







FACT: VERMONT HAS A PRIMARY CARE PHYSICIAN SHORTAGE AND IT IS GETTING WORSE



As of 2022, Vermont now has a shortage of 115 primary care physicians compared to national benchmarks – see charts below:

- Based on <u>demand modeling</u> previously commissioned by the State of Vermont, the aging demographics in Vermont will only exacerbate the need. Our current supply of primary care physicians is **369.7 FTEs** short of what we will need in **2030 112 short in family medicine**, **190 short in internal medicine**, **52 short in OBGYN and 2 short in pediatrics**.
- Vermont has previously had several areas that met the strict federal criteria to qualify for designation as a Health Profession Shortage Areas and a number are currently <u>pending for approval</u>.

A recent out of state <u>consultant report</u> claims that Vermont has "enough primary care providers for well into the future" and that "HRSA recognizes no Health Profession Shortage Areas in Vermont."

VERMONT'S PROJECTED SHORTAGE OF PRIMARY CARE PHYSICIANS BETWEEN 2022 & 2030



Projected future demand





Vermont's primary care needs

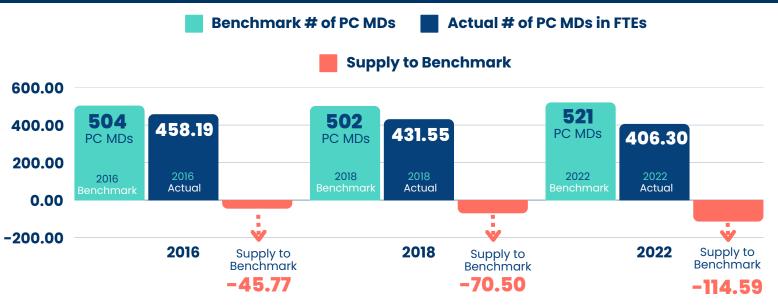
2030 Projected PCP Shortage

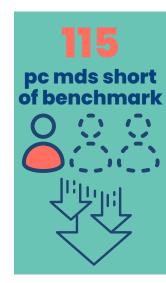
- -112 FAMILY MEDICINE
- -190 INTERNAL MEDICINE
- -52 OBGYN
- -2 PEDIATRICIANS



Click here for VMS' strategies to address Vermont's primary care physician shortage.

Vermont's Primary Care Shortage - State Level 2022

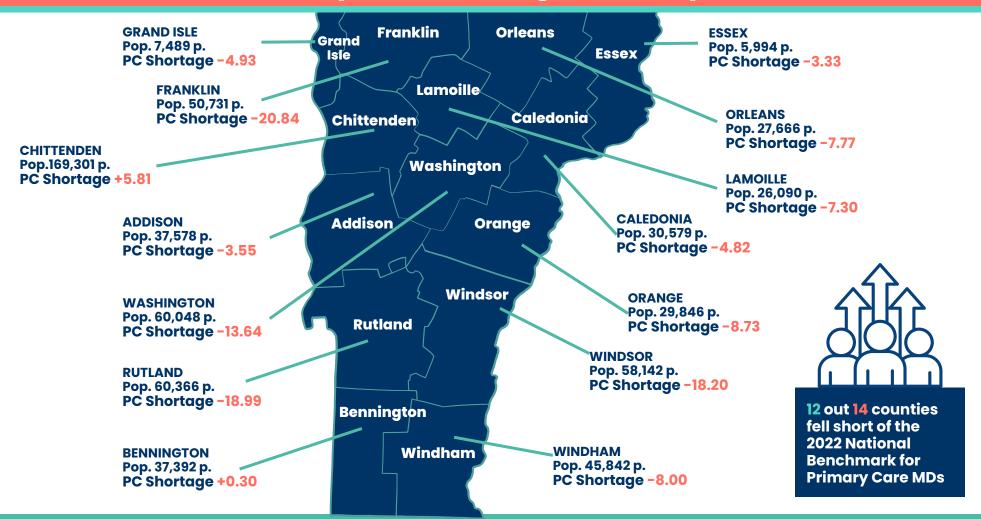






Compared to the 2022 National Benchmarks, Vermont's Primary Care Shortage is 115, which represents a 22% gap.

Vermont Primary Care Shortage - County Level 2022



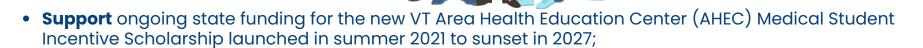








VMS 2025 PRIMARY CARE WORKFORCE POLICY NEEDS NOW



- **Sustain** increased funding for Vermont's primary care loan forgiveness programs beyond the current HRSA funding award and ensure PCPs from all employment settings are eligible;
- **Support** Teaching Health Center Graduate Medical Education Planning & Development Grant to establish a new rural family practice residency program in collaboration with Federally Qualified Health Centers and area hospitals;
- Advocate for Congressional changes to HRSA scoring, which disadvantages VT opportunities for loan repayment, public health service slots and residency (GME) programs;
- **Fully fund** initiatives to bolster the existing mental health workforce capacity through collaborative care models, such as the Blueprint expansion and the Vermont Child Psychiatry Access Program (CPAP).

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