Good afternoon, Members of the House Health Care Committee. Thank you for the invitation to speak with you today. My name is Gordon Powers. I am a Family Medicine Physician and have worked as a Primary Care Provider in Milton, Vermont, for over a decade. I have previously worked as a hospitalist doctor as well, caring for patients admitted to the University of Vermont Medical Center. I also serve as the Program Director of the University of Vermont Family Medicine Residency Program, overseeing the training of resident physicians over the course of their three-year residency training program. We are a growing residency program – currently in the process of expanding our resident cohort from 6 per year to 7 per year. Within my role as Program Director, I serve as an educator and mentor and am keenly aware of the primary care pipeline for our state.

As I speak today, please recognize that my views are my own and not the direct opinions of my employers. I will also caveat my remarks by noting I do not specialize in policy nor in medical finances – but I certainly can speak to the primary care landscape and challenges facing the training and retention of primary care providers within our state. I also support many elements of bill S.197, because the framework within this bill represents an opportunity to reinvigorate primary care within our state and improve the health of our fellow Vermonters.

Primary care providers – whether they be doctors, nurse practitioners, physician assistants, or other professionals – constitute a cornerstone of the healthcare landscape. We are ultimately responsible for managing a person's whole health. On any given day, we may oversee diagnosis of acute illnesses, management of chronic diseases, coordination of recommendations from specialist providers, ensuring medications are affordable, connecting patients to resources to help support them through financial hardships, and so forth. We are often doing all of these tasks simultaneously for numerous patients throughout the day.

I suspect that we can collectively agree that there is a primary care shortage across Vermont, and that Vermont would benefit from an increase in healthcare workforce across all sectors. As a rural state, Vermont is particularly vulnerable to health care shortages for many reasons. Yet, as a residency Program Director, I am proud that we train full-scope Family Medicine Physicians who provide primary care, hospital care, urgent care, low risk obstetrical care, and office-based procedures. Moreover, training providers who want to

stay within our state is an important goal, and I am particularly proud that approximately 60% of our graduates stay in Vermont after completing residency.

That being said, it is hard to be a primary care doctor in Vermont. I hear this fact from residents as they consider taking jobs outside of Vermont, I hear this from my colleagues every day, and I experience it firsthand Monday through Friday at the office – and often Saturday and Sunday as I catch up on work from home. I went to medical school to provide medical care for patients. But being a primary care doctor extends beyond the medicine itself. It includes the administrative burden of paperwork. It includes navigating prescription drug costs and insurance formulary changes. And it often includes guiding patients through the healthcare system which is becoming increasingly complex. In other words, much of the work of a primary care provider is occurring outside of the face-to-face time with a patient – yet this effort is usually not recognized by the healthcare system as a whole.

It has been shown repeatedly that improving access to primary care is a way to reduce healthcare costs - providing the right care to patients at the right time in the right setting. By investing in primary care, we can reduce chronic disease burden through *preventative* care measures and subsequently reduce *reactionary* care which includes costly visits to the Emergency Department or admissions to the hospital. However, fee-for-service models emphasize productivity through interventions and treatments of adverse outcomes rather than preventative treatment. This is not to say that we should not continue to invest in hospitals and other acute care settings – of course, they are necessary – but the historical emphasis on these settings through fee-for-service care has led to an imbalance in our current healthcare landscape.

In the world of primary care, we often talk about the "Patient Centered Medical Home" as a way to recognize that primary care is a team sport and patients deserve high quality healthcare that is easily accessible. While the primary care provider plays a key part in this model, it really takes all members of the primary care team to provide the ancillary supports that streamline the healthcare of our patients. Members of this interdisciplinary team may include a nutritionist, a pharmacist, a nurse case manager, and so forth. Allowing each of these individuals to work to the top of their ability (as conferred by their training degrees) results in improved outcomes for patients and increases access to primary care providers.

But our medical system cannot fully commit to a high value care model under our current payment system without the state helping to guide the way. By emphasizing per-member per-month payments, medical practices would have the bandwidth (and the incentive) to truly transition to a value-based care model. Additionally, consideration of risk-adjusted panel payments would recognize that some patients require additional supports for managing more complex health conditions.

As someone who is deeply invested in the primary care pipeline of Vermont, I often think about what drives graduates of my residency program to stay in Vermont – and also what drives them to seek employment elsewhere:

- Programs like the Area Health Education Center, or AHEC, help identify job positions that may be a good "fit" for provider career interests. Additionally, keeping in mind that new doctors are graduating medical school with hundreds of thousands of dollars of student debt, the AHEC loan repayment grant has been a major factor in keeping several of our graduates in Vermont by alleviating some degree of financial burden.
- Increased access to ancillary supports – such as nutritionists, clinical pharmacists, and social workers – enhances the appeal of staying in Vermont because having those supports help primary care providers to tailor patient care and consequently provide a higher level of care.
- Financial factors, for better or for worse, are always a consideration. I am employed within a larger health network which provides some stability - but the financial uncertainty of an ever-evolving repayment system poses challenges particularly for those who wish to pursue independent or small group practice. Yet it is those smaller practices that are most needed as outreach into rural settings. The bill currently under consideration has potential to level the playing field a bit, providing benefits to all primary care providers regardless of practice type.

Our current healthcare system fosters a culture of emphasizing primary care as secondary to specialist care – again, emphasizing reactionary care rather than preventative care. The discussions this committee is currently having around bill S.197 represent a step in the right direction - towards stabilizing primary care for our state and addressing factors that could improve retention of the primary care workforce in Vermont.