

1 VERMONT MEDICAL SOCIETY  
2 RESOLUTION

3  
4 **Addressing Vermont’s Primary Care Physician Shortage**

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6 *Adopted on October 20, 2007*

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8 WHEREAS, Vermont is beginning to see the effects of a serious primary care physician  
9 shortage; patients have a difficult time finding a doctor when one is needed, and when  
10 they do locate one who will see them, the wait for an appointment may be lengthy;

11  
12 WHEREAS, the decrease in access to primary care in Vermont has been well  
13 documented by physician surveys -- the most recent found a statewide shortage of  
14 primary care physicians, with only four out of 14 counties reporting an adequate  
15 supply<sup>1</sup>;

16  
17 WHEREAS, the number of primary care physicians accepting new patients declined  
18 from 92 percent in 1996 to 81 percent in 2004 and the drop in physicians accepting new  
19 Medicaid patients was even sharper – from 86 percent in 1996 to only 70 percent in  
20 2004<sup>2</sup>;

21  
22 WHEREAS, While Medicaid and Medicare pay physicians less than the cost of  
23 providing care and commercial insurers are reducing their payment rates, medical  
24 malpractice insurance premiums have increased significantly and other costs such as  
25 salaries and rent are going up: these factors have combined to put physician practices  
26 under tremendous financial stress;

27  
28 WHEREAS, longer work days, significant paperwork demands, more complex care in  
29 the outpatient setting, and demands to see more patients all contribute to the state’s  
30 difficult medical practice environment;

31  
32 WHEREAS, as a result, physicians are retiring early, leaving medicine for other  
33 careers, or moving to states where the environment is more favorable and it’s also  
34 difficult to convince new physicians to practice here;

35  
36 WHEREAS, Vermont has one of the oldest populations on average in the United States  
37 -- second only to Maine -- and it is projected to continue to age more rapidly than other  
38 states and older adults are more likely to suffer from chronic illnesses with a  
39 corresponding need for increased health care services;

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41 WHEREAS, even if Vermont had an adequate supply of primary care physicians today,  
42 it would not be enough to meet the needs of an aging population in the future; now  
43 therefore be it;

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<sup>1</sup> VT Dept. Banking Insurance, Securities and Health Care Administration, Health Resource Allocation  
Plan for the State of Vermont, 2005: 96

<sup>2</sup> VT Dept. of Health, 2004 Physician Survey, 2006: 18

1 **RESOLVED**, that VMS work with state government, the legislature, the  
2 **Governor and other interested parties to take a number of steps in order that**  
3 **Vermont’s supply of primary care physicians is adequate to meet our current and**  
4 **future needs. These include:**

- 5 • **Addressing the need for increased Medicaid payment and medical**  
6 **malpractice reform to ensure viable physician practices;**
- 7 • **Evaluating both the current supply of physicians in Vermont and**  
8 **identifying how demographic factors, including chronic conditions, will**  
9 **affect the need for physicians of various specialties in the future;**
- 10 • **Evaluating the administrative burdens in primary care, including: multiple**  
11 **drug formularies, different disease management plans, and time-consuming**  
12 **prior authorization and documentation requirements;**
- 13 • **Increasing educational loan repayment funding;**
- 14 • **Identifying continued scholarship support (such as the Freeman**  
15 **Scholarships) for students at the University of Vermont College of**  
16 **Medicine who wish to practice in Vermont; and**
- 17 • **Supporting the health careers awareness program run by the Vermont Area**  
18 **Health Education Centers.**