Testimony for House Health Care Committee
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Robert Emmons, M.D.

I am a psychiatrist in private practice in Burlington, Vermont. I have practiced for 24 years and I hope to practice for 16 more in the same location, which means continuity of care for my patients.

I have no secretary. I return all my phone calls personally the same day. I handle all of my own correspondence. I keep my records on paper, and no one has access to them but me, which makes treatment with me highly confidential. Patients seek me out because they know I am not linked in to any computer databases.

My patients pay me at the time of each visit. I do not bill any third party payers directly, but some of my patients do get reimbursement from commercial insurance plans. I have opted out of Medicare, which means each patient pays the full fee out of pocket. My colleagues who do bill Medicare put a cap on the number of new beneficiaries they accept because the fees are too low; I do not impose any such limits. I let prospective patients know my fee in the initial phone call, so there is full transparency. All my patients are billed the same fee, so there is no cost-shifting. I treat patients from all income levels; every year I give away about twenty percent of my time in charity care.

My fee is 150% of the Medicare fee and half the FAHC fee for the same service. The average overhead in outpatient practices is 60% these days and rising; my overhead has held steady at about 15% for years. Not billing third parties and avoiding unnecessary regulatory compliance creates savings which are all passed on to my patients.

People who call me looking for treatment tell me that the waiting time for an appointment with a psychiatrist at FAHC or the Howard Center is six months. My practice is as busy as I want it to be, but at the same time, I do have openings for new patients.

I am a practitioner of psychoanalytic psychotherapy. I see patients once and twice a week, fifty minute visits. I am not the kind of psychiatrist who sees a patient for fifteen minutes and then reaches for the prescription pad. Psychiatrists are beginning to recognize that psychotropic medications may work in the short run, but often make the condition worse over the long run--there is a lot of overprescribing. I have always practiced in a way that is light on prescribing and long on time with my patients. Treatments do not go on indefinitely--my patients are constantly evaluating whether the benefit of treatment justifies the cost. When patients spend their own money out of their own pockets, there is no unnecessary care.

I have regular peer review with trusted colleagues. I am constantly learning from my clinical experience and updating my practice methods, as all clinicians do. I read the

scientific literature and draw my own conclusions rather than relying on the opinions of so-called experts whose judgment is contaminated by financial conflicts of interest.

My practice is very efficient. Eighty-five percent of my time in the office is spent in direct patient care. I do not spend my time staring at computer screens or arguing with managed care reviewers. I enjoy my work and my morale is high, which translates into high-quality care for my patients.

Where is the problem in my practice that requires the intervention of the state?

Act 48 gives the Green Mountain Care Board (GCMB) the authority to set my fee, an authority that has not yet been exercised. If the GMCB ever does set the fee for my services, then I will not practice medicine in Vermont. This is non-negotiable. When a third party sets the fee for a physician, then it opens the door for that third party to use financial incentives to direct everyday clinical decisions. I will never accept practice in a setting where my loyalties are divided between patients and payers. That is no longer the practice of private medicine, and it is not consistent with the code of ethics of my profession. That is why I have made the public statement that Act 48 has *in effect* abolished the practice of private medicine in Vermont.

Cynthia Browning recently introduced an amendment that would affirm the right of any Vermont citizen to make a private financial arrangement with any Vermont health care professional of his choice. The House voted down this amendment overwhelmingly. This is the equivalent of arguing that because education is a public good, the state can set tuition rates for private schools. Is it constitutional for the state to interfere with a private financial arrangement between patient and doctor?

How will it help my patients to make a public policy decision that will have the effect of driving me out of practice in Vermont? Why does the state need to keep that authority on the books? My specialty is underserved--if I leave practice, there will be no new psychiatrist to take my place. How does it help patients to take away an alternative in case the quality of care is lacking or waiting lists are too long in the state-directed system? How does it help patients to deny them the choice to see physicians who may not agree with the decisions and methods of the Green Mountain Care Board?