VERMONT MEDICAL SOCIETY RESOLUTION

Call to Prioritize Primary Care

As adopted at the VMS Annual Meeting on November 6, 2021

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
  o 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