Dear Members of the House Committee on Health Care,

I have been a family physician in Vermont for 33 years, working across private practice, FQHCs, and direct primary care. Based on this experience, I would like to offer my perspective on improving healthcare access in our state.

Meaningful access requires valuing current physicians, improving working conditions to prevent burnout, and training new providers. While tuition repayment incentives are a positive step, increasing the workforce is ineffective if we do not address the systemic dissatisfaction in primary care. Current payment structures that prioritize "productivity" and rigid coding systems decrease efficiency and contribute to record-high burnout.

I believe transitioning to a capitated model is a logical solution. Having operated a direct primary care practice in Bristol for the last six years, I have seen how actively managed patients use the referral and hospital system more efficiently, resulting in lower costs and better specialist access.

True access also means being able to see a physician when an issue arises. When practices are overbooked months in advance, frustrated patients often experience delayed treatment, which leads to sicker patients and more expensive hospital care. Furthermore, changes in how hospitals interact with independent practices have created new barriers. For example, I can no longer obtain same-day X-rays for my patients at Porter Hospital, a service that was standard for the first 20 years of my career. Forcing patients to seek express care for routine imaging is inefficient and compromises the quality of care.

Finally, regarding the concern that direct primary care panels are smaller, I can personally attest that if I had not taken control of my practice model, I would have left medicine entirely. Retaining experienced physicians in any capacity is essential for maintaining primary care access in Vermont.

Thank you for your time and for considering these points.

Sincerely,

Marian Bouchard, MD
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