To: Joint Standing Committee on Health Coverage, Insurance & Financial Services

RE: LD 1196 – AN ACT REGARDING TARGETS FOR HEALTH PLAN INVESTERMENTS IN PRIMARY CARE AND BEHAVIOURAL HEALTH

April 15, 2021

Good morning Senator Sanborn, Representative Tepler and Members of the Committee on Health Coverage, Insurance & Financial Services.

My name is Silwana Sidorczuk and I am a family physician practicing in Madawaska. I am the president of Maine Academy of Family Physicians. I am actively involved in legislative issues and collaborate with my colleagues on issues pertaining to practice of family medicine in Maine.

I am not different from any other family doctor that practices in rural Maine. My community is isolated and is challenged with lack of resources and providers. I have been living and working in Madawaska for the past 13 years. This has been my first and only job after completing my Family Medicine residency training. My days are filled with soul searching and meaningful interactions. It is hard to predict work hours, so it is a time sacrifice that I have decided to make often at the expense of my family life. My day usually starts at 5:00 am every morning, I finish my notes from the day before, check messages that came overnight and prepare for the day. I start seeing patients at 8:30 am. My practice brings a variety of patients, but mostly Medicare and MaineCare. I see patients of all ages ranging from newborns to geriatrics. My schedule is usually seeing 20-25 patients a day with follow ups, physical, and acute visits. Approximately once a week I see patients at the local nursing home and/or assisted living facilities and always before seeing my patients in the clinic. I also do home visits for patients that are homebound.

About a week ago in the morning I saw a 40 year old woman for a follow up. She tells me that I have saved her life last week. She was diagnosed with blood clots in her lungs. She was so grateful that she started crying. This was a very emotional moment for both of us, I felt a strong bond and a sense of accomplishment and I realized how important my role is in serving my community.

Later the same day, I saw an acute visit. My medical assistant informed me that he only wanted to see me and no other provider. It was a 60 year old man to discuss personal issues. I just saw him a week prior. He was quiet and withdrawn. He reported that he wanted to kill himself as life has no purpose. There was a big silence and he started crying. In this moment I knew that he came to get help. If I would not have been available I do even want to think what the outcome could have been. We talked. He agreed to get help and go to the hospital. I sighed with relief, I think I just saved his life this time.

During my busy day, I see an older lady with chronic pain and depression. I have a sense of apprehension before seeing her, because I feel myself being powerless as my ongoing interventions show only minimal improvement. She is not a surgical candidate. She is on a pain medication regimen. She is even seeing a pain specialist. She comes more to talk to me and cry on my shoulder. She is alone. I schedule her at regular intervals. I think this helps her to cope better and it helps to assess if she needs more help. She is discouraged about her health. As physicians we are conditioned to help people and I feel that I cannot do more for her. We talk and talk. We can even laugh. She leaves more optimistic. I think I may have brightened her day just a little.

On my schedule I see a patient with end stage Parkinson's disease. He continues to live at home. He is still brought to the office by his wife, his caretaker. I see so much love and devotion in this woman's eyes when

she talks about her husband and how she cares for him. This is not an act of obligation but an act of sacrifice. His wife is also my patient and I offer her support that she needs being the caretaker and observe carefully for the signs of burnout.

I do all this work while I check my never-ending messages and answer a million questions from my staff. Multitasking is essential. In between I discuss cases with my 2 nurse practitioners. I enjoy having medical students rotating in my office. They bring a breath of fresh air and definitely keep me on my toes. Moreover, patients enjoy interacting with students. I always remind students that if they choose family medicine, they will most definitely make a difference in patients' lives. It is the comprehensiveness of medical care and complexity of medical issues that makes this field at the same time challenging and rewarding. To me it is all about forming bonds, relationships, more than just pure science. It is the human touch.

I love doing home visits. I have a sense of how people live and carry out in their environments. This provides an extra clue to their medical conditions. I see a patient that lives in a small apartment with his wife. He is a non-compliant diabetic and lives in very poor sanitary conditions. He has been declining extra services and follow up care. This work is challenging and I struggle to help him. I feel that every effort I make backfires, but I still continue and hope that he may change his mind. I think this makes us realize that sometimes you cannot change the situation, but you must always keep trying and hoping for a better outcome.

I think investing in Primary Care and behavioral health care is of utmost importance to improve health, save money and help our communities to have the best health care possible.

This bill is a composite of Primary Care and behavioral health and is an innovation from the pioneering work in Rhode Island and Oregon. Maine would be the first.

As a family physician, I see how better access to both Primary Care and behavioral health affects our patients and leads to better outcomes. Many patients seen in the Primary Care setting suffer from underlying psychiatric disorders and access to mental health providers is extremely limited, especially in the rural places where I practice.

Health systems with stronger Primary Care and behavioral health investment operate in a more cost effective and efficient manner. Greater investment in Primary Care is associated with lower cost, higher patient satisfaction, fewer hospitalizations and ER visits and lower mortality. The proportion spent on Primary Care is insufficient. A shift in resources to support greater access to comprehensive coordinated Primary Care and behavioral health is imperative to achieve a stronger, higher performing health care system.

Currently Maine has an average of 5-9% of all expenditures in health for Primary Care. Research shows over and over again that increasing the relative share of Primary Care would pay for itself and decrease overall health costs.

We need to spark interest by medical students to choose Family Medicine residencies, as statistics show decline. Burnout remains high and this in turn leads to a shortage in Primary Care physicians.

In conclusion, I would like to say that in order to keep our communities healthy let’s invest in Primary Care and behavioral health.

I would also like to acknowledge the hard work, dedication and diligence of our legislators.

Thank you for the opportunity to speak to you today.

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