

Background

Recent federal legislation

- ~ \$1 trillion cut from Medicaid over 10 years
- Work requirements
- Budget neutrality with provider tax freeze
- Possible reduced match for emergency Medicaid, ACA expansion, and abortion coverage

Primary care at high risk, especially in Virginia (Trigger law state)

- ~ 450,000 – 600,000 residents could lose coverage
- Tracking mandates may cost \$23 million
- Limits funding flexibility

Objective

Assess clinician perspectives on Medicaid cuts, identify financial vulnerabilities in primary care, and develop policy recommendations for preparedness.

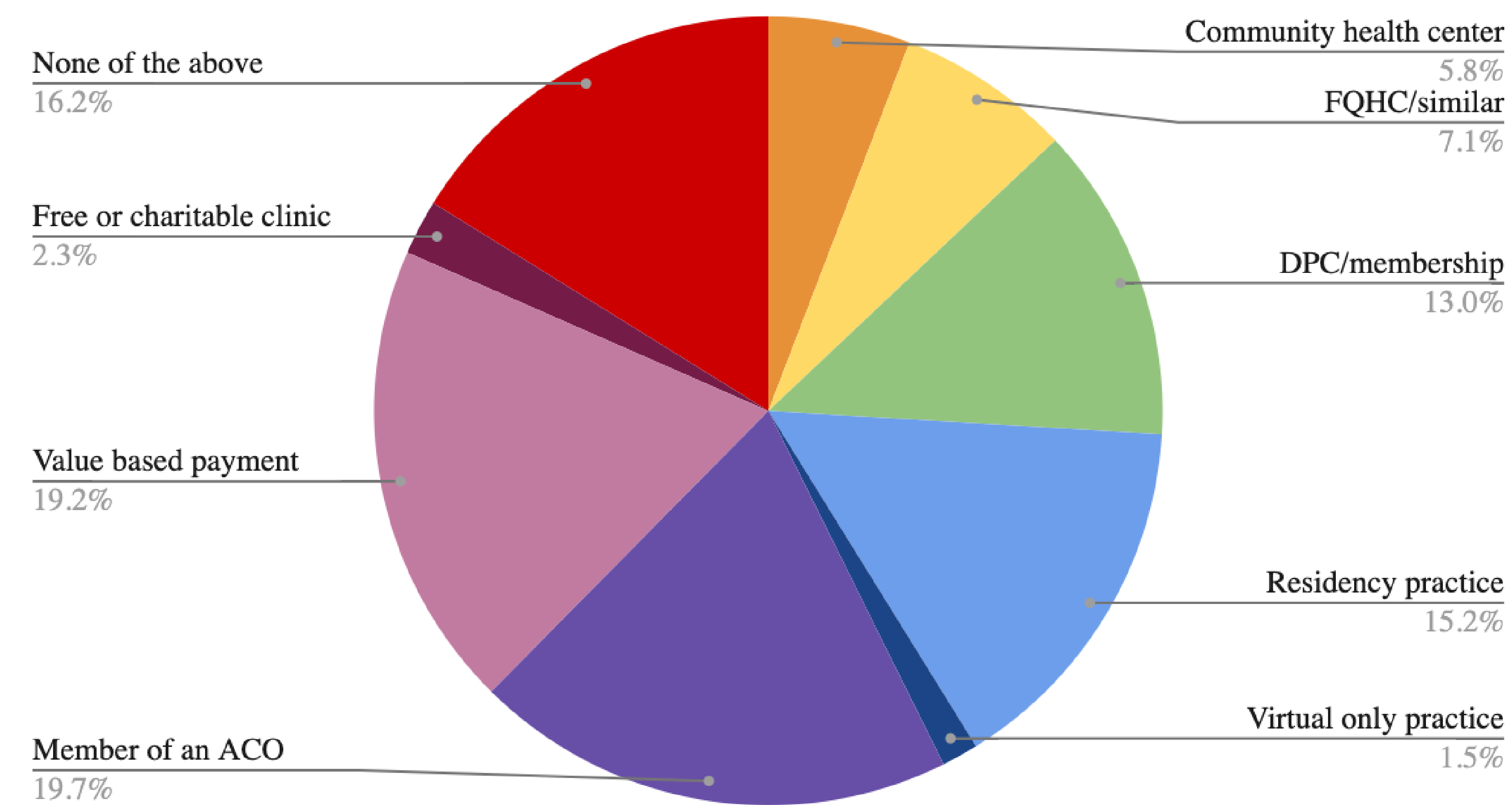
Methods

- Web survey, June 5-12, 2025, US primary care clinicians
- 379 analyzed (4 excluded, not primary care), IRB-exempt
- Measured: wellness and burnout (longitudinal), specialty care, and Medicaid impact
- Representative of US primary care

This project was supported by funding from the Healing Works Foundation

Results

% National Sample



Burnout and wellness data

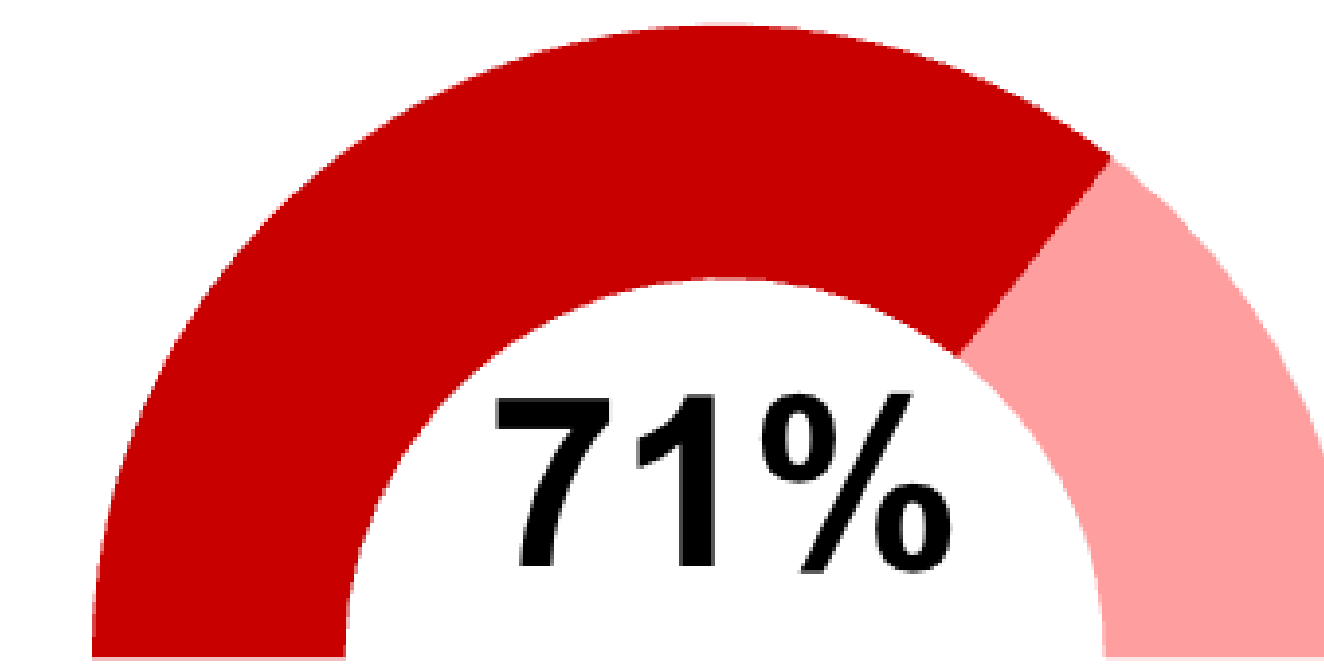


Strongly agree or agree that their level of moral injury and/or burnout is high

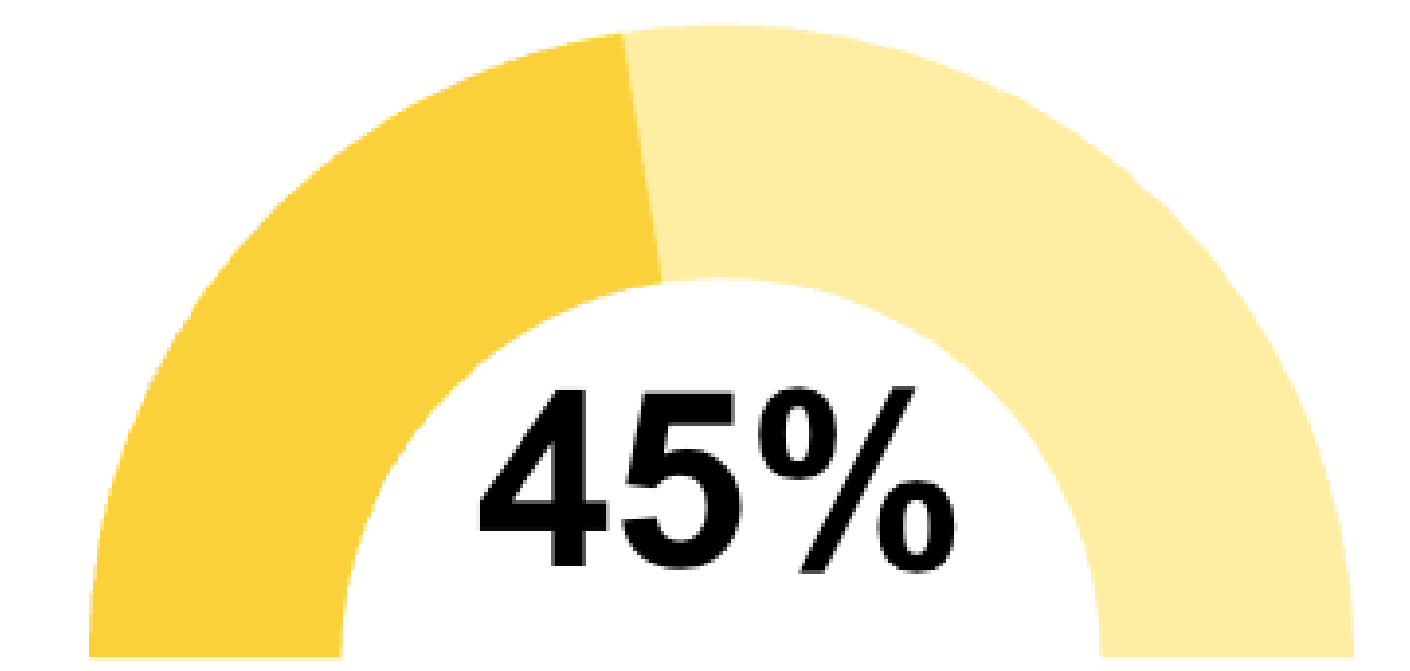


Report their wellbeing is worse or significantly worse compared to last year

Clinicians' responses to lack of access to specialty care



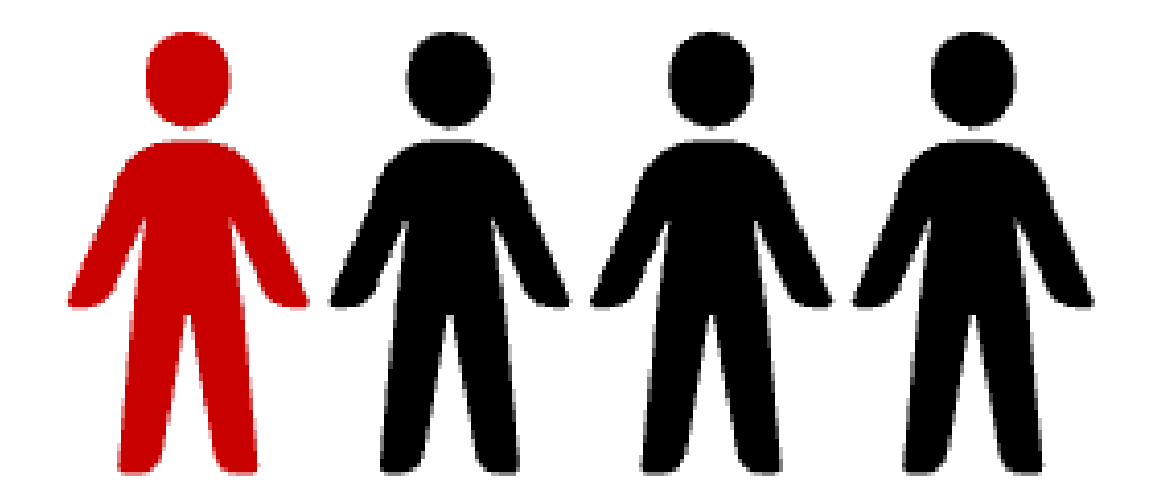
unable to secure timely referrals to specialists



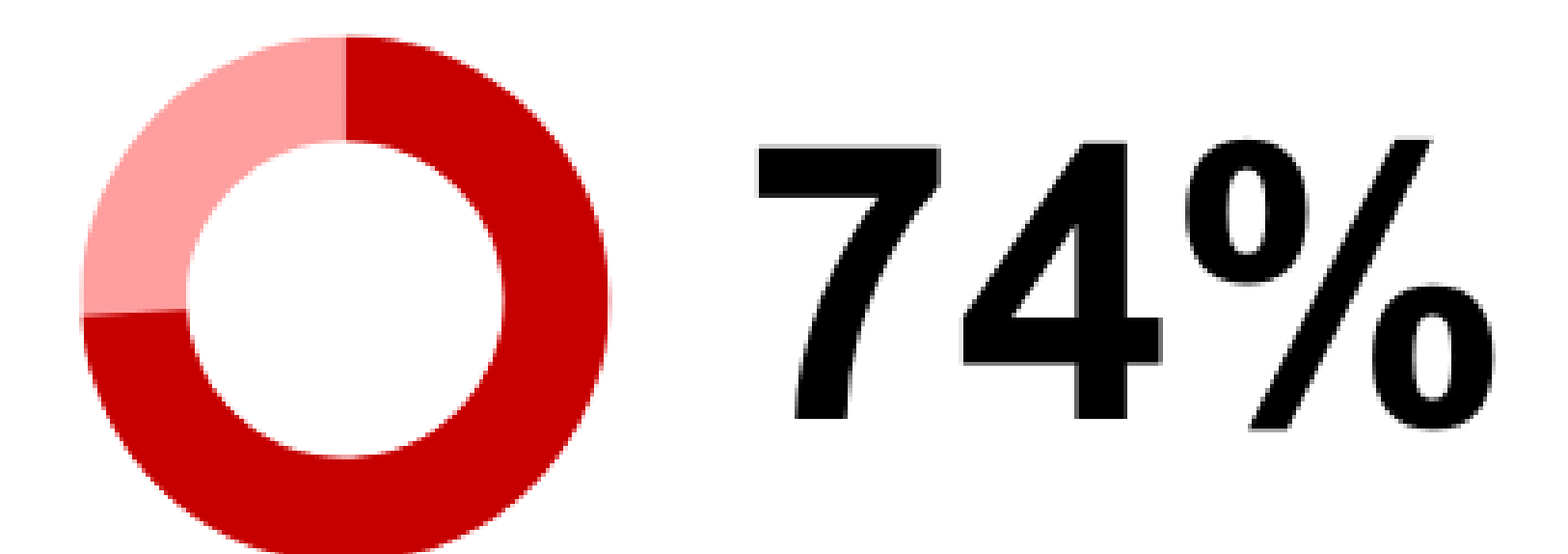
I am providing treatment for conditions outside of my training

Clinicians' responses to proposed Medicaid changes

PROPOSED MEDICAID POLICY CHANGES WOULD CAUSE 1 IN 4 CLINICIANS TO LOSE FINANCIAL VIABILITY OF THEIR PRACTICE



Diminished confidence that proposed work requirements will assign Medicaid benefits fairly



Believe proposed Medicaid changes will increase use of high expense emergency care by uninsured patients

Main Findings

- Most clinicians oppose new Medicaid changes
- Primary care financial viability is at risk
- FQHCs will face increased strain
- Increased administrative burden (tracking requirements)
- Clinician wellbeing expected to decline
- Practices may become financially unsustainable

Limitations

Interpretation variability, unable to follow-up for clarification, self-selection bias

Looking Ahead

Augusta Health in the Shenandoah Valley consolidated three clinics following recent legislation to stay financially viable. FQHCs are expected to be most affected. Provider feedback supports an emergency medication bridge program, maintaining 3-month retro-billing, and a federal trigger law override to protect primary care.

No disclosures, for more information contact Brooke Bishop at bishopbt@vcu.edu