Improving Access to Primary Care
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An adequate supply of primary care physicians is foundational to a highly functional, cost-effective health care system. Given Vermont's dire shortage of primary care physicians, a critical step toward improving access to primary care is to increase the number of primary care physicians. A comprehensive plan to recruit and retain primary care physicians is needed. The Rural Health Transformation grant appears to be a likely vehicle to fund *the development of a plan*, yet none exists.

Once a plan exists, Legislators could prioritize its implementation. Here are some ideas for such a plan:

1. Subsidize debt reduction/loan repayment for physicians who commit to practice primary care in underserved Vermont settings for some number of years. For example:

   Provide up to $50,000 annually for 5 years for loan repayment of medical school debt up to $250,000 for each primary care physician who commits to practice primary care in underserved Vermont settings for ten years. The cost would depend on how many physicians are recruited. Assuming ten new physicians chose to work in Vermont, the cost for the first year is $500,000. Assuming the same for year 2, the annual cost rises to $1 million. Year 3: $1.5 million. In year five, it would be $2.5 million. Thereafter, it decreases by $500,000 each year. At the end, Vermont would have 50 new primary care physicians.

2. Narrow the pay gap between specialists and primary care physicians. Reference Based Pricing (Act 68) can address prices among hospitals as well as outpatient settings. But RBP also needs to address the wide range of pricing *within* a hospital or outpatient setting, given the huge disparity between high-priced services for procedure-based specialty care versus low-priced services for primary care.

3. Establish a task force of primary care physicians to identify lower priority or burdensome administrative tasks for elimination. Further decreases can be achieved by reducing quality measures and data collection requirements.

4. Prior authorization should only apply to the statistical outliers, those who overemploy expensive medicines, procedures, and technologies.

5. Increase the number of Family Medicine Residency spots at UVMMC. There are roughly 300 residents at UVM with only 18 in Family Medicine ≈6%. (6/yr x 3yrs =18) The number of yearly Family Medicine Residents will be increasing from 6 to 7 but it will take three years before the total grows to 21.

6. Establish additional rural residency training sites similar to the Maple Mountain Rural Family Medicine Residency program which will train 4 residents per year once operational.

7. Enhance the scholarship program for 3rd and 4th year UVM medical students who commit to practice outside of Chittenden County by implementing the following:
    - UVM Medical School admissions could include a student selection process that favors those likely to pursue primary care (data exist for this).
    - Extend the scholarships to out-of-state medical schools for selected students interested in pursuing primary care.
    - Improve the culture of Family Medicine as a specialty.

8. Establish mini physician residencies for a midcareer change to primary care.

9. Support a robust scope of primary care practice by incentivizing "superdocs", i.e. those less likely to refer, those involved in teaching, and those likely to perform procedures such as suturing, wound care, splinting, joint injections, skin biopsies, EKGs, antibiotic injections for serious infections, family planning including IUDs and implants, Pap tests, counseling, medication-assisted treatment for substance use disorder, and assistance with accessing aid programs. This could be achieved through mentoring/training/clinical support within primary care specialties.

10. Incentivize specialist access pre-referral, e.g. prompt phone access.

11. Shift to "consultative" referrals which would ensure that patients return to their primary care practice for on-going management instead of continuing with specialists. This would reduce wait times and improve access to specialty care.

12. Since 2000, Vermont has witnessed an astounding growth in the number of specialists, almost tripling from 895 in 2000 to 2,543 in 2022 - see page e-10 here.) Any wonder spending has increased? Identify the factors that draw specialists to Vermont and employ those exact same factors to entice primary care physicians.

13. The Green Mountain Care Board could require Vermont hospitals to:
    - Increase spending on primary care.
    - Implement mechanisms to prevent unnecessary ED utilization through coordinated efforts with local primary care practices.
    - Develop initiatives to reduce avoidable hospitalizations and unwarranted hospital lengths of stay, in collaboration with local primary care practices and home health agencies.

14. The Vermont Department of Health and/or the Office of Professional Regulation, given their Physician Census databases, could provide a publicly accessible list of primary care providers statewide whose practices are open to new patients.

15. The State, not individual practices, could conduct an on-going recruitment campaign highlighting Vermont's funding and practice advances and our high quality of life.

16. Establish Vermont as a state and regional center of Primary Care Excellence by implementing the above initiatives.