

1 VERMONT MEDICAL SOCIETY RESOLUTION

2
3 Call to Prioritize Primary Care

4
5 *As adopted at the VMS Annual Meeting on November 6, 2021*

6
7 **RESOLVED**, that VMS will advocate for the following mechanisms for strengthening
8 our State’s primary care practices:

9
10 • **Financial**

11 • **Increase Medicaid primary care payments**

- 12 ○ **Medicaid to update its Resource-Based Relative Value Scale Fee for**
13 **Service (FFS) Fee Schedule fee schedule to match 100% of the 2021**
14 **Medicare Physician Fee Schedule and implement Medicare’s E/M coding**
15 **changes, resulting in increases to the RBRVS Fee Schedule for primary**
16 **care clinicians and primary care codes that will more than compensate for**
17 **cuts in primary care case management fee (FY2019); reductions in**
18 **vaccination administration rates (2017-2019); and reductions to primary**
19 **care visit rates in the 2020-21 fee schedule.**

20 • **Increase percent of commercial payer spending on primary care services**

- 21 ○ **Commercial insurers to raise their “primary care spend figure” by 1**
22 **percentage point per year until the percent of spending reaches 12% of**
23 **overall spending, without adding to overall premiums and to not be**
24 **accomplished through FFS increases**

25 • **Increase percent of Medicare spending on primary care services**

- 26 ○ **Green Mountain Care Board and Agency of Human Services when and if**
27 **negotiating a longer-term extension of Vermont’s All Payer Model**
28 **Agreement to require that Centers for Medicare and Medicaid**
29 **Services/Medicare increase its percent of spending on primary care**
30 **services over time**

31 • **Increase Upfront Investments to Support Practices Participating in Payment**
32 **Reform**

- 33 ○ **New participants in OneCare’s Comprehensive Payment Reform program,**
34 **or other new payment reform models, receive additional funds (per-**
35 **member-per-month payments or one-time investments) to support the**
36 **operational costs and resources necessary to make a smooth transition to**
37 **value-based payment and practice redesign. This could support additional**
38 **care coordination staff, quality improvement project support, and helping**
39 **to take action on data opportunities. Funding to come from American**
40 **Rescue Plan Act funds or Vermont’s Global Commitment for Health 1115**
41 **Waiver with CMS.**

42 • **Continue advocacy (addressed in separate resolution) for all payers to reimburse**
43 **at 100% of in-person rates for audio-only telehealth services**
44
45

- 46 • **Reduce administrative burdens**
47 ○ **Participate in stakeholder processes created in Act 140 of 2020 and plan**
48 **further advocacy based on report outcomes:**
49 ▪ **Department of Financial Regulation report due January 15, 2022**
50 **regarding how EHRs can better streamline prior authorization through**
51 **embedded, real-time tools**
52 ▪ **GMCB report due January 15, 2022 regarding how the All Payer Model**
53 **(APM) can align and reduce prior authorizations**
54 • **Gold card pilot programs must be implemented by commercial payers**
55 **by January 12, 2022 with a report due to the legislature by January 15,**
56 **2023**
57 • **DVHA to report to the legislature by September 30, 2021 on prior**
58 **authorization waiver pilot program and opportunities for expansion**
59
60 ▪ **Workforce**
61 • **Support ongoing state funding for new VT Area Health Education Center**
62 **(AHEC) Scholars Medical Student Incentive Scholarship for Larner College of**
63 **Medicine third-year and fourth-year medical students launched in summer**
64 **2021 but only funded for two years**
65 • **Increase funding for Vermont's loan forgiveness programs (such as AHEC)**
66 • **Continue conversations with Congressional delegation, academic medical**
67 **centers, legislature and other stakeholders regarding opportunities for**
68 **new/expanded family practice residency program slots and qualification for**
69 **National Health Service Core slots.**
70 • **Work with the University of Vermont Larner College of Medicine and other**
71 **local medical schools to support, promote, and encourage interest in medical**
72 **students choosing primary care as their medical specialty.**
73
74 • **Coordination/Leadership**
75 • **VMS will advocate to staff and fund a Chief Medical Officer of Primary Care**
76 **position at the Green Mountain Care Board, who shall be responsible for**
77 **coordinating efforts to evaluate, monitor and implement solutions to strengthen**
78 **primary care delivery in Vermont**

1 VERMONT MEDICAL SOCIETY RESOLUTION

2
3 Coverage for Audio-Only Health Care Services

4
5 *As adopted at the VMS Annual Meeting on November 6, 2021*

6
7 **RESOLVED, The Vermont Medical Society will continue to advocate at the Vermont**
8 **legislature, with Vermont regulators, with insurance carriers and at the federal level for**
9 **coverage by Medicaid, Medicare and commercial insurers of all medically necessary,**
10 **clinically appropriate health care services delivered by audio-only telephone and for such**
11 **services to be paid for at the equivalent rate to in-person services.**

1 VERMONT MEDICAL SOCIETY RESOLUTION

2
3 Support for Increased Access to Home Health and Hospice Services

4
5 *As adopted at the VMS Annual Meeting on November 6, 2021*

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8 **RESOLVED**, the Vermont Medical Society will work with Vermont home health and
9 hospice agencies, the Department of Vermont Health Access, the Department of Aging
10 and Independent Living, the General Assembly and Vermont's Congressional delegation
11 to support:

- 12 • **Reliable access to quality, home care services in every region of the State;**
- 13 • **Adequate reimbursement to Vermont's home health and hospice agencies and to**
14 **health care professionals who provide home visits, to enable them to serve all**
15 **eligible Vermonters and provide patients with high quality care;**
- 16 • **Expanded coverage for home health services including telehealth services under**
17 **the Medicare program and telemonitoring services by all payers;**
- 18 • **Expanding eligibility for home health services so that all Vermonters who would**
19 **be best served by health care delivered in the home can receive services in that**
20 **setting;**
- 21 • **Increased inclusion in Vermont's All Payer Model, with adequate payments for**
22 **care coordination to reduce unnecessary and preventable emergency department**
23 **utilization and hospitalizations.**

VERMONT MEDICAL SOCIETY RESOLUTION

Addressing Pediatric Mental Health Needs in Vermont

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

RESOLVED, that VMS Work with partners such as the American Academy of Pediatrics Vermont Chapter, American College of Emergency Physicians Vermont Chapter, Vermont Academy of Family Physicians, Vermont Psychiatric Association, Vermont Association of Hospitals and Health Systems and Vermont Department of Mental Health to advocate for sustainable & appropriate funding for a comprehensive and multi-faceted approach to children's mental health in Vermont, that includes both short-term measures to alleviate the current acute boarding crisis as well as longer-term interventions designed to support the growing need for mental health services both inside and outside the hospital setting, including, but not limited to, the following specific areas:

1. **Build/bolster the statewide infrastructure to meet the needs of all patients in need of mental healthcare including:**
 - a. **Increase inpatient mental health facility capacity including the development of additional mental health facilities**
 - b. **Community based & transitional units focused on addressing acute mental health concerns (such as Psychiatric Urgent Care for Kids (PUCK), Mobile response, emergency Psychiatric Assessment, Treatment & Healing (emPATH) units, peer respite)**
 - c. **Creation of a comprehensive forensic mental health system**
 - d. **Fully funding Collaborative Care Models, including the Vermont Child Psychiatry Access Program (CPAP)**
 - e. **Increase psychiatric capacity in Emergency Departments including the development of safe ED psychiatric treatment space and/or psychiatric specific emergency departments**
2. **Workforce capacity building - continue to support initiatives and funding which will bolster the mental health workforce capacity in Vermont**
3. **Advocate for the Department of Mental Health to fund statewide chart auditing/quality measurement of children admitted to emergency departments for mental health services in order identify gaps in care/treatment services to make systematic change, which must include a process to synthesize chart audit results, then review and implement change**