

I have briefly reviewed the report on UPC sent out to members of the Vermont Medical Society yesterday afternoon and wanted to send a few comments. I am in complete support of expanding first-dollar access to primary care for all Vermonters.

I'm a primary care physician board certified in internal medicine and general preventive medicine and public health, founder of a community health center in Western Massachusetts, former CMO of Springfield Medical Care Systems, currently working in the VA system, in which patients have access to a wide array of basic and specialty health services.

Part of the needs assessment for startup of the Community Health Center of Franklin County (Massachusetts) in 1997 was an analysis of local emergency department visits, which found the most common cause for these visits was oral pain. We also found that patients who could not afford eyeglasses or hearing aids had prematurely lost their ability to drive and otherwise work or function. Finally, lack of basic foot care for diabetic patients used to lead to much higher rates of disability due to amputation.

Thus the proposed provider categories to be covered are noteworthy for the exclusion of dentistry, optometry, audiology and podiatry. These non-medical specialties provide vital office-based, low-cost preventive care that affects costs in other aspects of the system and supports the social and economic functioning of patients. These important health services should be considered for coverage under a comprehensive UPC system.

On the other hand, the inclusion of Naturopaths also stands out. These practitioners do not undergo scientifically based training, and do not provide evidence-based team-based health care services. Their contribution to population health is controversial and their inclusion in this proposal is puzzling.

I applaud the inclusion of obstetric and multiple disciplines of mental health providers. Nurse Practitioners and Physician Assistants also form part of the backbone of modern team-based primary care.

Finally, when practicing in Franklin County Massachusetts in the late 1990s and early 2000s, and in a Vermont FQHC prior to the ACA, I experienced a set of circumstances similar to what the UPC proposal would produce. Our practice costs were covered by fees from the Uncompensated Care Pool but no other costs for patients were covered. I can attest that this created some difficult and painful dilemmas for primary care practitioners. Patients presented to primary care with serious health problems that required additional lab testing, imaging studies, specialty referrals and medications.

Although the UPC proposal represents a step in the right direction, in the absence of comprehensive universal health care coverage, health status and costs for underserved populations will continue to suffer.

With best wishes for the success of this proposal,

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