

Shorter Primary Care Appointments Not a Good Prescription for Vermont

As primary care clinicians and physician leaders, we listened with interest as Dr. Bruce Hamory presented to the Green Mountain Care Board this week a lengthy analysis of the current challenges facing Vermont's health care system and presented solutions to help lower costs and increase access to essential services. We are still digesting the 144-page report and we do agree with some of the statewide recommendations like the importance of increasing affordable housing and supporting Emergency Medical Services (EMS). We fundamentally disagree, however, with one finding of the report – that Vermont has enough primary care clinicians and that we can fix our access issues in primary care by limiting primary care appointments to 20 minutes and requiring clinicians to see 3 patients per hour.

We understand that you, our patients, want your clinician to have the time to sit down, look you in the eye, and listen to why you came in. Your clinician needs to hear your concerns, your values, your goals for the appointment – and take the time to answer your questions. The trust you develop with your own primary care clinician is the key to feeling empowered to share issues impacting your health like depression, not having enough money to afford your medications, not having enough food at home, or not feeling safe around your partner. Primary care clinicians are asked to address these key “drivers of health” in order to provide the most comprehensive care to patients. While a strong medical team including community health workers, social workers, and nurses can then work with our patients to help meet those needs, the physician-patient relationship remains at the core of the relationship. This becomes even more crucial as we realize that the medical needs of our patients are multiplying into many complex chronic health conditions requiring skilled evaluation and thoughtful treatment plans. Patient-centered care takes time.

The data support the benefits of longer appointment times. One article found that appointments less than 20 minutes in length result in fewer health care issues being addressed and a reduced depth of understanding of patient health care issues. Time-consuming psychosocial determinants of health are left unaddressed. These consequences translate to decreased patient satisfaction, increased emergency room usage, and non-adherence to treatment plans.

Inadequate time with patients leads to missed medical issues and reduces the opportunity for thorough examination, diagnosis, communication, and shared decision making between the PCP and the patient. In turn, this reduces the quality of care and causes poorer health outcomes. One study found that increased time pressure reduces the number of diagnoses recorded, leads to more planned and unplanned follow-up visits, increases the likelihood of subsequent hospitalization and reduces recommended preventive care.

Primary care clinicians also want the time to meaningfully connect with patients. Short appointment times worsen burnout and push clinicians out of primary care or scare them away from choosing primary care in the first place. One study found that time pressure in new patient visits was associated with lack of control, clinician stress, and intent to leave the job, and time pressure in follow-up visits was associated with chaotic workplaces and burnout. Many clinicians describe emotional exhaustion and the fear of making clinical errors. Students observe harried primary care clinicians and choose alternative career paths. At a time when Vermont is seeing clinicians reduce their clinical work hours, retire early, and struggle to fill primary care positions, we

need to be doing everything in our power to retain our workforce and improve the quality of care we can provide.

If Vermont wants to meet the medical and social needs of our patients, save money in our health care system, and improve access and equity, we need to do more to support our primary care clinicians. We describe effective solutions like loan repayment and reducing prior authorization in our Primary Care Platform (<https://vtmd.org/lets-make-primary-care-a-vermont-priority/>). But care will not improve if we take away the ability of primary care physicians, PAs and APRNs to talk with you, our patients, and uncover your concerns and needs.

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