

Submitter: Anonymous Doctor  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure: HB4130

I am a full time physician with expertise in quality and patient safety. The majority of my time is spent in clinical work. I have found that private equity acquisition significantly decreases or eliminates quality and patient safety resources. Most do the minimum required for accreditation/Medicaid bonus. Some pretend to do the work without allocating support for it. Management focus shifts to risk assessment and lawsuit mitigation instead of error prevention and evidence based care. Private equity takeover results in physicians in quality being replaced by cheaper consultants who have a bachelor's degree and an online certificate in quality. This results in lack of understanding of gaps in clinical care and increased harm to patients.

In patient care, we see more patients where diagnosis was missed, either due to increased patient seen per day or due to less trained providers seeing patients multiple times for the same thing. Multiple visits yields increased billing, even if diagnosis is missed. We see excess referrals to specialists. We see physician time with patients decreased to increase volume of billing.

Private equity takeovers of other hospitals results in shut down of pediatric units since they are not profitable. So families drive 5+hrs to get care. We often hear from business leaders that pediatrics can't ask for improvements since they don't bring in any money. Value is based on dollars not on saving lives.

Additionally, in order to improve the bottom line, hospital physicians are asked to cover surgical patients. This is out of the scope of practice. It is intended to free up the surgeons to do more surgeries that bring in more money. Cost saving by sharing specialty surgeons with multiple institutions also results in poor patient care. A surgeon can not consult on patients and do surgeries at multiple hospitals on the same day. So patients who need urgent consults are not seen immediately and procedures that could be done in the emergency room allowing patients to go home afterwards, are not done. This causes unnecessary admission to the hospital and prolongs the suffering of patients. It also leads to harm while patient is waiting. All this costs the patient and the system more money- but since surgery is done business still gets paid and it increases profits.

A physician's work is to care for patients, yet we are evaluated on and incentivized for high billing and revenue. Our evaluations focus on customer service, number of patients seen, and amount billed. There is no evaluation of standard of care, clinical skill, accurate diagnosis or outcomes of our patients. Often the best physicians who take the time to provide the safest care are penalized for being "inefficient."

In leadership, physicians are token placeholders in these systems. There is no physician self governance. The business leaders attend all medical committee meetings and drive care. Requests for change from physicians are ignored. Most changes are edicts from COO and aim to increase profit.

Since business representatives began to lead hospitals and clinic systems, I have seen a decrease in quality of care, an increase in cost, increase in low skill consultants without results, and a decrease in meaningful work to prevent harm to patients. Profit increase is the only goal. Even when safety work would decrease cost, it is not funded because of the short-sighted business cycle.

Please help us physicians have a voice in the care of our patients. Our requests fall on deaf ears when private equity puts profits over people.

These opinions are my own, yet I submit anonymously because business leaders require us to vet public comments through their public relations people, before allowing us to speak. Most of the time they advise us to remain silent.

Thank you for your time