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Topic: ACOs

Comment:

Comment Related to the GMCB ACO Oversight Recommendations:

I am the Medical Director of the Peoples Health and Wellness Clinic (PHWC) in Barre, VT. The PHWC provides free care to the uninsured and helps Vermonters access available insurance options. Many of our patients are hard working Vermonters with serious medical problems. Some also deal with all the ramifications of extreme poverty.

Most of the primary care practices in our area do not accept new patients, even when we are able to establish Medicaid eligibility or other coverage.

Because of this the PHWC manages complex patients who should be transferred to a fully staffed primary care clinic. The inability to transfer patients both compromises the quality of care for those with chronic conditions and also increases the cost of care to the system. The PHWC relies on volunteer clinicians and cannot provide continuity of care or 24/7 availability.

In surveying other Vermont Coalition of Clinics for the Uninsured (VCCU) I found that at least one other service area experiences this problem with primary care referrals. I have spoken to the CMO at Central Vermont Medical Center and the Chair of the UVM Department of Family Medicine, who directs family medicine clinics in central Vermont about this problem. They were not able to offer any solutions, other than agreeing there is a workforce issue.

I do not blame my colleagues for this issue, knowing how willing most primary care practices have been to work to improve the health care system. They all know there is a primary care workforce crisis in Vermont.

In reviewing the GMCB ACO Oversight Recommendations being presented today at the Board meeting I see no specific reference as to how OneCare Vermont plans to address the primary care crisis. If primary care is the foundation of OCV, why is it so hard to transfer patients from the PHWC to a primary care practice? OCV knows that there has already been a documented decline in Medicaid primary care office visits. To reverse this trend and meet their attribution targets the primary care practices should be anxious to see our patients. OCV has stated their target population is the people who have poor outcomes because of complex medical and social needs. In order to achieve their goals shouldn't there be a program to attract more primary care clinicians?

The GMCB should require a detailed and specific report related to how OCV will address the primary care crisis in Vermont as part of its ACO oversight recommendations. The time to rely on task forces, committee discussions, or advisory boards has long since passed.