

PC4You support letter

Primary care medicine is a vanishing treasure. I chose a career in Family Medicine because it can be tremendously satisfying. If most doctors go into medicine to help people, Family Medicine provides the greatest opportunity of all specialties to do so. We address the whole gamut of people's needs, from relatively minor everyday complaints (that still mean a lot to the individual) to the most serious life-threatening illnesses, from delivering babies to helping our patients die with dignity. We get to know and treat the whole person with all their messy emotional issues and their complex family dynamics. We are uniquely positioned and work especially hard to counsel and prevent disease. We help our patients navigate our increasingly complex and daunting medical system and advocate for them as needed. And for all that we are definitely well rewarded with patient appreciation and gratitude. But, sadly, that is not enough. Primary care practice itself is in jeopardy right now.

I would like to offer some insights about how we got here that I gained over 42 years of private practice in Family Medicine in a small community in Massachusetts. Despite the fact that medical practice here has always been dominated by specialists and the teaching hospitals, the demand for primary care services has never been a problem. Our patients understand and feel the need. I went from starting from scratch in solo practice to joining other solo family physicians to form a family practice group that grew to 10 doctors and 17 nurse practitioners in 3 locations at its peak. We always chafed at the vast difference that we were paid for our cognitive services compared to specialty reimbursement for procedures and hospital mark-ups, especially in Boston. But early on, with our fee-for-service reimbursement, we were able to keep up with rising overhead by increasing the volume of patients seen. Then the advent of managed care brought reduced reimbursement, significantly increased management responsibilities, and even higher volume. Later, focusing more on population health proved to be the right idea to meet goals, close gaps in care, and improve quality, but it all fell to us PCP's to eliminate barriers by better outreach and support, very little of which was covered by fee-for-service reimbursement. EMR systems added extra layers of complexity and work more than they helped. And the underfunding and lack of access to mental health care also meant patients needed to depend on their PCP's for that too, even when it required more than what we were trained to do.

The net effect on our high functioning, top-rated primary care practice was frustration at not being able to do all that was being demanded of us despite working harder and harder. Nor were we earning enough through our reimbursement structure to be able to hire qualified workers to help us. On top of that, despite our best efforts, we watched our revenues start to dip below our costs (even while working 14-16 hour days). The very sad, but inevitable, outcome was the decision to sell our practice to a large Massachusetts hospital system and retire. And practice management has been difficult even for them. Sitting on the sidelines, I have watched my former practice deteriorate badly and lose the patient-centered focus that made it so successful.

That seems to be the state of affairs for most of primary care these days: poor access due to understaffing from inability to pay competitive wages leading to more urgent care and ER visits and disjointed, fragmented, and delayed care. More primary care doctors are leaving and there are few replacements to be found. Staff are demoralized and less caring and patient with patients. On top of that, the dismal current state of affairs for primary care and comparatively low salaries are having a chilling effect on medical students considering primary care careers. It feels like so much of what I, and others like me, worked so hard to build over the years, is just falling apart. And it's largely because of a flawed system that incentivizes the wrong behaviors to drive care and rewards technology over humanity.

If it all sounds desperate, it's because it is. We are about to essentially lose our primary care workforce, the already undervalued and underfunded asset that is the single best starting point to fix our broken healthcare system. We absolutely must start taking meaningful steps to turn it around and rescue primary care. Everyone benefits!

A lot of thought, time, energy and research has gone into the proposed PC4You bill before you. It has broad support, except perhaps from the entities that have a vested financial interest in keeping things the same regardless of their lower relative benefit to the system and people it serves. Boosting primary care through this bill will improve healthcare delivery and distribution, improve quality of care, and ultimately will lower cost (as I am sure has been fully explained to you by others in our group). In short, it is absolutely necessary and needs to be enacted as quickly as possible, given the current state of affairs for primary care that I have described. I find myself envious of family physicians who will be able to provide so much more comprehensive and compassionate care than I ever could once enabled by the system and support this bill proposes. Please vote to pass it!

Thank you,

Steven Barrett, MD