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Testimony before the Connecticut General Assembly's Public Health, Human Services, and Insurance and Real Estate Committees

**HB 6305, An Act Concerning Implementation of the Sustinet Plan**

February 14, 2011

I want to thank the Chairs and Members of the Insurance and Real Estate, Human Services, and Public Health Committees for the opportunity to speak with you today. My name is Julie Rosenbaum. I am an internist, a primary care physician. I live in Fairfield, am a member of the National Physician's Alliance, see my patients in Waterbury, and am on faculty at Yale University School of Medicine. The comments I share today are my own. I am a practicing physician who has also completed a fellowship in health policy and research. I would like to share with you two realities.

My patient Peter worked for 40 years as a machinist in Waterbury. He had a lung condition and a heart condition for which he took several medications which kept him stable. When he turned 62, the economy soured, and he lost his job. Of course, he soon lost his health insurance and soon was unable to afford his medications. He had a small nest egg saved up, which he did not want to give up, so he did not qualify for Medicaid. Months later his condition deteriorated because he did not have his medications and because he hesitated to seek help because of concern about the cost. He spent 8 days in the hospital, including several in the intensive care unit, where each day costs over \$2000. His medications cost \$400 a month and the avoidable hospitalization cost over \$15,000 in one week. The costs to the system were huge, but also remember the personal costs and pain to Peter. My practice alone has hundreds of stories like this, and these are replicated all over the state, every day.

Now I would like to share another reality. I like to imagine a world where I have an electronic medical record and a system to make sure that no one falls through the cracks, including nurses to follow up if a patient misses their appointment. A world where I get paid not by how many patients I see in a day or how many procedures I do but how well I can keep my patients healthy. In this world Peter would not have been lost to follow up, the hospitalization could have been avoided. Most of what I just described is not a fantasy, but a highly functioning patient-centered medical home. These already exist in this country in Group Health of Seattle and Geisinger in Pennsylvania. And with Sustinet Connecticut can do this too. Early evidence shows that coordinated care decreases hospitalization, improves patient satisfaction, and improves the quality of care. And – importantly – may decrease costs at the same time. When the incentives are aligned to provide better care, the care can and will improve. Interestingly, in these practices the doctors are happier too. Some primary care physicians are even putting off retirement.

In Connecticut we pay too much for too little quality in our fragmented and irrational system. Our state has a prime opportunity to improve how we care for our patients, but we can go further by making affordable health care insurance available to all citizens, going further than what they are doing in Seattle and Pennsylvania. With Sustinet we can put CT on the forefront of the states by providing affordable care that provides the most value. Peter cannot wait. The rest of my patients cannot wait. The rest of my primary care colleagues who are on the brink of retirement and want to provide better care cannot wait either. Please help us now.