

# Green Mountain Pediatrics, P.C.

Judy K. Orton, M.D., F.A.A.P.



[www.greenmountainpeds.com](http://www.greenmountainpeds.com)

901 Main Street  
Bennington, Vermont 05201  
Telephone: 802-442-6057  
Fax: 802-447-1348

[j.orton@greenmountainpeds.com](mailto:j.orton@greenmountainpeds.com)

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Thank you, Senator Lyons and the committee members, for taking time to understand the issues currently facing primary care in VT.

I have been in solo independent pediatrician for 32 years, at Green Mountain Pediatrics, located in Bennington. I have always strived to use best practices with some healthy common sense in my care of my kids. I love being a part of these children's growth and maturity, helping their families navigate parenthood. I am into a second generation, taking care of "my kids" kids. There is a certain satisfaction and pride when they graduate from high school, college, take a job, celebrating the next generation when they call saying they are pregnant and would I be the pediatrician for the new baby.

Currently I care for around 700 children ranging in age from the newly born to around 23 years of age, with a payor mix of 50 – 55% Medicaid, 30 – 35% BC, 10% Cigna and a reminder a mix of 10 other insurances. My team and I care for a high percentage of children with learning and developmental issues, congenital or birth issues, those living in single parent homes, in blended families, in foster care, in families with parents struggling with employment, food insecurity, substance abuse, and a myriad of other stressors compounded by COVID this past year.

My entire career I have participated in practice-based health improvement initiatives, office-based research, and education of medical and PA students in the practice. I have been a participant in the Blueprint for 10 years, since it became available to pediatricians in Bennington. I have maintained the medical home status through the NCQA at the highest levels for 10 years. I have continued to participate with One Care though the duplication of charting in a different computer system creates hardship for the practice due to time involved. I keep hoping it will get better. I continue in independent practice because I passionately believe I provide individual attention that is harder for families to receive at a larger hospital employed practice. I am also, because of the independence, able to make practice improvement changes quickly because it is just myself and 4 staff members and not multiple committees that need to come to a consensus. As examples, in-office lead testing, fluoride varnish for infants and young children, developmental screening, depression screening for teens – all instituted within a week of procuring the tools to do so. We were providing telemedicine 2 weeks after the shutdown last March with the local hospital employed pediatric practice not able to do that until well into June. I do what the needs of my patients dictate. In this past year, it has been the provision of more direct mental health counseling rather than acute illnesses. Time spent in mental and behavioral health is typically always under paid but so very much needed.

Over the past 3 – 4 years, it has become increasingly harder to pay the bills. Payments have not kept pace with inflation and in fact have effectively decreased. Examples include:

- Immunization administration under payments. It is disheartening when my practice is consistently a gold winner for childhood and teen vaccination rates. We increase our influenza vaccine rates annually, this year at 88% and have provided flu vaccines for parents/adult family members for over 20 years. This takes a lot of hard work from my entire team with time spent in educating families in an age when there is increasing distrust of vaccines. Cost of needles and syringes have quadrupled this past year during Covid. I have had difficulty getting safety needles so because of the OSHA regulations, I am the only one who can administer vaccines as I cannot put my staff at risk.
- Payments for office-based testing like rapid Strep – I get paid less than a hospital owned-practice, but the cost of a test kit is at least the same. With Covid and children not being in school, I had to throw out a dozen tests that expired for a kit I bought in February of 2020. Normally, I would use 100 – 125 tests in a year. It's good news for the children, bad news for finances.
- PPE costs quadrupled by June of 2020 but promised payments to allow for the cost of PPE and the extra time involved in checking in patients to determine Covid risks have not materialized and are routinely denied by Medicaid and nearly 90% of the time by the other insurers.

My computer system allows me to be my own claims biller. In this way, I can have an additional nurse. This nurse is my care manager. Through the Blueprint, I am only allowed 8 hours/week of care management. On average, she spends one of those hours in a mandated meeting with Blueprint plus 2 – 3 hours each week in charting in the One Care's Care Navigator. Her work has been extremely important to our families, so I pay her for 28 hours/week to do the actual care management. I wish I could afford to pay her for another 4 hours. Care management makes a huge difference in improving care and in keeping medical costs down. We work diligently at keeping patients out of the hospital, ER and Urgent Centers.

I am frugal with what we spend money on in the practice. It needs to improve patient care or efficiency or is a safety issue that needs to be addressed. Between my husband and I, we are housekeeping, maintenance, groundskeepers and snow removal. It is the only way to stay in business.

I used to be able to afford to pay for a physician to come into the practice so that I could take a week off. That has not been affordable in 10 years. I was forced to cut back and only work parttime due to cancer treatment in 2017 but a couple of dear friends filled in at deeply discounted pay. I had barely broken even financially when Medicaid payments decreased again and then COVID struck this past year. The PPP loan helped keep us afloat in 2020. It's uncertain times in 2021. Payroll and bills get paid first, then I get paid...maybe.

I have wanted to recruit another physician for years. But with insurance payments being what they are and the higher percentage of my practice having Medicaid, it has not made it feasible. I have never put a cap on the number of patients with Medicaid. I was planning on working into my late 60's but likely will be done in 5 years as will the practice I have built. I sincerely hope that there is a financial commitment to primary care so that primary care will thrive as well as options for patients to have independent practices available for their health.

Sincerely,

A handwritten signature in black ink, appearing to read "Judy K. Orton, MD". The signature is fluid and cursive, with the letters "J", "K", and "O" being particularly prominent.

Judy K. Orton, MD, FAAP