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Name

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Topic

Accountable Care Organization

Comment

I'm writing to express my strong opposition to allowing Clover Health to participate in Vermont's health care system.

1 The state of Vermont has thus far demonstrated considerable wisdom in discouraging the participation of both venture capital firms and for-profit companies traded on Wall Street in Vermont's health care system. Clover Health began its life as a venture capital start up, and then went public on Wall Street in January, 2021. This is not a history that bodes well for putting patients before profits

2 Investors in companies participating in the DCE program expect them to generate so much profit that former CMS Director Don Berwick, MD, characterizes them as "money machines". A key part of the DCE/REACH business model is to systematically game Medicare's risk adjustment system to jack up Medicare's monthly payments. The strategy of "upcoding" has been a gold mine for Medicare Advantage plans, and the very same system is being used by DCEs. This has proven so profitable that Clover and other DCEs have provided financial rewards to doctors who participate in the upcoding.

3 The other part of the business model is to delay/deny care patients' physicians are recommending. To enhance this effort, most DCEs are providing a financial disincentive when patients in the doctor's panel prove to be expensive.

4 Throughout its 10+ year history, the Green Mountain Care Board and the state of Vermont generally has promoted openness and patient autonomy. In the DCE/REACH/ACO program, patients are assigned to companies like Clover automatically if/when their doctors sign a contract with the DCE. They are then sent a long, misleading information sheet informing them (misinforming them is actually more apt) that they've been enrolled in a company that's "looking to improve quality and coordination of care..." when in reality they are doing neither.

I am opposed also to the Medicare Advantage program for many of the same reasons--wasting taxpayer money, delaying/denying care. But at least patients are making a choice to enter one. IT IS APPALLING THAT NO PATIENT WHO WILL BE ASSIGNED TO CLOVER HEALTH WILL ACTUALLY HAVE MADE THE DECISION TO ENROLL. Instead, they are assigned to Clover, and can only get out if they change to a different primary care doctor. And since primary care doctors are in such short supply, leaving your primary care doctor may end up meaning that you have no primary care at all.

5 DCE/REACH/ACOs claim to be coordinating and improving care. But they aren't actually treating

patients, so they are in reality having no direct impact--until the patient becomes medically complex and expensive, at which point the DCE's delay/denial tactics kick in, and it is beyond misleading to characterize this as somehow improving patient care.

In terms of coordinating care, there is no DCE that is doing anything that an EMR doesn't routinely do better. This includes Clover Health.

Thank you in advance for considering my input on the program.

Marvin Malek, MD MPH

Your public comment will be shared with the Board. To promote transparency, the Board sometimes posts public comments on its website. Are you okay with the Board posting your comment? If no, your comment will be sent to the Board but not posted.

Yes