

Imagine a Future When Anyone Can Access a Doctor When They Need To

Primary Care for All: Frequently Asked Questions

Why is primary care a good place to start in making health care a public good (the goal of Act 48)?

- Primary care is most of the care that most people receive, most of the time
- Primary care is inexpensive, averaging \$20/person/month
- Primary care, when accessible to a population, is the only sector of care to have been shown to improve the health of the population, lower system costs, and improve quality of care and outcomes.

Isn't it enough to give more money to Federally Qualified Health Centers (FQHC)?

- Patients in FQHCs still have cost sharing which is a deterrent to patients to receive care in a timely manner. Patients ration their own care, by delaying care or avoiding it altogether.

We have a primary care shortage already, won't this make it worse when all those people get coverage?

- In the short run there may be some backlog. But improving working conditions for primary care practitioners will encourage more medical students and nurse practitioners to choose primary care as their specialty, and that will increase the supply of primary care practitioners over time.
- It will improve working conditions when ALL PATIENTS have uniform coverage. Currently primary care offices deal with mountains of paperwork, administrative tasks dealing with a multitude of payers with different rules, regulations and reimbursement rates. One payer, providing guaranteed adequate reimbursement, will improve these working conditions.

How will this help people who are uninsured when they still won't have coverage for everything else?

- Primary care will be one less thing to worry about as everyone will at least be able to go to their family doctor without losing sleep over how to pay them. Patients with chronic illness won't have to be anxious about paying for the chronic care they receive. Disease will be caught in earlier stages when they are less expensive to treat. While it's true that patients will still need coverage for hospital care, prescriptions and other care, they will at least be getting most of their care for free when they need it. Keep in mind this would only be the first step, and we would need to follow through by phasing in other sectors of care every year while gradually phasing out private insurance and other third party payers.

www.VermontForSinglePayer.org

Call: 802-595-2820

facebook.com/pages/Vermont-for-Single-Payer

Imagine a Future When Anyone Can Access a Doctor When They Need To

How will this dovetail with Medicare?

- Medicare would function as a wraparound – UPC would be a second payer if there were any aspects of primary care that were not covered by Medicare. UPC will not change Medicare benefits. It will only add benefits that aren't already provided by Medicare.

What do the experts say?

- The consensus is that a highly accessible strong primary care system is a necessary foundation for public health. Here is what the well-known physician and medical writer Atul Gawande concludes in a recent *New Yorker* article (January 21, 2017, “The Heroism of Incremental Care”).

“...studies found that people with a primary-care physician as their usual source of care had lower subsequent five-year mortality rates than others, regardless of their initial health.....reforms in California that provided all Medicaid recipients with primary-care physicians resulted in lower hospitalization rates. By contrast, private Medicare plans that increased co-payments for primary-care visits—and thereby reduced such visits—saw increased hospitalization rates. Further, the more complex a person’s medical needs are the greater the benefit of primary care.....

I finally had to submit. Primary care, it seemed, does a lot of good for people—maybe even more good, in the long run, than I will as a surgeon.”

How prevalent are high out of pocket costs and why should they cause concern?

- In a recent study of 11 Countries high-income countries, the Commonwealth Fund found that, **“adults in the United States remain more likely to go without needed health care because of costs compared to adults in other high-income countries”** (*Health Affairs*, 11/16/2016).
- **Nearly three in ten (27%) privately insured Vermonters under age 65 are underinsured.** The numbers are even higher for young adults: more than six in ten (63%) of those aged 18-24 with private health insurance are underinsured. (*2014 Vermont Household Health Insurance Survey Initial Findings*).
- **Nationwide, the prevalence of high-deductible health plans within employer-sponsored insurance has more than doubled since the mid-2000s.** (*Health Affairs*, 12/ 2016).

www.VermontForSinglePayer.org

Call: 802-595-2820

facebook.com/pages/Vermont-for-Single-Payer