

A New Approach to Primary Care- It's Time Has Come

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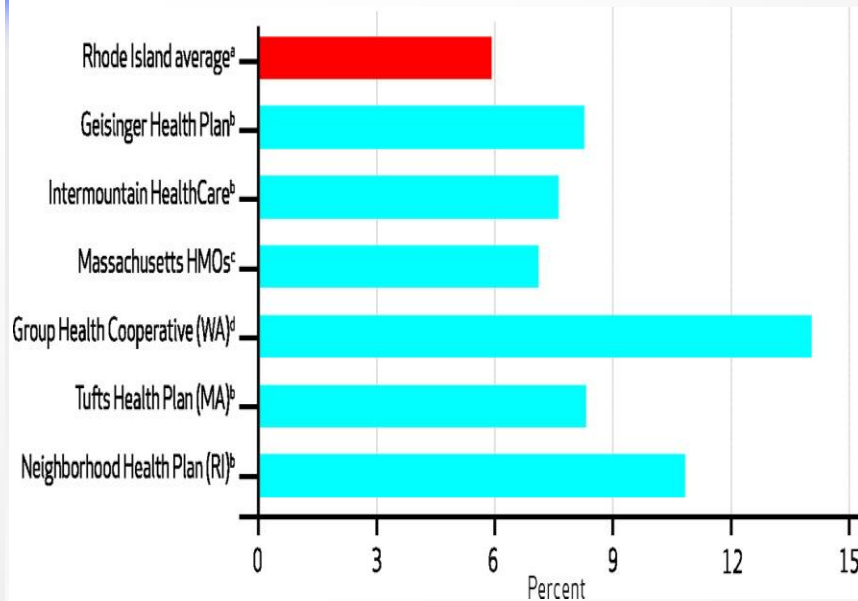
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2011-2016

Let's all agree Primary Care is unique in the health care system

- The foundation of primary care is prevention and population health-not illness care
- Every study has confirmed that specific investment in primary care improves quality and reduces cost. (No other medical service has been able to consistently improve quality at lower cost.)
- Payment for primary care has always been lumped in with acute care, specialty care, and hospital care (as part of a comprehensive benefit plan)
- Payers have not increased expenditures on primary care, mental health, and community based services unless forced to do so (Blueprint)

Rhode Island recognized the need to increase expenditures on primary care

(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.

Publicly financed universal primary care is the only way to focus expenditures on prevention

- 2014 Vermont resident expenditure analysis:
 - \$5.5 billion which was an increase of 4.6%
 - Hospitals: 37%, Clinicians:17%, Mental Health:14% Home health:2%
- There is no breakdown of the actual investment in primary care services, including mental health
- The American Academy of Family Physicians states that primary care spending must increase from 6% to 12% to control costs
- The payment reform pilots in Vermont (ACOs, Shared Savings, APM) have not specified an operational way to achieve this transition

Universal Primary Care is a way to improve the primary care workforce

- Primary care cannot be overburdened with performance measures, prior authorization, and dysfunctional computerized medical records.
- Primary care must be compensated adequately and fairly for the work they do both with the patient and after hours
- The way to achieve these goals is to recognize that primary care is unique and should be publically financed
- Unless these goals are achieved we will continue to have only modest increases in quality, significant increases in cost, and fewer graduates will choose a primary care career

Universal Primary Care sends a message that would attract clinicians

Universal Primary Care and the APM/VCO

- **Currently the legislature has two roles in the APM:**
 - **Appropriate money for the Vermont Medicaid program (1115 Waiver)**
 - **Oversight: Act 113 created regulation for ACOs administered by the GMCB**
- **Though the GMCB has the APM authority to review/advise Medicaid rates and set commercial/Medicare rates for an ACO, it has never taken the position of micromanaging an entity.**
- **The OneCare Next Gen Medicare model has not published a detailed plan for transitioning resources to improve access to primary care and mental health (2017).**
- **Publicly funded primary care would give the legislature a third responsibility in the APM- assuring the payment fully supported primary care.**

Questions?

Now is the time to do something really different for Vermonters and their care givers.

Publicly financed universal primary care could be Vermont's bridge to a high quality truly affordable health care system- the goal of Act 48.

