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Topic: All Payer Model

Working in a NCQA certified PCMH, we have participated in models developed to enhance the well-being of our patients and families through a multidisciplinary team, through the Blueprint and other endeavors like DULCE. We find that health care providers do the best job caring for patients with lots of help - from dietitians, social workers, coaches, therapists, family specialists, etc. The investment in a top notch PCMH can come in terms of finding or people power; I have found that giving medical homes the choice to use the resources to pick their own team members for an embedded model can work well. Our current Care Coordinator (CCM) is employed by our practice with some funding from the Blueprint. Having a professional assigned or 'offered' to a practice can be beneficial too if they are qualified, motivated and enjoy the work as a team. We have benefited from this model as well.

In order to enable medical homes ample resources are needed as the 'payment' associated with a UVMHN employed professional is high due to their fringe benefits and costs in contrast to a practice employed person. Regardless of where the professionals come from, a practice needs office space, front desk support through phones, scheduling and occasionally EHR access. Practices like ours support this in order to benefit from the team approach for patients. If fixed payments for primary care medical homes permitted innovation and creativity on the part of medical homes like ours we would employ the recommended guidance and set up a shop well suited for patients with the right type of team and the infrastructure to support this. We hope that any influx or resources and energy into health teams, through Act 167 or otherwise is sustainable and able to grow and evolve as the access needs and staffing shortages affect all of us in primary care.

A similar illustration of lumping payments comes through One Care Vermont which plans to group monthly fixed payments with care coordination payments and VBIF payments in 2023. I would support that as a Prevention and QI ACO committee member as the data designated to evaluate the segmented payments often comes after they are used for best patient care and the accounting has become far too difficult. I feel that standing up for primary care and supporting our PCMHs with resources can lead to excellence - complex care clinics, full time lactation support, ED visit avoidance and a healthy primary care culture.

We know the GMCB and AHS are aware of the effects of the COVID -19 pandemic and economic inflation on primary health care. These proposals will surely help as we are trying to hire and maintain staff while our fee for service payments are not keeping pace with inflation and our operational costs are rising.

Thank you for working with primary care in Vermont!

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