

Dear Vermont legislative leaders,

We find ourselves in 2025 with a time of transition coming following many years of building strengths in medical homes. Due to One Care Vermont's change in status, federal and state shifts that we expect as the AHEAD model takes shape, there could be a 'pause' in critical support for resources for crucial primary care services in Vermont. In our practice of Timber Lane Pediatrics, made up of over 8,300 patients around the state (part of Primary Care Health Partners), we have always 'said yes' to projects, innovations and embedded care in our clinics. Always willing partners for sharing data with stakeholders and joining conversations about what is working, we have welcomed Community Health Team professionals, DULCE Family Specialists and mental health providers into our medical homes. We incorporate their expertise and care into our visits, set up care conferences when needed and even home visits. These partnerships have been invaluable and allow people like me, a busy primary care clinician, to see as many patients as I can, deal with high level clinical issues, run the practice and maintain the best possible care we can offer. All while knowing that the team can be trusted to do what is best for our shared patients.

Just last week, our DULCE Family Specialist was working with a new, young foster parent to support her to learn more about infant care, obtain CPR certification and get set up with WIC while I finished the well visit and moved on to another patient. She then followed up with the foster parent to be sure all of the resources were in fact reaching the family and left lines of communication open.

I was part of the Blueprint for Health Expansion Workgroup, and, since we hit the ground running in 2023, we have been able to offer mental health support and care coordination for families in need, right in our medical home where they feel comfortable and secure.

The cost effectiveness and positive outcomes associated with population health efforts improve family health and well-being. These include social work for families seeking adequate housing, postpartum depression treatment and support, in-house direct counseling for children with anxiety disorders who could not wait months and months in the community for care. These embedded services have saved countless hours of provider time better served providing access to care for the masses. I can think of a number of patients and families who avoided crisis level care, emergency department visits and homelessness thanks to our medical home partnerships.

Please consider hearing about the successes of fixed payments to medical homes, from which ever source they may come - ACO or executive branch or population health sustaining funds for practices, from primary care providers so we can continue to maximize the care of the medical home and support and respect

clinicians who need this empowerment to innovate and promote excellent care without only fee for service type clinic structures.

Vermonters are so tired of high health insurance costs. The programs and approach I mention is a refreshing way to invest in medical homes without patients feeling nickled and dimed for everything. Thank you for your attention to this important area of need. We must find a way to buoy medical homes through 2027 to maintain a high level of care!

Feel free to reach out with comments or questions.

Thank you for your service to Vermont,

Elizabeth Hunt, MD, FAAP

Timber Lane Pediatrics, *a Primary Care Health Partners Practice*