

# The Impact of being “Left Out” of Health Care Reform Efforts (and what can be done about it)

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# A review of those who are or may be “left out” of the health care system

## All-Payer Model

- ❑ 3-5% Vermonters with no health insurance (Medicare, Medicaid, or Commercial)
- ❑ Dually eligible, those under 1 year old, DLTCSS clients

## Others

- ❑ *Under-insured defined by economical, attitudinal, and structural factors (possibly 35% of Vermonters)*
- ❑ *Those who cannot find a primary care practice accepting new patients (especially Medicaid)*

## Left Out Case Report:

PM is a 59 year old woman referred to the PHWC from the local hospital following an admission for community acquired pneumonia.

- PM has insulin depend diabetes, COPD, depression, chronic pain syndrome, HBP, and PTSD. She was discharged on 12 prescription medications. During her hospital stay PM was enrolled in Medicaid.
- PM is homeless and only travels via bus routes

*The PHWC reviewed the medical records, simplified medications, made a referral to WCMH, and called PC practices to facilitate transfer of care (unsuccessful). Two weeks later PM missed her f/u and called for refills on her insulin and COPD medications. Three weeks later PM was again in the ED with uncontrolled diabetes and a COPD exacerbation.*

- ❖ **Lesson: The free clinics are not suited to care for complex patients though we are often asked to do so. This issue increases the cost of care and decreases quality of care.**

A primary care physician's belief about how we got to health care consuming so much of our gross state product..

- How people age has changed in the past 20 years
- Excessive administrative costs
- We do not invest enough in primary care, preventive health, and the social determinants of health
- The prices we pay for a given service or drug are too high
- **Too many are left out**

Previous Vermont health care reform efforts have focused on expanding coverage and reducing the number of Vermonters “left out”

- ❑ Guaranteed issue and community rating
- ❑ Dr. Dynasaur
- ❑ Vermont Health Access Plan (VHAP)
- ❑ Catamount Plan
- ❑ Act 48

*Shouldn't we be thinking of ways to expand coverage again?*

## There are several unproven theories that seem to dominate our health care reform debate

1. Fee for service is a primary reason our health care costs are so high
2. Health policy experts and regulators understand how to define high value care
3. Capitation or population based payment will incent hospitals and clinicians to provide integrated care
4. Regulation and consolidation of the health care system will control costs and improve quality

## OneCare/All Payer Model challenges from a primary care (and policy) perspective

- ❑ **Controlling the rate of growth in total health expenditures**
- ❑ Increasing the number of people enrolled in the ACO
- ❑ Reliance on the existing care coordination structure (Blueprint CHT, AAA,VNA,RiseVT,SASH)
- ❑ Coverage of the uninsured
- ❑ Vermonters ability to understand how this makes the system work better for them

## What are the solutions?

Improving access to primary care is a critical component of the reforming the health care system and controlling costs

- - **Value:** There is no question about the value of expanded access to primary care services.
- - **Goals:** Improving access to primary care would complement the goals of OneCare and the all payer model.
- - **Unique:** Universal access to primary care could attract primary care clinicians or students into primary care careers.



# How do we assure universal access to primary care services?

- Increase the all-payer primary care spend rate
- Expand public/private program eligibility for primary care services (VHAP model- a public option for primary care)
- Eliminate co-pay and deductibles for primary care services
- Continue to shine the light on the primary care workforce crisis
- Continue to support the Vermont Coalition of Clinics for the Uninsured

## Thank you for hearing the concerns of Vermont primary care clinicians

- ❖ We **know** it is what we do and don't do that drives health care change
- ❖ To do the right thing for our patients - we want to stay involved in the process
- ❖ Access to affordable, high quality health care will always be a nonpartisan issue