

Dear House Committee on Health Care:

Thank you for allowing me to testify today regarding the primary care workforce needs.

Regarding the distribution of primary care need between counties, the latest AHEC Primary Care Workforce Snapshot (2018) shows the greatest need is in the area of Internal Medicine/Adult Primary Care and the shortage of that category of providers is among all counties, including Chittenden County: [http://contentmanager.med.uvm.edu/docs/vermont\\_primary\\_care\\_practitioner\\_workforce\\_2018\\_snapshot\\_f3\\_19/ahec-documents/vermont\\_primary\\_care\\_practitioner\\_workforce\\_2018\\_snapshot\\_f3\\_19.pdf?sfvrsn=2](http://contentmanager.med.uvm.edu/docs/vermont_primary_care_practitioner_workforce_2018_snapshot_f3_19/ahec-documents/vermont_primary_care_practitioner_workforce_2018_snapshot_f3_19.pdf?sfvrsn=2)

I mentioned in my testimony that a high percentage of primary care visits are related to mental health. One way to improve access to mental health care and support primary care is the integration of mental health services into primary care. A model that has shown great promise and utilizes existing workforce is the Collaborative Care Model or Child Psychiatry Access Program. In these models, the Collaborative Care team is led by the patient's existing primary care provider (PCP) and gives the PCP and patient access to support from behavioral health care managers, psychiatrists and frequently other mental health professionals and allows patients to receive high quality psychiatric care in their medical home/primary care office.

A Pediatric Collaborative Care model has received HRSA grant funding to launch in Vermont. Unfortunately ongoing reimbursement for this model is not paid for by Vermont insurers and there are a group of codes that would provide payment for these services. We would propose that all Vermont health insurance payors, including DVHA and commercial insurers turn on and provide payment for this work.

The following codes are for care management services provided to patients being served in medical settings for mental health and SUD conditions being addressed by the treating medical provider:

G2214;  
99492;  
99493;  
99494;  
99484; and

Codes for FQHCs to provide the same type of care:

G0511  
G0512

We would be happy to address additional follow-up questions.

Thank you,  
Jessa

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