

The Honorable Angus King
Senator—Maine
359 Dirksen Building
Washington, DC 20510

Dear Senator King,

April 4, 2014

I am a physician (retina specialist) who practices in Ellsworth, Maine. Last Sunday, I saw your interview on Fox Sunday Morning. Senator King, I have managed to live 56 years without writing to a Congressman or Senator, but your interview so troubled me that I decided you needed to hear from someone who is "in the trenches." People tell me you are a decent man who is genuinely interested in doing the right thing—let me try to educate you about what six years of this Administration has meant to the health care system in this state/country.

I will first start with your celebration of the 7+ million who have signed up for insurance via the exchanges (or marketplaces). Before you uncork the champagne, let me tell you what I am seeing among my patients. Of course, we start with the fact that Maine is and has been severely under-insured. Roughly half of my patients are Medicare recipients; of the rest, half are either uninsured (self-pays) or on Medicaid/Mainecare.

Lest you think (as many of your colleagues in Washington do) that Medicaid is a panacea, let me set you straight. First, I am a dinosaur—I still see Medicaid patients. You should know that our 'no-show' rate among these folks is 40%. I believe a large percentage of these people don't show because they pay nothing so they attach no value to the service provided to them. Also, when they do show up, it costs the practice more to process their 'claims' than the reimbursement amount. It would make more economic sense for physicians to see them for free (but that is illegal). The other sad little fact is that people who receive free medical care do not use health care judiciously. Basically, they go to the emergency room or other caregivers with minor complaints at any time they please (again, they have no disincentive to do so). It is a badly flawed system—the fact that Obamacare expanded it is a complete travesty.

As to my other patients, many have lost their coverage AS A DIRECT RESULT OF OBAMACARE. When rates went up (due to a myriad of required coverage items and procedures), many patients told me their employers dropped their plans

completely. (Incidentally, our practice would have dropped coverage for our employees except that our plan was grandfathered; we were VERY lucky—without the grandfather, our rates were scheduled to more than double!)

In addition to those who have lost coverage due to rising costs, many patients complain because their employers have reduced their hours to 29 to avoid Obamacare sanctions. (Many of my patients—your constituents--have taken on additional, part-time work to fill the gap.)

Then, as to the uninsured (those who have either lost their coverage because of Obamacare or those who never had it), here's the breakdown. Most—I would venture to say about 85%--looked into the exchange policies and had sticker shock. First, the premiums were high. And, while the subsidies helped many with the premiums, there was no way around the heady deductibles—whether they qualified for the subsidies or not, my patients didn't think it was a good deal. The majority didn't take it. (One woman told me yesterday: "It was \$800 a month for my family and then there was a \$13,000 deductible—no way we'd every spend that much on medical care.")

A few of my uninsureds—part of your 7 million—did take it. Sadly, these people signed up without reading the fine print. EVERY TAKER (100%) I have encountered has been stunned to discover the deductibles. One man spends \$500/month on his new premium; he said he had no idea there was a \$3000 deductible. He called the insurance 'excrement' (well, he actually used another word) and said there was no way he could pay \$500/month plus \$3000. (He speculated that you and your colleagues were smoking a controlled substance.)

Another woman who signed up on the exchange burst into tears last week when she found out about the high deductible. She concluded that Obamacare was a big scam on the American people. The problem is, Senator, when patients have high deductibles and no money, doctors won't see them. Although I saw them without getting paid, I had a hell of a time locating a referral physicians for these people—no takers. What happens when the 7 million newly insured can't see a doc because they can't pay their deductible? (Not going to be pretty...)

Now, as for the lucky few who still have coverage, every single one of them has seen an increase in their premiums. No new benefits—just added costs. They aren't terribly happy with Obamacare. That's the reality, Senator, I have yet to see a SINGLE patient tell me he/she was happy with this law—but I have seen hundreds who are really angry. Each week, we hear the stories—people seethe when you mention Obamacare around our waiting room (the Taliban may actually be more popular than Obamacare). Anyone in Washington dumb enough to run under the Obamacare banner should start thinking about a new job—it may be good among the pundits but it's not popular among people in need of medical services.

Now, as to the other things that your law is doing—you may want to sit down for this—someone needs to know that the Administration is killing the medical

profession, and I don't really understand it. I am not a drug kingpin, a convicted felon or member of the Mafia, but I spend 25% of my revenue on lawyers and consultants to deal with the rules and regulations. Here is a list of what I need to prepare and do to continue to practice medicine and see Medicare patients:

- buy an Electronic Medical Record program (that cost me \$50,000)
- implement EMR (\$20,000 for IT and consultants)
- Attestations for EMR-
 - includes creation of patient portal (\$5000)
 - includes lawyer draft of risk analysis study (\$10,000)
 - includes next year, I must FORCE 20% of my patients (average age 74) to go on line and request their medical records from the portal—I am assuming I will have to invest in a laptop and use a technician to sit with them in an office to take them through the process individually (most don't have computers at home)(Let's guess that adds \$1000 for the laptop and \$5000 in a technician's time over the course of the year)
 - includes IT time and employee time (\$1000) to complete the annual process.
 - breakdowns from EMR—taking down network, equipment and internet (about \$7000 for the year).
- HIPAA/HITECH compliance
 - need a policy statement (lawyer/consultants offer for \$5000)
 - need to train employees (lawyer/consultants offer for \$1000)
 - need to have employees sign document (\$1000)
 - need to develop form and have business associates sign (\$1000)
 - need to have documents in case of breach (\$3000 for lawyer to provide)
 - need to assign someone to act as HIPAA compliance officer
- ICD 10 compliance: this was delayed a year but we spent several thousand dollars bringing our practice into compliance (and were told that Government payments would be delayed for several months after implementation)
- Coding updates: we are paying a consultant \$7000 to work with us to make sure our Coding is not going to get us into trouble (they're tightening coding).

Regarding the EMR, by the way, I used to finish my day at 5p. That's when I'd get my notes completed. With the EMR, my day ends at 8p. I join my family for dinner at 8:30p; I work both weekend days, catching up. I realize that I now spend 36 hours per week dealing with regulatory work for the Government—basically, 50% of my 70+-hour work week is compliance and 50% is taking care of sick people! The happiest day of my life was two weeks ago when the EMR malfunctioned—I got home at 5p because I just used paper notes. It was wonderful.

You probably think that these are just adjustment pains and, at some point, I will get it and become more efficient. Maybe I am dim, but I have been working with the EMR for 3 years and the Government has just added more and more to it; I see no reprieve—just more requests for information. Tell me, Senator, how would you explain to an 84-year old woman who is having an eye exam that it is important for us to know about her sex life? These are questions that I am required to ask.

Of course, there is always the option of noncompliance. However, Obamacare saw to it that I'd face some pretty stiff penalties if I fail to do all of this. Not only that, the law has deputized private auditors, law firms, disgruntled employees and patients by giving them financial incentives to find out about physician non-compliance. Look into it, Senator, as I understand it, there are over 500,000 RAC audits that are currently being appealed where bounty hunters swept in and discovered noncompliance and are proposing to get paid. We are basically sitting ducks.

And, now, if all of this wasn't bad enough, let me tell you about how we get paid. Because of the pending SGR's (proposed 20+% Medicare cuts for physicians), Medicare slows reimbursements to a trickle from mid February to the end of March—with a complete stop through mid-April. Basically, physicians aren't getting reimbursed for two months. This is a problem because even though we don't get paid for two months, but we still have to pay our expenses. For retina specialists like me, that means we have to pay for the expensive macular degeneration drugs that we inject without Medicare reimbursement. Our patients' injection costs are roughly \$15,000/week. Without Medicare payments coming in, I have to lend my personal funds to the practice to pay for these drugs so that we can still meet payroll and keep the lights/heat on. This means I work 76 hours/week AND I get to pay for the privilege of practicing medicine! It is a disgrace.

And, now, just to add insult to injury, CMS is about to publicize how much physicians get from Medicare for the public to see. While I don't have a particular issue with full disclosure, I know that people will think my number is high. However, what CMS won't reveal is that well over half of the reimbursement number is nothing more than payment for the expensive drugs that I inject into my patients' eyes. This came to \$500,000 last year—and other than sending the money to the supplier—the practice got no benefit from this whatsoever. But my patients, neighbors and colleagues will see that big number and think I'm making a boat-load of money. Thanks a whole hell of a lot, Senator—is there anything else you folks can think of to torment physicians? (That was only a rhetorical device, by the way...you people have done quite enough already.)

Now, let me tell you what is happening: physicians are retiring in droves. My daughter who is studying to be a doctor says that half of her fellow (medical) students are looking to go to business school or work for pharmaceutical companies—no one wants to practice medicine any more. Can you blame them?

Those of us who are currently practicing and not yet ready to retire are looking into going to work for hospitals (which, incidentally, receive higher Government reimbursements than private practice physicians) where we receive salaries and have no incentive to work long hours and see many patients. Others are looking to sever the Government connection—as it happens, virtually all of the pain goes away when you just take cash. Eventually this will happen—our doctor shortage will worsen and you will see a two-tiered system with those who accept government plans and those who do not. (In my case, that would mean I would eliminate most of my staff and limit my patients to those who pay cash—fewer jobs and more sick people—was that part of the plan?)

You and your colleagues in Washington who are congratulating one another for what you have done need to step back and take a second look. You people are presiding over the destruction of the American health care system, which used to be the best in the world. And, if you doubt anything that I have said, please feel free to talk to any physician in Maine. I can send you blogs or the weekly onslaught of pitches from consultants who, for a modest fee, will 'help' us deal with the rising tide of Government regulation. Alternatively, you are welcome to join me for a day, and see what you've wrought. I think it would be quite an education.

Thank you for listening to me—tonight I won't make it home until 9:30 for dinner, but, in contrast to the mountains of meaningless bureaucratic rot I normally have to plough through, maybe this will have some value.

Best.

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