

From: Ken Litwin [REDACTED]
Sent: Friday, November 29, 2013 12:31 AM
To: SIM, OHA; Veltri, Victoria
Cc: [REDACTED]
Subject: re: SIM; attn. Victoria Veltri, Healthcare Advocate and Healthcare Cabinet

Dear Ms. Veltri and other members of the Healthcare Cabinet:

I recently learned about the State Healthcare Innovation program through an email I received from ACP (American College of Physicians). I don't know if there will be time at this point for me to attend a meeting at which I am able to provide input, as the deadline for submitting the plan to CMS is fast approaching.

I am obviously in favor of doing something to improve the healthcare delivery system in Connecticut, because the way it is working now is not controlling healthcare expenditures and is not providing appropriate care for many Connecticut residents.

I did read through the Healthcare Innovation Plan Provider Summary tonight as best I could, wading through all the current abbreviations and popular industry terminology .

My immediate, main concerns as a primary care physician in a small group of general internists (7 of us, with 2 PAs and no nurses, only medical assistants) are the following:

1) Where in the SHIP is there anything that deals with tort (medical malpractice) reform? As I am sure you are aware, doctors in Connecticut practice in a constant state of fear of being sued, and the thought of being forced by the State of CT to practice more efficient medicine (i.e. order fewer tests to "cover ourselves") makes me quite sick to my stomach.

Is there going to be a campaign to educate the public about this issue?

Are there going to be some new legal protections against being sued for the physicians participating in this new way of providing healthcare?

Or, as I suspect, are we on our own to bear the brunt of this, as usual?

2) Where in the SHIP is there anything about incentives for physicians who are starting out their careers in primary care after residency to move to or stay in Connecticut? Certainly upon hearing about the high cost of living, high cost of malpractice insurance and high incidence of malpractice suits and high dollar awards for those suits, graduating residents will probably look elsewhere if they have any common sense. As a graduate of a Primary Care Residency (Yale), I can attest that the majority of the residents graduating from my class either went into a medical subspecialty or went elsewhere in the country (I think only 4 of us went into primary care AND stayed in Connecticut).

3) As a small business, we do not have the financial resources to "transform" our practice to a medical home/team based delivery of care type practice. We do not even have the financial resources to hire an RN to coordinate care. I strongly believe that the cost for this type of care coordination for a small practice like mine must come from the PAYERS, that is from the very health insurance companies that are and will continue to make huge profits from shifting the administrative burdens onto providers. They have been shifting the

administrative burden in this manner for many years. They need to have money *literally taken from them* and given to us directly to enable us to transform our offices. Since they are FOR-PROFIT companies, they will not voluntarily help us to do anything remotely resembling care coordination. We have a FULL-TIME employee devoted to arranging for referrals and prior-authorizations already. We have two FULL-TIME billing coordinators who devote most of their time submitting and resubmitting claims forms to insurers. The providers/physicians in small practices simply cannot take on more of the cost of administrative tasks.

4) I unfortunately do not see that it will be possible for small physician offices will be able to survive the changes being planned in the SHIP without a LOT of help. Offices such as mine or ones with even fewer physicians are places where patients feel attachments with their physicians in a way they do not feel when they are going to a doctor who is part of a huge hospital owned or huge multi-center group practice. It will be a very sad day when I have to join a large group practice and I am forced to see a patient every 10 minutes or practice by whatever rules they come up with for providing patient care.

I do agree with a statement in the Plan Provider Summary which mentions the average age of PCPs in Connecticut and that many of them will be retiring soon. This will be sooner, and could result in a PCP provider shortage if they are forced to live by new rules and not given the help they need to make the transition to the new healthcare delivery system. Unfortunately most of us physicians are simply too busy seeing patients to even have heard about this new program. We distrust any changes that affect how we actually provide care, especially those that disrupt the physician-patient relationship. I know it is a pessimistic viewpoint, but I believe that it will be virtually impossible to replace retiring physicians fast enough to take care of all the patients that need to be seen in the near future the way things are going.

Sincerely

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