Testimony to the Health Coverage, Insurance and Financial Services Committee
In Support of LD 749, 21 April 2021
Jeff Brown

- My name is Jeff Brown. I am a resident of Belfast and testifying in support LD 749. I have supported patient care improvement nationally for more than twenty years and have focused on supporting rural health and primary care in Maine since 2015.

- In 2020, as the COVID-19 pandemic unfolded, I co-led a study in Washington County that, among other purposes, elicited patient, provider, and community groups recommendations to *mitigate health disparities that have been exacerbated and brought to public attention by the pandemic*.

- This research was a joint undertaking of the Schmidt Institute, located in Bangor, and Ariadne Labs, a research organization operated by the Harvard School of Public Health and Brigham and Women's Hospital in Boston. I served as a co-principal investigator with Susan Haas, MD, MSc of Ariadne Labs. My affiliation is with the Schmidt Institute.

- ***We identified requirements sustaining and improving access to critical health and social services with EMS, public health, health centers, mental health and behavioral health services, hospital care, community development groups, higher education, long term care and other key organizations***.

- Pertinent to LD 749, we identified the core Washington County alliances comprised of the aforementioned entities that have self-organized to innovate, integrate and coordinate to meet individual, family, and community needs.

- They are creating economy of scale, developing sustainable services, and troubleshooting emergent needs for health and health care. ***I have encountered similar regional groups, elsewhere in the state. These self-organized de facto Regional Coordinating Entities are interprofessional/interorganizational learning health organizations that have a wealth of knowledge to guide state level policy in support of communities.***

- ***This same capability is needed on a statewide scale a central state-focused learning entity/node to consistently elicit, accept and process data and insight from the field, to inform development of policy and regulation, and conduct prompt revision of policy and regulation that have unanticipated negative effects.***

- ***My concept of a <u>Council on Health Systems Development</u> may veer from that of the sponsors, but I suggest that a council could function as the central node in a learning system tied with Regional Coordinating entities. Qualitative and quantitative field data—to understand needs in community context is council could be to function as the central learning hub—tied with Regional Coordinating entities.***
    - ***Too many Maine residents suffer from our inattention to coordinating and integrating our efforts to mitigate health disparities as a statewide undertaking, not the purview of independent hospital and healthcare systems who attempt to optimize care in isolation.***

- ***The governance structure of a health systems development council should give equal weight to all representatives—regardless of each type of organization's financial or geographic footprint***. Too often, well-intended initiatives to support the health of rural residents are conceived from afar and implemented without understanding the needs of the population in context. The intended and unintended consequences of improvement initiatives are best understood by those who experience them in the context of community.