To: Senate Committee on Health and Welfare
From: Katie Marvin, MD, Vermont Academy of Family Physicians
Date: February 9, 2022
RE: Support for S. 244

Good morning,

My name is Katie Marvin and I am a family doctor at Lamoille Health Partners in Stowe as well as the current President of the Vermont Academy of Family Physicians**. I am here to submit testimony to the bill S.244.** Primary care and specifically family medicine have been under-funded and stretched thin long before the pandemic. We need your support in 2022 to prioritize primary care and rebuild our system in ways that will be meaningful for our patients and colleagues. I like bill S.244 because it tackles the problem from several angles: providing support and improved funding for those in practice and requiring representation for primary care

I will speak to two areas of the bill: audio only compensation and overall spending goals.

First, audio only telehealth visits should be paid on par with any other office visit because they are a valuable use of time – they have VALUE - and because for much of Vermont, we do not have the infrastructure to require televisits to have a video connection. I have testified on this before - and brought examples such as a 92 year old at home who needs a check up of her medications and wellness. Last year Fay Homan testified about a case I had in which I diagnosed juvenile diabetes in a one year old and arranged emergency care, by phone. Our behavioral health team has demonstrated that their no-show rate plummeted with the introduction of telehealth, but audio-only calls are a reality in rural towns. A UVMC radiation oncologist I know says that her patients must have lengthy and detail focused follow up appointments, but they mostly are a conversation, not really an exam. For this reason, the phone call saves patients who are sometimes immunocompromised from coming into Burlington from a huge catchment area. The drive could be hours, but an audio-only televisit is both safe, thorough and time saving. This a parity issue, and yes we of course prefer to have patients in person, but certain situations demand this as an option.

Please know that an "audio-only telehealth visit" is not just a call with your doctor. I make many calls throughout the day and speak with patients about lab results, upcoming visits, questions regarding covid and so on. These calls are not complex or long enough to be a billable visit, and remain essentially free for the patient. An audio or telehealth visit is an actual established appointment time, with a written note, an assessment and plan, and an assigned billing code, often based on time. These visits range from 10 to 60 minutes in length and can cover very complex situations. If insurance companies are telling you that they are less valuable than an in-person visit, ask the patients. A young mom at home with a child sick with covid can just call and talk with me for 20 minutes about how the child is doing, a working guy does not have to leave his job site at lunch to have a visit with me regarding his buprenorphine script, and an elderly woman can stay in the safety of her home for a talk about her anxiety.

Audio-only visits are billable and necessary, especially in rural areas with long distances between clinics and specialties, and poor internet availability.

Second, I will address the component of the S-244 bill which asks to **boost the State's spending on primary care to 12%**. While primary care sees over HALF OF ALL VISITS, we are asking for an increase to only 12%. If you were designing a system or running a business, would this ratio make sense to you? The current payment structure is doomed to fail. The hard fact is that primary care has been underfunded for decades, and due to that neglect, the burnout is high, the recruitment is difficult, and patients do not get the care they need.

If properly funded, primary care could reduce the overall cost of healthcare and improve outcomes. If properly funded, clinics could compete with hospitals to hire nurses and staff. If properly funded, we could do what we have been trained to do - take care of the fundamental needs of a community, provide full spectrum care, and prevent illness and injury. If you recognize the importance of primary care, please recognize the need for better funding.

On any busy day in family medicine we see so many different needs, and I love the variety - I love never knowing what I am going to get in a typical day - there are always good surprises and unforeseen complexities - a newborn baby with jaundice, a woman with a broken wrist, a teen with depression, or someone who is diabetic and homeless. I manage life and death decisions all day, and we work to make the care accessible and affordable. We work to make our care affordable. (A few months ago I had a 4 hour orthopedic surgery at UVMC that cost over $35,000, and two years ago my 5 year old had to have dental surgery costing $18,000 for a 2 hour case. When I get these bills I wonder two things - how do people begin to pay these bills, and why are they able to bill 20 times what we do per hour for important medical care?)

A few months ago I was doing a check up on an older guy I have taken care of for a few years and on exam noted a few changes from last year - specifically a lesion on his nose suggestive of a basal cell carcinoma, worsening arthritis in his knees, slightly abnormal PSA and CBC lab tests, and a significant (and new) heart murmur. This is where traditional family medicine saves the state money - instead of four referrals, I make one.

For his nose, I did the shave biopsy right in the office. For his knees, we scheduled physical therapy and a visit for me to do a steroid injection. For the labs, I recommended that we repeat them in a few months, and discussed the plan of action if they remained elevated. For the heart murmur, I arranged an echocardiogram within a few days, confirming the diagnosis of a poorly functioning mitral valve, which then required a call to a medical school colleague of mine who replaced his valve within 2 weeks of the initial visit. He came in for a quick checkup and ended up with open heart surgery. We will manage the antihypertensives and anticoagulants for years to come. As for the skin, knees, and labs, if that next level of care is both needed and desired, I know we can make those referrals, and I also know that all of the leg work has been done prior to a specialist visit.

We get to take care of the whole person, and often the whole family. We know that any community with robust primary care saves money and has better health outcomes. We are the foundation of care and the trusted medical homes for the entire state. Taking a broader view over the last several years, Vermont's rural primary care providers have diagnosed, counseled and managed an overwhelming majority of all COVID cases and scenarios. We have stayed open and on the front lines throughout the pandemic, but we have lost staff and dollars along the way.

We must support all primary care providers, regardless of practice type. Privately owned offices have different hurdles than I might have at my Federally Qualified Health Center, but we are all

struggling. The December 8, 2021 Seven Days Article "The Doctor is Out" discussed the struggles of independent practices, but it really missed the point. All primary care offices need support right now. We all in this together, and the state cannot afford for any of these offices to close.

We have struggled to recruit new graduates, and 30% of Vermont's primary care providers are over 60 years old. Vermont is at a tipping point, and sometimes I think about a bleak future without primary care. In that scenario, without a pipeline of graduates, we will rely on urgent care clinics and emergency departments for all routine care, specialists for everything else, and it's likely many Vermonters will just not seek care at all. The health system will be further fragmented, and the price tag will be unimaginable.

Finally, while I know the House is taking the lead on workforce issues, I have to mention the importance of, medical school scholarships and thank your Committee for supporting the new program care scholarship program. Scholarships are necessary for students interested in practicing primary care in Vermont. I helped draft the original concept for this bill because too many students I teach were telling me "I would go into primary care, but I can't afford to". We need a system that will reassure those debt-heavy students that we are looking out for them, and that we value them.

Medical students are smart, committed and altruistic, but burdened with hundreds of thousands of dollars in loans. A recent survey at the college of medicine done by medical student Jenna Elkhoury showed that many medical students decide not to go into primary care because of administrative burden, stigma and pay. The primary care scholarship helps off-set the debt-factor for those students who we desperately need to join our practices. By supporting primary care, you will also directly combat the stigma factor.

Systems with robust primary care spend less for better outcomes.

It's time to really do something about it. We are asking for 12% to pay for half of all visits. We are asking for representation on the green mountain care board, which was developed to save money and improve care. We are asking for fair reimbursement by Medicare and Medicaid, for office as well as tele and audio only visits. We are asking for loan forgiveness and scholarships for those students with the heart and brains to practice in rural areas.

Thank you for listening about this essential topic.