GMCB Primary Care Advisory Group
Wednesday, October 18, 2023
5:00 - 7:00 PM

This meeting was held virtually via Microsoft Teams.

PCAG Member Attendance	*Carrie Wulfman; Eileen Murphy; Elliot Rubin; Fay Homan; Robert Penney; Tim Tanner; Valerie Rooney; Courtney Ledger; Emilija O. Florance; Paul Reiss; Kristen Sheehan*
GMCB Attendance	Susan Barrett; Dave Murman; Marisa Melamed; Julia Boles

Welcome & Introductions

- PCAG members introduced themselves to the Oliver Wyman team
- Susan Barrett shared that Pat Jones received PCAG's memo and there will be a future meeting with Pat about the AHEAD Model

Act 167 Community Meeting Schedule Overview

- Julia Boles provided an overview of the Community Meeting website and asked PCAG members to help promote the meetings to providers and the general public by sharing the website with colleagues and personal connections, as well as hanging a flyer in their offices.

Provider Session: Act 167 Community Engagement

- Dr. Hamory walked through the slide deck with background about the project and current health care landscape.
- Dr. Hamory invited PCAG members to provide insights on the questions (slide 13). PCAG members shared thoughts that included:
    - What do we mean when we say value based care;
    - Access vs availability, meaning being available to patients when they need access. For example, being more creative with availability by adding telehealth availability with primary care in the evening because people need to see PCPs when they aren't at work.
    - We see VT has a high number of providers per capita, but that doesn't always translate to access to those providers depending on the structure of clinical hours.
    - Practical considerations that would save PCP providers time and let them see more patients:
        - Change what information is sent from hospitals to PCPs for specialist and ED discharge notes because they are currently so long (e.g. 30 pages) which makes it difficult and time consuming to find the recent information. There aren't incentives in the current system for hospitals to change because there isn't any competition for where PCPs refer patients. Sometimes it's fax not electronic.
        - PCPs can't take as many patients because anytime a patient interacts with the system a new document is generated that the PCP has to review.
        - Phone availability of specialists before and after consultation to get patients connected to tests or medications while they wait to see a specialist, or possibly to avoid the need for that visit.
    - Can't attract more PCPs into this setting because they can't offer the same salary and work life

balance that are offered in other states that have less reporting and paperwork.

- Copays and deductibles for primary care doesn't make sense because it makes patients want to get care via phone or portals to save money, but that means PCPs can't get paid.
- Each practitioner needs 4 employees to support the admin associated with their patients
- The happiest PCPs in the state are those who have opted out of the insurance system to be concierge
- Different systems for insurers prior authorizations or prescriptions. Because insurers outsource pharmacy to PBMs, there is often other paperwork in cases where only a specific generic is covered (PCPs end up doing work for PBMs and insurers to manage their formulary in the form of working through what is covered for a given patient)
- Health equity is impacted by different payers, how soon a patient gets scheduled at a hospital depends on their insurance
- Case managers sometimes add more work to help coordinate with case managers, and sometimes there are additional referrals to specialists when the condition was already being managed by PCP. There isn't always an understanding of how much work goes into sending a referral.
- Different EHRs create complications, but there aren't incentives to get the private companies who run the EHRs to coordinate or improve data flow.
- Schedulers don't always know how or where to route patients or how to explain why patients are rescheduled. Someone with more clinical knowledge is needed to make that go more smoothly.

The full meeting recording can be found here: https://www.youtube.com/watch?v=Ti90R_tPLHA