

Universal Primary Care: Questions

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2011-2016

Why is Universal Primary Care is such an important step at this time in Vermont?

- Expected increases in premiums, out of pocket costs, and the limited effect of silver loading will drive people out of VHC.
- Changes in Medicaid enrollment/re-enrollment , the asset verification system, and lack of navigation services increases the risk that people who are eligible will just give up.
- The current Vermont uninsured rate of 5% could easily increase to 8-10% within the next two years.
- The underinsured rate is indeterminate but will not go down as a result of any current reform efforts.

Previous reform efforts have occurred during a more “stable” political time (Dr. Dynasaur, VHAP, Catamount, Act 48). The current instability should not stop primary care reform efforts.

What are the basic principles in the current version of S.53 that will improve its acceptance?

- Preservation of the principle of access to primary care services without financial barriers.
- Addresses the administrative burdens for primary care
- Recognizes that primary care must be reimbursed at a level relative to other specialties in medicine (ER, hospitalists)
- Incentivizes clinicians to provide essential services and encourages people to utilize preventive health services
- Protects consumers and businesses from the consequences of anti-competitive consolidation of health care services
- Lowers the growth in State health care spending by focusing the delivery system on the least intensive and most affordable level of care

What are the changes in the current version of S.53 that will improve its acceptance?

- Provides a specific regulatory authority for the GMCB over the operational plan for UPC.
- Requires the formation of a “working group” which would include the payers all at the table
- Allows for a phase in period over a minimum of three years.
- Establishes a set of conditions that must be met including a stable and adequate financing/reimbursement plan
- Addresses the continuing issue of how to manage excess hospital revenues (this could also be linked to the primary care spend rate of each hospital)

How should we respond to those who either do not support S.53 or actively oppose this change?

- ❖ The Vermont Medical Society (not beneficial) argues that primary care services are not defined, administrative burdens not addressed, some practices are not ready for value based payment, and reimbursement rates not set.
- ❖ The Vermont Assoc of Hosp Health Systems argues that a revenue assessment on hospitals is “destabilizing”, there is no UPC evidence, and the ACO/APM has “stretched” the system too thin.
- ❖ Vermont Department of Health Access- I could find no written testimony. Secretary Gobeille testified about administrative complexity on January 12, 2018.
- ❖ Blue Cross/Blue Shield, MVP, CIGNA?
- ❖ The Administration believes Vermont cannot move any legislation forward that requires “new” revenue.

Changing the Vermont health care system should occur in a set of steps. I am sure there will be other important questions along the way..

Remember:

- - **Value:** No testimony to date has questioned the value of expanded access to primary care services.
- - **Goals:** No testimony to date has disputed that Universal Primary Care is compatible with and will complement the goals of OneCare and the all payer model.
- - **Unique:** No testimony to date has argued that UPC will not attract primary care clinicians or students into primary care careers*.

Why should Vermont 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

2017 AAFP Congress of Delegates and Dartmouth Geisel School of Medicine Survey*

- At the annual American Academy of Family Physicians Congress in September the member delegates passed a resolution in support of publicly funded UPC submitted by the Vermont delegation
- There was significant interest from other states (Colorado, California, Oregon, and Rhode Island) in following Vermont's lead
- Dartmouth medical students completed a survey related to whether UPC would change their interest in a primary care career:
 - Most became disinterested in primary care during medical school
 - 50% would be interested in a primary care career as defined by S.53
 - Interest in primary care depends on:
 - ❖ Ability to practice the full scope of office based primary care services
 - ❖ Primary care payment is considered separate and unique from other specialties
 - ❖ Equal status of primary care in the health care system