

1 VERMONT MEDICAL SOCIETY RESOLUTION

2
3 Supporting the Practice of Primary Care

4
5 *Adopted November 5, 2016*

6
7 Whereas, A white paper entitled “Vermont Primary Care; The Path Forward” indicated Vermont
8 has a cadre of passionate, well-trained and seasoned Primary Care Providers who provide quality
9 and cost-effective care; however, this is an aging group and the state’s Primary Care workforce is at
10 risk due to the lack of younger physicians entering Primary Care and current physicians exiting;¹
11 and

12 Whereas, The paper explained that the common denominator for much of what Primary Care
13 Providers do best: building a trusting relationship between patient and physician that is forged
14 over time and the time Primary Care Providers spend with their patients is, for many, the reason
15 they became physicians; and

16 Whereas, The paper stated the time Primary Care Providers spend with their patients is under
17 assault and the ratio of time spent with patients to the time spent in non-face-to-face tasks is
18 approaching 1:1, due to such administrative tasks as unwieldy Electronic Medical Records,
19 insurance forms, data reporting and prior authorization tasks; and

20 Whereas, Nationally practices reported that their physicians and staff spent 15.1 hours per
21 physician per week dealing with external quality measures including the following: tracking quality
22 measure specifications, developing and implementing data collection processes, entering
23 information into the medical record, and collecting and transmitting data;² and

24 Whereas, The per physician time spent by physicians and staff translates to an average cost of
25 \$40,069 per physician per year, or a combined total of \$15.4 billion annually for general internists,
26 family physicians, cardiologists, and orthopedists in the United States and eighty-one percent of
27 practices reported that they spent more or much more effort dealing with external quality measures
28 than three years ago and only 27 percent believed that current measures were moderately or very
29 representative of the quality of care;³ and

30 Whereas, Under Act No. 113,⁴ the Green Mountain Care Board may examine the effectiveness of
31 existing requirements for health care professionals, such as quality measures and prior
32 authorization, and evaluate alternatives that improve quality, reduce costs, and reduce
33 administrative burden; and

34 Whereas, the Act further directs the Board to seek input from a primary care professional advisory
35 group to address issues related to the administrative burden facing primary care professionals,

¹ *Vermont Primary Care: The Path Forward*, Dr. Sharon Fine, et. al., 21 Jan 2016

² *Health Affairs* 35, no.3 (2016):401-406 *Quality Measures US Physician Practices Spend More Than \$15.4 Billion Annually To Report*
Lawrence P. Casalino, David Gans, et. al.

³ *Ibid*

⁴ <http://legislature.vermont.gov/assets/Documents/2016/Docs/ACTS/ACT113/ACT113%20As%20Enacted.pdf>

1 including: (1) identifying circumstances in which existing reporting requirements for primary care
2 professionals may be replaced with more meaningful measures that require minimal data entry; (2)
3 creating opportunities to reduce requirements for primary care professionals to provide prior
4 authorization for their patients to receive radiology, medication, and specialty services; and (3)
5 developing a uniform hospital discharge summary for use across the State; and

6 Whereas, The white paper stated that if Primary Care Providers (MDs, DOs NPs, PAs) knew that
7 Vermont had the lowest administrative/reporting burden, a seamless and functional electronic
8 health record, and no prior authorization requirements; it would strengthen our workforce; now
9 therefore be it

10 **RESOLVED, VMS will urge the Green Mountain Care Board through its regulatory powers**
11 **to reduce the current quality reporting and prior authorization requirements and replace**
12 **them with a core of meaningful metrics that are reported through accurate claims data, and**
13 **evaluate alternatives that improve quality, reduce costs, and reduce administrative burden;**
14 **and be it further**

15 **RESOLVED, VMS will urge the creation of a new electronic medical record functional**
16 **system whose foundation is clinical rather than reporting/billing and eliminate the need for**
17 **multiple interfaces and apply this system statewide; and be it further**

18 **RESOLVED, VMS will urge the creation of a clear state-wide expectation that primary care**
19 **practitioners will have sufficient time with their patients to generate the relationships that**
20 **will maximize lifestyle changes, avoid unnecessary use of the emergency**
21 **department/hospitalizations and bolster their role as key community resources.**