From: David Schwartz
To: Gisele Carbonneau
Subject: Pay parity
Date: Sunday, September 04, 2016 8:20:39 AM

I feel very strongly that pay parity is necessary to preserve the traditional practice on medicine in Vermont. I personally am capable of spending as much time as I wish with every patient visit, and this allows for a much more complete visit. I just get paid less. It is just not possible to offer a quality visit in 10-15 minutes. I do not have an administrator looking over my schedule and demanding higher productivity. I practice quality and not quantity. And if I am reimbursed much less than the employed providers, then I will not be able to afford to continue to offer this higher level of care. I recently saw an employed specialist for a routine consult and waited 45 minutes in the exam room before he even entered. Then he asked a few questions, did a focused exam and billed me more than $500! I can't even charge that much as my level 5 consults are the most complicated consults and require at least 1 hour of time with the patient then at least another hour of research. I assure you that his note took less than 10 minutes to dictate. Another personal anecdote is a family member having a procedure with an employed doctor and BCBSVT reimbursing $1500. If an independent specialist did the exact same test, it would have been $750. Is this fair?

Independent providers work for themselves and take great pride in meeting the needs of the community. As my previous hospital CEO crassly put it "I eat what I kill." I need to work hard to earn my paycheck. If I were employed, I could coast along knowing that my salary was intact and I just need to keep churning out the product. By the time the administrators learn of the poor care offered by the provider, it is years later. An independent provider knows this immediately as the patient does not reschedule a visit. I have heard of BCBSVT's response to pay parity by cutting the employed provider's payment but also INCREASING the hospital payment. A classic shell game since the hospital still gets paid the same since they also take the provider's money. And hasn't UVM made too much money according to GMCB? It is necessary to increase the independent reimbursement, otherwise these providers will leave the state or be bought up by UVM. This is a large monopoly that offers a lower quality of care than Dartmouth Hitchcock Medical Center and many Vermonters will opt to go the New Hampshire for their care. So either way, Vermont patients lose.

Thank You,

David N. Schwartz, MD, FACG, AGAF

Gisele Carbonneau

From: Anne Knott <knottbrewer@burlingtontelecom.net>
Sent: Saturday, September 03, 2016 7:17 AM
To: gmc@vermonthealthfirst.org

Subject: pay parity

Independent physicians are important to Vermont. It has been shown that small practices have better quality of care measures AND do a better job keeping their patients out of the hospital. This translates to both more economic care and increased patient satisfaction. When my patient with CHF calls in crisis, we all know him and often can manage the issues over the phone and get him into the office in a timely way, keeping him out of the ER and hospital. His family appreciates this. We feel grateful that we can respond so quickly and effectively. Loosing independent practices in Vermont would be deeply unfortunate. However, as a private practictioner in this evolving big picture world of medicine, I can honestly say that it is getting more and more difficulty to keep this business model alive. Pay parity is key. Why should I, who is doing well with quality measures and patient satisfaction, get paid less that someone doing the same job in an institutionalized practice? It makes no sense. Vermont has always been a leader, and a state that believes in the value of small and personal. Having pay parity will allow independent practitioners to continue to keep their businesses open, which will both translate into economic savings and maintain the vitality of the state's health care options.

Anne Knott MD

Gisele Carbonneau

Subject: RE:: IMPORTANT CALL TO ACTION- Pay Parity - Health Reform Oversight Committee (HROC)-- September 16

From: jennielowell18@gmail.com [mailto:jennielowell18@gmail.com] **On Behalf Of** Jennie Lowell
Sent: Sunday, September 11, 2016 9:23 PM
To: Gisele Carbonneau
Subject: Re: IMPORTANT CALL TO ACTION- Pay Parity - Health Reform Oversight Committee (HROC)-- September 16

Dear Legislators,
I respectfully request that you push for pay parity so that private practitioners can remain viable in Vermont. I believe that if pay parity does not pass, it will be a matter of time before private practices will be absorbed by the UVMMC monopoly that is being created. I believe that if this happens, patients will suffer from less personalized, individualized care and that it will cost the system more money.

I am a board certified private ob/gyn at Maitri Health Care for Women in South Burlington, located on Tilley Drive. Our practice provides outstanding care for the women of Chittenden county and our cesarean rate is lower than the national and hospital average. Our smaller private practice setting allows us to provide personalized, individualized, and top notch care for our patients. The fact that I get paid substantially less for the same billing code as a physician with the same training and background who is employed by UVMMC is quite upsetting. It is really unclear to me why a physician at UVMMC gets paid more for the same work, especially when the UVMMC system also gets to charge a facilities fee for work done on their campus, which should offset the cost of running their huge campus. Arguably though, I have similar expenses, although on a smaller scale. I also have heating bills, water bills, equipment upgrades, staff salaries, staff 401Ks, staff health benefits, building maintenance, etc that I am responsible for as a private physician. Some of the money that I charge goes to paying these expenses. Thus, it seems like the argument that they need to be paid more cannot be because they have to pay for their building. I would hope the argument isn't that they are somehow more experienced or accomplished physicians compared to private physicians. I completed my residency at UVMMC 12 years ago and was trained by the very MDs that work there and get paid more for their work. I have more experience than some of the newer physicians who are now on staff there, whom I helped train when they were residents and I was an attending. Therefore, it seems experience and competence can't factor in to pay scale differences. I really can't come up with a reason for a difference in the pay scale.

I encourage you to support pay parity because it is the fair thing to do. I don't propose that you raise my reimbursement to that of UVMMC rates or to drop their reimbursement to my rates. What I do propose is a meeting of the rates in the middle and making them equal. My fear is that if this pay discrepancies continue, private practices will eventually become a financial improbability. If this happens, patients will lose the power of choice. Private practice medicine offers many advantages over larger academic centers. Our small setting allows us to really know our patients and when I am on call, and someone needs me, I know them and what is going on with their health. We are vested in our patient's health and go out of our way to keep our patients out of the ED or urgent care. We come in early, see patients over lunch, or stay late to see them so that they don't have to go the ED. This allows such a deeper, more complete level of care and at a fraction of the cost that the ED or urgent care would charge. I know our patients value this, as they tell me. They appreciate that they know who they are talking to on the phone, the continuity of the care, and that they see me year after year at their visits. The closure of private practices would be a patient care tragedy. Yet, the reality of dealing with the financial side of my business is quite challenging- as we struggle with declining reimbursements, increased costs of providing health care to our own employees, and patients who can't pay their high deductibles before their insurance kicks in.

On a personal note, I have a private pediatrician for my children and my husband and I both have private practice family doctors. When I call my pediatrician with a concern, I so value the fact that he knows my children and my family. I trust his advice that much more because I know his opinion comes not just with medical knowledge, but also knowledge about my particular child. We had to have a referral to UVMMC for one of our kids and going in there feels like you are just a nameless number. There isn't that same comfort and connection with the vastness of the medical center. The care just doesn't feel as caring as when I go to my pediatrician's office and the staff know me and my kids and it feels safe and comfortable. This is what we will lose if we lose private practice. Good medicine is so much more than the delivery of sound medical advice- it is the delivery of that advice in a way that is caring, compassionate, patient centered and specific, and understandable. This is what gets lost in the large, vast hospital owned practices. Please pass pay parity so we can continue to provide this excellent care.

I am happy to talk to anyone about the value of private practice if you have questions.

Sincerely,
Jennie Lowell MD
Martin Health Care for Women
185 Tilley Drive
South Burlington, VT 05403

Gisele Carbonneau

From: Hannah Rabin <hannahrabin@richmondfamilymedicine.org>
Sent: Sunday, September 11, 2016 7:49 PM
To: Gisele Carbonneau
Subject: a copy of an email to Janet Ancel

Representative Janet Ancel
Co-chair Health Reform Oversight Committee

Dear Janet,

As you know, I am a family doctor and work at Richmond Family Medicine, a small independent primary care practice. Five years ago, before we opened, we built our clinic in the center of Richmond Village. In preparation for opening our practice we contacted and tried to negotiate rates with all the private insurance companies operating in the state of Vermont. None were willing to meet with us, but they sent us lists of the "community rates" they would be willing to pay if we contracted with them to care for patients. Numerous attempts to discuss those rates were thwarted. We signed the contracts they presented and opened for practice.

Now, 5 years later, we are a busy practice caring for about 6,000 patients of all ages. We are three family doctors, two family nurse practitioners and one psychiatric nurse practitioner. We are providing preventive care, managing chronic disease and treating acute illnesses. According to analysis of our practice, we are providing good access to our patients to help them avoid the emergency room when possible, have low hospitalization and re-hospitalization rates, prescribe generic medicines whenever possible, order imaging studies and other tests appropriately, and overall provide high quality care at lower cost.

Providing this high quality care means that we have higher overhead. We have a robust electronic medical record that cost $89,000 in addition to maintenance, our payroll has increased each year. We provide health insurance to our employees and the insurance premiums have increased each year. We have not, however, had an increase in the fee for service rates the private insurance companies pay us for care of their patients. (The small capitation rates provided by the Blueprint for Health have increased only minimally and that revenue gets rolled into our programs to manage panels of patients--for example identifying and calling patients with hypertension who have not been seen in the office in 6 months.)

We know that the hospital based family practice doctors are paid more by BCBS and MVP for the same services. For example, if I see a patient with pneumonia and charge BCBS for that visit, my fee-for-service reimbursement for that code will be less than half of what my counterpart at UVMMC would be paid for the same level of service and the same code. We accept medicaid patients in our practice and the cost of care for those patients exceeds the reimbursement. With the lower private insurance rates, we have no means to offset those costs.

Unfortunately, this situation is not sustainable for a lot of independent practices. We are very committed to our patients and love working in this community. Our small practice model allows us to be nimble and responsive and to provide care that is appropriate for the patients we serve. We do not think that a one-size-fits-all approach to medical care would suit us or the community in which we work. We hope to hold onto our independence, but without significant oversight by the state to rein in the forces that are pushing towards a monopoly of health care, we fear for our survival.

Yours truly,

Hannah Rabin, MD

Retina Center of Vermont (RCV) is a two-doctor subspecialty ophthalmology practice in South Burlington. We provide care for patients with retinal diseases 'serious' and/or complicated enough that their primary eye doctors ask us for help with this aspect of their eye care. RCV provides about 50% of the retinal care in our region. My partner and I have close to three decades' of commitment history to the retinal care needs of Vermonters. And, while we have hopes for decades more of that, we are very concerned about the regional health care system vis-à-vis patients' access to the highest quality in-state care.

Our region's commercial insurance market is one in which medical centers are ordinarily granted annual pay increases while small, independent medical practices like RCV continue to receive—at best—the same rates of pay as in years past. Meanwhile, the cost of owning a business, caring for patients, and ensuring the well-being of employees continues to climb, which leaves RCV and all of our region's small, independent medical practices struggling to survive, as you are no doubt well aware.

The Green Mountain Care Board (GMCB) and the Shumlin Administration have done an inadequate job of addressing the massive pay disparity that has developed in Vermont over the past several decades. As commercial insurers' fee schedules are claimed to be 'proprietary' by those insurers – even to the extent that their payees are prohibited from sharing those schedules with other parties – we are left with anecdotes and 'one off' examples that permit glimpses into how absurdly out-of-balance pay has become. It is no secret that pay for medical care across Vermont is heavily based on the relative political might and/or market share of the parties rendering it. You have heard stories from other small, independent Vermont medical practices in other disciplines that bear witness to the seriousness of this problem. Here is but one (of several) that I know of in direct relation to RCV and our patients:

RCV cares for Vermonters with a variety of diseases for which intraocular and/or intravenous injection of medication is the standard of care for preservation—and in many cases, restoration—of vision. One irate patient transferred her retinal care to RCV when she discovered that her Vermont-based commercial insurer had set a fee of $4,095 for use of a single dose of Eylea (aflibercept) by a medical center-employed ophthalmologist. Eylea is one of the most commonly-employed injectable medications for the treatment of age-related macular degeneration (aka 'macular degeneration'), diabetic retinopathy, and other diseases we manage every day. A single dose of Eylea costs most practices – including RCV – about $1,900 to purchase. While one major Vermont-based commercial insurer apparently allows a payment of $4,095 to one of our region's major medical centers for the use of one dose of Eylea – more than a 100% markup in the price of a commodity - RCV is only allowed about a 10% 'handling' fee by that same insurer, for use in the same patient, as a part of care rendered by identically-trained/-experienced MDs, in our offices that are a short walk from the medical center's community-based office. In addition, there are good reasons to believe that our region's medical centers may be paying but a fraction of the 'normal' purchase prices for physician-administered, injectable medications like Eylea. (Discussion of the federal '340B' pharmaceuticals purchasing program that was originally designed to give hospitals shouldering 'disproportionate shares' of providing care for financially-challenged populations is far beyond the scope of this letter. Spend an hour reading about it online, though. If this program is being used in Vermont in situations akin to the one discussed here, for cancer patients needing chemotherapy infusions, in infertility practices, by Rheumatologists and Neurologists and others who rely on the use of injectable medications then this surely represents 'fleecing'. There have got to be many millions of dollars at stake in this shell game, state-wide, every single year.) Remember: Above is but one example of many, across medical disciplines, and is indicative of Vermont's patient-care market as a whole.

Large medical centers reap numerous times the pay for identical care that small practices also provide. The area's commercial insurers understand that there is no meaningful difference in the substance nor the quality of that care. Insurers, medical center executives, and even GMCB members have stated that the large medical centers deserve greater pay owing to the fact that they are teaching hospitals. Of course those medical centers need – and deserve – support for their hugely important additional missions, including teaching. However, to simply allow that stance to continue to be the excuse for grotesquely imbalanced patient care fees is an abdication of the GMCB's – and the Legislature's – responsibilities. The December 1, 2014 Physician Practices Report issued by the Shumlin Administration's Director of Health Care Reform and the GMCB was woefully inadequate and very misleading; it employed data for a very limited number of medical services that appeared to have been selected to minimize the appearance of the magnitude of the problem. Senate and House committees have since received testimony and many letters that undeniably refute the limited content and conclusions in that report. MVP Health Care, a New York-based commercial insurer operating in the northeast U.S. – including in Vermont – recently told the GMCB that The University of Vermont Medical Center (UVMMC) is its single most expensive medical center source of care – not in Vermont, but throughout its entire regional network. If that information does not make you question why Vermonters are paying what they are for care then I do not know what would.

As a result of this imbalance, RCV and other small, independent medical practices have had to make some tough decisions, and as the years go on the decisions become even tougher. RCV has already been forced to abstain from signing contracts with some so-called 'Medicare Advantage' plans that have cropped up in Vermont over the past couple of years due to their inadequate reimbursement rates. Medicaid funding in Vermont is so low that RCV literally pays more for Eylea – and other injectable medications that we use all the time for Medicaid patients who need them – than we are reimbursed by the state for our use of these products, literally costing us money when we treat such patients. (Believe me, we have perennial discussions about whether we are willing to continue to weather that abuse, and we remain 'this close' to resigning from the Medicaid program, a move we very badly do not want to undertake as we do not want to leave those patients high and dry and as we view this work as one of our many societal responsibilities.) We struggle to provide reasonable and regular pay increases for our very, very hard-working and dedicated employees, no matter how modest. As so many Vermont business owners who take their employees' well-being very seriously know, employee health insurance costs have skyrocketed in the past two decades. Small medical practices like RCV also have the 'inside knowledge' to also know, however, that those increased funds are absolutely not making their way to us, even in any small measure. (in one recent 7-year period the per capita cost of employee health insurance at RCV climbed by 100%. What do you think that same commercial insurer gave us during that same 7-year period by way of pay increases? Less than 1%. No, that's not a 'typo'. A 1% raise over 7 years? What business can operate that way? We complained to that insurer. At that time their pay was 'off' from what we were being paid by their peers by about 40%. What did they offer? 2%. No, still no 'typo'. Only after we were forced to write a 'Dear Patient' letter to hundreds of Vermonters letting them know that we were resigning from that insurer's network did that insurer balk, allowing us about a 20% fee increase. That was about 5 years ago. Have we seen any pay increases since that time? Guess.)

Vermont is consistently ranked as one of the top five healthiest states in the country yet it has amongst the very highest commercial insurance premium costs in the country. As a small, community-based, independent medical practice RCV is vastly less costly to the commercial insurers than the other regional options for vitreoretinal care. Squeezing us and other similar small practices literally out of existence

takes choice away from patients and costs our region's patients, families, taxpayers and employee benefits-buying employers untold sums of money. Earlier this year, the only remaining independent orthopedics practice in our region transferred its ownership to the local medical center owing to an inability to continue to make ends meet. That one move alone will cost regional insurance premium-paying individuals and families and their contracted benefits-buying municipal and corporate and small business employers millions of dollars every single year, as the funds that change hands when providers are medical center-employed are huge compared with those fees for identical care rendered in small, efficient, value-driven small practices. You are also no doubt aware that the orthopedics example stated here is but one of many across the state in recent years, and that practice closures in counties across the state have produced dangerous crises of lack of access to care.

I am worried for Vermont patients, their families, regional small businesses, and other parties that bear the brunt of ballooning costs at regional medical centers. The troubles are highly complex and longstanding, and they have now tipped the scales toward erosion of the quality of our regional care and the choices Vermonters presently have. Many of the developments regarding care becoming concentrated within large medical centers are well within the Legislature's purview and ability to remediate. I implore you to be brave and take strong action to prevent Vermont from losing all of its small, independent medical practices. When we are the first state in which that occurs Vermont will be both a laughingstock and no longer the place where we love to live and work.

Sincerely,

David J. Weissgold, MD

Gisele Carbonneau

From: Obgdok <obgdok@aol.com>
Sent: Thursday, September 08, 2016 1:29 PM
To: gmc@vermonthealthfirst.org
Subject: pay parity

Hello, I am a private practice obgyn who has worked out of the UVMMC for 28 years. I am on the faculty as an unpaid member. I participate in medical student and resident education. I have served on several committees including a career long membership on our departments quality assurance committee. I do not understand why the major insurance companies continue to under pay us for doing the same work. Their solution to shift the funds to hospitals as some sort of facility fee is also unfair. Our practice likely saves health care dollars in that we provide care in our office for acute problems and rarely utilize the ER. We also perform procedures in our office that hospital employed physicians only perform in a hospital often at ten times the cost. We are currently trying to attract new physicians to our practice and are having difficulty do to higher salary offers in nearby states.
I don't think you appreciate the value that private provide both to their patients and the medical community. You do not want one entity controlling all the health care dollars. This will ultimately result in an unwieldy and unresponsive system.
Patrick Clifford MD.

Gisele Carbonneau

From:	Jennifer Brown <jennifer@nrmvt.com>
Sent:	Thursday, September 15, 2016 10:14 AM
To:	'Gisele Carbonneau'
Cc:	Christine Murray
Subject:	RE: IMPORTANT CALL TO ACTION- Pay Parity - Health Reform Oversight Committee (HROC)-- September 16

Legistlators:

My name is Jennifer Brown, I provide fertility services to the community in an office setting independent from the hospital. My partners and I offer affordable, high- quality fertility care that we were unable to offer in a hospital –based setting.

The health care marketplace in Vermont is so unusual- with such a smaller portion of independent practitioners (20%) as compared to other states (40-60%). As I am sure you understand, independent physicians are paid significantly different rates for the same procedures as hospital based physicians (independently of facility fees—the difference is in the actual professional fee for a specific service) which greatly affects the financial viability of independent practices and leads to the inability to have a competitive health care market. It is astounding to see that procedures I perform as an independent physician are reimbursed less than when a doctor performs the same procedure in a hospital-based office. There is a fallacy that independent practitioners are "in it for the money". I am currently making a salary that is below of the 25% of the national-average salary of hospital-based physicians, and is lower than the salaries of the University of Vermont fertility practitioners. I love Vermont and delivering fertility care to Vermonters so I continue to work and live in this state.

My partners at NRM left UVM as they had fought to reduce patient costs and improve access to fertility care at UVM (Then FAHC) for a decade without success. We opened our doors at NRM with much lower costs to patients (cycle costs reduced from 10,000 at FAHC to 7,000 at NRM), and were able to provide 185 cycles in the first year- a 45% increase from the 120 cycles done by our same doctors who left UVM the year before. Amazingly, UVM then decided to decrease their cost by $3000- 30%- demonstrating that they clearly made great gains on their original price tag, and that competition vastly improved the fertility "marketplace". The positive outcome of this situation is dramatically improved access to fertility care for all Vermonters, which I believe provides such a profound example of how independent practices are vital to the economy of the state. Not only can independent providers add competition, but also we can provide many services at a much lower cost to patients than a hospital-based system can. Clearly, Vermont need hospitals and the services only a hospital can provide, but Vermonters need both-- not a monopoly.

Thank you for taking these factors into consideration as you discuss the importance of pay parity to provide Vermonters with a healthy health-care marketplace.

Jennifer K. Brown M.D. M.B.A.
Reproductive Endocrinology and Infertility
105 West View Road, Colchester, VT 05446
Phone: 802.655.8888
Fax: 802. 497.3371
Nrmvt.com

Gisele Carbonneau

From: Edward Kent Jr <edweird1@mac.com>
Sent: Thursday, September 15, 2016 10:13 AM
To: Carbonneau Gisele
Cc: Jaffe Betsy; Lazarovich Mark; Rhode Kathy
Subject: Pay Parity

To Whom it May Concern,

We are writing regarding pay parity for independent physicians. The issue is clear; equal pay for equal work. To receive a lesser compensation for the same work is discriminatory, demoralizing, and untenable. Continuing in this manner will inevitably lead to further decline, and eventual extinction of the independent practice home. As you are well aware independent practices in Vermont are struggling to survive in the face of declining revenues and increasing administrative burdens. Employee salaries and benefits are static at best, infrastructure suffers, improvements are delayed or do not occur at all.

Preserving the independent practice is vital for the community. We offer diversity, immediacy, proximity, and a more intimate setting as an alternative to care provided in larger academic centers. There is direct control over quality of care provided, without administrative burden. Patient satisfaction is high.

Health care costs are a concern for all. If independent practices do not survive, there will be no options for care. Lacking an alternative and competition for services is only likely to escalate health care costs further.

We urge you to act in fairness, and help independent practices continue in Vermont.

Sincerely,

Edward Kent Jr MD
Elizabeth Jaffe PhD MD
Mark Lazarovich MD

Allergy and Asthma Associates PC
53 Timber Lane
South Burlington VT 05403
802.864.0294

Christopher J. Soares, M.D.
Adult & Pediatric
Comprehensive Ophthalmology

September 15, 2016

Re: Pay Parity for Vermont's Independent Physicians

Dear Legislative Members of the Senate Health and Welfare Committee, the House Ways and Means Committee, and the Health Reform Oversight Committee.

This letter is in regards to 2015's S. 139 sections 24 and 25 and this coming legislative year's work on the matter of Pay Parity for independently practicing physicians in Vermont.

I have been in private practice in Randolph, VT since 2007. My practice is Soares Ocular Surgery, P.C. I am the only physician in the practice. I employ four other people. Prior to starting my own private practice I worked as an employed physician under DHMC. I have enjoyed working and caring for the citizens of Vermont for the past 23 years.

My concerns are that the playing field is unfair. In private practice I have seen little if any increase in pay from any insurance carrier. In fact some insurance carriers have decreased their pay scale. This makes it difficult to run a successful business and continue to employ four other people in the business. Blue Cross's suggested solution to pay big hospital physicians less but keep the money in the hospital system seems like a shell game. This does not address the problem of underfunded private physicians in the state.

The financial concerns are real. Vermont has already experienced a number of private physician practices shutting down or leaving for opportunities elsewhere. Vermont needs a healthy mix of private practitioners and institutional practitioners. Without this mix I fear that healthcare quality will decrease and healthcare cost will increase.

Please consider making a real fix to this problem. I urge you to support private practice physicians in the great state of Vermont. Your support will grant all citizens of Vermont better access to health care at a more competitive price.

Sincerely,

C. Soares, MD

Chris Soares, MD

124 Meadow Lane Randolph, VT 05060 Tel: 802-728-2460 Fax: 802-728-2457

Gisele Carbonneau

From: John Mech <JMECH@CHSI.org>
Sent: Thursday, September 15, 2016 2:39 PM
To: 'gmc@vermonthealthfirst.org'
Subject: pay parity for independent physicians

To the Vt. Legislature:

Independent physicians make a highly important contribution to health services by offering diversity and choice for patients, and can generally do this at less cost than a large, corporatized institution. However, the reimbursements from insurers to independent providers need to be commensurate with the financial requirements to maintain operations and to survive. This means that these reimbursements need to be at parity or very close to parity with present hospital based reimbursements. This can help ensure the viability of this significant component to overall health care services in Vermont.

Kindly give this matter your utmost consideration in evaluating the political and financial ramifications of health care reimbursement.

Thank you very much,

Sincerely,
J. Mech MD
Member Healthfirst Inc.

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New England VISION CORRECTION

VISION FOR LIFE

Health Reform Oversight Committee
Vermont State House
115 State Street
Montpelier, VT 05633

9/15/2016

To Whom It May Concern:

We would like to express our support for the proposal to implement pay parity among insurance payors in Vermont. Having the reimbursements we receive be equal to those of our colleagues in hospitals or academic facilities is essential to the sustainability of our practice and the services we offer. The sophisticated equipment in our examination rooms, the procedures that we perform, and the staff that we hire are not in any way significantly different from a hospital setting, and therefore our expenses are also similar. Therefore, it seems only reasonable for pay parity to exist between these different practice settings.

Our role as private practitioners of ophthalmology in Vermont is sincerely cherished by our patients. The accessibility of our staff, the availability of same-day appointments, our freestanding building, and the option of undergoing surgery in a state-of-the-art facility free of the hassles that are inherent in a trip to a larger medical center are just a few of the aspects of our practice that are valued by our patients. Moreover, our role as independent practitioners affords us the opportunity to provide services not available in larger centers, including keratorefractive surgery. In this way, we are not only serving our individual patients, but also the entire state of Vermont.

We appreciate the Health Reform Oversight Committee taking the time to address this issue, and we remain optimistic that positive changes to the insurance payment structure will occur in the near future.

Sincerely,

Juli A. Larson, M.D. and Noah B. Saipe, M.D.
Ophthalmologists, New England Vision Correction / Vermont Eye Laser

NORTHEASTERN
REPRODUCTIVE MEDICINE

105 West View Road, Colchester, VT 05446 - Suite #302
p: (802) 655-8888 f: (802) 497-3371 | nrmvt.com

September 15, 2016

Dear Legislators:

We are writing this letter to urge you to support the concept of pay parity for independent physicians in Vermont.

We are a group of three Reproductive Endocrinologists who founded Northeastern Reproductive Medicine. After 15 years as exemplary academic citizens and the main clinical providers at Fletcher Allen Health Care and the University of Vermont, we struck out on our own in order to provide cost effective, state of the art non-hospital assisted reproductive and fertility care. We believe the success of our practice speaks to the fact we have filled a great unmet need in Vermont- in less than two years we have helped over 300 patients achieve successful pregnancies, a not inconsequential number in a state with less than 5,000 live births a year!

Since leaving Fletcher Allen (now UVMMC), we have become acutely aware of the unconscionably large disparities in payment for similar services between community providers and Fletcher Allen physicians. Indeed, without our cash paying patients (for most people , assisted reproductive services are not covered by their insurance), we would find it very hard to survive. We are seeing many of our independent physician colleagues struggle every day to keep their doors open, and many have simply closed up and left the state. In Vermont, with a strong history of independent medical practices who provide high quality, personalized and less expensive medical care, this is a true disaster.

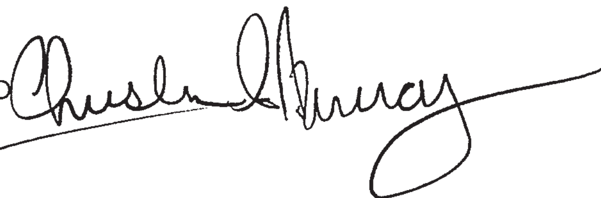
It wasn't always this way. In the past Fletcher Allen ran a managed care entity called Vermont Managed Care, with full participation of Vermont community physicians. This entity provided cost effective clinical care, and de facto pay parity. However, in the run up to OneCare, Vermont Managed Care was disbanded and Fletcher Allen, with its dominant position in the marketplace, negotiated very favorable payment rates with the insurers, leaving independent practitioners in the dust, with no negotiating power.

The upshot of this is that without pay parity, independent practices in Vermont will fade away quickly, leaving patients with no choice but big-box depersonalized health care. Without any competition, and monopoly status for UVMMC, health care costs will continue their exorbitant rise, and eventually destroy the financial and economic viability or our beautiful state. You, as legislators, have a unique opportunity to halt this healthcare death spiral and indeed act to control health care costs by ensuring pay parity for independent medical practices, thus ensuring a healthy, competitive and diverse health care environment. We urge you strongly to support pay parity!

Yours Truly,

Jennifer Brown MD

Christine Murray MD



Peter Casson MD