

REPORT SUMMARY: Primary Care Spend (Act 17 of 2019, Section 2)

Submitted by the Green Mountain Care Board (GMCB) and
Department of Vermont Health Access (DVHA)



Legislative Ask

Act 17 of 2019, Section 2, requires the GMCB and DVHA to define the providers and services that comprise primary care and determine the amount of total health care spending currently allocated to primary care.

Report Findings

- **Primary Care Definition:** Includes services in family practice, internal medicine (with no subspecialty or specialty in geriatrics); pediatrics; general practice; and obstetrics/gynecology provided by physicians, nurse practitioners, physician assistants, naturopaths, and osteopaths.
 - This consensus definition was developed through a stakeholder working group and is aligned with definitions used to measure primary care spending in other states.
- **Quantifying Primary Care Spend:** Vermont's Total Primary Care Spend was **10.2% in 2018**, including spending from health care claims as well as "non-claims spending" like Blueprint for Health payments.
 - Primary care spending varied by payer. Medicaid (24.3%, including claims and non-claims spending) spent the highest proportion on primary care, while commercial payers (9.2%) and Medicare (6.5%) spent significantly lower proportions.
- **Key Limitations:** Data limitations prevented the full capture of primary care payments:
 - Approximately \$86 million in prospective capitated payments for primary care and acute services are not included.
 - Inconsistent reporting of "would have paid" or "shadow" claims is a barrier to precisely calculating primary care spending.
 - Shadow claims document care for which providers are paid through non-fee for service/alternative payment arrangements.
 - Vermont's All-Payer Claims Database, VHCURES, does not include health care claims for all Vermonters since the U.S. Supreme Court's *Gobeille v. Liberty Mutual* decision in 2016 allowed self-insured employer plans to decline to contribute data.
- **Future Study:** Areas for future study could include tracking and analysis of utilization metrics.

[Link to Report: Act 17 of 2019, Sec. 2: Defining Primary Care and Determining Primary Care's Proportion of Health Care Spending in Vermont](#)