

1 VERMONT MEDICAL SOCIETY RESOLUTION

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3 Call to Prioritize Primary Care

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

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

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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**
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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.**
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- 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**