Leigh LoPresti, MD
House Health Care
January 15, 2020

Thank you for the opportunity to speak to the committee about the problem of primary care in Vermont.

The number of primary care physicians practicing in Vermont has been declining and continues to do so. As one who has practiced family medicine for 33 years, I have a number of reasons I believe this is happening, and some suggested solutions. Some of these solutions are fairly radical, but when we have decreased by 10% in this decade AND more than one out of every four remaining primary care physicians are over the age of 60, radical may be just what is needed.

Primary care is a very rewarding practice type, and in at least two teaching programs I have been involved with, the family medicine rotation for medical students is the most popular required rotation.

So, why is interest decreasing? First and foremost is money; this is what the medical students see before they choose a specialty. In 1991, Medicare instituted something called the Resource Based Relative Value Scale, which was supposed to improve payments to

primary care. It did. In my practice down in Manchester, I went from being paid $19.19 per Medicare office visit in 1991 to being paid $55.43 in 2000. This is a 289% increase in payments. Every other physician was subject to the same rates. Medicaid in Vermont pays according to this scale as well. However, the promise has been broken by the other insurance companies. As one personal example, a visit by my wife to her primary care physician in 2018 yielded that physician being paid at 1.18 times the Medicare rate for the visit by our insurance company. At that visit, a CT scan was ordered. The insurer then paid the hospital 11 times the Medicare rate, and the radiologist was paid at 5 times the Medicare rate. Looked at another way, the resource based relative value scale said the radiologist's work was worth 1.26 times the primary physician's work, but he was paid 5.4 times as much. If you are smart enough to get into medical school, then you are smart enough to realize that getting paid 4 times as much for the same amount of work is a pretty good deal. Especially when you have racked up a lot of debt for your education. If insurance companies had to pay all physicians the same amount for the same workload, you would have a lot more primary care physicians. Not incidentally, when the RBRVS was new and working best in the late 1990's was when US medical student interest in Family Medicine residencies peaked.

The second reason is burnout. Burnout is a major issue; in the last 30 years, the number of journal articles combining the search terms burnout and primary care went up by a factor of 20. In the years 1980 to 2015, the New England Journal of Medicine published 22 articles on burnout at a rate of 0-2 per year (with no articles published in 19 of those 36 years; that's an average of 0.6 articles per year). But in 2016-9 the ***minimum*** number of articles was 6 in 2017; the other three years had 10, 15, and 16, with the last two being the most recent two years. That's an average of nearly 12 articles per year, again an increase by a factor of 20. More people leave medicine due to burn out, it increases turnover in practices, and has been associated in some studies with poorer patient outcomes. When studied, it is higher in female physicians.

Burnout is contributed to by electronic health records, which I will refer to as EHRs. I have been on eight different systems in my career if you include the one my practice started a transition to on Monday. These are burdensome systems, designed to maximize billing, not to improve care (they will argue that point); a recent New England Journal article estimated that 50% of a provider's time is spent on the EHR. An article in the *current* Annals of

Internal Medicine (January 14, 2020) studied over 100 million encounters by 155,000 physicians and found that the time spent on the EHR averaged 16 minutes and 14 seconds per encounter. Let me repeat that: 16 minutes and 14 seconds. Try to fit that into a 15 minute appointment. An older article in the Annals (from 2016) found that 49.2% of physician time was spent on EHR tasks (and 27% on face-to-face care). Now you know why many primary physicians work a full day, go home and eat and say hi to their families, and then finish their charting for 1-2 hours each night.

As one who has written relational databases, I know that design can make the use of such databases easy, but that is not the priority. With all the expertise I have, I have repeatedly volunteered to help with transitions to new records (I have been involved in three such transitions), but have never been tapped to help make it work better for the providers. The solution I would propose here would be a statewide medical record, so that all Vermonters could get care anywhere in the state and have their records follow them. One of the groups the EHR company would work with would be made up of providers, and providers only, to implement and continuously improve the record for patients and providers.

Burnout also comes from other demands on us. So many places send us forms that insurers require for them to get paid, but they do not pay us to complete them—forms for CPAP, the Visiting Nurse Association, hospice care, physical therapy, durable medical equipment. We do this for the patients, but we get paid nothing for it. A capitated payment for primary care patient management would be an enormous help here.

If you pay us fairly and remove many of the burdens of EHRs, making us able to focus on patients, not EHRs, you will no longer have a shortage of primary care physicians.

Why should you care? In a nation where health care costs are going through the roof, the findings of Dr. Barbara Starfield of Johns Hopkins University are instructive. The higher the ratio of primary care providers to population in United States and internationally, the LOWER the cost of care AND the LOWER the mortality rates overall and for many major causes of death, including heart disease and cancer. *(Milbank Quarterly, September 2005).* Even as we disappear, you're already missing us as life expectancy in the United States declines while health care costs go up.

Finally, the Center for Disease Control's latest data shows that in 2016, 84.3% of Americans had contact with a physician, and made nearly 900 million visits. Primary care (defined as family medicine, pediatrics, and general internal medicine) accounted for 47.6% of those visits. Those were the top three specialties seeing patients. We are critical to the health care system. You will miss us when we're gone.

Thank you again for the opportunity to present my experiences and my thoughts to you.