



Date: December 11, 2024

To: Chair Foster and members of the Green Mountain Care Board

From: Vermont HealthFirst, Susan Ridzon, Executive Director, sr@vermonthealthfirst.org

Re: OneCare 2025 Budget

Thank you for the opportunity to provide input on potential ways to support independent primary care as you consider OneCare's 2025 budget. We solicited ideas from our primary care practices who participate in OneCare's programs. Responses are in no particular order and are edited lightly for clarity.

- Sign on bonus for new independent PCPs paid out over 2 years
 - Independent practices have significant barriers to recruitment since the federal loan forgiveness programs are so robust, and only for "nonprofits" are eligible.
- Sign on bonus paid out over 2 years for new clinical staff, medical assistants, and nurses.
- Primary care loan repayment with eligibility waiting period, supporting retention.
- Grant funding for electronic health record (EHR) costs associated with scribe or AI programs to help with documentation and administrative burden.
- Funding for hardware, software and related expenses associated with quality initiatives.
 - Example: funding for tablets and related EHR support to facilitate patient completion of forms for depression screening, social determinants of health, annual wellness visits, etc.
- Cover practices' Blueprint NCQA PCMH certification costs such as application fees and staff time to document and complete the extensive work.
 - Blueprint payments historically did not address the fees, administrative time, and resource costs that go in to certification, thereby diminishing the benefit from already low Blueprint PMPM payments that have not kept pace with added NCQA demands, nor inflationary costs.
- Bonus or funding tied to access. For example:
 - Practice offers in-office appointments on weekends. Many independents already offer this, and such access is directly linked to reduced utilization of unnecessary and more costly urgent care and ED visits and provides better care for patients/families.

- Practice has MD answering calls for triage after hours. This is also directly linked to reduced utilization of urgent care and ED visits and provides better care for families as they can be triaged into office's sick call schedules the next day if necessary. A large percentage of after-hours calls, as reported by the pediatric practice who submitted this example, involves helping families decide if they need to seek urgent care or ED care and most of the time the physician helps them realize they do not need this care. They then set them up with next day office appointments (again tied to the 7 days a week and holidays access to in-office appointments).
- Baseline funding for vaccine administrations.
 - Some of this occurs via Blueprint for Health for certain situations but pediatric practices report that vaccine reimbursement does not cover practice overhead to administer vaccines.
- State funds that are going to OneCare were partially sourced from Medicaid PMPM capitation payments. The State should reinstitute those monthly payments, given the generally poor (albeit more reliable) reimbursements for services to Medicaid recipients.
- What Vermonters need most is access to primary care in rural areas. The State could formalize a system to recruit primary care physicians to work in rural areas of the state. This should include office space, a guaranteed salary, and a loan forgiveness program coupled with a commitment for a specific period (say 5 years), akin to the National Health Corps Service scholarship program. This would greatly improve the general health of Vermonters and would greatly reduce the state's health care expenditures over time, a fact well-proven, when populations have access to consistent, good quality primary care.
- CPR "bridge" program
 - To continue funding into 2026
- Funding for practices who are integrating mental health clinicians and expanding mental health groups for patients and their families
- Funding to expand community health workers who can see patients in their homes (support for parents of newborns, support for parents of special needs patients, etc.)