

## Testimony Affordable Care

Jean Antonucci MD

I am a family physician, and have been in rural western Maine for about 35 yrs. I ran my own practice for over 15 yrs. and now do MAT and chronic pain work part time.

Due to my extensive experience with innovative practice design I could talk for hrs. about fixes for primary care but am submitting three comments only☺

1. Both dental care and psychiatric care are in desperate need in rural Maine .Providers want to live in southern Maine .So. Get a van, outfit it with dental equipment (In Alaska they fly a dental office out to each village once a yr.) and travel with a psychiatrist to various central locations .Like each town once a year .The psychiatrist can consult with patients of local docs who often need a patient seen once or twice for diagnosis. They can do that in the local hospital or a quiet town office near where the van parks .The van can be on the road 4 days a week. Finances would cover lodging for these folks who might, say ,work 1 week on, one off ;but the SAVINGS come from these patients staying out of the ER. Dental and mental health issues drive ER costs. AND from keeping them out of PCPs' office so that then we increase access for others and decrease the burnout of PCPs who are sick of being asked to give people penicillin without xr or dental education.

2. The NASEM report of two yrs. ago was ignored. It suggested a primary care czar for each state .DO that. NOT with the current usual leaders but the folks who have run their own practices .Unite the primary care practices of the state with shared information and easier access to supplies- see third suggestion below . Cottage industries sounds insulting but the little practices in Hallowell, Limerick ,Waldoboro etc. do a fabulous job. They need support .Hospitals undercut them and make it hard to schedule testing as one example.( someone needs to rein in the hospitals' power)These practices increase access at lower cost- NO FACILITY fees- but hospitals sometimes refuse to see patients unless the PCP is employed there etc. Hospital based care is \$\$!

3. Vaccines need to be centralized. The entire vaccine program is messy and difficult. New vaccines keep coming out for one thing ,but more importantly NO ONE will advocate with the manufacturers Sanofi and Merck to let us access vaccines in unit doses- they come in sealed boxes of ten that must be monitored and permission to return the extra/wait for that/ package them up etc. Practices that are small must have freezers and frigs separate of course from any frig for other supplies or personal items and the freezer might hold 1 vial. A central location that does not require that the patient be a patient of that practice, say, is one approach- but hospital owned practices will not give anyone a shot unless they're their patient .Health centers will ,but that can be a long trip .I can go on .The prior head of the vaccine program drove many small practices to give up .Temperature logs are required twice a day and must be reported monthly but also kept also on paper and hold that paper for I think 3 yrs. To be blunt this stuff is nuts Physicians are professionals streamline it!

Thanks and good luck

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