

Universal Primary Care: Questions And why it is so important for Vermont!

Allan Ramsay, MD

Family Physician and Medical Director, People's Health and
Wellness Clinic, Barre, VT

Vermont Coalition of Clinics for the Uninsured

Member, Green Mountain Care Board

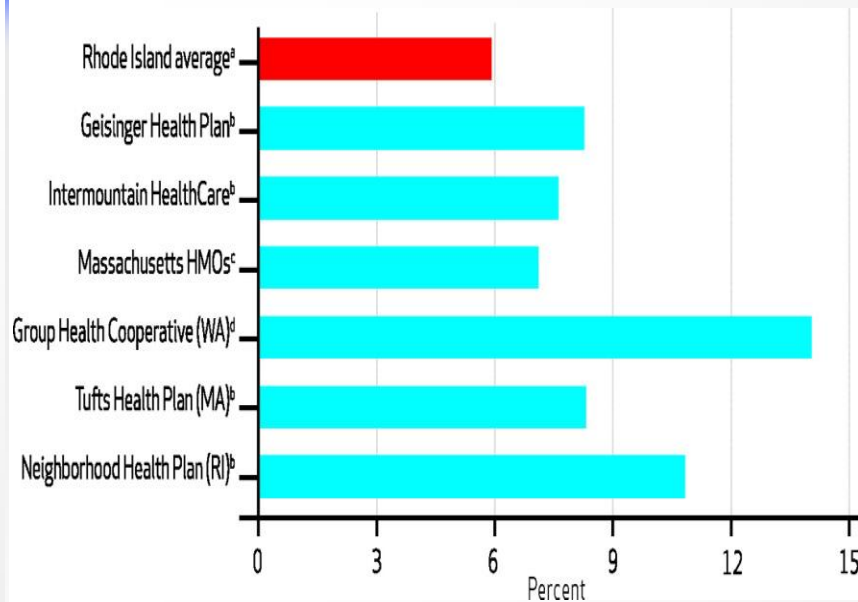
2011-2016

Will UPC improve Vermont's current health care reform efforts?

- - **Value:** Every study has confirmed that specific investment in primary care improves quality and reduces cost.
- - **Patient centered:** UPC legislation gives Vermonters more voice in how the delivery system evolves through their elected officials.
- - **Goals:** Universal Primary Care is compatible with and will complement the goals of OneCare and the all payer model.
- - **Unique:** UPC will attract primary care clinicians because it recognizes them as unique and valuable in the health care system.

Is there small state financial evidence to support a universal primary care program?

(Koller, et al. Health Affairs 2010;29:941)



- RI mandated an increase in PC spending from 5.4% to 8% from 2007-2011
- This led to an 18% drop in total spending (a 15 fold ROI)
- The legislature next required commercial insurers to increase the proportion of medical expense allocated to PC by 1% per year 2011-2014.
- Results are not yet available.

Is there evidence in Vermont that increased primary care spending is beneficial?

- A study of FQHC Medicaid claims in 13 states confirmed total cost of care was reduced 24% (15% in Vermont)
- UVMHC testified at the 2017 hospital budget hearings about the effect of increased investments in primary care
- A 62% increase in new patient visits since 2014 led to a decrease in ED utilization rates from 15.5 per 1,000 patients to 14 per 1,000 patients
- The Blueprint was only a first step in supporting primary care

What does a financing plan for UPC in Vermont look like?

- A Primary Care Trust Fund is established (model legislation has been proposed in Rhode Island.)
- An accountable state agency implements the trust fund program (AHS and DVHA)
- Accountable care organizations in the State establish and report their primary care spend rate
- The GMCB regulates and oversees the primary care spend rate
- The legislature establishes rules for funding the Trust (hospitals, insurers, ACOs in the State are assessed x% of their total projected medical spending for the Trust)

(Remember-most of the estimated \$200 million annual investment in UPC was based on claims- money that Vermont is already spending!)

Do we have operational capability for a universal primary care program in Vermont?

- Enrollment of primary care clinicians- employed, independent, FQHC
- Quality measurement
- Primary care benefits and claims (PC payment reform workgroup, DVHA/Medicaid)
- Data analysis and reporting (VHCures/APCD)
- Overall performance evaluation (GMCB, Legislature)
- Medical necessity determination (prior authorization pilots)
- Grievances and appeals (DFR)

Why should Vermont try to implement a universal primary care program?

- We have a unique delivery system model
- We have unique payment model initiatives
- We have a health care regulatory authority (GMCB)
- We have financial regulation (GMCB, DFR)
- Our current reform initiatives do not address access to health care for those who are uninsured or underinsured
- If the APM is not sustainable we have no Plan B for health care reform

Is Universal Primary Care a way to address the primary care workforce crisis?

- The way to achieve the goal of a strong primary care workforce is to recognize that primary care is unique
- Without a solid primary care workforce we will not achieve increases in quality or moderation in the growth of health care costs.
- A recent Dartmouth medical school survey has convinced me relying on an accountable care organization or the all payer model alone will attract primary care clinicians to Vermont

Universal Primary Care (S.53) sends a message that would attract clinicians