

COMMENTS ON 2008-2009 STATE HEALTH PLAN FROM GORDON H. SMITH, EXECUTIVE PRESIDENT, MAINE MEDICAL ASSOCIATION, ON BEHALF OF THE MAINE MEDICAL ASSOCIATION

March 28, 2008

These brief comments are intended to supplement the more extensive comments offered earlier from Kellie Miller, Director of Public Health Policy for the Association. Ms. Miller's comments focused on several public health issues. The purpose of these later comments are to address some other items in the draft.

PHYSICIAN WORKFORCE ISSUES

The Association is concerned that the draft State Health Plan (SHP) does not address the current and growing shortage of physicians and other health professionals in the state. In fact, the language in at least two places in the draft may lead Maine citizens to believe that there is currently an adequate number of physicians, including primary care physicians in the state. On page 17 of the draft, in a subsection entitled "Physician and Other Provider Supply" it is stated that, "New England exceeds U.S. average on available physicians but Maine has fewer specialty physicians and primary care physicians than every New England state except New Hampshire." But then the report goes on to state that Maine has more federally qualified health centers and rural health centers than other New England states, and ranks 2nd and 1st in New England in the penetration of nurses and physician assistants, respectively. Graphs are then provided indicating physician supply in Maine, New England and the nation.

On page 39 of the report, in the subsection addressing the issue of ER Department over-utilization, it is stated that, "Even though we have among the highest penetration of primary care physicians, 7th in the nation, a recent analysis..."

These suggestions that Maine has enough physicians generally and primary care physicians specifically flies in the face of our actual experience in recruitment and retention and contradicts the data in the Maine Department of Labor Special Report on Healthcare Occupations (2006 Healthcare Occupations Report). I call your attention to Chapter 3 of that Report, which addresses physician supply. Note particularly the comments in the report on surgeons on page 36.

Other data to consider would be the numbers available from the Maine Recruitment Center, which currently has a record number of vacancies it is seeking to fill in hospitals and medical practices across the state. The Center is seeking to fill nearly 220 physician positions, many of which have been vacant for years.

I have recently had the opportunity to meet with two specialties that have been hit particularly hard by the growing shortage of physicians. In urology, it now appears that we have a shortage of seventeen (17) urologists across the state. Pediatric urology cases are being sent to Boston because there is an inadequately supply of pediatric urologists in the state. Specialists in ear,

nose and throat (ENT's) are also in short supply, with even larger communities such as Lewiston reporting vacancies lasting in excess of five years.

The medical practices and hospitals in Maine which are seeking to fill these critical positions would be surprised indeed to read some of the language of the draft, and MMA encourages a more robust section dealing with the critical shortages of physicians and other health care personnel in the state.

We do recognize that it is difficult to come up with the correct number of physicians we need in both primary care and specialty care, with adjustments needing to be made for the new generation of physicians, more women in the profession and the growing demands for healthcare as the baby boomers age. MMA looks forward to working with the state and other interested stakeholders to examine the supply issue more closely.

In summary on this point, we believe that the draft SHP should at a minimum, recognize the healthcare workforce supply issue as a priority as health policy continues to be developed in the state.

PATIENT CENTERED MEDICAL HOME (p. 31)

MMA is pleased to see the concept of a Patient Centered Medical Home noted in the draft. It is a forward looking and exciting concept that the Association has followed with interest the past several months. We have been active in advancing this concept at the legislative level and in discussions with other stakeholders across the state. But it is important to recognize the important link between this issue and the workforce supply issue above. Reimbursement issues also need to be addressed. There is no point in developing a model of care premised upon the medical home if there is no primary care physician "at home" to care for or to coordinate care with the patient.

HEALTHINFONET (p. 5)

MMA has been a strong supporter of the HealthInfoNet project for the past four years and we are pleased to see the acknowledgement of its significance in the draft. MMA believes that an interconnected electronic medical records system for Maine will improve patient care and has the potential to lower costs for the system as a whole. Funding for the project needs to be a priority .

CHRONIC ILLNESS (P.15)

MMA is pleased to note the emphasis on the prevention and treatment of chronic disease in the draft. We applaud the efforts of the Quality Counts organization and the Maine Quality Forum in helping to draw attention to the costs associated with failure to address chronic disease adequately and effectively.

Thank you for the opportunity to supplement our previous written submissions. We wish to recognize the tremendous effort that goes into the preparation of the draft, which is both comprehensive and thoughtful.