

EXHIBIT NO. _____

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BILL NO. _____

SB 84

Primary medical care in our country is seriously threatened. Currently less than 7% of US medical graduates are choosing a career in any of the primary care specialties.

My own primary care specialty, general internal medicine, has just about vanished during my 32 year career here in Montana. Less than 2% of US medical students even contemplate going into this specialty. Many of us general internists have literally been forced out of practice.

Currently over 50% of the doctors in our state, as well as nationally, are directly employed by hospitals. The difficulties of running one's own practice, both financially and from a complexity standpoint, are so high that in many cases private medical practice is no longer viable. We as a country and as a state are evolving towards a medical system that is increasingly hospital and specialty based.

Despite this trend, there are very few doctors who think that this direction is good for either the quality or the cost of medical care. Most of us understand that just about everyone benefits from having a primary care practitioner. Someone they know over time. Someone who can help them and their family get the preventive and chronic care that keeps them as healthy as possible. Someone who can help guide them through an often complex medical landscape.

Multiple studies over a long period of time have confirmed this. Having a primary care physician or clinic where one receives the majority of care leads to better quality and to lower medical costs. In fact, the paradox here is that spending more money supporting primary care actually leads to lower medical spending in total.

What insurance companies and places like Group Health in Washington have begun to do is to support these primary care practices in ways that actually increase the value of medical care. In some cases extra personnel-like PA's, advanced practice nurses, pharmacists, social workers, care mangers, and psychologists- are used to increase primary care effectiveness. Electronic medical records improve prevention and the care of chronic disease. Instead of just treating medical problems when they appear in the office, these practices can begin to reach out to people with risk factors like diabetes and poorly controlled high blood pressure. This improves overall health and leads to fewer ER, hospital, and specialty visits, which lowers total spending.

This increased emphasis on primary care doesn't just happen however. It takes a directed effort over a period of time to figure out what works and what doesn't. It also helps if everyone is pulling in the same direction. Simply paying primary care more money is not bad, but by itself, that probably doesn't change the situation very much. On the other hand, supporting practices in ways that help them to develop effective care patterns has been shown to work.

The PCMH bill that you are contemplating here is not the entire answer to these issues by itself. However it is a start. It enables us doctors to sit down with insurance companies and others to develop the best ways to support effective primary care in our state. As a member of the Montana Medical Association on the Executive and Legislative committees, I can assure you that essentially all physicians across our state, including primary care doctors and specialists, whether liberal or conservative, support this bill. I would urge you to do the same.

**Remarks for Senate Public Health, Welfare, and Safety Committee
Regarding Senate Bill 84
To establish standards and structure for patient-centered medical homes
January 23, 2013**

**Tom Roberts, M.D.
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Montana Medical Association, Executive and Legislative Committees**