

I'm Kate Atkinson a family Physician in Amherst and Northampton.

I formed my own practice 22 years ago which was my dream to have medical-behavioral medicine working collaboratively to provide true whole-person care. In that time we have been successful- I am careful about billing and coding and expenses and have kept tight reins, often not paying myself in order to create this practice. Now it is a highly successful practice with 2 buildings, 60 employees, 11 primary care providers, 3 psychiatric providers, 5 therapists, massage therapists, nutritionists, physical therapy a chiropractor and a health coach. We are so proud of what we have created and provide topnotch care to patients of all ages in the Pioneer Valley. All using the insurance model.

That is until 5 years ago. Since the Pandemic it has become increasingly hard to make ends meet. Our Expenses have soared—front desk workers used to get \$15 an hour and are now hired at \$22. I don't begrudge them that-they work hard—but the problem is that I can't set my rates. We get what the insurance decides to give us no matter how hard we work. My payroll is 30% higher, medical equipment is 30-50% higher and even printer paper is exorbitant.

I am watching our dream crumble.

You need to understand that I BELIEVE in Primary Care medicine. Our office has worked with so many families to achieve the highest possible health status. Over years of caring, treating, teaching and supporting patients make lifestyle changes—they quit smoking, start exercising, work on stress reduction, make healthier choices in their relationships, stay sober...I know it may sound inflated but honestly we save more lives in primary care than the emergency room because we are in for the long game. Our practice with 8,000 patients has never once addicted a patient to narcotics for chronic pain. We get patients who come to us on nightly sleep medicines off of them. I know that I will be treating that family for decades so I am more dedicated to safeguarding all of our decisions as a partnership with the patient and our collaborative team.

We also teach medical students. I want future doctors to see that rural family medicine is possible and the joy of what we do. So many times the students are excited to discover how collaborative can prevent burnout because we aren't powerless to help patients. We have so much to offer. Then a year later they send me an email saying I'm sorry but I've cranked the numbers and I simply can't afford to go into Family Medicine with all my student loans". We have the same problem trying to recruit doctors, simply put no one wants to work this hard and make this little.

Payments from Masshealth are really a joke—we might as well hand Masshealth patients \$40 as they leave the office. And the high deductible plans are killing us as well.

So what are my options? I could close the practice and go work in a country that values health care—I've been considering New Zealand—but then 8,000 patients wouldn't have a doctor. They literally would NOT have a doctor because there are none-not a

single primary care doctor, PA, nurse practitioner in the Pioneer Valley accepting new patients and we just lost another 8 doctors in the past year. I could switch to Concierge but then 7500 patients of mine would go without medical care. Keep in mind that I truly care about all of these patients whom I have treated or 22 years –their wives, kids, grandparents, coworkers and future babies—who will have no medical care, here in the US! I could kick out the 1,500 Masshealth patients which could help our bottom line...

Or you could Pass PC4U and show that the Commonwealth of Massachusetts actually cares about primary care for the first time in decades. I worry that even if you do pass it that it won't come to fruition until it is too late for practices like mine but I am still hoping.