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Mr. Chairman, members of the committee, and my fellow Americans, I want to express deep gratitude for inviting me to discuss how the Affordable Care Act will affect patients and the ability of healthcare providers to care for them.

Physicians such as myself and those in the organization I represent, Docs 4 Patient Care, are dedicated to patient care. We have spent the time to read and understand the law, plus its almost daily addition of regulations, and have already predicted how harmful this law would be. None of what is happening now and will happen over the next months and years is unforeseen. Health care is a very personal interaction between an individual patient and their doctor in an exam room. Unfortunately, the doctor and the patient were completely left out of discussions when the law was written. The Affordable Care Act's biggest problem is not its website which will be fixed some day. Common sense will tell you that a top down program run by bureaucrats in Washington, DC, with a one size fits all system for patients from Maine to Oregon, will be filled with unintended consequences. Unfortunately, those unintended consequences are my patients, my fellow Americans, and your constituents.

I could talk for days about how patients will be hurt by this law. Because of time constraints, I will focus on several poignant examples.

I am a private practice physician. I spend half of my time in a salaried position at the MS Center of Atlanta, a non-profit organization dedicated to the treatment of patients with multiple sclerosis. What I am about to discuss is not unique to patients with MS but will serve as a great example of the damage to come.

MS is a disease of the brain and spinal cord that affects over half a million Americans and is a potentially disabling disease. The majority of patients are female and the disease presents when people are in the prime of their lives, 20's and 40's. Until the mid 1990's, there were no treatments for this disease. We now have 10 medications to use. Prior to these treatments, over half of patients would have progressive disability within 10 years.

My patients present as young teachers paralyzed due to spinal cord disease. They present as working mothers, previously providing for their families, with the sudden inability to walk or talk. An MS doctor must identify warning signs of progressive disease and must move quickly to change treatment to prevent permanent disability. This ability only comes through years of experience. Many neurologists and all primary care physicians will never attain that experience. This is why most of the 4,500 patients that come to our Center look at us as their primary care provider, as is the case with all MS doctors. We see patients from 28 States and 118/159 counties in Georgia for the same reason.

To understand what it is like to live with MS, a patient once told me to try to function normally in my house for a few hours with a flipper on one foot, a 10 pound ankle weight on the other, while keeping one hand in my pocket. The medications are aimed at preventing this type of disability or worse.

As stated, all patients are different. Their presentations and situations are never the same, nor is the response to treatment. For MS, the treatments given can be very different from one another (injections, infusions, pills) and some are associated with life threatening side effects. This is why MS patients require twice the number of staff and twice the time to care for them. Therapy must be personalized and often altered quickly as failure to do so can be catastrophic. One size fits all" treatment protocols" will harm patients.

Despite the dedication of providers and staff at centers like ours, the ACA will punish us because we take care of the most vulnerable patients that only we are equipped to care for. Metrics are being set up by bureaucrats that have never taken care of a single patient. CMS (Centers for Medicare and Medicaid Services) will evaluate providers based on their compliance with these metrics. Failure to meet these arbitrary metrics will lead to penalties. The law actually states that failure to comply with these metrics can lead to removal of providers from government approved insurance plans. (See sections 3002-3007 of the ACA.)

I am here today to tell you those punishments have begun.

In February, 2012, I received a report from CMS. The report mentioned a metric where I was an over-utilizer of MRI's (or brain imaging) "compared to my peers." MRI's are the best way of evaluating brain injury. It is standard protocol that MS patients on treatment be evaluated by MRI every 1-2 years. Failure to do so can lead to undetected, irreversible progression of their disease. I contacted CMS and asked if they knew that a large majority of my patients had MS and MRI's were standard protocol. I asked them if my "peers" were other MS doctors. They said that they did not know which patients I cared for and that my "peer group" included general neurologists and even orthopedic surgeons. The report warned me that when patients looked up my rating on the CMS website in the future, it would include data that showed that I over used MRI's and did not meet their standards.

Many of you recently may have read that United Healthcare dropped physicians from their Medicare Advantage plans. They stated this was due to "managing its network, in part, to provide more value for their members, particularly given Medicare's new five star rating system that ties bonus payments for insurers that meet certain measures on cost and quality." (Melinda Beck, The Wall Street Journal)

Keeping that in mind, here is another example of unintended consequences that will affect real people. I recently was downgraded by United Healthcare to "non-preferred" status. It turns out that a significant number of MS specialists within and outside of my practice were also downgraded. The United Healthcare report looked at 2 metrics. One was quality of care. You will be happy to know that I received "off the chart" positive

results. The second was cost metrics. Unfortunately, my costs were above “my peers,” which lead to my downgrade. At least this time my peers were fellow neurologists, but not neurologists that care for MS patients. The driving factors for my higher costs were MRI and drug costs. MS drugs are very expensive, about \$50,000 per year, but that is beyond my control. United Healthcare’s website states that patients will have to pay more to see “non preferred doctors.”

So, I will ask members of Congress the same question I asked CMS and the same question I have been trying to ask United Healthcare for over 3 weeks. (We haven’t been able to get through to United Healthcare.) Do you want me to stop taking care of patients with MS or just stop taking good care of them and withhold their medications in order to meet metrics? Should my fellow physicians take care of only people who are young and healthy in order to meet metrics?

In summary, neurologists in 28 States are referring their most complex patients for me to take care of because they trust my experience, experience they don’t have. These patients require medications and monitoring that is costly due to their complexity and these factors are beyond my control. In reward for my passion to prevent real people from becoming disabled, CMS and insurance companies like United Healthcare are going to post negative grades in my name. They will financially penalize me, or the institution I work for, as I am trying to practice quality care to some of our most vulnerable patients.

I would like to quickly shift gears before I finish and discuss the state exchanges. Remember that therapies are vastly different and delay in getting a patient on appropriate therapy, or switching to another therapy, can lead to permanent disability. In my state, insurance products sold in the exchanges only need to provide 4 of the 10 therapies. As you all have heard, insurance products sold in the exchanges will have extremely restricted physician networks. In every state, there is not simply one exchange, but numerous, each with its own products and restrictions. Just weeks before these products are supposed to take effect, patients have no idea if they will be able to see a doctor trained in treating their disease, nor if their medication will be covered. Patients like my previously paralyzed schoolteacher are afraid as the medication that has kept them functioning may be taken away leading to disability. What started a few years ago as uneasy laughter about what was in the ACA has turned into fear and even crying. I am used to tears when dealing with very ill patients, not when dealing with ones who are doing well.

No one in America will argue that the healthcare system did not need reform. The ACA took a bureaucratic, top down approach and the unintended consequences will be devastating. This is fact. Simply having an insurance card that does not guarantee access to providers nor medications is useless.

I know I speak for the staff, the nurse practitioners, and the physicians at the MS Center of Atlanta when I say I owe gratitude to every patient who has trusted their lives in our dedication and care. I will continue to fight for them with passion inside and outside of the exam room where healthcare decisions are supposed to occur.

Jeffrey B. English, MD
President, Georgia Chapter – Docs4PatientCare

Jeffrey English is the President of the Georgia Chapter of Docs4PatientCare. He also serves as the Director of Clinical Research at the Multiple Sclerosis Center of Atlanta.

Dr. English is board certified by the American Board of Psychiatry and Neurology with sub-specialty training in neuromuscular disorders. He also holds a subspecialty certification in Neuroimaging through the United Council for Neurological Subspecialties.

He is a respect authority and nationally sought speaker on health care economics and the delivery of care to the multiple sclerosis population.

Dr. English attended Boston College where he earned a Bachelor of Arts Degree in Psychology in 1991. He subsequently went on to Dartmouth Medical School, graduating in 1995. He did his post medical training in Internship, Residency and Fellowship at the University of Maryland in Baltimore. He was the Chief Resident in Neurology at the University of Maryland in 1999.

Committee on Oversight and Government Reform
Witness Disclosure Requirement – "Truth in Testimony"
Required by House Rule XI, Clause 2(g)(5)

Name: Jeffrey Brennan English, MD

1. Please list any federal grants or contracts (including subgrants or subcontracts) you have received since October 1, 2011. Include the source and amount of each grant or contract.

None

2. Please list any entity you are testifying on behalf of and briefly describe your relationship with these entities.

MS Center of Atlanta - Salaried doctor
Docs 4 Patient Care - Georgia chapter President

3. Please list any federal grants or contracts (including subgrants or subcontracts) received since October 1, 2010, by the entity(ies) you listed above. Include the source and amount of each grant or contract.

None

I certify that the above information is true and correct.

Signature:



Date:

12/9/13