

**MARBLE VALLEY HEALTHWORKS**

*Personalized Medical Practice*

**Bruce Bullock, MD \* Seth Coombs, MD  
Suzanne Jones, PA-C**

8 Commons Street, Rutland, VT 05701  
(802) 770-1805

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# THE PROOF IS IN THE PUDDING

In 2011, we changed our practice to a personalized medicine model with the hope that improved health would follow when clinicians and patients have the necessary time to build relationships with better understanding and trust. We were convinced that powerful relationships would drive improved care, yield better outcomes and eventually cost less. We now have data that confirms that hope.

Blueprint for health is a project of the Vermont Department of Health Access that helps primary care clinics measure the care they provide to their patients. Blueprint has been collecting data from providers engaged in the program since 2008, and the latest report shows convincingly that our practice excels across the broad array of measures. The data collected is of several types: testing related to management of chronic illness, screening tests for common illness, utilization of hospital services, and patient demographics. In all categories, our practice performed favorably compared to others in the region and state. Let's take a closer look.

Managing chronic illness: Chronic illnesses like diabetes, hypertension and emphysema are a major cause of serious illness and a major social expense. Closer management of those diseases should help to reduce their impact. Most of that management is done by primary care practices - either directly or by coordinating services with specialists. The Blueprint report used diabetic testing as a measure of how well practices performed this important function. Diabetic patients at MVHW were tested for diabetic kidney disease 93% of the time, compared to 82% by other regional practices and 78% statewide. Our patients were tested for diabetic eye disease 72%, compared to < 50% for other regional and state practices.

Screening: Discovering serious illnesses early in their course often makes treating that disease easier and less expensive. That is the principle behind screening protocols, like blood tests and x-rays for various cancers, osteoporosis and other diseases. Choosing who to examine and with which tests is a central role of primary care providers. Ninety percent of eligible women at MVHW had their recommended mammograms, compared to 82% in the region and 80%

statewide. For cervical cancer, tested with pap smears, our rate was 78% compared to 61% and 64% respectively. Preventive health is part of the reason we're so invested in your annual Comprehensive Wellness Exams, so it's no surprise that we do it well.

Hospital visits: The most dramatic difference measured between our practice and others around the state was regarding frequency of hospital visits. Though some illnesses are so severe or sudden that they require treatment in an emergency department or hospital, many hospitalizations and emergency department visits can be avoided when serious disease is treated earlier in its course. Not only is medical care rendered in hospitals or emergency centers expensive, it is often safer to be treated outside of a hospital. Patients at MVHW were more likely to see their primary doctor and more likely to take advantage of "non-hospital" outpatient visits like physical therapy, counseling and visiting nurses. However, they were less likely to need more costly services like medical specialists, surgeons and "advanced imaging" studies like CT scans and MRIs. Our patients were hospitalized 30% less often than patients of other practices in the region, and 20% less than elsewhere in the state. For emergency room visits, the difference was even more striking: our patients visited the emergency room 80% less often than patients of practices around the state.

We are very pleased to be able to share this good news with our patients who made our efforts possible. It validates our prediction that better communication between doctors and their patients doesn't just feel good. It leads to better decisions, which in turn lead to better health. Since the benefits of many healthcare tests and treatments take time to bear fruit, we expect the future to bring even more dramatic improvements in health and cost savings.

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# SHOULD EVERYONE SPEND MONEY ON VITAMINS ?

Do you find the aisle with vitamins to be overwhelming? You are not alone. The shelves at most pharmacies and grocery stores are brimming with many options for vitamins and minerals. This is an ever changing industry and can be quite difficult to navigate as the potential health benefits are not clear. Also the dosing recommendations are different from different manufacturers. There have even been studies indicating that people who take supplements have a greater risk of death than those who do not.

**Vitamins** are necessary for normal metabolism, but in small amounts. They are not made by the human body and are best obtained from the diet. Most people that follow a well-balanced and healthy diet are likely getting an adequate amount of most vitamins. Studies on the effects of vitamins often disagree with each other and can lead to confusion. There is insufficient evidence for or against taking vitamins to prevent chronic disease or to reverse disease. Furthermore, there are at least four different references for intake amounts. These include the Dietary Reference Intake, Adequate Intake, Estimated Average Requirement and Tolerable Upper Level. The Dietary Reference Intake (DRI) is the intake necessary to meet the dietary requirements for healthy people. I will touch on a few of the commonly taken vitamins. There is a chart at the end of this article with the DRI for some common vitamins and minerals for the healthy adult without known deficiency.

**Vitamin A, C and E are antioxidants.** There are theories that these vitamins may prevent cancer and cardiovascular disease. However, there is a lack of definitive evidence that this is true. Vitamin A is abundant in the American diet and deficiency is rare. Vitamin C is found in many fruits and vegetables and is theorized in preventing and treating the common cold. Trials have found no reduction in cancer, cardiovascular disease, cataracts and macular degeneration. Vitamin E supplementation also has not been proven to prevent cancer, cardiovascular disease, or dementia.

There are a few supplements that warrant consideration for use. B12 deficiency (or cobalamin deficiency) is a common issue in older patients and in strict vegetarians, as well as in some bowel diseases. B12 is only found in animal products; therefore, strict vegetarians are at risk of deficiency. For others, malabsorption for a variety of reasons can lead to B12 deficiency. This is easily treated with B12 pills or injections. Also adequate vitamin D is important. Vitamin D deficiency can contribute to osteoporosis and bone fractures from falls. The intake of vitamin D for older adults should be 800 IU daily. In the northeast, you could consider 1000 IU daily. This should be through diet or supplementation. The optimal choice is vitamin D3 as it is absorbed better than other types of vitamin D.

**Calcium** is a mineral that is important in the treatment of osteoporosis. The optimal intake for osteoporosis treatment is a total of 1200 mg of calcium per day by way of diet or supplementation. The side effects include increased risk for kidney stones. There is controversy about whether calcium supplementation increases the risk of cardiovascular disease. If you choose to take calcium supplementation, it should be in divided doses throughout the day with a maximum dose of 500 mg at one time. There are two popular types of calcium- calcium carbonate and calcium citrate. Most patients do well with divided doses of calcium carbonate with food. Patients taking a Proton Pump Inhibitor (Nexium, Prilosec, Prevacid, etc.) should take calcium citrate as it is absorbed better in the less acid environment.

In general, vitamin supplementation is not necessary for healthy adults who follow a varied and wholesome diet and have exposure to sun. Furthermore, supplements can be expensive. Consideration for supplements should be made for someone with an inadequate diet. Also as mentioned above, there are some supplements that are important for specific clinical situations or in individual patients that have a known deficiency.

		Female	Male
<b>Vitamin A</b>	ages 18 and above	700 mcg/d	900 mcg/d
<b>Vitamin B12</b>	ages 18 and above	2.4 mcg/d	2.4 mcg/d
<b>Vitamin C</b>	ages 18 and above	75 mg/d	90 mg/d
<b>Vitamin D</b>	ages 18-70	600 IU/d	600 IU/d
	ages 71 and above	800 IU/d	800 IU/d
<b>Vitamin E</b>	ages 18 and above	15 mg/d	15 mg/d
<b>Calcium</b>	overs 18-50	1,000 mg/d	1,000 mg/d
	over age 50	1,200 mg/d	1,200 mg/d



In effort to improve your communication with our office, we ask that you contact us using the following number only:

**(802) 770-1805**

For all your needs: \*Scheduling

\* Prescription Refills \* Medical questions

\* Billing questions



BRUCE BULLOCK, MD  
SETH COOMBS, MD  
SUZANNE JONES, PA-C



**FLU VACCINE  
COMING SOON**  
Anticipating End of September

**Option 1:** Request the vaccine during your regularly scheduled appointment

**Option 2:** Call and schedule a Nurse visit time:

Monday thru Thursday (only):  
9:00am – 12:30pm, or 2:30 – 4:30pm

**Option 3:** Walk-in, no appointment necessary, on:

Tuesday afternoons: 2:00p – 4:30p  
or  
Wednesday mornings: 9:00a – 12:30p

