Stephen A. Martin, MD
Testimony for S.750, "An Act Relative to Primary Care for You."

**S.750** **An Act relative to primary care for you** **Cindy F. Friedman**

Good afternoon and thank you for this opportunity to speak in support of S.750, legislation that is existentially required for the Commonwealth and its residents.

My name is Stephen Martin and I am a family physician and addiction medicine specialist at the rural Barre Family Health Center and a professor of Family Medicine and Community Health at UMass Chan Medical School.

My medical training all took place in the Commonwealth, first as a student at Harvard Medical School and then as a resident at Boston Medical Center and South Boston Community Health Center. While I certainly learned a great deal about addiction in the hospital setting, it was in South Boston that I learned about addiction in primary care. In the early 2000s, this care was sadly limited and we were facing the tragedy of increasing overdose deaths in Southie related to OxyContin, many among adolescents.

But in 2004, my last year at South Boston, an Internal Medicine physician began prescribing Buprenorphine (brand name Suboxone) to the maximum total of 30

patients he could by federal regulations. I had seen primary care provide profound support in many instances, but I had not seen it able to provide life-saving medication in the way this was happening in 2004 and I quickly obtained the waiver then needed to prescribe buprenorphine.

Over these past 20 years, primary care has been consistently called upon to expand treatment of opioid use disorder (OUD) with buprenorphine—the same treatment I saw in 2004 in South Boston. Except for certain exemplary practices throughout the Commonwealth, however, treatment of opioid use disorder in primary care ***has not been at all commensurate*** with the need. A major reason is that primary care is paid as though we do simple work when we are great at the complex care people actually need.

At Barre Family Health Center, we are grateful to care for over 200 people with OUD, all of whom are our primary care patients. Because of the harms of OUD, we adapted our standard care with the help of an ongoing Department of Public Health grant. These adaptations include:

1. A skilled, experienced, and empathetic full-time Nurse Care Manager
2. A Medical Assistant

3. A dedicated phone line, with calls answered in real time or returned within the hour
4. Close collaboration with our Integrated Behavioral Health psychologist colleagues and their expertise
5. Active efforts to collaborate with service organizations and care coordination for social needs, especially housing. These entities are sadly in short supply and have difficult limitations in what they can provide.
6. Waivers for all faculty clinicians when the waiver was required
7. Developing the capabilities to provide injectable buprenorphine to an increasing number of patients

When a patient of ours is worried about overdosing, they call our nurse, Adele Ojeda, and talk with her right away and have the best help possible. This cannot happen in an Urgent Care or ER or any other health care setting. It can only happen in primary care. But we are not paid for this life-saving care by a team member.
I'm sure there are more adaptations we have made. As they demonstrate, care for OUD in primary care is not at all like care for high blood pressure or Type 2 Diabetes. Yet for patients, primary care that demonstrates respect, trust, continuity, and understanding of the entire person is the perfect setting for

addiction treatment, not only for opioid use disorder but also for alcohol use disorder.

Primary care is especially good at medical complexity—we care for patients with all combinations of advanced medical, behavioral, and social difficulties—but we cannot do so when we are incentivized for quick, simple visits that serve patients poorly.

As you can see from what is actually needed, however, current payment models for primary care are entirely insufficient and will continue to make addiction and other complex care unlikely. Without this **Primary Care for You** legislation, our fellow residents of the Commonwealth—including family, friends, and community members—will continue to suffer.