

Testimony of Peter Ireland, MD:

I have been a full time primary care provider working out of CVMC Waterbury Family Medicine for 6 years. I have a panel of about 1200 patients, and work in a clinic alongside 8 other primary care providers, taking care of over 8000 patients total. I am also an MD member of the VT Board of Medical Practice, though I am not speaking on behalf of the Board today.

In brief, the points I would like to make tonight are that:

- we are trying our best in primary care to see as many people as possible without under-serving the patients we have
- primary care is a difficult job with more and more being asked of our clinics
- barriers to getting patients in are providers being burnt out / retiring / leaving the state and clinics being closed

With regards to more being asked, I would point out that primary care is the back-bone of the health care system, and a lot of the important work we do is not reimbursed: triaging concerns, prior authorizations and peer-to-peer appeals, responding to mychart messages. We have had eroded specialty supports with notable decrease in access to psychiatry (in any capacity, both inpatient and outpatient), most other specialists putting barriers to referrals, decreased social work, and not staffing addiction programs. Because of the difficulties of the work, most PCPs work part-time or have side work like express care or administrative roles. When pressure is put on to work even harder, most people would cut back on their primary care side – switch to their side venture.

Clinic closures have affected access, and primary care clinics are closing because they are not profitable

- a. UVM / CVMC - Mad River Valley Medical Center in Waitsfield
- b. Lamoille Health Partners – Stowe Family Practice

I would argue that primary care work is going to be unprofitable, and the solutions from the work flow side that some clinics utilize would be unpopular:

- Decreasing visits to 10 – 20 minute limits
- Doing less at visits, like UVM's recent switch to medicare AWW's not requiring an in person exam
- Aggressive billing
- Not seeing insurances that don't reimburse well
- Not offering mychart messages or filling out forms without a visit

I would say that the most important work I do is loss leading: buprenorphine addiction programs, Act 39 death with dignity, home visits to local psychiatric homes. Would recommend exploring ways to allow primary care to be subsidized or setup disincentives from health systems closing clinics further.