VERMONT MEDICAL SOCIETY RESOLUTION

Call to Prioritize Primary Care

Submitted by VMS Executive Committee for adoption at VMS Annual Meeting on November 6, 2021

WHEREAS, high-quality primary care is the foundation of a high-functioning health care system and is critical for achieving health care's quadruple aim (enhancing patient experience, improving population health, reducing costs, and improving the health care team experience). High-quality primary care provides comprehensive person-centered, relationship-based care that considers the needs and preferences of individuals, families, and communities. Primary care is unique in health care in that it is designed for everyone to use throughout their lives—from healthy children to older adults with multiple comorbidities and people with disabilities. [1]

WHEREAS, people in countries and health systems with high-quality primary care enjoy better health outcomes and more health equity, yet in the United States primary care is under-resourced, accounting for 35 percent of health care visits while receiving only about 5 percent of health care expenditures nationally. [2]

WHEREAS, evidence shows that the dominant fee for service payment mechanism, in combination with the process CMS uses to set relative prices for primary care and other services in the Physician Fee Schedule, continues to devalue primary care relative to its population health benefit, resulting in large and widening gaps between primary care and specialty care compensation;[3]

WHEREAS, a 2020 report by the Green Mountain Care Board (GMCB) and the Department of Vermont Health Access (DVHA) determined that in Vermont, the percent of 2018 health care spending on primary care (claims-based and non-claims-based) was 10.2% overall, ranging from 24.3% for Medicaid, 9.2% for commercial payers to 6.5% for Medicare;[4]

WHEREAS, Vermont Medicaid has made cuts to primary care in areas including the primary care case management fee (FY2019); reductions in vaccination administration rates (2017-2019); and reductions to primary care visit rates in the 2020-21 fee schedule;

WHEREAS, COVID-19 has placed primary care under additional pressure between higher costs for labor and supplies; a decline in visits as Vermonters stayed home and put off routine care; and higher demand for services that are not paid for such as screening for COVID testing needs and vaccine advice. Telemedicine has been a lifeline for both practice sustainability and

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[1] National Academies of Sciences, Engineering, and Medicine 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care.* Washington, DC: The National Academies Press. https://doi.org/10.17226/25983.

[2] *Id.*

[3] *Id.*

[4] GMCB & DVHA, *Defining Primary Care and Determining Primary Care's Proportion of Health Care Spending in Vermont*, January 15, 2020 https://legislature.vermont.gov/assets/Legislative-Reports/Act-17-Primary-Care-Spend-Report-15-January-2020_Final.pdf

patient access to care, yet it has not filled the gaps entirely. Vermont's experience is mirrored in national data. National reports show that as of mid-2020, 8 percent of physicians nationally had closed their practices as a result of COVID-19. 22 percent of those were in primary care; the majority (76 percent) were private practice owners or partners, while 24 percent were employed by a hospital or medical group.[5]

WHEREAS, fee for service payments can create barriers for primary care practices to move away from a biomedical, disease-focused model to one that addresses people's expressed needs and preferences, includes individuals and families more in their care, and responds to the multitude of factors that impact health, including the context of the community;[6]

WHEREAS, states that have mandated an increasing minimum percentage of health care dollars be spent on primary care services have achieve an increased investment in primary care, to over 12% in both Rhode Island and Oregon;[7]

WHEREAS, problem-based visits to primary care clinicians have been declining, possibly due to factors such as lack of primary care clinicians and available appointments, high deductible health plans and increasing costs to patients, and patients seeking urgent care and retail clinics for problem-based care;[8]

WHEREAS, numerous reports have highlighted the workforce challenges facing primary care, from an aging workforce to an increasing cost of medical education to frozen federal dollars for graduate medical education and burnout among existing clinicians;[9]

WHEREAS, in Vermont, primary care FTEs per 100,000 population decreased from 80.2 to 69.6 between 2008 and 2018, 31% of primary care physician are over age 60 and 15% are planning to retire or reduce hours in Vermont within 12 months;[10]

WHEREAS, in the summer of 2017, the Green Mountain Care Board conducted a Clinician Landscape Survey of over 400 Vermont clinicians to assess overall morale and the factors affecting providers' decisions to practice in hospital or independent settings. The results revealed that regardless of the employment setting or area of specialization, "paperwork, billing and administrative/regulatory burden" were among the most frequently cited sources of provider frustration and threat to practice success;[11]

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[5] *The Physicians Foundation's 2020 Survey of America's Physicians*; https://physiciansfoundation.org/wp-content/uploads/2020/08/20-1278-Merritt-Hawkins-2020-Physicians-Foundation-Survey.6.pdf

[6] National Academy of Sciences at p. 96.

[7] National Academies of Sciences at p. 306.

[8] National Academies of Sciences at p. 84-85. In contrast, preventive visits have been increasing.

[9] GMCB Rural Health Task Force, *Workforce Subcommittee Report*, January 10, 2020 https://gmcboard.vermont.gov/sites/gmcb/files/documents/Rural%20Health%20Services%20Report-%20Workforce%20White%20Paper%20FINAL%201.23.20.pdf

[10] Vermont Department of Health, *2018 Physician Census*, https://www.healthvermont.gov/sites/default/files/documents/pdf/HS-Stats-phys18-ppt-.pdf

[11] GMCB, *Vermont Clinician Landscape Study*, October 2017, https://gmcboard.vermont.gov/sites/gmcb/files/files/resources/reports/Vermont%20Clinician%20Landscape%20Study%20Report%20October_1_2017_FINAL.pdf

WHEREAS, for every hour of physicians' clinical face time with patients, nearly 2 additional hours are spent on desk work – a recent time study revealed that during the office day, physicians spent 27.0% of their total time on direct clinical face time with patients and 49.2% of their time on EHR and desk work;[12]

WHEREAS, despite a 2018 consensus statement on improving the prior authorization process jointly drafted by the American Medical Association, American Health Insurance Plans, BCBS Association and the American Hospital Association,[13] 85% of physicians surveyed since the statement still report the burden associated with PAs as high or extremely high;[14]

WHEREAS, VMS and other health care organizations have been calling on the legislature and regulators to address issues of primary care reimbursement, workforce and administrative burden for over a decade;[15]

WHEREAS, VMS has successfully advocated for a number of primary care initiatives including the recent study of the percent of health care spending on primary care services (Act 17 of 2019), studying reducing copays for primary care services (Act 74 of 2021), funding for two years of a primary care incentive scholarship (Act 74 of 2021), requiring "gold card" pilots waiving prior authorization (Act 140 of 2020), mandating parity for telehealth services (Act 64 of 2017) and coverage of audio-only services (Act 6 of 2021), however many of these items require continued advocacy for full implementation;

WHEREAS, primary care initiatives in Vermont are decentralized between the Agency of Human Services, Department of Vermont Health Access, Blueprint for Health, Vermont Department of Health Office of Rural and Primary Care, Green Mountain Care Board and the GMCB Primary Care Advisory Group, OneCare Vermont and their population health, prevention and pediatric committees, primary care specialty societies and more;

WHEREAS, Oregon's primary care spend requirement has been coupled with the creation of a primary care transformation office in state government;

WHEREAS, at a time when the pandemic has revealed weakness in our health care system and the importance of access to health care in addressing health equity and at a time that Vermont

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[12] Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties. Ann Intern Med. 2016 Dec 6;165(11):753-760. doi: 10.7326/M16-0961. Epub 2016 Sep 6. https://pubmed.ncbi.nlm.nih.gov/27595430/

[13] https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/arc-public/prior-authorization-consensus-statement.pdf

[14] American Medical Association, *2020 AMA Prior Authorization Physician Survey*, https://www.ama-assn.org/system/files/2021-04/prior-authorization-survey.pdf

[15] VMS Resolution, *Addressing Vermont's Primary Care Physician Shortage*, October 2017, https://vtmd.org/client_media/files/vms_resolutions/2007%20Primary%20Care%20Physician%20Shortage.pdf, see also VMS Resolution, *Supporting the Practice of Primary Care*, November 2016, https://vtmd.org/client_media/files/vms_resolutions/2016PrimaryCare.pdf; Testimony to Legislature, Brendan Buckley et al, *Vermont Primary Care, The Path Forward*, Jan. 2016, https://legislature.vermont.gov/Documents/2016/WorkGroups/House%20Health%20Care/Primary%20Care/W~Patrick%20Flood~Primary%20Care-%20The%20Path%20Forward%E2%80%94Statement%20from%20Vermont%E2%80%99s%20Primary%20Care%20Physicians~1-27-2016.pdf; GMCB Primary Care Advisory Group, https://gmcboard.vermont.gov/content/primary-care-advisory-group-meeting-information

is receiving unprecedented Federal Medical Assistance Percentage (FMAP) for Medicaid and American Rescue Plan Act funds there is more the state can do to sustain all primary care practices, therefore be it

RESOLVED, that VMS will advocate for the following mechanisms for strengthening our State's primary care practices:

- **Financial**
  - **Increase Medicaid primary care payments**
    - **Medicaid to update its Resource-Based Relative Value Scale Fee for Service (FFS) Fee Schedule fee schedule to match 100% of the 2021 Medicare Physician Fee Schedule and implement Medicare's E/M coding changes, resulting in increases to the RBRVS Fee Schedule for primary care clinicians and primary care codes that will more than compensate for cuts in primary care case management fee (FY2019); reductions in vaccination administration rates (2017-2019); and reductions to primary care visit rates in the 2020-21 fee schedule.**
  - **Increase percent of commercial payer spending on primary care services**
    - **Commercial insurers to raise their "primary care spend figure" by 1 percentage point per year until the percent of spending reaches 12% of overall spending, without adding to overall premiums and to not be accomplished through FFS increases**
  - **Increase percent of Medicare spending on primary care services**
    - **Green Mountain Care Board and Agency of Human Services when and if negotiating a longer-term extension of Vermont's All Payer Model Agreement to require that Centers for Medicare and Medicaid Services/Medicare increase its percent of spending on primary care services over time**
  - **Increase Upfront Investments to Support Practices Participating in Payment Reform**
    - **New participants in OneCare's Comprehensive Payment Reform program, or other new payment reform models, receive additional funds (per-member-per-month payments or one-time investments) to support the operational costs and resources necessary to make a smooth transition to value-based payment and practice redesign. This could support additional care coordination staff, quality improvement project support, and helping to take action on data opportunities. Funding to come from American Rescue Plan Act funds or Vermont's Global Commitment for Health 1115 Waiver with CMS.**
  - **Continue advocacy (addressed in separate resolution) for all payers to reimburse at 100% of in-person rates for audio-only telehealth services**

- **Reduce administrative burdens**
  - **Participate in stakeholder processes created in Act 140 of 2020 and plan further advocacy based on report outcomes:**

    - **Department of Financial Regulation report due January 15, 2022 regarding how EHRs can better streamline prior authorization through embedded, real-time tools**
    - **GMCB report due January 15, 2022 regarding how the All Payer Model (APM) can align and reduce prior authorizations**
  - **Gold card pilot programs must be implemented by commercial payers by January 12, 2022 with a report due to the legislature by January 15, 2023**
  - **DVHA to report to the legislature by September 30, 2021 on prior authorization waiver pilot program and opportunities for expansion**

- **Workforce**
  - **Support ongoing state funding for new VT Area Health Education Center (AHEC) Scholars Medical Student Incentive Scholarship for Larner College of Medicine third-year and fourth-year medical students launched in summer 2021 but only funded for two years**
  - **Increase funding for Vermont's loan forgiveness programs (such as AHEC)**
  - **Continue conversations with Congressional delegation, academic medical centers, legislature and other stakeholders regarding opportunities for new/expanded family practice residency program slots and qualification for National Health Service Core slots.**
  - **Work with the University of Vermont Larner College of Medicine and other local medical schools to support, promote, and encourage interest in medical students choosing primary care as their medical specialty.**

- **Coordination/Leadership**
  - **VMS will advocate to staff and fund a Chief Medical Officer of Primary Care position at the Green Mountain Care Board, who shall be responsible for coordinating efforts to evaluate, monitor and implement solutions to strengthen primary care delivery in Vermont**