

Testimony to the Ohio House Finance Committee

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Chair Smith, Vice-Chair Schuring, Ranking Member Driehaus, and Members of the House Finance Committee: Good evening, and thank you for this opportunity to speak in opposition the executive budget's proposal to cut reimbursement for physicians who provide care to dual-eligible patients.

Just two years ago, I completed a vascular surgery fellowship in Cincinnati and became one of the fewer than 2,800 vascular surgeons in this country caring for over 8 million patients with vascular disease. When you compare that number to the more than 28,000 orthopedic surgeons in the US, you get an idea of how few of us there are.

After spending more than 15 years after high school to become a vascular surgeon, I was offered attractive, lucrative employment opportunities at health systems in the Cincinnati and Columbus healthcare markets. Instead of accepting one of these offers in a major metropolitan area, I decided to open my own practice in a part of the state that really needed vascular surgical care.

I believe that folks shouldn't have to leave their family, their friends, and their support networks to reach high-quality providers. So, my wife and I searched the rural areas of the state and settled upon the small community of Wilmington, Ohio in the southwest part of the state. As you probably know, Wilmington has been called "ground zero" for the Great Recession.

When I opened my practice, I hired employees and utilized the services of local contractors to building out my office space. My presence served as the catalyst for our local hospital, Clinton Memorial, to hire employees as support staff in radiology, surgery, outpatient services and more for the services I provide to patients. Vascular surgeons require a significant amount of support staff to do what we do, so the new services I provide to my community have resulted direct and job growth in Wilmington.

Now, 18 months later, we really feel as though we have had a positive impact on the Wilmington community. Since I am the only vascular surgeon within almost a 40-mile radius of my part of rural Ohio, I have also been able to positively affect communities in Blanchester, Hillsboro, Washington Courthouse, Salina, Xenia, and beyond.

Over 10% of my patients qualify for dual eligibility coverage under Medicare and Medicaid. As you might imagine, this correlates to a significant percentage of my practice's revenue, as many of these patients have kidney failure and require dialysis, for which I perform the creation of fistulas or connections between an artery and a vein. The proposed elimination of Medicaid's reimbursement for these patients would limit my ability to provide local healthcare to these

folks. As any business man knows, you cannot sustain providing services when you losing money on the venture.

I'd like to give you an idea of the costs and reimbursement associated with the care I provide. First, I have to pay rent, utilities, salaries, and benefits – including health insurance – all of which increased in price the past two years. I also have to pay for medical liability insurance, which increased by more than \$12,000 this year even though I have never been named in a medical malpractice lawsuit!

When I bill an insurer, I am reimbursed with a single payment to cover the time I spend in the operating room. I am not compensated for most of the other things I do for each patient: post-surgical visits, dressing changes, phone calls to patients and their families, and coordinating activities with other physicians – their kidney doctors and primary care doctors – to make sure everyone is on the same page. All of this takes time, and I only have so much time in each day. Now, this proposal expects me to provide all of that care at 80% of the normal Medicare rate.

If you cut the amount of money I am provided in exchange for doing all of this for each and every patient, then ultimately I cannot sustain caring for dual eligibility patients. As evidence of this, there are currently physicians in our community that have already dropped accepting Medicaid plans. This budget will only worsen this. Nearly 20% of my practice are Medicaid patients who do not meet dual eligibility coverage and in time a significant percentage will become dual eligible – meaning this problem will only get worse and may eventually comprise 30% of the patients I care for.

Finally, I think it is essential that we appreciate who these cuts affect, who are the folks who are 'dual eligible' – these are older folks who have very low incomes. You might say, "if Dr Santin can't provide their kidney failure surgical care then they can go to Cincinnati or Columbus or Dayton," but then you would be forgetting that simple daily tasks we all take for granted, including transportation, can become a huge obstacle for these patients. I cannot tell you how many of my patients come to my office by taxi – in our community, it's called Wilmington Transport Services, but in reality it's a taxi. Imagine having to take a taxi 50 miles to go anywhere, much less to see a surgeon for a consultation prior to a planned operation. If you cut payments for dual-eligibles, my patients – and thousands of others across the state – will have to travel extremely trying distances to access care. Many will not even be able to make the trip.

At the end of the day, I could close up my little shop in rural Ohio and leave it for a bunch more money, easier call coverage with a few partners, no worries of overhead or hiring employees, figuring out what insurance plan will be best not only for my family but for those of my employees families, and ordering my office supplies and surgical equipment. Sure, that would be the easy way out for me, but for it would be devastating for my patients and my community.

I love what I do and where I do it. Please don't squander my ability to provide such crucial care to our fellow Ohioans. Thank you for your time and I would be more than happy to answer any questions you may.