Dear Members of the Green Mountain Care Board:
I am a primary care internal medicine physician who has practiced in Barre, VT for more than 20 years. I
am also the Governor of the Vermont Chapter of the American College of Physicians (ACP). ACP
members include 161,000 internal medicine physicians, related subspecialists, and medical students,
including more than 300 Vermont members. These comments are in response to the Act 167
Community engagement Report: Recommendations by OliverWyman.
The report raises very serious concerns about the sustainability of Vermont’s health care system. Rising
costs and shifting demographics are serious problems and should raise alarm. ACP Vermont is eager to
be a part of the solution to issues the report raises. However, many of the assumptions of the report
seem flawed, and I am concerned that if implemented many of the report’s recommendations will
further weaken Vermont’s health care delivery system. It is essential that those charged with decisions
about our health care system carefully consider all changes and their potential repercussions; not doing
so may have dire consequences for Vermont residents, particularly those who are disadvantaged and/or
live in more remote areas.
Differences in health outcomes between urban and rural areas are well documented.
According to the US Centers for Disease Control (from https://www.cdc.gov/rural-health/php/about/index.html):
“Several demographic, environmental, economic, and social factors may put rural residents at higher risk
of death than people who live in urban areas. This is especially true for the top five leading causes of
death: Heart Disease, Cancer, Unintentional Injury, Chronic Lower Respiratory Disease, Stroke.”
“People who live in rural areas in the United States tend to be older and sicker than people living in urban
areas. Rural residents have higher rates of cigarette smoking, high blood pressure, and obesity. They also
have higher rates of poverty, less access to healthcare, and are less likely to have health insurance.
Unintentional injury deaths are more common in rural areas than in urban areas. This is partially due to
motor vehicle crashes and opioid overdoses.”
Hospital closures impact patient access to care. The U.S. Government Accountability Office (GAO)
examined over 100 rural hospital closures from January 2013 to February 2023 in its report Rural
Hospital Closures: Affected Residents Had Reduced Access to Health Care Services (from

common health care services increased about 20 miles from 2012 to 2018. For example, the median

distance to access gener al inpatient services w as 3.4 miles in 201 2, compared to 2 3.9 miles in 2 018 —an

increase of 20 .5 miles. For some of the less comm on s er vi ces that were offer ed by a few of the hospitals

that closed, this median distance increased much mor e. For example, among residents in the s er vice

areas of the 11 closed hospitals that offered treatment services for alcohol or drug abuse, the median

distance was 5.5 m iles in 20 12, compared to 44 .6 miles in 2018 —an increase of 39.1 miles to access

these ser vices.

“GAO also found that the availability of health care provider s in counties w ith r ural hospital closures

generally was lower and declined more over time, compared to those without closures. Specifically,

counties with closures gener ally had fewer health care professionals per 10 0,000 residents in 2012 than

did counties w ithout closures. T he disparities in the availability of health care profess ionals in these

counties grew fr om 2 012 to 201 7. For example, over this time per iod, the availability of physicians

declined mor e among counties w ith closures —dropping from a median of 71.2 to 5 9.7 per 100,000

r esidents—compared to counties without closur es —which dropped from 87.5 to 86.3 per 100 ,000

r esidents.”

It is stri king to m e that w hil e the A ct 1 67 Comm unity Engagement Repor t seeks to improve heal th

equi ty and access , it puts for ward m any recommendations that would undermine it.

As someone who has practiced primary care internal medicine in the state of Vermo nt since 2003 , I have

witnessed ext raordinary changes in health care delivery, as well as the increasing complexity o f medicine

and t he patients I care for. To sug gest that we can so lve health care professional sho rtages by asking

primary care physicians, specialist physicians, or advance practice clinicians to simply see patients faster

is ridiculous. Likewise, measuring our systems by the number of patients seen (as opposed to the

numbers and co mplexities of the patients cared fo r and the value o f care prov ided) seems short sighted.

If the go al is to prov ide the type o f co mprehensive, preventive primar y care that will keep complex and

v ulnerable patients fro m needing e merge ncy or ho spital serv ices, we will not realize that goal by asking

physicians and advance practice clinicians to wo rk at do uble speed.

We all deser ve access to timely and t ho ro ugh care. AĘ쀀ough care.

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services, birthing units, and outpatient physicians in rural areas will result in worsened health outcomes
and increased deaths, particularly amongst the most vulnerable Vermont residents.
I also strongly reject the suggestion that UVM Medical Center should step away from research and
education. These missions are part of the pipeline that brings students, trainees, and attending
physicians to Vermont. I myself came to Vermont to train and stayed here. Any attempts to change this
will undermine physician recruitment and retention in Vermont. UVM’s continuing medical education
programs (and the participation of UVM faculty in other local programs) play a critical role in ensuring
that Vermont’s physicians and advance practice clinicians have ongoing access to high quality
educational programs.
The state of Vermont needs to do more to ensure that our hospitals and medical practices are
stabilized. We cannot cost-cut our way out of providing high quality medical care or ignore the
challenges facing medical practice in Vermont today. Now is the time to act to stabilize our primary care,
specialty, and hospital services, not undermine them.
Thank you for your consideration, and I would welcome the opportunity to provide additional input on
behalf of Vermont ACP as the Board considers its next steps.
Sincerely,
Priscilla Carr MD, FACP (she/her)
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