support

Physician reimbursement is changing rapidly. By 2016, Medicare hopes to have at least 85% of payments tied to quality and value and have 90% tied to quality by the end of 2018. The new Merit-based Incentive System (MIPS) authorized under the MACRA legislation is anticipated to begin in CY 2019 based on CY 2017 measures reporting. Significant payment reductions are scheduled for non-participation with data submission requests under the new MIPS payment system.

Expectations around costs, value and provision of services can result in uncertainty, frustration and stress for providers. To succeed in this changing environment, clinicians may need support in navigating the many federal requirements.

The Transforming Clinical Practice Initiative (TCPI) is a new effort from the Centers for Medicare and Medicaid Services (CMS) to help ensure practices will be ready to participate in the new value-based payment models. The initiative, funded nationally at \$840 million over four years, supports both primary care and specialty practices,



with a focus on those serving small, rural, or underserved populations.

The Vermont Program for Quality in Health Care, is a part of the Northern New England Practice Transformation Network (NNE-PTN), which is dedicated to providing support to specialty care practices in Vermont, and primary and specialty care practices in New Hampshire and Maine. When a practice joins the NNE-PTN, VPQHC provides technical support and tools that prepare them for change and position their business, patients and team to thrive in this new environment. Participating practices receive: a practice assessment; a work plan addressing needs of the practice, focusing on patient care, practice team functioning and the financial health of the practice; and access to PQRS Solutions, which

supports reporting of clinical quality measures.

VPQHC is able to provide this support for three years. If you are interested in receiving more information about the NNE-PTN please contact Lee Bryan at leeb@vpqhc.org or 802-229-2152. ■

Non-Physicians Can Prescribe Drugs to Treat Opioid Addiction

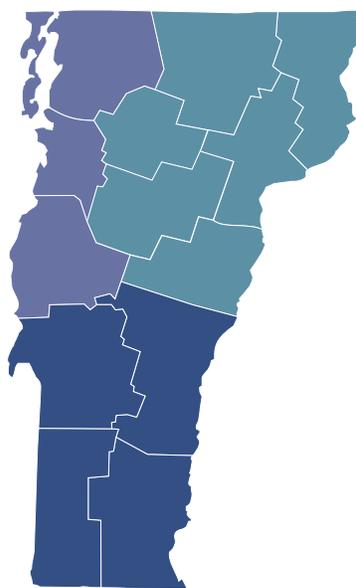
Nurse practitioners and physician assistants can obtain waivers from the federal government that will permit them to write prescriptions for drugs that curb addiction to opioids. Eligibility for the waiver includes a training requirement.

The Providers' Clinical Support System for Medication-Assisted Treatment (MAT) will provide at no cost the required 24 hours of coursework for nurse practitioners and physician assistants to prescribe buprenorphine for the treatment of opioid use disorders. The 8-hour DATA-waiver course is provided by DATA 2000 organizations (American Academy of Addiction Psychiatry, American Psychiatric Association, American Osteopathic Academy of Addiction Medicine, and American Society of Addiction Medicine) or PCSS-MAT. An additional 16 hours of coursework is provided by PCSS-MAT.

Once NPs and PAs have completed the 24 hours of training, they may apply for a waiver to prescribe beginning in early 2017. For more information, visit: <http://pcssmat.org>. ■

AHEC News From Around the State

For news from Vermont's three regional Area Health Education Centers, check out their community-based web sites:



- **Champlain Valley AHEC:**
www.cvahec.org
St. Albans
(802) 527-1474
- **Northeastern Vermont AHEC:**
www.nevahec.org
St. Johnsbury
(802) 748-2506
- **Southern Vermont AHEC:**
www.svahec.org
Springfield
(802) 885-2126

FY2016 REPORT TO THE COMMUNITY (JULY 1, 2015 – JUNE 30, 2016)

PHYSICIAN PLACEMENT: Adding a Pediatrician to Northwestern Vermont

The first time Jennifer Covino, M.D. saw Vermont was when she arrived at the University of Vermont College of Medicine for her admissions interview. She had interviewed at several medical schools in the Northeast, but she really liked the small environment of Vermont.

Dr. Covino grew up in Arlington, MA, and earned degrees in biochemistry and health administration at Suffolk University before she began to work in hospital administration at Massachusetts General Hospital. "I always enjoyed working in the sciences, so I decided to go to medical school," she remarks. At UVM, she was "impressed by how connected the faculty were with the students," but thought she would return to Boston after med school.

"The more time I spent in Vermont, the more I realized what a special place it is – from the wonderful communities of people willing to go the extra mile for those around them, to outstanding and kind educators within the state, to re-designing the health care system, to a focus on healthy living



Jennifer Covino with husband
Louis and daughter Vivian

and renewable energy, Vermont is the place to be." She says she was fortunate to do her pediatric residency at UVM Medical Center, and she met her husband, Louis Phelps (a Vermont native), playing volleyball. After residency, daughter Vivian

arrived, and it was time to start her first job as a physician.

AHEC's Physician Placement Program assisted by keeping her informed of current physician openings in Vermont and Dr. Covino began practicing at Northwestern

Medical Center's pediatric practice this fall. She receives Educational Loan Repayment, about which Dr. Covino says, "The significant cost of medical school is incredible and this definitely takes some of the stress off. Educational Loan

Repayment helps me feel like I can take a job in the community and focus on working with patients and their families." Filling a need for a pediatrician in Franklin County, she says "It's fun to be taking care of kids and I've met wonderful families." ■

"The significant cost of medical school is incredible and this definitely takes some of the stress off. Educational Loan Repayment helps me feel like I can take a job in the community and focus on working with patients and their families."

Physician Placement Program

The objective of the AHEC Freeman Physician Placement Program is to recruit physicians to workforce shortage areas of Vermont, with an emphasis on rural and underserved areas. To accomplish this, the program works with UVM College of Medicine graduates and UVM Medical Center medical residents and fellows to match them to the practices where they are needed.

AHEC placed 18 physicians during the past year, 12 in primary care and 6 in specialty care. Ten physicians were placed in rural counties, and 3 were placed at a Federally Qualified Health Center (rural/underserved). One of the specialty care placements was in psychiatry and one was as a hospitalist.

Currently, there are 141 physician vacancies posted with AHEC. ■

VT AHEC Sponsors New School Nurse Training

The UVM AHEC Program, working with the Vermont Department of Health, sponsored a one-day New School Nurse Training in August at the University of Vermont that attracted 40 new school nurses.

The new school nurses engaged with veteran school nurses to learn how to work on interdisciplinary teams, best practices for working in a school health office, practice using health office tools, learn time management tips and autonomy in a school setting, and they left the conference with contact information for experienced school nurses and important organizations. ■

Vermont PEP Student Anthony Spinella Pursues Neurology

Anthony Spinella, a UVM junior, Class of 2018, from Chelsea, VT, says he knew he wanted to be a physician from the time he was in his sophomore year in high school. He learned about the Premedical Enhancement Program (PEP) at a presentation to the Honors College.



Anthony Spinella

Anthony is majoring in neuroscience and minoring in economics ("to prepare for the business side of opening a practice"), in preparation for a career in medicine that he hopes will include attending the UVM Larner College of Medicine.

He needed an experiential component for the PEP application so he turned to an uncle who works in the vascular surgery area at Dartmouth Hitchcock Medical Center, where he shadowed a surgeon and saw the "before and after" aspects of vascular surgery. He entered PEP 1.5 years ago and says, "It's been amazing."

Ask him about the physicians he has shadowed in internal medicine and surgery and he speaks enthusiastically and in detail about what he has learned in those experiences, as well as the Grand Rounds he attends in neuroscience and neurology.

"One thing that is important for people going through medical school is to learn about patient interactions, and communicating with patients about end-of-life care," Anthony notes. Shadowing Amy Teleron, MD who is a hospitalist at the UVM Medical Center, he said listening to her end-of-life palliative care discussions with patients and learning how to frame a conversation was beneficial. "That is something you can

only get in person which you usually have late in medical school, so it was good to see that ahead of time."

His shadow experience with Peter Cataldo, MD, General and Colon and Rectal Surgeon at UVM Medical Center, Anthony comments "I got a good sense of how surgeries are carried out: a feel for what instruments to use when, keeping a clean work space, anesthesia administration, who has what jobs, and consultations with patients. Both doctors are really good at communications."

Anthony admits he is leaning toward the neurology field. Grateful for the experiences he has had in PEP, he recommends it to anyone who can qualify and has an interest in medicine, something he imparted to students when he worked Orientation for the Class of 2020. In PEP, he says, "You definitely get the most direct experience; you're right there in the thick of it." ■

PEP Student Sonia Zaccheo Values Adaptability

Sonia Zaccheo grew up in New York City but arrived at UVM via Indonesia where her parents were living. Before she applied to UVM, she already knew about the Premedical Enhancement Program (PEP), having discovered it while researching what UVM had to offer.

"I was excited to go to a university with a medical college and a hospital on one campus," Sonia states. She adds, "I don't think I realized quite how cold it could get in Vermont, but it is a really good place to study and focus and have fun."

Sonia took many chemistry and biology courses in high school, and at the end of her freshman year at UVM, she applied to PEP

and the Honors College and was accepted into both.

In PEP, she has shadowed Molly Barry, MD, at the Vermont Cancer Center (VCC) and Alissa Thomas, MD, a neurologist in oncology at the VCC and on Baird 4 of the UVM Medical Center. She has a Medical Student Mentor about whom she says, "It has been great to get wise words from a med student and learn more about the process from a practical perspective." She has attended Grand Rounds and reveals the Pediatric Grand Rounds on caring for transgender patients was fascinating.

"I think that being placed with two female doctors has been a positive experience for me; it's the first time I've felt that 'I want to be that in ten years'," Sonia remarks. She learned about medical care that "it's really so much about people: interaction with patients, families, everyone else in the office."

Sonia is also a tutor in the Tutoring Center at Living and Learning, and is currently vice-president of the Asian American Student Union, an organization that has helped her, as a person of Filipino, Italian and Swedish ancestry, to integrate the different parts of her – "one of the ways I've grown since coming to Vermont," she notes.

"One of the greatest attributes is adaptability: these different parts of me help me adapt to different situations and relate to different people and I think that will help me in the medical field," she concludes. ■



Sonia Zaccheo

About PEP

The Pre-medical Enhancement Program (PEP) prepares students for medical school admission. The PEP is highly selective and rigorous; students must maintain a minimum cumulative Grade Point Average (GPA) of 3.5.

To learn more about PEP, visit: <http://www.med.uvm.edu/ahec/healthcareers/undergraduate>.

VT AHEC Workforce Pipeline: Rebecca Adams, RN

Rebecca (“Becca”) Adams has been intent on a career in health care for a long time: perhaps because she learned to say “pediatrician” at the age of five, or because she adored her nurse at Mt. Ascutney Hospital when she had to have her tonsils and adenoids removed at age 10. But she credits Vermont AHEC with providing experiences in her school years that led to her becoming a nurse at Springfield Hospital Emergency Department (ED) today.

Born in Springfield Hospital, where she now works with Barbara Dalton, MD, who delivered her, Adams attended high school at Burr & Burton Academy in Manchester, where she focused on math and science courses. A guidance counselor told her about MedQuest, which Adams attended in Bennington where she job shadowed the Bennington Rescue Squad. She took a First Responder course, and became a member of the Londonderry Rescue Squad and the Fire Department.

While attending Norwich University to earn her bachelor of science in nursing degree, Adams was chosen for the Southern

Vermont AHEC College Student Internship Program (C-SHIP), and spent the summer working in the Springfield Emergency Department. By December of her senior year, Springfield offered her a full-time job upon graduation in 2014. “I like the variety and different challenges of the ED, the teamwork and fast-moving pace,” she says of the department.

Since working as a nurse, Adams has worked on the MedQuest team for a week at the Vermont Academy. “It was nice sharing my real experience with the students, from both the EMT side and as an emergency nurse,” she remarks. She is currently applying to attend Rivier College in Nashua for her nurse practitioner license; Adams says being in the ED has shown her the need for primary care providers.

When she isn’t working in the ED, she works as a substitute school nurse in Springfield schools, and serves as an EMT at Springfield Fire Department. Adams enjoys hiking, walking, and building a house in Weathersfield with her boyfriend.



Rebecca Adams, RN

About her Vermont AHEC experience, Adams says, “AHEC opened up many doors for me: I got into emergency medicine via MedQuest, and my C-Ship experience led to my first job.” Rebecca Adams is a Vermont nurse and EMT, and serves her community as an AHEC MedQuest mentor working to inspire the next generation of nurses. ■

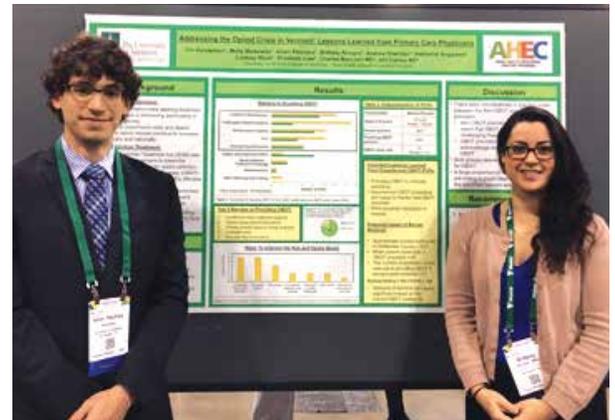
Health Professions Student Projects 2016

The University of Vermont Office of Primary Care (OPC) and AHEC Program sponsor medical and health professions students in community-based projects, often on an interdisciplinary team, to apply their classroom learning to the field, connect with communities in Vermont, examine a pressing community issue and learn about research and practicing primary care.

In 2016, Northeastern Vermont AHEC (NEVAHEC) sponsored a UVM medical student and a masters of social work student who studied “Evaluating Systems of Care for Adolescents Impacted by Substance Use in Lamoille County.” Working with the Vermont Department of Health Division of Alcohol and Drug Abuse Programs and NEVAHEC, the students conducted focus groups, gathered suggestions and developed a set of recommendations to address concerns of young people, who identified peer pressure to use drugs as a strong factor in the problem.

The UVM OPC and AHEC, working with the UVM Medical Center, sponsored a project on “Opioids at Hospital Post Operation Discharge Project,” carried out by two UVM medical students and a pharmacy student from the Albany College of Pharmacy. Their work focused on determining the optimal amount of pain medication to be prescribed following common operations, and has been used to inform policies and additional research.

In addition, OPC/AHEC worked with eight UVM Larner College of Medicine students in the Class of 2018 on a public health project titled “Addressing the Opioid Crisis in Vermont: Lessons Learned from Primary Care Physicians,” which examined the barriers to primary care physicians providing office-based opioid treatment. Two of those



Adam Petchers and Brittany Rocque presented their public health research project on “Addressing the Opioid Crisis in Vermont: Lessons Learned from Primary Care Physicians,” at the American Public Health Association’s annual meeting in Denver this fall.

students presented their findings this fall at the American Public Health Association’s annual meeting in Denver, CO. ■

Office of Primary Care and Vermont

VERMONT AHEC HEALTH CARE V Education & Ca

Grade 9-12 Students

Early pipeline programs reached 3,997 students of which 1,353 were identified as disadvantaged or minority students.

- Classroom presentations to 229 students
- Reached 2,266 students at career fairs
- 138 students attended the Sophomore Summit
- 118 students attended MedQuest camps

Undergraduate Pre-Health Students

- 22 students were mentored and participated in job shadowing in the Pre-Medical Enhancement Program (PEP).
- 12 MedQuest alums in health-related college programs completed paid internships as part of the College Student Internship Program (C-SHIP) in southern Vermont.
- Co-sponsored U.S. Army Clinic on Suturing for 69 undergraduate students interested in health careers.

GRADE 9-12 STUDENTS

OBJECTIVES

- Improve access to high quality educational experiences that relate to health care workforce needs.
- Increase students' readiness to pursue health care careers.

ACTIVITIES

- Explore a variety of careers in health care
- Understand a range of postsecondary options
- Academically prepare for college or career
- Build professional skills

UNDERGRADUATE PRE-HEALTH STUDENTS

OBJECTIVES

- Improve access to high quality educational experiences that relate to health care workforce needs.
- Increase likelihood that students will pursue additional health professions training or enter the Vermont health care workforce.

ACTIVITIES

- Explore settings, populations, systems and issues that influence a choice of health care career
- Build pre-clinical skills
- Engage with communities through service learning
- Develop networks of peers and professionals

Proven college preparation programs in partnership with VSAC

Proactive counseling in career and graduate education

ESTABLISHED, WITH NEW INNOVATIONS

Focusing on students who have identified an interest in a health care career, the Vermont AHEC is testing approaches to expand competency-based education programs, including use of an online learning platform that links to students' Personalized Learning Plans.

IN DEVELOPMENT

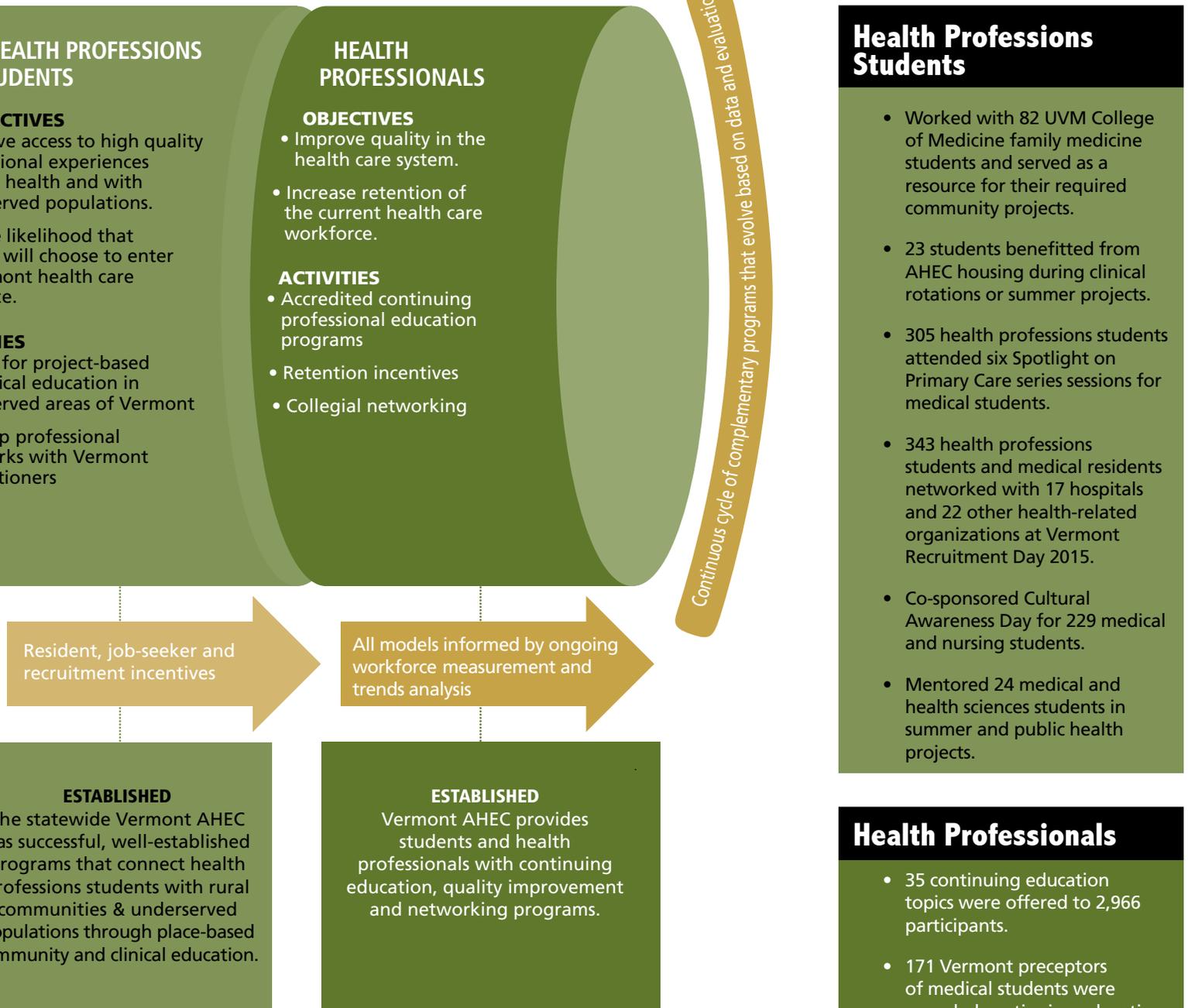
The statewide Vermont AHEC is assessing interest among UVM and VSC undergraduate pre-health students to expand existing programs that connect students to mentors in Vermont communities.

AREA HEALTH EDUCATION CENTERS www.uvm.edu/medicine/ah

AHEC Network 2015-2016 Highlights

WORKFORCE DEVELOPMENT

Career Pipeline



Health Professions Students

- Worked with 82 UVM College of Medicine family medicine students and served as a resource for their required community projects.
- 23 students benefitted from AHEC housing during clinical rotations or summer projects.
- 305 health professions students attended six Spotlight on Primary Care series sessions for medical students.
- 343 health professions students and medical residents networked with 17 hospitals and 22 other health-related organizations at Vermont Recruitment Day 2015.
- Co-sponsored Cultural Awareness Day for 229 medical and nursing students.
- Mentored 24 medical and health sciences students in summer and public health projects.

Health Professionals

- 35 continuing education topics were offered to 2,966 participants.
- 171 Vermont preceptors of medical students were awarded continuing education funds through the Community Preceptor Recognition Program.
- Processed 173 applications to the Vermont Educational Loan Repayment Programs.

Vermont High Schoolers Engage in MedQuest

There were 118 Vermont high school students who participated in the MedQuest and Advanced MedQuest summer experiences at college campuses around the state.

In addition to hands-on and job shadowing activities in health care, participants experience living on a college campus, and learn what subjects to take in high school to prepare for a health career major in college. Campuses that hosted 2016 MedQuest camps include Southern Vermont College, Vermont Academy, University of Vermont, and Johnson State College.

Other locations where shadowing and additional activities took place for the Champlain Valley AHEC MedQuest camps include: Richmond Rescue, Northwestern Medical Center, Counseling Services of Addison County, and Community Health Centers of Burlington, Spectrum Youth and Family Services; for Northern Vermont AHEC's MedQuest, additional sites were Northeastern Vermont Regional Hospital, North Country Hospital, Central Vermont Medical Center, and Copley Hospital.

Southern Vermont MedQuest West workshops and job shadowing sites included: Southwestern Vermont Medical Center, West Mountain Animal Hospital, Rutland Regional Medical Center, Riverside Veterinary Clinic, Regional Ambulance Service, Family Dental Associates, Bennington Rescue Squad, Prevent Child Abuse VT, Vermont Student Assistance Corporation (VSAC), and Southern Vermont College Nursing Department. For MedQuest East, sites included: Springfield Hospital, Brattleboro Memorial Hospital, White River Junction VA Hospital, Hartford Fire/Rescue, Brookside Nursing Home, Mt. Ascutney Hospital, Grace Cottage Hospital, West River Family Dental, West River Valley Vet Rescue, Inc., Putney Family Medicine, Professional Dental Care-Dr. Jerry Theberge, Ludlow Family Medicine, Ludlow Ambulance Service, Chester Family Medicine, Rockingham



Students in Advanced MedQuest learned casting as part of their program. Assisting them were: Ramya Ghantasala, left, a second year med student at UVM and Nik Moring, far right, a first year med student at UVM.

“MedQuest was a great experience where I learned about many career options that I did not even know existed.”

Medical Group, Springfield Animal Hospital, Vermont Technical College Nursing Program – Brattleboro Campus, and VSAC.

For the Advanced MedQuest week, sites were the University of Vermont Larner Medical Center, University of Vermont faculty and staff, and VCA Brown Animal Hospital.



Quotes from participants tell the story of MedQuest success: “It was a wonderful and eye-opening adventure that allowed me to see and experience many of the options that health care has to offer me for my future – it inspired and informed me greatly.”

“MedQuest supplies the diving board that allows you to leap into a pool of opportunities.”

“MedQuest was a great experience where I learned about many career options that I didn’t even know existed.”

“MedQuest was a great experience to find out what career paths appealed to me and how to succeed in health care.”

In response to, what was the most important thing you learned this week?: “Never to be afraid to ask questions”; “Taking care of myself”; “It’s important to be open to more career paths than the one you thought you would always do”; “How to interview a patient”; “Confidentiality & Professionalism.” ■



Above: Niamh Johnston-McWilliams, a St. Johnsbury Academy student, learns to suture.

Left: CVAHEC MedQuest student works in the dental simulation lab.

Highlights of October's Health Career Awareness Month

During the month of October Health Careers Awareness Month took place around the state with a goal of exposing youth and teens to the variety and rewards of health careers.

Sixty-four Vergennes seventh graders visited the Larner College of Medicine at the University of Vermont in late September to pick up their assignment for October. The middle-schoolers are working on descriptions of what it's like to be an adolescent to present to second-year medical students at UVM in November. The unit is part of the Larner College of Medicine's Generations course. During their initial visit, the seventh graders received a brief tour of UVM, asked a panel of health professions students how they became interested in health careers, and learned what the Vermont Area Health Education Centers (AHEC) Program can do to help them explore health careers.

The regional AHECs collaborated to lead a three-session workshop on health careers (attended by 50 students) at the annual Women Can Do! Conference on October 13 at Vermont Technical College. Participants expressed surprise about the large number of different careers in health care.

Southern Vermont AHEC hosted a workshop on health careers for 60 high school sophomores in Rutland County at the annual Sophomore Summit on October 6. AHEC supported a second workshop on sports medicine, which highlighted careers in physical therapy and athletic training. The event, sponsored by the Rutland County Workforce Investment Board, attracted 500 students to the Castleton State University site.

Northeastern Vermont AHEC (NEVAHEC) brought thirteen 2016 MedQuest alumni to the UVM Larner College of Medicine to experience activities in the Clinical Simulation Laboratory and Pathology Lab. NEVAHAC also participated in a college and career fair at North Country Union High School and an internship and career fair at Johnson State College. Brianna Doty, a MedQuest alumna from Lyndonville gave a presentation about her MedQuest experience to the Lyndonville Rotary Club.

Champlain Valley AHEC offered "A Day in the Life" experiences to Chittenden County high school students at the VNA of Chittenden and Grand Isle Counties on October 25 to learn what it is like to work at an adult day care program, a hospice house or as a traveling practitioner



making home visits. Another "A Day in the Life" session was conducted for 14 Franklin County high school students on October 18 at Northwestern Medical Center in St. Albans. Students received confidentiality and infection control training, a three-hour job shadow experience and a presentation by a UVM student services staff member.

These activities, along with press releases, Facebook posts, and reminders about the vthealthcareers.org web site, help to focus students and educators on the array of health careers available, and what students need to study to prepare for those careers. ■

Leia Ashikawa, an Arlington Memorial High School senior, practices an ear exam during Southern Vermont AHEC's Advanced MedQuest.

Vermont Academic Detailing Program

There were 126 Academic Detailing sessions delivered in 2015-16, to prescribers in 12 of 14 Vermont counties, on six different topics. The majority of sessions were delivered to primary care practices throughout the state.

Academic Detailing sessions present an objective overview of what evidence from studies shows about various drugs, and non-drug therapies used to treat a medical condition. An academic detailer will visit a primary care office anywhere in Vermont to present the latest evidence-based prescriber support and education for managing common but challenging primary care conditions. Participants earn one Continuing Medical Education (CME) credit per session. This program is funded through a Vermont Department of Health grant; there is no pharmaceutical company sponsorship associated with the program.

Topics for the current year include:

- Women's Health: Contraception to Menopause
- Oral Health and Fluoride Varnish in Medical Practices
- Management of Type 2 Diabetes
- Stroke Prevention in Atrial Fibrillation ■

Vermont Educational Loan Repayment

The University of Vermont and AHEC Program administered the Vermont Educational Loan Repayment Programs for physicians, advanced practice registered nurses, physician assistants, dentists, registered nurses, and licensed practical nurses. All recipients enter into a contractual service obligation and are required to serve Medicaid patients.

In the FY16 cycle, there were 173 applications (31 recruitment and 142 retention). Of 19 dental applications, 16 received awards; of 56 nursing applications, 23 received awards; and of 98 primary care practitioner applications, 51 received awards. Additionally, 18 primary care practitioners

and seven dentists received awards as part of Year 2 auto renewal for their two-year service contract.

Awards totaled \$2,003,588 of pooled federal, state, employer/community, and private funds.

The average (mean) educational debt of applicants was \$137,575 for primary care practitioners; \$269,359 for dentists; and \$37,065 for nurses. Educational debt ranged from \$1,907 to \$575,312 and the total debt of all applicants combined was \$16,279,195. From the FY15 to FY16 cycle, the average debt of all applicants increased by \$17,653 (from \$96,989 to \$114,642). ■

“Due to increasing educational debt, the need for educational loan repayment assistance becomes more evident every year. Educational loan repayment plays an important role in recruiting and retaining the health care professionals Vermont needs most.”

—Elizabeth Cote, director of the UVM Office of Primary Care and AHEC Program

The University of Vermont Office of Primary Care and Area Health Education Centers Program gratefully acknowledges its supporters:



Thank you!

- Brattleboro Memorial Hospital
- Central Vermont Medical Center
- Copley Hospital
- Delta Dental of Northern New England
- DentaQuest Foundation
- U.S. Department of Health and Human Services: Health Resources and Services Administration (HRSA) Bureau of Health Workforce
- Gifford Medical Center
- Grace Cottage Hospital
- Mt. Ascutney Hospital and Health Center
- North Country Hospital
- Northeastern Vermont Regional Hospital
- Porter Medical Center
- Rutland Regional Medical Center
- Southwestern Vermont Medical Center
- State of Vermont and Vermont Department of Health
- United States Army
- University of Vermont Larner College of Medicine
- University of Vermont Medical Center
- Vermont’s Congressional Delegation
- Vermont State Legislature



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AREA HEALTH EDUCATION CENTERS PROGRAM

Opioid Prescription Limit Set

A new state law goes into effect July 1, 2017 that will limit how many opioid pain-killing pills physicians can prescribe, and requires physicians to counsel patients about the risks of addiction before prescribing.

A legislative committee completed the new rules in December after Governor Peter Shumlin signed the bill. The new rules stipulate that prescribing clinicians will be allowed to prescribe no more than seven days' worth of opioids at a time for adult patients who do not take them on a regular basis. Specific dosages of drugs such as Oxycontin (oxycodone), Vicodin (hydrocodone) and Percocet (acetaminophen-oxycodone) are outlined for pain judged to be minor, moderate, severe, and extreme. Prescribing opioids for minor pain such as ankle sprains, nonspecific low back pain, headaches, fibromyalgia, molar removal and undiagnosed dental pain is prohibited.

The rules do not apply to patients in palliative care, those in nursing



homes, patients with certain medical complications, people with significant or severe trauma, patients who had a complex surgical intervention, patients in medication-assisted substance abuse treatment, or those who are taking opioid painkillers for chronic pain.

The rules state not to prescribe opioid painkillers for minor pain in children and to prescribe up to three days' worth if they have moderate to severe pain.

Vermont is one of 22 states to either adopt or toughen prescribing limits for opioid painkillers in 2016, according to *Kaiser Health News*. ■

For further information, consult the Vermont Department of Health: healthvermont.gov/

Congress Approves 21st Century Cures Act

Congress approved additional funding for states to fight the opioid addiction, research at the National Institutes of Health, and mental health, among other provisions. President Obama signed the bill into law on December 13.

The legislation provides \$1 billion for those working on the front lines of the opioid epidemic, and states experiencing a high incidence of opioid addiction will be prioritized to receive funding. Particular attention was paid to brain and cancer research allocations in the bill, and another provision aims to reduce fraud and abuse in the Medicaid program. ■

National Study Ranks Vermont Tops in Head Start

Vermont and Kentucky were top-ranked in a study of Head Start programs in all 50 states. The study was conducted by the National Institute for Early Education Research and study director Steven Barrett, professor at Rutgers University, says it is the first time in the 50-year history of Head Start that a study has been done to look at funding, services, and quality state by state. The study was funded by the Bill and Melinda Gates Foundation.

A recent study by Georgetown University found that when done well, Head Start can have positive academic effects that last nearly a decade.

Head Start is an \$8.2 billion federally funded program that serves more than 900,000 children.

For more information, go to <http://www.npr.org/sections/ed/2016/12/14/505432233/after-50-years-head-start-struggles-with-uneven-quality>.

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News Briefs

NATIONAL

Surgeon General's Report on Addiction

The first-ever *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* reviews what we know about substance abuse and how that knowledge can be used to address substance misuse and related consequences. The content includes key findings related to substance abuse and disorders, supplementary materials, and a vision for the future. The full report can be seen at: <https://addiction.surgeongeneral.gov/>.

VERMONT

VDH Diabetes Toolkit Available

The Vermont Department of Health's Diabetes Toolkit includes a set of ten brief, large-print information sheets that can be printed and downloaded for patients as part of their self-management plan. It is accessible at: <http://www.healthvermont.gov/prevent/diabetes/diabetes.aspx#toolkit>. The full Toolkit for providers can be seen at: http://healthvermont.gov/prevent/diabetes/documents/HYH_Toolkit/HYH-Toolkit_preventing_type2_diabetes_fullguide.pdf.

LPN Re-licensure Survey Summary

The 2016 re-licensure survey of Vermont licensed practical nurses (LPNs) shows the average age is 49 years old, with nearly one-quarter (24%) of those being age 60 or greater. The greatest percentage of LPNs work in nursing home/extended care/assisted living facilities, and the most common specialty of nursing practice is geriatrics/gerontology (36%). Survey results indicate an increase in the number of male LPNs over the last decade, to a current 9%, as well as a slightly more ethnically diverse LPN workforce. There is an expected 1.6% annual growth in LPN positions, at a median wage of \$20.74. The complete survey summary can be seen at: vtahec.org.

Battenkill Valley Health Center Upgrades

Two federal grants are funding major upgrades to Battenkill Valley Health Center, a federally qualified health center, to expand their medical services, including the addition of a dental practice.

Vermont Ranked Second for Health of Women, Children and Infants

The United Health Foundation's *2016 America's Health Rankings*[®] *Health of Women and Children* report evaluates and ranks states based on more than 60 measures of health and well-being from 18 individual sources of data. Vermont ranked second, after Massachusetts and followed by New Hampshire. Notable successes for Vermont include percentage of children who have adequate health insurance; percentage of women who had prenatal care before the third trimester; percentage

of babies age zero to two who received a well-baby checkup in the past 12 months; percentage of infants that are breastfed exclusively at 6 months of age; and percentage of women ages 18 to 44 who have a dedicated health care provider.

The report identifies challenges that remain in Vermont as: 20.8% of pregnant women age 18 to 44 smoke; 15.8% of pregnant women age 18 to 44 consumed alcohol; and 12.4% of homeless family households (per 100,000 households). The full report is available at americashealthrankings.org.

UVM Health Care Management and Policy Certificate

A new Certificate of Graduate Study in Health Care Management and Policy will be offered at the University of Vermont beginning in January, 2017. The 18-credit program introduces students to health care policy, finance and management issues relevant to today's evolving health care environment. The new program is designed for health care and public health professionals, medical students, nurses, and recent bachelor's degree graduates with interest in a non-clinical graduate degree in health care policy.

VDH Reports Pertussis Outbreak

There has been an increase in the number of Pertussis (whooping cough) cases in recent weeks, according to the Vermont Department of Health (VDH). Two cases were documented among UVM students and a cluster was identified in the St. Albans (Franklin County) area. The VDH recommends that healthcare providers consider pertussis when evaluation cough illness, reporting all suspected and confirmed cases to the VDH, following treatment guidelines listed in the VDH bulletin, and recommending vaccination to those who need it. Complete information for clinicians is available at: <http://healthvermont.gov/prevent/pertussis/providers.aspx>.

Vermont Dentist Census

The 2015 Vermont Census of Dentists, published by the Vermont Department of Health, is now available at: <http://healthvermont.gov/research/HlthCarePrvSrvys/HealthCareProviderSurveys.aspx>

SASH Wins National Recognition

The Support and Services at Home (SASH) state-funded program that employs community-based care coordinators at low-income, non-profit senior housing facilities for at-home coordinated care, received the 2016 Excellence in Program Innovation Award from the American Public Health Association (APHA) and the charitable Archstone Foundation at the APHA annual meeting in Denver, CO this fall.

VMIS Foundation Awards Scholarships

The Vermont Medical Society's Education and Research Foundation recently awarded \$5,000 scholarships to University of Vermont Larner College of Medicine students **Margaret Graham** and **Grace Adamson**, both in the Class of 2018. Graham is a 2016 recipient of the Freeman Foundation Legacy Scholarship, and holds a master's degree in epidemiology. Adamson is a Middlebury College graduate who became a lawyer, practicing for 12 years in Washington, D.C. When she decided

to leave law, she earned a graduate certificate in Public Health and Health Services from George Washington University before she was accepted at the UVM Larner College of Medicine. Both students plan to remain in Vermont to practice medicine.

People in the News

Joseph Perras, MD, will become CEO of Mount Ascutney Hospital and Health Center in Windsor in January. He has been the chief medical officer there since 2015.

Daniel Bennett is the new president and CEO at Gifford Medical Center in Randolph. Raised in Brandon, VT he was most recently the chief operating officer at Waldo County General Hospital in Belfast, ME. He replaces **Joe Woodin**, who left after 17 years at Gifford to lead a hospital in eastern Massachusetts.

Judy Tartaglia, president and CEO of Central Vermont Medical Center, has announced her retirement in the spring.

Charles MacLean, MD, professor of medicine and associate dean for primary care, joined panelists **Patricia Fisher, MD**, assistant professor of medicine, and **Stephen Leffler, MD**, professor of surgery and chief medical officer of UVM Medical Center to discuss "The State of Opioid Addiction in Vermont: Treatment and Research" to kick off the fall Community Medical School series at UVM.

The Vermont Medical Society (VMS) presented several awards at its recent annual meeting: **Lewis First, MD**, of the University of Vermont Medical Center, was awarded the Distinguished Service Award for his work as chair of the Department of Pediatrics and chief of the UVM Children's Hospital; **David Halsey, MD**, also of the UVM Medical Center, was named Physician of the Year; **James Thomas, MD**, of Castleton, was honored with the Physician Award for Community Service; **Madeleine Mongan, Esq.**, was named Citizen of the Year; and **William Cyrus Jordan, MD, MPH**, of Montpelier, received the Founder's Award for efforts to improve health care delivery in his area.

VMS named **Wendy Davis, MD**, a pediatrician at UVM Medical Center and professor of pediatrics at UVM, as its new president; **Mark Levine, MD** and **Trey Dobson, MD** were chosen to be president-elect and vice president, respectively.



Barbara M. Richardson, MSN, RN-BC, CCRN a transitional care team leader at Southwestern Vermont Medical Center, was one of five nurses named as a 2016 American Nurses Credentialing Center National Magnet Nurse of the Year.

The award was given for her commitment to structural empowerment, one of the five tenets of the Magnet model. Richardson partners with local primary care providers to identify at-risk patients and helps patients navigate from one care setting to another. She created a support network within the community by establishing partnerships with mental health services, Meals on Wheels, and the Support and Services at Home (SASH) Program. She also collaborates with a community care team that works on decreasing emergency department visits. At the same national conference where Richardson accepted her award, the Transitional Care team presented a concurrent session titled "Beyond Care Transitions: Nurses Building an Accountable Community." ■

Vermont AHEC Network to Restructure for FY18

The Vermont Area Health Education Centers (AHEC) Network takes very seriously the responsibility of putting forward a health care workforce development work plan that is relevant, fiscally responsible, sustainable, administratively efficient, and maximizes our impact on the Vermont communities we serve. As we all know, the current education, health care, technology, reporting, program evaluation, and funding environments of today are very different from when VT AHEC was first established in 1996. Following several years of periodic discussions, and with a new federal grant cycle approaching, it has been decided that now is the time to restructure the VT AHEC Network.

Early planning is underway for VT AHEC to restructure from three regional centers to two regional centers effective for next fiscal year (FY18): a Northern VT AHEC (a 501c-3 located in St. Johnsbury) and a Southern VT AHEC (a 501c-3 located in Springfield), working in partnership with the University of Vermont AHEC Program (located in Burlington) and ensuring continued statewide AHEC coverage. This new model merges the geographic territory and programming of the Champlain Valley AHEC (a 501c-3 located in St. Albans) into a revised VT AHEC Network infrastructure and reduces operating costs.

Many factors were considered in coming to this decision, including: finances and programs, the direct and indirect costs relative to benefits and alignment with goals, geographic location, populations served, and a comparison to AHECs nationally. As with any merger or consolidation, the decision to restructure was difficult. We believe that this revised structure will make a stronger and more nimble VT AHEC Network that is in the best interest of UVM and its health professions students, the statewide AHEC Program, and our shared work to improve access to primary care on behalf of Vermonters. In the months ahead, the VT AHEC Network will be working together on program and staff transition details, including ways to mitigate impact on the Champlain Valley AHEC's five employees.

Taking this action now will allow for thoughtful individual and organizational planning to occur over the next ten months. We will share information with community partners and stakeholders as planning continues. Thank you for your understanding during this transition, and join us in thanking the Champlain Valley AHEC team for its efforts over the years. ■

Charles MacLean, MD, UVM Associate Dean for Primary Care

Elizabeth Cote, Director, UVM Office of Primary Care and AHEC Program

Nicole LaPointe, Executive Director, Northeastern Vermont AHEC

Jane Nesbitt, Executive Director, Champlain Valley AHEC

Marty Hammond, Executive Director, Southern Vermont AHEC



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Calendar

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19-22 *Physician Assistant Academy of Vermont Annual Winter Conference, Equinox Resort, Manchester, VT.*
Register at: paav.org

FEBRUARY

3-6 *Eastern Winter Dermatology Conference 2017**
Stowe Mountain Lodge,
Stowe, VT

10-12 *Eastern International Imaging Symposium 2017**
Stowe Mountain Lodge,
Stowe, VT

FEBRUARY

12-14 *Hospital Medicine 2017**
Stowe, VT

MARCH

11 *UVM Medical Center Cardiovascular/Vascular Forum**
Vermont National Country Club, South Burlington, VT

APRIL

5 *Vermont Geriatrics Conference**
Capitol Plaza Hotel,
Montpelier, VT

MAY

5 *Child Psychiatry in Primary Care**
Hampton Inn,
Colchester, VT

* For more information call: UVM Larner College of Medicine Continuing Medical Education at (802) 656-2292, or go online to <http://cme.uvm.edu>.