

**Vermont Health Care Innovation Project
Practice Transformation Work Group Meeting Minutes**

Pending Work Group Approval

Date of meeting: Tuesday, October 4, 2016, 10:00am-12:00pm, Oak Conference Room, Waterbury State Office Complex

Agenda Item	Discussion	Next Steps
<p>1. Welcome and Introductions; Approve Meeting Minutes</p>	<p>Laural Ruggles called the meeting to order at 10:01am. A roll call attendance was taken and a quorum was achieved.</p> <p>Julie Tessler moved to approve the August 2016 meeting minutes by exception. Catherine Simonson seconded. The minutes were approved with two abstentions (Maura Graff and Nancy Breiden)</p>	
<p>2. “Equity in Pregnancy Intention” (EPIC) Campaign to Reduce Unintended Pregnancy</p> <p>Maura Graff, Planned Parenthood of Northern New England</p>	<p>Maura Graff, Director of the Project to Reduce Unintended Pregnancies, presented from the slides in the handout at Attachment 2.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Half of pregnancies in Vermont are unintended • Over \$30M was expended in Vermont on unintended pregnancies in 2010; unplanned births are nearly twice as likely to be publicly funded in Vermont • EPIC – Equity in Pregnancy Intention Campaign – 2016-2021 <ul style="list-style-type: none"> ○ Project Results <ul style="list-style-type: none"> ▪ 1. Political support for access to birth control increased. ▪ 2. Awareness about LARC improved. ▪ 3. Use of birth control increased. ○ Five areas of project focus: <ul style="list-style-type: none"> ▪ Community Coordination ▪ Mass Media ▪ Expanded Access 	

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	<ul style="list-style-type: none"> ▪ Education ▪ Advocacy ○ The group is piloting new tools across the State to allow a variety of providers in a variety of settings to offer family planning counseling, including to such groups as: <ul style="list-style-type: none"> ▪ New Americans ▪ People living with disabilities ▪ Incarcerated populations • Sam Liss asked how the group is balancing the holistic approach v. the individual – in terms of the more mechanical aspects of pregnancy. E.g. taking into consideration the entire lifestyles of people, as opposed to the specific use of contraceptives. The response is that the hope is to not only take clinical needs into consideration, but also the lifestyle of the individual. For example, the types of birth control that require an individual to take an action every day may not be right for everyone, and that notion is being built into the contraceptive counseling sessions that occur. That includes a discussion around life/birth planning so that plans are tailored to overall life goals for everyone. • Dale Hackett asked about the on-going effects of a program like this on population overall, and noted that there are likely more things to consider. The response noted that IUDs, in particular, can be removed at any time and are not a permanent method of birth control. As well, Maura noted that the program overall intends to start the discussion about family planning earlier and to be more thoughtful and empowering to people to allow people to achieve their reproductive life plans. • The group discussed the family planning tool and that it is not meant to prevent all pregnancies. The first questions focus on whether the family intends to have children in the next year, or longer term. The counseling then focuses on ensuring pre-pregnancy care is sought. • Kate O’Neill asked if the group is working with the agency of education which has a cooperative agreement with the CDC around sexual health services, which focus on referral systems? Yes, they are working together and have an agreement in place to help expand the education program around the state. • Jessa Barnard noted that there is also a program at UVM that provides sex education and women’s health around the state by way of academic detailing. Maura noted that she was aware of the program and that it might be an opportunity to collaborate with the EPIC program. • Jessa also asked if there are specific policy goals related to the newly passed access to birth control law. Maura stated that PPNE’s next steps are to put together some handouts to provide education around the law and also to better understand the impacts and time table for the implementation of all the parts of the law. She noted that it continues to surprise her how many providers still do not know the details around providing access to birth control, or that it is covered by the ACA in most cases. 	
3. Home and Community Based Rules Update	<ul style="list-style-type: none"> • Megan Tierney-Ward and Roy Gerstenberger from DAIL presented from the slides and materials found in Attachments 3, 3a-3c. 	

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<p>Megan Tierney-Ward and Roy Gerstenberger, Vermont Department of Disabilities, Aging and Independent Living</p>	<p>The group discussed the following:</p> <p>Vermont has been a leader in this area in terms of offering home and community based services. 14 other states have followed suit over time.</p> <p>Over the last two years, CMS has released an updated series of rules, focusing on the following:</p> <ol style="list-style-type: none"> 1) Area of person centered planning; a great deal of clarity has been provided in this area 2) What does community mean to the individual 3) Integrity and independence of case management (conflict-free case management) <p>CMS is requiring states to implement a transition plan around how to achieve and address these new goals.</p> <p>The group discussed the following:</p> <p>Reference: table on page 54 of the materials packet. This is the kind of thinking that states, including Vermont, have been engaged in to ensure that they are meeting the goals of the program. The team at DAIL has assessed each of the requirements against the various programs offered to individuals in Vermont.</p> <p>There are two areas of federal focus:</p> <ul style="list-style-type: none"> • Settings requirements (where services are provided) – for example, there is a requirement that the individual reside in a home where the doors are lockable by the individual and that only appropriate staff or providers have keys. • Person-centered planning requirements – there are very specific criteria that need to be followed. The assessment in Vermont has revealed that there are opportunities for providers to improve upon certain areas – perhaps by putting stronger language in the standards or reviewing and updating standard practices. <p>DAIL, in partnership with AHS, is developing tools to allow providers to do their own assessments, and also a survey to help gauge patient satisfaction and provider awareness to be in compliance with the plan.</p> <p>There are identified pressure points which are occurring in some places around Vermont when the agency is acting in multiple roles that may be perceived as being in conflict. The timetable is that the plan as a whole has to be in place by 2018.</p> <p>At this point in the assessment, there are seven (7) areas where changes or updates to policy need to be made.</p> <p>DAIL and AHS are currently undergoing the State rulemaking process and several rules are in the process of being updated now.</p>	

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	<p>Standardized process mapping is occurring around the agency now to allow VT to be a model for this kind of assessment and improvement process.</p> <p>Some areas that have been identified are home care providers who have shared living arrangements and home care provider characteristics – the rules do allow that the requirements meet certain standards around transparency. E.g. safety interventions or travel restrictions – an agreement is made formally with signatures and an expiration date to ensure that an individual’s rights are not being overly or unfairly restricted.</p> <p>CMS’ setting descriptions were based on feedback from citizens and communities; the concern is about the potential isolation of individuals, for example, when a group home is located on the grounds of a hospital. Also, farmstead communities have raised concerns that these environments are not typical and the individuals there are not able to interact with all general populations. These kinds of environments have particularly heightened scrutiny in that CMS and the state are both paying attention to these to ensure that they are achieving their goals.</p> <p>Transition plan being created and provided to CMS is being negotiated as we go. Only 4 states have been accepted so far.</p> <p>For more information or questions, please contact: megan.tierney-ward@vermont.gov Roy.Gerstenberger@vermont.gov</p>	
<p>Population Health Plan Update</p> <p>Heidi Klein, Vermont Department of Health</p>	<p>Heidi Klein, Director of Planning and Health Care Strategy and Tracy Dolan, Deputy Commissioner, Department of Health presented an update on the Population Health Plan. Please reference Attachment 4 in the materials packet.</p> <p>The Population Health Plan (PHP) is a required element of the SIM grant overall; but we are also doing it to meet the third aim of the Triple Aim and improve the health of the population.</p> <p>The Vermont plan highlights systemic change at the regional, state or community levels.</p> <p>Heidi Klein led a presentation and discussion of the plan: Three questions:</p> <ul style="list-style-type: none"> • From your work group’s point of view, how does this plan advance your work? • How well do the goals and recommendations of the plan align with yours for moving ahead? • What else would you want to see in order to get behind this plan? 	

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	<p>Five principles:</p> <ol style="list-style-type: none"> 1. Use Population-Level Data on Health Trends and Burden of Illness to Identify Priorities and Target Action. 2. Focus on Prevention, Wellness, and Well-Being at All Levels – Individual, Health Care System, and Community. 3. Address the Multiple Contributors to Health Outcomes 4. Community Partners are Engaged in Integrating Clinical Care and Service Delivery with Community-Wide Population Prevention Activities. 5. Create Sustainable Funding Models Which Support and Reward Improvements in Population Health, including Primary Prevention and Wellness. <p>Recommendations:</p> <p>Governance Requirements: include entities that have the authority, data/information, and strategies Care Delivery Requirements and Incentives to move from acute care to more coordinated care Metrics and Data of population health outcomes Payment and Financing Methodologies towards value-based payment and alternative sustainable financing for population health and prevention</p> <p>State: Governance Requirements</p> <ul style="list-style-type: none"> • Embed governance requirements in Medicaid contracts with ACOs and other providers. • Require ACOs, through Act 113 of 2016, to include public health and prevention leaders in their governing entities. • Create a statewide public/private stakeholder group, similar to the Population Health Work Group that recommends activities to State health policy leadership. • Expand partnerships to other sectors that impact health. Build upon the Governor’s Health in All Policies Task Force. <p>Regional: Governance Requirements</p> <ul style="list-style-type: none"> • Continue to expand partnerships to other sectors that impact health at the community or regional levels including housing, business, city and town planners, among others. • Expand existing Community Collaboratives to meet all the components of Accountable Communities for Health. <p>Metrics and Data Use the population health measures to drive statewide priority setting for improvement initiatives Leverage the region-specific data, such as the Blueprint Profiles to each hospital service area.</p>	

Agenda Item	Discussion	Next Steps
	<p>Payment and Financing Methodologies How providers are paid and how funds flow through the health system</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • The team was commended by Sam Liss for including social determinants of health; note that it's person directed, as much as possible, not just person centered. • It was noted that OneCare Vermont and the Department of Health have been collaborating to create change packages. • Jessa Barnard from the Vermont Medical society raised the issue of data gathering and was appreciative of the efforts around coordinating data collection with other initiatives, noting the provider fatigue around data collection. • Kirsten Murphy asked about segmenting population by sub-populations and look at the needs of underserved populations. Such as the unique needs of developmental disability population and other sub-populations that have long term services and supports. Tracy responded that the PHP team did consider how they wanted to approach this. Health outcomes, underserved, groups by income/equity. They chose systemic approach. How do these systems cut across various populations and consider populations as a whole. The downside is that the PHP does not have call outs for everything. <p>➤ Heidi concluded by noting that feedback is wanted!</p> <p>Email comments on the PHP to Heidi.klein@vermont.gov or Participants should feel free to contact Georgia Maheras (georgia.maheras@vermont.gov) or Sarah Kinsler (sarah.kinsler@vermont.gov) to provide additional written or verbal comments; <i>all comments are due by November 2.</i></p>	
<p>Practice Transformation Initiative Updates</p> <p>Erin Flynn, Department of</p>	<p>Core Competency update: The training series has finished Day 6, and has offered an advanced training workshop to over 40 individuals. This training was given by Julie Burnes from PCDC, with a focus on complex individuals facing Mental Health, Substance Abuse and homelessness issues.</p>	

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<p>Vermont Health Access and Pat Jones, Green Mountain Care Board</p>	<p>The manager and supervisor training is coming up on October 18th at WSOC. And later this week, there will be a webinar focusing on tips for facilitating meetings that are inclusive of people with disabilities.</p> <p>There will be two more webinars – website and resources are all posted on the VHCIP project page.</p> <p>The Integrated Communities Care Management Learning Collaborative (ICMLC) held an in person learning session centered around the topic of ‘keeping the shared care plan alive under dynamic and changing circumstances.’ Expert faculty Dr. Terry O’Malley presented tools to map out highest priority transitions in care in a community and processes for identify data that is needed from all parties in a transition.</p> <p>Erin next presented future plans for the group – there will be a webinar in early November during which Maura Crandall, from OneCare Vermont will provide an update on community progress with implementing the care management software tool, Care Navigator. Pilot communities have been invited to participate and discuss early learnings from the tool implementation process.</p> <p>Jenney Samuelson noted that communities have expressed strongly their desire to continue this work, and that the is significant commitment from the Blueprint and ACOsto keep this learning going – discussions are underway about planning further learning sessions throughout 2017.</p>	
<p>5. Wrap-Up and Next Steps; Plans for Next Meeting</p>	<p>Next Meeting: Tuesday, November 8, 2016, 10:00 am – 12:00 pm AHS - WSOC Oak Conference Room 280 State Drive, Waterbury</p>	

VHCIP Practice Transformation Work Group Member List

*Julie Tessler 10
Catherine Simonsen 20*

4-Oct-16

Member		Member Alternate		Minutes	
First Name	Last Name	First Name	Last Name		Organization
Susan	Aranoff ✓	Bard	Hill		AHS - DAIL
		Clare	McFadden		AHS - DAIL
Abe	Berman	Sara	Barry ✓		OneCare Vermont
		Emily	Bartling		OneCare Vermont
		Maura	Crandall		OneCare Vermont
		Miriam	Sheehey		OneCare Vermont
Beverly	Boget	Michael	Counter		VNAs of Vermont
Kathy	Brown	Stephen	Broer		DA - Northwest Counseling and Support Services
Barbara	Cimaglio	<i>Tracy Heidi</i>	<i>Dylan Klein</i> ✓		AHS - VDH
Molly	Dugan	Stefani	Hartsfield		Cathedral Square and SASH Program
		Klm	Fitzgerald		Cathedral Square and SASH Program
Eileen	Girling	Heather	Bollman ✓		AHS - DVHA
		Jenney	Samuelson ✓		AHS - DVHA - Blueprint
Maura	Graff ✓			<i>A</i>	Planned Parenthood of Northern New England
Dale	Hackett ✓				Consumer Representative
Sarah	Jemley	Jane	Catton		Northwestern Medical Center
		Candace	Collins		Northwestern Medical Center
Linda	Johnson	Debra	Repice		MVP Health Care
Pat	Jones ✓				GMCB
Nancy	Breiden ✓			<i>A</i>	VLA/Health Care Advocate Project
Dion	LaShay ✓				Consumer Representative
Patricia	Launer ✓	Kendall	West		Bi-State Primary Care
Sam	Liss ✓				Statewide Independent Living Council
Deborah	Lisi-Baker ✓				Consumer Representative

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Member		Member Alternate		Minutes	4-Oct-16
First Name	Last Name	First Name	Last Name		Organization
Barbara	Prine				VLA/LTC Ombudsman Project
Kate	McIntosh	Judith	Franz		Vermont Information Technology Leaders
Bonnie	McKellar	Mark	Burke		Brattleboro Memorial Hospital
Jessa	Barnard ✓	Stephanie	Winters		Vermont Medical Society
Mary	Moulton				VCP - Washington County Mental Health Services Inc.
Sarah	Narkewicz ✓				Rutland Regional Medical Center
Mike	DelTrecco				Vermont Association of Hospital and Health Systems
Laural	Ruggles ✓				Northeastern Vermont Regional Hospital
Catherine	Simonson ✓				VCP - HowardCenter for Mental Health
Patricia	Singer	Jaskanwar	Batra		AHS - DMH
		Mourning	Fox		AHS - DMH
		Kathleen	Hentcy		AHS - DMH
Shawn	Skafelstad ✓	Julie	Wasserman ✓		AHS - Central Office
Mike	Hall	Meg	Burmeister		Area Agency on Aging (V4A)
Audrey-Ann	Spence				Blue Cross Blue Shield of Vermont
JoEllen	Tarallo-Falk				Center for Health and Learning
Julie	Tessler ✓				VCP - Vermont Council of Developmental and Mental Health Services
Ben	Watts				AHS - DOC
	33		24		

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VHCIP Practice Transformation Work Group Attendance Sheet

Tuesday, October 04, 2016

	First Name	Last Name	Organization	Practice Transformation
1	Nancy	Abernathy	Learning Collaborative Facilitator	X
2	Peter	Albert	Blue Cross Blue Shield of Vermont	X
3	Susan	Aranoff ✓	AHS - DAIL	M
4	Debbie	Austin	AHS - DVHA	X
5	Ena	Backus	GMCB	X
6	Melissa	Bailey	AHS - DMH	X
7	Michael	Bailit	SOV Consultant - Bailit-Health Purchasing	X
8	Jessa	Barnard ✓	Vermont Medical Society	M
9	Susan	Barrett	GMCB	X
10	Emily	Bartling	OneCare Vermont	MA
11	Jaskanwar	Batra	AHS - DMH	MA
12	Todd	Bauman	DA - Northwest Counseling and Support Ser	MA
13	Bob	Bick	DA - HowardCenter for Mental Health	X
14	Charlie	Biss	AHS - Central Office - IFS / Rep for AHS - DM	X
15	Beverly	Boget	VNAs of Vermont	M
16	Heather	Bollman	AHS - DVHA	MA
17	Mary Lou	Bolt	Rutland Regional Medical Center	X
18	Nancy	Breiden	VLA/Disability Law Project	MA
19	Stephen	Broer	VCP - Northwest Counseling and Support Ser	M
20	Kathy	Brown	DA - Northwest Counseling and Support Ser	M
21	Martha	Buck	Vermont Association of Hospital and Health	A
22	Mark	Burke	Brattleboro Memorial Hopital	MA
23	Anne	Burmeister	Planned Parenthood of Northern New Engla	X
24	Meg	Burmeister	CV Area Agency on Aging	MA
25	Dr. Dee	Burroughs-Biron	AHS - DOC	X
26	Denise	Carpenter	Specialized Community Care	X
27	Jane	Catton	Northwestern Medical Center	MA
28	Alvysia	Chapman	DA - HowardCenter for Mental Health	X
29	Joy	Chilton	Home Health and Hospice	X
30	Barbara	Cimaglio	AHS - VDH	M
31	Candace	Collins	Northwestern Medical Center	MA
32	Amy	Coonradt	AHS - DVHA	S
33	Alicia	Cooper	AHS - DVHA	S
34	Amy	Cooper	HealthFirst/Accountable Care Coalition of th	X
35	Julie	Corwin	AHS - DVHA	S
36	Michael	Counter	VNA & Hospice of VT & NH	M
37	Maura	Crandall	OneCare Vermont	MA
38	Claire	Crisman	Planned Parenthood of Northern New Engla	A
39	Diane	Cummings	AHS - Central Office	X
40	Dana	Demartino	Central Vermont Medical Center	X
41	Steve	Dickens	AHS - DAIL	X
42	Molly	Dugan	Cathedral Square and SASH Program	M
43	Trudee	Ettlinger	AHS - DOC	X

44	Kim	Fitzgerald		Cathedral Square and SASH Program	MA
45	Erin	Flynn	✓	AHS - DVHA	S
46	Mourning	Fox		AHS - DMH	MA
47	Judith	Franz		Vermont Information Technology Leaders	MA
48	Mary	Fredette		The Gathering Place	X
49	Aaron	French		AHS - DVHA	X
50	Meagan	Gallagher		Planned Parenthood of Northern New Engla	X
51	Luce	Garand	✓	Downs Rachlin Martin PLLC	X
52	Christine	Geller	✓	GMCB	S
53	Eileen	Girling		AHS - DVHA	M
54	Steve	Gordon	✓	Brattleboro Memorial Hospital	X
55	Maura	Graff	✓	Planned Parenthood of Northern New Engla	M
56	Dale	Hackett	✓	Consumer Representative	M
57	Samantha	Haley		AHS - DVHA	X
58	Mike	Hall		Champlain Valley Area Agency on Aging / CC	MA
59	Stefani	Hartsfield		Cathedral Square	MA
60	Kathleen	Hentcy		AHS - DMH	MA
61	Selina	Hickman		AHS - DVHA	X
62	Bard	Hill		AHS - DAIL	MA
63	Breana	Holmes		AHS - Central Office - IFS	X
64	Christine	Hughes		SOV Consultant - Bailit-Health Purchasing	S
65	Jay	Hughes	✓	Medicity	X
66	Jeanne	Hutchins	✓	UVM Center on Aging	X
67	Sarah	Jemley		Northwestern Medical Center	M
68	Linda	Johnson		MVP Health Care	M
69	Craig	Jones	✓	AHS - DVHA - Blueprint	X
70	Pat	Jones	✓	GMCB	M
71	Margaret	Joyal		Washington County Mental Health Services	X
72	Joelle	Judge	✓	UMASS	S
73	Sarah	Kinsler	✓	AHS - DVHA	S
74	Tony	Kramer		AHS - DVHA	X
75	Sara	Lane		AHS - DAIL	X
76	Kelly	Lange	✓	Blue Cross Blue Shield of Vermont	X
77	Dion	Lashay	✓	Consumer Representative	M
78	Patricia	Launer	✓	Bi-State Primary Care	M
79	Deborah	Lisi-Baker	✓	SOV - Consultant	C
80	Sam	Liss	✓	Statewide Independent Living Council	M
81	Vicki	Loner	✓	OneCare Vermont	M
82	Carole	Magoffin	✓	AHS - DVHA	S
83	Georgia	Maheras	✓	AOA	S
84	David	Martini		AOA - DFR	X
85	John	Matulis			X
86	James	Mauro		Blue Cross Blue Shield of Vermont	X
87	Lisa	Maynes		Vermont Family Network	X
88	Clare	McFadden		AHS - DAIL	MA
89	Kate	McIntosh		Vermont Information Technology Leaders	M
90	Bonnie	Mckellar		Brattleboro Memorial Hospital	M
91	Elise	Mckenna		AHS - DVHA - Blueprint	X
92	Jeanne	McLaughlin		VNAs of Vermont	X
93	Darcy	McPherson		AHS - DVHA	A
94	Monika	Morse			X

95	Ludy	Morton		Mountain View Center		X
96	Mary	Moulton		VCP - Washington County Mental Health Se		M
97	Kirsten	Murphy	✓	AHS - Central Office - DDC		MA
98	Reeva	Murphy		AHS - Central Office - IFS		X
99	Sarah	Narkewicz	✓	Rutland Regional Medical Center		M
100	Floyd	Nease		AHS - Central Office		X
101	Nick	Nichols		AHS - DMH		X
102	Monica	Ogelby		AHS - VDH		X
103	Milki	Olaszewski	✓	AHS - DVHA - Blueprint		X
104	Kate	O'Neill		GMCB		MA
105	Jessica	Oski		Vermont Chiropractic Association		X
106	Ed	Paquin		Disability Rights Vermont		X
107	Eileen	Peltier		Central Vermont Community Land Trust		X
108	John	Pierce				X
109	Luann	Poirer		AHS - DVHA		S
110	Rebecca	Porter		AHS - VDH		X
111	Barbara	Prine		VLA/Disability Law Project		MA
112	Betty	Rambur		GMCB		X
113	Allan	Ramsay		GMCB		X
114	Paul	Reiss		HealthFirst/Accountable Care Coalition of th		X
115	Virginia	Renfrew		Zatz & Renfrew Consulting		X
116	Debra	Repice		MVP Health Care		MA
117	Julie	Riffon		North Country Hospital		X
118	Laural	Ruggles	✓	Northeastern Vermont Regional Hospital		C
119	Bruce	Saffran		VPQHC - Learning Collaborative Facilitator		X
120	Jenney	Samuelson	✓	AHS - DVHA - Blueprint		MA
121	Jessica	Sattler		Accountable Care Transitions, Inc.		X
122	Rachel	Seelig		VLA/Senior Citizens Law Project		X
123	Susan	Shane		OneCare Vermont		X
124	Maureen	Shattuck		Springfield Medical Care Systems		X
125	Julia	Shaw		VLA/Health Care Advocate Project		X
126	Miriam	Sheehy	✓	OneCare Vermont		X
127	Catherine	Simonson	✓	VCP - HowardCenter for Mental Health		M
128	Patricia	Singer		AHS - DMH		M
129	Shawn	Skaflestad	✓	AHS - Central Office		M
130	Pam	Smart		Northern Vermont Regional Hospital		X
131	Lily	Sojourner		AHS - Central Office		X
132	Audrey-Ann	Spence		Blue Cross Blue Shield of Vermont		M
133	Holly	Stone		UMASS		S
134	Beth	Tanzman		AHS - DVHA - Blueprint		X
135	Jolien	Tarallo-Falk	✓	Center for Health and Learning		M
136	Julie	Tessler	✓	VCP - Vermont Council of Developmental ar		M
137	Bob	Thorn		DA - Counseling Services of Addison County		X
138	Win	Turner				X
139	Beth	Waldman		SOV Consultant - Bailit-Health Purchasing		X
140	Marlys	Waller		DA - Vermont Council of Developmental and		X
141	Nancy	Warner	✓	COVE		X
142	Julie	Wasserman		AHS - Central Office		S/MA
143	Ben	Watts		AHS - DOC		X
144	Kendall	West		Bi-State Primary Care/CHAC		MA
145	James	Westrich		AHS - DVHA		S

146	Robert	Wheeler	Blue Cross Blue Shield of Vermont	X
147	Jason	Williams	UVM Medical Center	X
148	Stephanie	Winters	Vermont Medical Society	MA
149	Jason	Wolstenholme	Vermont Chiropractic Association	X
150	Mark	Young		X
151	Marie	Zura	DA - HowardCenter for Mental Health	X
				151