

PROPOSAL FOR SOLVING PRIMARY CARE PHYSICIAN WORKFORCE CRISIS

Patrick Flood, May 2021

The problem is well-known: Vermont's primary care physician workforce is shrinking at a time when we need to expand it. We must:

1. Subsidize debt reduction for physicians. Provide up to \$50,000 annually for 5 years for payment of medical school debt up to \$250,000 for each primary care physician who commits to practice primary care in underserved Vermont settings for ten years.

The cost depends on how many physicians are recruited. Assuming ten new physicians choose to work in Vermont, the cost for the first year is \$500,000. Assuming the same for year 2, the annual cost rises to \$1 million. Year 3: \$1.5 million. In year five, it would be \$2.5 million. Thereafter, it decreases by \$500,000 per year. At the end we would have 50 new primary care physicians. The potential is to have even more physicians come to Vermont or choose to train as primary care physicians.

This part of the proposal by itself could result in recruiting new physicians to Vermont.

2. Increase salaries for primary care physicians. Raise primary care salaries by \$10,000 per year for five years or until primary care salaries achieve equity with ER and hospitalist salaries. Accomplish this by instituting a PMPM of \$60-100/month for primary care practices. Require that the revenue from this PMPM to hospitals and practices be used to raise primary care salaries only.

The PMPM should be sufficient to pay competitive salaries to other employees in primary care practices to ensure stable staff, a benefit to both physicians and patients.

3. Reduce the administrative burden, which has only continued to increase. Some physicians have said they spend up to 50% of their work time, and often long after normal work hours, on paperwork, much of which they do not believe adds any clinical value. We need to set a goal of reducing paperwork and administrative burden by 25%. Commission a group of primary care physicians to review the paperwork and computer work they are required to complete and let them decide what to eliminate. Focus on eliminating or greatly reducing prior authorization. This would first and foremost reduce the frustration physicians feel daily and would also reduce or eliminate "after-hours" time spent on paperwork. If the goal of 25% is achieved, it would have the effect of freeing up some clinical time thereby improving access immediately at no cost. Additionally, this would be a powerful recruiting tool.
4. Rescind OneCare's reimbursement arrangement with primary care physicians which reduces their guaranteed upfront payments and places them at risk for outcomes in their HSA over which they have little control. Replace this with a state sponsored "value-based" \$60-\$100 PMPM (see above) to cover the critical but unreimbursed services routinely provided by primary care physicians. This PMPM would not be risk-based.

5. Funding for these initiatives would come from re-allocating funds currently spent on the administrative costs for the ACO OneCare Vermont, while maintaining funds for the Blueprint. The state needs to decide whether it is going to support an ACO with a track record of poor results (cost overruns, high overhead, limited reach, mixed quality results, meager fixed prospective payments, weakening of the primary care physician workforce) or instead invest in the services that Vermonters actually want and need to achieve real reform.
6. Support Vermont hospitals to develop local primary care physician residency programs.
7. Increase the number of primary care physician residency slots at the UVM Medical Center.
8. Investigate the benefits of a single EMR for hospitals and primary care practices, and potentially other organizations, to improve communication and care coordination, reduce costs and enhance working conditions for physicians and others.
9. Mandate the Green Mountain Care Board to strengthen primary care to make it more accessible, more sustainable and more affordable. To achieve this goal the GMCB should develop a statewide plan for primary care. The plan would empower the role of primary care physicians in determining the future of primary care in Vermont.