

Testimony to Senate Health and Welfare, February 3<sup>rd</sup>, 2026.

Good morning, thank you for inviting me to speak today. I'm Fay Homan, a family doctor at Little Rivers Healthcare. I'm coming to you this morning from a chilly trailer at the Waits River Valley School, a K-8 school in East Corinth, where we have a fledgling school-based clinic. We love hanging out with the kids, but I mention it mostly because this one of the ways we bring access to primary care access where it is needed. It's good for the kids, and it's good for their parents, especially those who are juggling work and kids.

I'm also the chair of the Vermont Steering Committee for Comprehensive Primary Health Care, a committee which you all put into action in the last session. We've spent a lot of time recently on defining the **characteristics of a high-functioning primary care-based system**. Our priorities will not come as a surprise to you.

We believe that every Vermonter should have a primary care provider. We believe that addressing administrative burden is critical for allowing primary care providers the time needed to care for their patients. We believe that patients should have access to a broad scope of primary care close to home, by providers who know them. And we believe that primary care is at its best when it is team-based. That can mean a lot of things, such as incorporating mental health and substance use treatment into our offices, or more effective communication with designated agencies, home health providers, and specialists.

There is nothing in our current payment system that incentivizes this type of care. In a fee for service system, the incentive is for us to move patients quickly in and out of our offices. Most of us in primary care in Vermont have productivity expectations from our employers, and some are paid on productivity. We have to keep every slot in our schedules full just to keep the doors open in our practices. Having a completely filled schedule gets in the way of giving care when people need it most, and leads to an increase in referrals to emergency rooms and specialists.

The Steering Committee is very interested in S.197 and the similar bill H.680. A per member per month payment system can be designed to incentivize the things that are most important to our patients, such as a broad scope of care close to home. It can allow us time to see our sickest patients when they need it, decreasing emergency room visits and indirectly address the delays that we currently find in accessing specialty care. Pmpm payments can be designed to decrease administrative burden and streamline quality measures. There is a statistic in your bill that PCPs spend 50% of their time caring for their computers rather than patients. That is shocking, sad, and unfortunately accurate.

I'd like to share an illustrative patient story, because I'm a family doctor, and family doctors love stories. A few weeks ago, I saw a patient who rarely comes in for care. She was booked in a short appointment for a diabetes check. But she also has heart disease, hypertension and depression. I would normally see a patient like her every three months, but she has difficulty getting to the office because she doesn't drive, and her depression and anxiety make it difficult for her to show up. It was easy enough to add the hypertension visit on top of the diabetes visit, but we also discovered that she had not returned to her cardiologist after her heart attack a year ago, and was still taking medication which should have been discontinued. We talked a lot about her depression and how that makes it difficult for her to prioritize self-care. She agreed to see a counselor, which we have in our office. That felt like a big win. It has been many years since she has been willing to do that. As the visit was winding down, she mentioned 2 new problems which we had not known about that day. She brought up balance issues, dizziness and falls, and abdominal pain, nausea and vomiting. So we had to do a quick pivot for a brief neurologic and gastroenterologic workups to determine how serious the problems were and decide on next steps. Finally, as I literally with my hand on the doorknob, she asked, "does anyone have time to cut my toenails today? I can't see them and I can't reach them, and I can't get a ride to the podiatrist."

*That is value based care. In that appointment, we did the functions of endocrinology, cardiology, psychology, neurology, gastroenterology, and podiatry. That is the kind of care that we are trained to do and that we love to do, but there is nothing in our current payment system which makes that possible in a usual office day.*

I'll finish by saying that the Primary Care Steering Committee is an active group with multiple viewpoints on primary care. We are meeting monthly, with a subcommittee on payment reform meeting every other month. We are here to serve you in any way as we work toward a high functioning primary care based healthcare system. Thank you.

Fay Homan, MD

Little Rivers Healthcare

Chair, Vermont Steering Committee for Comprehensive Primary Health Care

