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As a family practice doctor in Gorham Maine I am submitting testimony to underscore the fact that our current model is not meeting the needs of our patients.

-Primary care providers are feeling overwhelmed by the psychiatric needs of their patients and it is taking up a large percentage of their patient care time and contributing to burnout.

Primary care providers are already managing/treating a significant amount of mental health/substance use disorder and now we are almost entirely unable to offload the most complex psychiatric/substance use disorder patients to those with the necessary expertise/training. Community resources are extremely limited leading to refusal of referrals or very long wait times for both counseling and psychiatric diagnostic/medication management (ie current wait list for geriatric psychiatry consultation at MMC is 8 months)

This lack of psychiatric resources is especially problematic for Mainecare patients.

While we understand that the long-term goal of MPHHC (and likely other healthcare organizations) is integration of mental health services into primary care, this is not imminent.

We are in desperate need of short-term and long-term solutions.

To say that this has reached crisis proportions is not an exaggeration. The COVID-19 pandemic has increased the frequency and severity of mental health problems in Maine communities and that mental health crisis has become a primary care crisis due to lack of access to appropriate mental health care. One possible short-term model of "behavioral health navigator" in the practices that would help unburden the primary provider by connecting patient to mental health resources (providers/systems/groups taking the appropriate insurance with open practices).

Thank you, Megan Driscoll, MD