V Primary Care: The Path Forward

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Audience: Policy Makers (GMCB, VT Legislature, DVHA officials)

Thank you for your time.

We are here to share consensus ideas generated by Vermont's Primary Care physicians. As a group, we embrace the spirit and concept of health reform with a uniform goal: **optimal health of our patients and communities.** We believe the services we have devoted our professional lives to delivering should serve as the foundation for that reform, and we seek to help guide this process.

By way of introduction, please remember that our state has a cadre of passionate, well-trained and seasoned Primary Care Providers who provide quality and cost-effective care. Many of us apply a broad scope of care to our communities: neonatal, inpatient, obstetrical, geriatric, and pediatric to name a few. We tackle complex patients with multiple chronic diagnoses, teach medical students, and strive to help patients make lifestyle changes. We act as resources for non-MD colleagues, and coordinate specialty care. We are uniquely trained to see our patients as whole beings. However, this is an aging group and our workforce is at risk due to lack of younger physicians entering Primary Care and current physicians exiting.

A Primary Care physician sees her/his role not as interventionist, but rather as a discriminating diagnostician, educator and illness preventer. We work to maintain good health, stabilize chronic disease and so prevent health crises. At our best, we protect our population from illness and disability through vaccination, healthy lifestyle promotion, age-appropriate screening and accident prevention. **We are a medical home.**

We strive to use health care resources judiciously. In an era when more sophisticated and expensive diagnostic options are available, we are best positioned to ensure the optimal utilization of those tools. We save in health care expenditure by "choosing wisely" as we order tests and by coordinating care among specialists to minimize repetition of tests. Living and working in Vermont communities and seeing our patients through the years, we become a trusted source of care and information. Our long term relationships and social capital allow us to credibly explain why an MRI or a panel of tests may not be necessary. It is our effort to provide accessible, timely and accountable care that strengthens the store of social capital.

The common denominator for much of what we do best is time. A trusting relationship between patient and physician is forged over time – the time it takes to listen, to explain, to teach, to console. In the time we spend with our patients we reap the joy of our profession. It is when we are at our best and when we can do the greatest good. For many, it is why we became physicians.

Sadly, that piece of our work, that to which we should give the most time and energy is under assault. The ratio of time spent with patients to the time spent in non-face-to-face tasks is approaching 1:1. Unwieldy Electronic Medical Records, insurance forms, data reporting and preauthorization tasks are steadily growing. We would embrace seeing more patients and filling out fewer forms.

We believe it is important to add our voice to the health care reform conversation. Without proper consideration of these issues, we foresee a crisis looming as the Primary Care workforce diminishes through retirement, disillusionment and poor appeal to aspiring physicians.

What follows are specific suggestions for Statewide healthcare policy changes:

1) Across the spectrum of medicine it feels to us as if the greatest burden of metrics and reporting has landed at our feet. We are committed to better understand when and why we fail and to monitor both our successes and failures. We believe many of the current metrics seem to serve as busy work, chewing up hours without providing insight into improvement. **Let us replace the current 30 or so metrics with a core of meaningful metrics that are reported simply through claims data** (do not require additional cost or time to enter). Avoidable ER visits, Hospital admissions and diagnoses of late stage preventable cancers might be three for starters.

2) **Incent behavior that supports these metrics**. For instance, reimburse us for the time it takes to provide phone follow-up, home visits, and office visits to keep our chronically ill out of the ER. Reimburse us for the time it takes to discuss a specific patient with the ER physician, hospice RN, or home Health RN to coordinate outpatient rather than inpatient care. Reimburse us for the time it takes to coordinate specialty care, multiple medication prescribers, and mental health needs, etc.

3) **Create a simple uniform Hospital discharge summary for all Vermont hospitals.**

4) **Eliminate Prior authorization for radiology, medications, and specialty services**. Track our claims data and identify outlying PCP's who need feedback or remediation.

5) We feel our electronic health records are not ready for prime time. They are unwieldy and are not improving either individual or community outcomes**. Create a new functional system whose foundation is clinical rather than reporting/billing. Eliminate the need for multiple interfaces and apply this system statewide.**

6) **Equalize reimbursement for same service regardless of specialty.** Primary Care can provide equal outcomes and quality for numerous clinical issues. Examples include: cryotherapy, mole excision and acne management in Dermatology. Joint injection, acute injury care and cast application in Orthopedics. Prenatal, labor and delivery and postpartum care in Obstetrics. CHF, atrial fibrillation and ASCVD management in Cardiology. The system will save money if we are incented to work to our potential and

avoid specialty referrals for redundant services. Policy support to make Vermont a place where a broad scope of care is appreciated will likely attract the brightest PCP's to Vermont.

7) **Make Primary Care attractive here in Vermont**. If Primary Care Providers (NPs, PAs, MDs, DOs) knew that Vermont had the lowest administrative/reporting burden, a seamless and functional electronic health record, and no prior authorization requirements; we would strengthen our workforce. Those of us already here might work longer and new providers would be attracted to Vermont to practice.

8) **Create a clear state-wide culture/expectation that Primary Care providers have time to generate the relationships that will maximize lifestyle changes, avoid ER/hospitalization and bolster our role as key community resources.**

9) **Expand and support the Primary Care Provider loan repayment program.**

Respectfully,

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