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To the Honorable Chairs and Members, Joint Committee on Health Care Financing:

Re: S. 750, An Act Relative to Primary Care for You

I write in strong support of Senate bill 750, An Act Relative to Primary Care for You. Primary Care Pediatrics is in crisis and this legislation offers a lifeline to preserve and enhance this crucial and unique service.

My perspective is informed by 37 years of primary care pediatric practice, including working in a federally qualified health center, running a private pediatric practice, and directing the pediatric department at Harvard Vanguard Medical Associates, overseeing more than 60 pediatricians. I also served as Commissioner on the MA Health Policy Commission where I chaired the Care Delivery and Payment System Transformation committee that was tasked with establishing standards for Patient Centered Medical Homes and Accountable Care Organizations.

To be a primary care pediatrician is to have a very large multigenerational family. It is a tremendous privilege and an awesome responsibility to care for children from their birth to adulthood – to watch them grow and mature, helping their parents to nurture and guide them, and, in many instances, helping them to rear their own children in turn.

Primary care pediatricians, internists, and family medicine physicians partner with patients in **mutually trusting longitudinal relationships**. They provide high quality, expert care. Their important role is to coach, comfort, heal, and support; to connect with families, schools, athletics, skilled nursing facilities, agencies, and others; and to quarterback and coordinate interactions with specialists and other caregivers. While part of a larger medical community, the primary care role is unique and essential in promoting health.

To illustrate the important role of primary care, I'd like to provide a metaphor. Imagine a construct – a “medical home” – as a house whose occupants are patients with a system of care constructed around them. This home is centered around the child or individual – of any age, ability, gender, race, ethnicity, sexual orientation, gender-identity – with solid walls **strengthened by trust**. Its doors provide open and timely access, and its windows admit sunshine (*medical knowledge*), ventilation (*innovation*), and transparency (*performance*). Like a parent, the primary care physician provides comfort, guidance, protection, and support; and as in any modern home, regularly communicates with outside systems such as schools, day care, sports, specialists, and other caregivers in this endeavor. Of course, the home is part of a neighborhood – if the child falls off her bike, the neighbors (*urgent care, retail clinic*) may administer first aid, contact the parent, and send her home. They don't adopt her as their own. And if the child has communication problems, developmental delay, or anxiety, the parents (*primary care team*) are able to mitigate the trauma of the fall because they are familiar with her needs. Even at home, there is increased stress on all family members, creating simultaneously greater need for comfort, and decreased ability to provide it.

Ideally, this medical home sits on a firm and strong foundation, with extended family (*BH care, coaching, community health workers, substance use treatments*) to support the emotional needs of members. But nowadays the foundation is eroding and crumbling. The house is overcrowded with tenants (*churn*) to help cover increasing costs, to the point that sometimes there isn't room for existing family members. Walls are thinning and leaning – **eroding trust**; no workers are available or affordable to keep it in repair. Parents (*primary care team*) are overwhelmed with demands of occupants, vendors, government, and insurance – and their income (*revenues*) don't cover the costs. Hoping to upgrade the home to include up to date systems (*EHR, telehealth, AI*), make room for supporting family members (*BH*), and enlarge the doors (*access for underserved populations*), but lacking the resources, the parents may need to sell to larger entities that want to build skyscrapers on top of these weak foundations, threatening the fundamental structure of the home. The neighborhood is changing too, becoming impersonal, with rapid turnover in home ownership.

As you have heard, this medical home is in crisis and needs stabilizing forces to turn things around. By providing consistent and predictable funding for primary care practices with supports and incentives to innovate, S. Bill 750 provides the opportunity to shore it up for the future benefit of the entire family.