

VERMONT MEDICAL SOCIETY  
RESOLUTION

**Preserving Patient Access to Physicians by Reducing Administrative Burdens and  
Improving Reimbursement**

*Adopted on October 3, 2009*

1 WHEREAS, The United States and Vermont face a growing shortage of physicians, at a time  
2 when the need for physicians to care for an aging population with an increased prevalence of  
3 chronic disease is growing and nationally demand for physicians is expected to outpace supply  
4 through at least 2025;<sup>1</sup> and

5  
6 WHEREAS, The current supply of primary care physicians is inadequate; the shortage of  
7 primary care doctors is increasing; and fewer medical students' are choosing careers in primary  
8 care;<sup>2</sup> and

9  
10 WHEREAS, The shortage of physicians will be exacerbated by health care reform if steps are  
11 not taken to ensure an adequate supply of physicians; access to primary care physicians in  
12 particular is critical to ensure the success, quality and efficiency of the patient-centered medical  
13 home initiative; and

14  
15 WHEREAS, Low reimbursement and the interference with clinical decisions posed by  
16 administrative tasks create obstacles to physician retention;<sup>3</sup> and

17  
18 WHEREAS, Physician primary care and specialty compensation is not keeping pace with  
19 inflation<sup>4</sup>; and Medicare and Medicaid continue to reimburse physician services below the cost  
20 of providing the service; and

21  
22 WHEREAS, Physician practices incur significant increased expense by performing  
23 administrative tasks of financial benefit to payers, such as obtaining prior authorizations,  
24 performing step therapy, and correcting misattributed and inaccurate quality data; and

25  
26 WHEREAS, Physician practices incur increased costs to acquire and maintain health  
27 information technology, and to create, review and update patients' online health records; and  
28

---

<sup>1</sup>“Complexities of Physician Supply and Demand: Projections Through 2025,” AAMC  
[https://services.aamc.org/publications/showfile.cfm?file=version122.pdf&prd\\_id=244&prv\\_id=299&pdf\\_id=122](https://services.aamc.org/publications/showfile.cfm?file=version122.pdf&prd_id=244&prv_id=299&pdf_id=122);  
“Health Resource Allocation Plan” Vermont Department of Banking, Insurance, & Health Care Administration  
[http://www.bishca.state.vt.us/HcaDiv/HRAP\\_Act53/HRAP09\\_Chapter2.pdf](http://www.bishca.state.vt.us/HcaDiv/HRAP_Act53/HRAP09_Chapter2.pdf)

<sup>2</sup> K.E. Hauer, et al., “Factors Associated with Medical Students’ Career Choices Regarding Internal Medicine,”  
*JAMA*, <http://jama.ama-assn.org/cgi/content/full/300/10/1154>; T. Bodenheimer, “Primary Care – Will It Survive?”  
*New England Journal of Medicine*, <http://content.nejm.org/cgi/content/full/355/9/861>; “How is a Shortage of  
Primary Care Physicians Affecting the Quality and Cost of Medical Care?” *American College of Physicians*,  
[http://www.acponline.org/advocacy/where\\_we\\_stand/policy/primary\\_shortage.pdf](http://www.acponline.org/advocacy/where_we_stand/policy/primary_shortage.pdf)

<sup>3</sup> “2007 Physician Retention Survey,” *American Medical Group Association and CEJKA Search*,  
<http://www.cejkasearch.com/media/news/physician-retention-survey-2007-pr.htm>

<sup>4</sup> “Physician compensation and Production Survey: 2009 Report Based on 2008 Data.” Medical Group Management  
Association (MGMA). <http://www.mgma.com/press/article.aspx?id=29318>  
<http://www.mgma.com/WorkArea/showcontent.aspx?id=29312>

1 WHEREAS, Initiatives for reimbursing telephone and e-visits, group visits, and after-hours  
2 codes, should be designed to ensure that these services are administered in a manner that  
3 supports high quality clinical care and does not increase the administrative burden for  
4 physician practices; and

5  
6 WHEREAS, This increased practice expense for administrative tasks and information  
7 technology has not been adequately reflected in increased physician reimbursement; and

8  
9 WHEREAS, To ensure access for patients, it is important that all possible means to address  
10 current and projected physician shortages are explored, therefore be it

11  
12 **RESOLVED, That VMS advocates for loan repayment funding and adequate public and**  
13 **private payer reimbursement for physicians, including reimbursement for administrative**  
14 **tasks, for installing and maintaining information technology and electronic health**  
15 **records, and for telemedicine services, telephone services, remote patient visits and**  
16 **exchanging secure e-mails with patients, and be it further**

17  
18 **RESOLVED, That the Vermont Medical Society provides information to Vermont**  
19 **legislators and the public explaining the need to recruit and retain physicians for**  
20 **vulnerable populations in Vermont to ensure patient access to care in the face of current**  
21 **and worsening physician shortages; and be it further**

22  
23 **RESOLVED, That the Vermont Medical Society communicates with the Vermont**  
24 **Congressional delegation to ensure that Health Care Reform legislation includes**  
25 **provisions to address Medicare and Medicaid reimbursement and related issues**  
26 **including:**

- 27     • **A national floor for Medicaid reimbursement;**  
28     • **Audited national standards for Medicaid beneficiary access to physicians and**  
29     **other health professionals;**  
30     • **Adequate reimbursement for any public plan included in the legislation;**  
31     • **Repair of the Medicare Sustainable Growth Rate (SGR) formula;**  
32     • **Geographic Practice Cost Index (GPCI) floor; and**  
33     • **Interpreter reimbursement mandates for Medicaid, Medicare, public plans and**  
34     **private insurers.**