

# ***VERMONT*2009**

## *Palliative Care and Pain Management Report*

Report to the Legislature Pursuant to **Act 25, Section 19**  
January 15, 2010



**DEPARTMENT OF HEALTH**  
**Agency of Human Services**

Board of Medical Practice  
108 Cherry Street, P.O. Box 70  
Burlington, VT 05402-0070  
1.802.657.4220  
[healthvermont.gov/hc/med\\_board/bmp.aspx](http://healthvermont.gov/hc/med_board/bmp.aspx)

## ***Introduction***

Section 19 of Act 25 (2009-2010) provides that, by January 15, 2010, the Board of Medical Practice and the Board of Nursing must report to the House Committee on Human Services and the Senate Committee on Health and Welfare regarding their “recommendations for improving the knowledge and practice of health care professionals in Vermont with respect to palliative care and pain management.”

This is the Board of Medical Practice’s Report.

In formulating the recommendations that follow, the Board of Medical Practice applied information gained from a thorough review of Continuing Medical Education (CME) literature and consulted with many organizations and individuals, including the Vermont Ethics Network and its Palliative Care and Pain Management Task Force, the Vermont Medical Society, the Board of Nursing, and the Vermont Association of Hospital and Health Systems. The Board also wishes to acknowledge the contribution of seven medical students and numerous faculty members from the University of Vermont College of Medicine, engaged in a Public Health practicum, who assisted the Board (at the Board’s request) by designing and carrying out a survey of Vermont-licensed physicians regarding palliative care and physicians’ views of the resources available to them to address their patients’ end-of-life care needs.

In general, the Board found that Vermont is well-resourced with palliative care clinicians, and that most physicians believe that they have the skills and knowledge to address the end-of-life care needs that fall within the focus of their practices. Since adult learners tend to seek, acquire, and apply new information to fill self-recognized gaps in knowledge and skill, and since experience shows that conventional CME which does not connect with a self-recognized deficit has little impact on a physician’s practice pattern, it seems unlikely that a requirement for conventional CME in any specific area, such as

palliative care, would result in improved care in that area across the profession. The Board did find, however, that there are potentially effective strategies that can improve delivery of palliative care by physicians other than mandatory CME. In addition, the Board identified strategies that can address the broader issue of assuring that physicians licensed in Vermont possess current knowledge regarding the medical issues they confront in their areas of practice. Finally, the Board found that understanding of palliative care and end-of-life care needs is rapidly evolving with respect to both the physician's role, and the needs and role of the patient and family. Continued dialogue and study by care givers and patients is needed to bring new learning in this area into daily practice, and the Board offers a recommendation designed to foster this process.

## ***Recommendation 1: Establish a Palliative Care Hotline for Physicians and Other Health Care Professionals***

The Board recommends that a Palliative Care Hotline be established and operated 24 hours a day, 365 days a year. Physicians and other health care professionals calling a toll-free number could speak to a palliative-care physician to discuss options for alleviating suffering and become informed about available resources.

Approximately half of Vermont-licensed physicians responding to the survey conducted by the University of Vermont College of Medicine students stated that they would be likely to utilize such a provider network for access to information relating to pain management and palliative care. In this survey, a majority of physicians also indicated that lack of access to appropriate pain management information is a barrier to achieving effective patient care in regard to pain management.

The Palliative Care Program at Fletcher Allen Health Care (FAHC) has provided information to the Board regarding services it has made available to physicians providing end-of-life care. These services include a Palliative Care Hotline which can be accessed by physicians at any time of day or night. In addition to the hotline, FAHC provides palliative care consultations via telemedicine, a mentorship program for rural health care providers, and site visits to community hospitals to provide updates on palliative care issues and education.

## ***Recommendation 2: Provide Legislative Authority for the Board of Medical Practice to Require Evidence of Current Professional Competence Before Physician License Renewal***

The Board recommends that Section 1400 (a) of Title 26, Vermont Statutes Annotated, be amended to provide explicit authority for the Board to require evidence of current professional competence in order for a physician to renew his or her license to practice medicine in Vermont.

The Board recognizes the value of the American Board of Medical Specialties (ABMS) certification process as evidence of professional competence in a specific practice area such as hospice and palliative care medicine, and believes that maintaining ABMS certification in a specialty or subspecialty provides satisfactory evidence of current professional competence. Furthermore, in order to assist consumers in finding out whether a particular Vermont-licensed physician is ABMS certified and help consumers learn which Vermont-licensed physicians are ABMS certified physicians, the Board has placed information about ABMS on the Board website:

[http://healthvermont.gov/hc/med\\_board/PhysiciansCertifiedbyAMBS.aspx](http://healthvermont.gov/hc/med_board/PhysiciansCertifiedbyAMBS.aspx)

The Board is still exploring how physicians who do not have current ABMS certification could demonstrate their continuing competence. Determining competence of practicing physicians for the purpose of license renewal is a topic of active discussion and study by academics, physician associations, state licensing authorities, and by the Federation of State Medical Boards (FSMB). These discussions are being driven by the recognition that, while the current forms of Continuing Medical Education are useful indicators, taken alone, they do not provide sufficient assurance of competence.

### ***Recommendation 3: The Medical Practice Board Encourage Participation of Vermont Health Care Professionals in the Vermont Ethics Network Conference to Further Explore Palliative Care and Pain Management Issues in Vermont***

Section 18 of Act 25 creates a Palliative Care and Pain Management Task Force in Vermont coordinated by the Vermont Ethics Network (VEN). Based on information collected from health care providers, nursing homes, residential care facilities, assisted living facilities and insurance companies, VEN will hold a statewide meeting on March 22, 2010 at Gifford Hospital in Randolph. This meeting will bring together professionals and other stakeholders who have an interest in shaping systemic improvements to palliative care and pain management services across the state. The goals of the meeting will be to:

- review the current understanding of how these services are being accessed and delivered
- prioritize common themes that emerge relative to gaps and recommendations
- map out a statewide plan for improving palliative care and pain management services for all Vermonters.

In January, 2005, the State of Pennsylvania established a similar statewide Task Force for Quality at the End of Life. The Task Force's charge was to recommend improvements in the state's capacity to maintain the quality of life of the growing elderly population and those with serious illness. Composed of representatives from academia, government, medical institutions, consumers, providers and disability, faith-based, and minority communities, the Task Force made 160 detailed recommendations reaching to such areas as provision of care, financing of care, and professional education. The Task Force's comprehensive 2006 Report may be accessed here:

<http://www.aging.state.pa.us/aging/lib/aging/DOA-102forweb.pdf>

In view of the productive nature of the Pennsylvania task force and the potential of a similar process for improving the understanding of end-of-life care in Vermont, the Board supports VEN's conference initiative.