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April 30, 2026

House Committee on Health Care
Vermont State House
115 State Street Montpelier, VT 05633-5301

Re: Public Input on Primary Care Access – Protecting Community-Based “Medical Homes” in Rural Vermont

Dear Chair and Members of the House Committee on Health Care:

I am writing as Glen C. MacKenzie, MD, FACOG, a practicing obstetrician-gynecologist and primary care provider at Women & Children's Services of Southern Vermont in Manchester Center. I submit this testimony in strong support of efforts to strengthen primary care access in Vermont, particularly in light of today's public hearing on the topic.

As you consider policies to improve care access, I urge the Committee to address a growing threat to the patient-centered medical home (PCMH) model: the proliferation of large, corporate hospital-owned urgent care services that are diverting patients away from their established primary care providers.

In rural Vermont, where primary care practices already face severe workforce shortages, long wait times, and high burnout, community-based primary care is the backbone of accessible, high-value care. Yet hospital-owned urgent care centers—often staffed primarily by mid-level providers (nurse practitioners and physician assistants) operating under rigid protocols—are systematically pulling patients out of their medical homes. These facilities offer convenience for acute, low-acuity issues, but at a significant long-term cost to patients, payers, and the overall system.

Key concerns include:

- **Fragmentation of care and loss of continuity:** Patients bypass their PCP for urgent care visits, leading to duplicated efforts, incomplete records, and missed opportunities for preventive care, chronic disease management, and holistic coordination. The PCMH model, which emphasizes ongoing relationships with a primary clinician, has been shown to reduce emergency department use, lower hospitalization rates, improve outcomes, and decrease overall costs.
- **Protocol-driven care by mid-level providers:** While mid-level providers play a valuable role in team-based care, protocolized practice in urgent settings frequently results in excessive laboratory testing, imaging, and referrals. This approach prioritizes speed and

volume over nuanced clinical judgment, producing care that is often more expensive and less personalized than physician-led primary care.

- **Higher overall system costs:** Corporate consolidation funnels patients toward higher-reimbursed services, undermining value-based care goals. Vermont's own Blueprint for Health and community-oriented medical home initiatives have demonstrated that investing in coordinated primary care yields better population health at lower expenditures. Diverting patients elsewhere erodes these gains.

The survival of primary care access in Vermont's largely rural population depends on the viability of independent and community-based practices. Without targeted support, these practices cannot compete with the marketing power and extended hours of hospital-backed urgent care. The result is a vicious cycle: fewer patients in the medical home means less revenue to sustain practices, longer waits, more burnout, and ultimately reduced access—especially for vulnerable rural communities.

I recommend the Committee consider the following actionable steps as part of primary care reform:

1. Strengthen PCMH incentives and payment reform, including accelerated monthly prospective payments, reduced cost-sharing for primary care, and value-based models that reward continuity and coordination.
2. Support independent and rural practices through targeted funding, loan repayment, and workforce pipeline investments to recruit and retain PCPs in underserved areas, while addressing administrative burdens and burnout.
3. Promote integration and accountability by requiring hospital-owned urgent cares to coordinate seamlessly with patients' designated medical homes (e.g., automatic record sharing and follow-up referrals).
4. Continue oversight of hospital acquisitions and facility fees to prevent cost-shifting that disadvantages independent primary care.

Preserving and strengthening community-based primary care is essential for cost control, quality, and equity in Vermont's health care system. I appreciate the Committee's focus on these critical issues and stand ready to provide additional data or testimony as needed.

Thank you for your leadership.

Sincerely,

e-signed

Glen C. MacKenzie, MD, FACOG