

Green Mountain Care Board
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April 17, 2018

Representative William Lippert
115 State Street
Montpelier, VT 05633

Dear Chairman Lippert:

This memo is in follow-up to testimony given last Thursday by the Green Mountain Care Board on S.53, an act relating to recommendations for achieving universal coverage for primary care in Vermont. Your committee asked that we provide additional information on how a Universal Primary Care Report and Operational Plan is compatible with the work of the All-Payer Model and where it may conflict. In addition, we have clarified and quantified the resources necessary to complete work on Universal Primary Care as passed by the Senate Committee on Appropriations, as well as the version passed by the Senate Committee on Health and Welfare.

Like Universal Primary Care, the All-Payer Model focuses on enhancing access to primary care, addressing administrative burdens for primary care providers, encouraging preventive care, and making the costs of primary care visits more affordable for Vermonters. Under the legislative directives outlined in Act 113 of 2016, the Board regulates Accountable Care Organizations (ACOs) through the certification and budget review processes, ensuring that the goals of the All-Payer Model are furthered through mechanisms such as enhanced payments for primary care providers and provider incentives to ensure that their patients receive needed, quality care in the most appropriate setting. While only in the first Performance Year of the All-Payer Model, we are encouraged and optimistic that its focus on enhanced primary care will benefit Vermonters seeking care and their providers.

The Board's responsibilities under the All-Payer Model are substantial; in 2015 and 2016 the legislature authorized the creation of new positions at the Board so it could undertake the work necessary for the State to achieve the important goals of the All-Payer Model Agreement. We are currently in the process of redesigning and refining existing work streams, integrating the new regulatory work set forth in the All-Payer Model, while harmonizing such work with existing regulatory processes. Indeed, the Board has prioritized its work on the All-Payer Model, and every staff person is in some way engaged with and invested in its success.

Against that backdrop, I am concerned that the additional task of designing a universal primary care model would divert resources from the implementation of the All-Payer Model, which will address many of the concerns that are being expressed via the Universal Primary Care initiative. The Board and its staff are committed to exploring options to increase access to primary care within the rubric of the All-Payer Model, but I worry that undertaking this task, particularly without the addition of significant resources, could jeopardize the Model's success.

Sincerely,



Susan J. Barfett

Executive Director, GMCB

Cc: Kevin Mullin, Chair

Judy Henkin, General Counsel

