Office of Affordable Health Care

2023 Public Hearing Comment Solicitation – **Payers and Providers**

*Written comments are due by midnight on Friday October 6th, 2023.*

*Comments may be emailed to* *meg.garratt-reed@maine.gov**, and should be attached as a word document or PDF. Please note that comments are not confidential and will be posted publicly.*

Submitter Information

Organization: Primary Care Physician in Maine (not speaking on behalf of my organization)

Individual submitter’s name: Jessica Faraci

Title: MD

Comments

1. Please identify and briefly describe the top (2-3) concerns of your organization in reducing health care cost growth and promoting affordability of health care for consumers.

As a primary care doctor, I am singularily focused on improving the health of my patients and the population of Maine. We are not able to give affordable care to our patients without more primary care doctors, and more investment in primary care. People in Maine will continue to use excessive use of resources with low chance of improvement in their health until all Mainers have a primary care doctor, and primary care is affordable or even free for all patients.

1. Of the concerns described in question one, are there characteristics specific to Maine (geographically, economically, demographically) that contribute to the significance of the issue here?

Maine is a smaller state and dedicated to the health of it’s constituents. We also have a passionate primary care workforce that is burning out quickly due to financial and insurance burdents, with many of my colleages leaving primary care for the “easier” jobs of urgent care or working for an insurance company. We need to urgently fund primary care and stop the exodus of primary care doctors in Maine.

1. Please identify and briefly describe the top strategies your organization is pursuing to address these concerns, as well as metrics for success and any results observed.

See additional comments below for data, however in short we need to urgently fund primary care, increase the amount invested in primary care as a percentage (mirroring states like Rhode Island, with >10% goal investment in primary care), lowering patient caps for primary care panels, and hiring more primary care doctors (with incentives to live and work in the state of Maine)

***We cannot sustainably decrease health care costs and promote affordability without investing in primary care and increasing the number of primary care doctors in the state of Maine.***

1. With as much specificity as possible, please identify and describe the top state health policy changes your organization would recommend to support your efforts to address those concerns.
* Increase MaineCare and Medicare expenditure in primary care to >10% of total healthcare
* Primary care should be a right, not a good, and preventative services should be free for all Mainers. Vaccinations should be 100% covered for all Mainers at their PCP’s office.
* Increase primary care ancillary services to provide comprehensive care (social worker and a therapist in every office)
* Switch from fee-for-service to value based capitated models of payment that more accurately capture the work of primary care, and encourage comprehensive care and preventative care that does not have to be in a face to face office visit
* Increase the number of PCP’s in the state of Maine
	+ Provide financial incentives for PCP’s to live and work in primary care in Maine (loan repayment for all PCP’s)
	+ Remove hurdles for practicing primary care in Maine (non-compete’s in contracts)
	+ Encourage organizations to protect PCP’s “unpaid work” time (portal messages, phone calls, administrative duties)
1. Please share any additional comments.

I am a practicing primary care physician in Maine. In the last two years I have watched multiple primary care physicians leave our much needed specialty for the “easier” jobs of urgent care and working for insurance companies. The cost of primary care has grown too high, and we need to urgently invest more in primary care.

Data shows that continuity based primary care saves money and saves lives. When primary care providers are able to provide care to the patients they know best, on a nationwide level we see a 15% lower cost of care and 35% lower hospitalization rate. We know that every 10 additional PCP’s per 100,000 patients is associated with >100 day increase in life expectancy

Despite this compelling data, Medicare only spends 2-5% of healthcare costs on primary care expenditure, and commercial insurance only 4-8%. But in other first world countries it is 12-17% of healthcare expenditure. It is not a coincidence that out of first world countries, we have the shortest life expectancy, highest infant mortality rate, and highest cost of care. We are not giving primary care the support and funding it needs to achieve the goal of affordable health care for our patients and our community. Some states like Rhode Island are starting government funded initiatives to increase funding in primary care, and are seeing early signs of cost savings and benefits. We cannot wait for the federal government to invest in primary care, we need to take this initiative here in the state of Maine to help our people as soon as possible.

Primary care is essential. It uses an in-depth knowledge of patients in the context of their family and community to truly care for the patient. It cannot be given by an urgent care, emergency room, specialist doctor, or artificial intelligence. It requires a long term relationship with a provider who knows you, and who you have built trust with. Ultimately we need to invest in the primary care system itself - incentivizing primary care doctors to live and work in Maine. Lowering patient panel numbers so PCP's can have time to provide continuity to the patients they care for. Protected paid time for PCP’s to manage their panel outside of the office with phone calls and portal messages (currently being done on unpaid time and driving physician burnout). Primary care is a passion and a calling, and in order to sustain our mission of keeping our communities healthy we must change our system. As is evidenced by the current exodus from primary care here in Maine and the US healthcare system - we cannot afford care for our nation if we do not care for ourselves.

References:

JAMA Intern Med. 2019;179(7):977-980. <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2730351>

NEJM. 2017;377(18):1709-1711; Martin et al JAMA IM 2019

National Research Council (US); Institute of MEdicine (US); Woolf SH, Aron L, editors. US Health in International Perspective: shorter lives, poorer health. Washington (DC): National Academies Press (US); 2013. <https://www.ncbi.nlm.nih.gov/books/NBK154469/>

Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of primary care physician supply with population mortality in the United States, 2005-2015 [published online February 18, 2019]. JAMA Intern Med.

Ann Fam Med. 2018 Nov;16(6):492-497. doi: 10.1370/afm.2308. “Higher primary care physician continuity is associated with lower costs and hospitalizations.”

Ann Fam Med. 2015 May-Jun;13(3):206-13. doi: 10.1370/afm.1787. “More comprehensive care among family physicians is associated with lower costs and fewer hospitalizations.”

I have many examples of my patients suffering negative health consequences directly related to affordability. The hard working mechanic who had to give up his job as he could not afford regular physical therapy sessions to treat and cure his crippling neck spasms. The new Mom who could not afford her blood thinner when she had a life threatening pulmonary embolism blood clot. The senior citizen who could not afford the copay with the Shingles shot and suffered crippling zoster infection in her eye leading to permanent nerve damage. The list goes on and on. Our system is failing our patients, and these are the ones who were actually able to access primary care at my practice. Meanwhile three of my colleagues have left in the last 2 years, citing the broken primary care system and stress of the unpaid work and lack of financial incentives as reasons they are leaving primary care.