

Who will answer your midnight medical call if Vermont doesn't invest in primary care?

My name is Dr. Ashley Miller, and I am a pediatrician and the owner of South Royalton Health Center (SRHC), which is a small, independent medical practice that provides pediatric, adolescent medical and mental health care to our patients in the Upper Valley.

I am originally from southern NH, moved to VT in 2004 and never looked back. I left a large multi-specialty practice affiliated with an academic medical center in 2014, where I often had never before seen the patient or family I was providing care for while on call, or in the office. Now, I pride myself on being able to provide more connected, team-based care to a diverse array of families in our independent primary care practice. At SRHC, we try hard to embody the philosophy of the patient-centered medical home, as we feel strongly that this comprehensive model improves the health of our children and their communities.

Allow me to tell you a story from a recent call night. I was paged shortly after midnight. On the other end of the phone was a tearful mother that I knew well. Her 2-year old daughter had just woken her with her screaming. Her daughter has what are known as febrile seizures, and during a seizure she lets out these blood-curdling screams. After about 30 minutes on the phone, in which I helped the mother evaluate her daughter's current health and stability, we decided she didn't need to go to the ER.

In this instance, the fact that I knew the patient well and her prior history of seizures allowed me to quickly assess the risk of the condition at that given moment. I was also able to reassure her mother and give her the tools to manage her daughter's seizures from the comfort of their own home. The mother did not need to call an ambulance or try to transport her child with seizures to the ER in the middle of the night. This care model not only saves the mother heartache, time and money, but also saves the entire health care system money. Unfortunately, I don't get paid for preventing expensive emergency room care, and care coordination services are often deemed necessary but "not billable." Often in pediatrics, we do things because they are right for our patients, even if we are not going to be paid for our services, and unfortunately this is just not a sustainable model.

Payment for care decreases every year, yet providing care becomes more complicated and more costly. With ever increasing fragmentation of care, increased supply costs and primary care and mental health workforce shortages, pediatrics is increasingly becoming a money-losing specialty. But at the same time, the pandemic has shown us, independent pediatric care is vital to the health of our children and our communities.

I feel very lucky to work in Vermont, but roughly 15 independent practices have closed over the last 5 years. Vermont primary care has experienced a gradual erosion in Medicaid payment, an avalanche of administrative burden, and the dwindling primary care workforce is at crisis-levels. Currently, the Vermont legislature is determining how to spend \$2 billion in federal relief dollars.

While the State's coffers are better supplied, now is the time for the Vermont legislature to help make our small independent medical practices sustainable by assuring appropriate Medicaid payments for services and adequately investing in the primary care workforce. This investment will allow Vermont pediatricians to keep providing patient-centered, affordable primary care to you and your family, which includes me being there when you call in the middle of the night.