

Dear Representatives,

I was involved in Vermont's legislative efforts to ensure recognition of Patient Centered Medical Homes run by primary care naturopathic physicians around 15 years ago, and can provide historical context of the intent of language explicit to naturopathic physicians in VT's Blueprint laws. I apologize in advance for adding more acronyms to those you all get assaulted with daily! Here are brief definitions in case they are not common to everyone:

PCMH-Patient Centered Medical Home (an advanced primary care clinic which has met rigorous credentialing requirements for patient management, including evidence-based best practices for chronic and acute care)

NCQA-National Committee for Quality Assurance-- the most commonly used accrediting body used throughout the country that assesses, scores and certifies clinics as PCMH's.

PC or PCP: Primary care, or Primary Care Provider

ND-Naturopathic Doctor, or Naturopathic Physician, who completes a 4 year residential post graduate professional medical training in primary care, which emphasizes prevention, nutrition and natural as well as standard conventional and pharmaceutical approaches to treatment.

VANP-VT Association of Naturopathic Physicians

When Blueprint was getting started, the VANP worked closely with the inaugural medical director of the Vermont Blueprint for Health, Craig Jones MD. Before that time, the NCQA had refused to evaluate clinics run by NDs. Since the VT Blueprint uses NCQA to evaluate whether a clinic meets the standards of a PCMH, there was no mechanism to include ND PCP clinics in the Blueprint. Dr. Jones then negotiated directly with the NCQA to agree to score ND-run clinics and provide that score to the Blueprint. Then, there was needed explicit language in Vermont statute that guaranteed that ND clinics who met these standards would receive the support of the Blueprint, including the incentivized funding that goes to clinics in VT who participate. Thus, explicit language was enacted, and the Blueprint director had testified directly his support for this. The language, the Blueprint, VANP and legislators at the time felt, also was to ensure that succeeding administrations and staff would have clear direction as to how the implementation regarding ND-run PCHMs was intended to be carried out, long after those who set up the process had moved on.

There is really no other institutionalized safeguard than this language that prevents those PCP clinics run by NDs from losing their participation with the Blueprint, given that the credentialing body (NCQA) continues to not certify NDs. From the perspective of original legislative intent, this language clarifies and prevents needing legislative or other fixes down the road, and it guarantees access by this emerging PC profession to the standards expected of primary care practices. Ultimately, it helps thousands of Vermonters who use NDs for their primary care get the best care possible.

I would recommend that that language remain. It costs nothing to keep it in, and the unintended consequences of removing it could be far-reaching and negative for thousands of Vermonters.

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