Primary Care testimony by George C. Fjeld, M.D.

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I been practicing in Vermont for 34 years and during that time had seen a lot of changes. When I started, things were fairly simple. It was basically myself, my partner and two nurses with a receptionist. We took care of all of our patients in the hospital. We spoke to our consultants directly. I got lab results on pieces of paper. I reviewed the x-rays I ordered with the radiologist in the reading room. I even assisted on surgery for a lot of my patients. I was on-call every other night and every other weekend. In short, my patient had a concierge physician. I was accessible, knowledgeable about what was going on with them and in charge of their healthcare. I had time to chat with them about life, their struggles and tribulations, their family and how it was affecting their health.

The landscape has changed and I still work just as hard. I see patients in the office in 15 minute increments. I now refer my patients to the hospital and they are taken care of by a hospitalist. He calls in consultants. He does not call me. The patient is discharged with appointments for the consultants and instructions to see me in some period of time. For outpatients, I send my notes to the consultant and they send notes back to me. I make referrals for labs and x-rays and get EMR data laden with information. After hours phone calls are taken by the nursing service. We have an urgent care center operating 12 hours a day 7 days a week. There is continuing and increasing fragmentation of care.

The volume of information that needs to be reviewed and acted upon has grown enormously. I receive somewhere between 50 and 100 x-ray results, laboratory tests, consultant notes, emergency department notes and hospitalization discharges daily. I still have a nurse who helps me wade through all of the things that have to be done in a day. I now have a care manager who helps manage the most complicated patients and coordinates their care. The two in my office are already overworked. The issue as I see it, is that the volume of information and the communication that needs to occur has exceeded our ability as a primary care office to respond to it all in a way that makes for excellent patient care. We do our best each and every day.

What needs to happen is that robust expansion of our primary care offices both in numbers of providers and support personnel. This would allow us to provide a level of service in which we could promptly and fully respond to patient needs. We will do the patient counseling and education about their disease state and the steps they need to take to improve their health. We will work in our community to improve housing, access to exercise and dietary help. We would be able to communicate with patient's

directly in the office and through telemedicine with easy to use home follow up visits. We would be able to have nurses visit patients multiple times a day and take care of patients at home in lieu of in the hospital. Diseases like pneumonias, exacerbations of COPD and congestive heart failure could be managed with intensive home therapy. We would make better use of skilled nursing facilities as alternatives to hospitalization.

What I foresee, is the establishment of the primary care physician as the leader of a team which delivers the care that I used to deliver personally those many years ago. We could do so with better patient comfort and accessibility as well as outcomes. I see the very close integration and expansion of visiting nurses where they will work primarily out of the physician office. I see coordination with hospitalists so that hospitalized patients to get taking care of by hospital team assigned to that patient's particular provider.

I envision a response to the opioid problem where people with substance abuse disorder have same-day access to treatment and counseling. Supports such as recovery coaches, LADC's and providers well-trained in medication assisted therapy will be accessible throughout the state patients presenting to emergency departments, the most common site, could receive a prescription for an opioid antagonist and help in establishing with a spoke team.

In Rutland, through collaboration with the Rutland Regional Medical Center, a lot of these efforts are starting. We are working at this difficult task while getting paid fee-for-service and provide this higher level of comprehensive care that will result in better health for the population in Vermont and lower-cost for our health system.