Testimony in support of "New York Health" single payer health proposal

My name is David Ray, I am a physician currently on the faculty of Albany Medical College in the Division of HIV Medicine. All of my medical training has taken place within New York State- I completed my MD degree at SUNY Downstate in 1976, and my residency in Internal Medicine in 1979 at Albany Medical Center. I have been practicing primary care internal medicine, in addition to my special interest in HIV medicine, for 35 years. Prior to joining Albany Medical College, I practiced at the sole Federally Qualified Community Health Center in Albany, the Whitney Young Community Health Center, for 14 years. Although I have assumed some leadership and administrative roles over this time, 90% of my time has been devoted to direct patient care, and for nearly half of my career, I have been caring specifically for medically underserved populations.

I am currently the chair of the Capital District Alliance for Universal Healthcare, an group which includes medical providers, activists, local legislators, and people of various faiths united in their belief that our health care system is deeply flawed. Undoubtedly, much of today's testimony will speak to the injustice, waste and inequality that characterize our current health care financing system. Likewise, I could repeat numerous sagas of poor outcomes and healthcare misfortune that I have witnessed and which might have been averted if we had a more rational functioning system. However, I'd like to focus on one aspect of the transition to a single payer system which is not immediately obvious, but probably in the long term would have immense impact on healthcare quality and cost, and that is health care workforce development.

One of my daughters is a pediatrician. When she was in medical school, she informed me of an mnemonic that most current medical students are familiar with, called the R O A D to happiness. What is that road? Well, R stands for radiology; O stands for Opthamology, A stands for Anesthesiology, and D stands for Dermatology. While I have respect for and understand the need for specialists in these areas, why are so many of our future doctors scrambling to get into these specialties? To spell it out—these are well paid, relatively low stress jobs with generally fixed hours, and well defined services that are easy to bill for in our hodge-podge system. Everybody laments the demise of the well loved, respected and trusted GP's who cared for many of us and our families in the past. But where will the primary care practitioners of the future come from? Do we really believe that urgent care centers and Walmart clinics are the ideal future of primary care?

While it is clear that we can rely on nurse practitioners and physician's assistants to extend our capacity to accommodate people in need of care, we still need to produce physicians to lead those teams. What is discouraging these idealistic young physicians from aspiring to the satisfying career of a primary care doctor? Clearly one of the biggest obstacles is the payer system we now have. It's a system rife with perverse incentives: incentives to cut corners, to minimize the time actually spent talking to and listening to patients, to maximize the number of expensive tests that are ordered (either out of frustration or expediency), and to prescribe unnecessarily and possibly even harmfully because there is insufficient time to consider alternatives, risks and benefits let alone educate patients about these.

Physicians are incented to churn patients through as quickly as possible, to send them scurrying hither and yon because of time constraints, to specialists for problems that don't require specialty care, where the specialist, to justify his or her fee, needs to order additional tests and procedures. These well intentioned practitioners are not acting out of greed, ignorance, or fear of lawsuits.

The problem is that somewhere along the line, our insurance companies changed those beloved family doctors into "gatekeepers": defined as " an attendant at a gate who is employed to control who goes through it" and " a person or thing that controls access to something". Pretty demeaning job for someone who has devoted 12 years of their life to attaining a skill, isn't it? As the insurance companies see it, they are paying the primary care providers essentially to decide where the patients must go for their problems to be actually diagnosed and treated, rather than using their skills to deliver the appropriate care at the appropriate cost and the appropriate time. And what's worse, the insurance companies have set up primary providers as adversaries to their patients. Many patients believe that the relationship with their doctor is one in which the doctor's role is to prevent them from getting what they need.

So, how does the single payer solution lift us out of the hole that the insurance companies have dug for us? Well, as usual, it's only necessary to follow the money.

Insurance companies call the money spent on the care of patients "medical loss". Until for profit insurances started to blossom in the early 90's, that was about 5% of the premium dollar for overhead and expenses, Wall Street got nothing. But after the for profit orgy began, most of the big insurers cut their actual health care expenditures to 75-80% of the premiums they took in, sometimes less. Essentially, they spend probably 15 cents out of every health care dollar hiring people whose job it is to figure out how to deny patients access to the other 85 cents.

Ths system makes life miserable for your family doctor who has to hire staff to beg for every dollar she earns for herself or spends on her patients. And has to churn patients faster and faster to earn an income and pay that staff who spend 8 hours a day arguing with insurance companies.

In a rationally designed payment system, such as that proposed by the NY Health Act, consumers, providers and the payer jointly decide the best allocation of health care dollars to create a system in which primary providers are paid for using their skills to choose appropriate, and often less costly care at greater convenience to their patients. How much more satisfying for the physicians and for their patients.

My purpose today has been to emphasize that universal single payer health care will not only benefit the millions of uninsured and underinsured. It has the potential to improve the health care experience of the entire population by redirecting our health care dollars to improve the nature of primary care practice, to educate and pay young physicians to deliver cost effective, personalized and better quality health care even to those who are already insured- for yourselves, for me, for my family. I am not here today to advocate for myself- I am advocating for my daughter, and thousands of young, hopeful physicians like her, whose options for meaningful careers will be expanded, and who, as a

result, will be more likely to enter the health care workforce as primary providers, where they are desperately needed.

Thank you for your attention.