



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

July 24, 2014

Lewis G. Sandy, MD, FACP
Senior Vice President, Clinical Advancement
UnitedHealth Group
5901 Lincoln Drive MN012-N205
Edina, MN 55436-1611

Dear Dr. Sandy,

On behalf of the American Academy of Family Physicians (AAFP), which represents 115,900 family physicians and medical students, this letter comes to you with significant concerns regarding UnitedHealthcare's (United) actions to narrow networks in many markets. We are deeply concerned that United's one-sided actions disrupt patient-physician relationships and dictate to patients which doctor they are allowed to see with little to no input from the patients themselves. This so-called "network optimization" is disruptive to patients and their physicians and, in our opinion, a violation of the core tenets of quality primary care.

While the practice of "network optimization" is not new, the disruptive manner in which it is being executed currently is deeply troubling to patients, their family physicians, and the AAFP. Decades of peer-reviewed studies have shown that there are two factors that contribute to better health outcomes for individuals – health care coverage and having a usual source of care. We also know from research that patients who have a continuous and longitudinal relationship with a primary care physician have better health care outcomes at lower costs than those who do not have such a relationship. We see United's termination of family and primary care physicians from Medicare Advantage (MA) and Medicaid managed care plans as a disenfranchisement for these beneficiaries and the physicians who provide their care. United's actions to terminate family physicians and other primary care physicians from their networks forces patients either to find new in-network physicians and risk a lower quality of care or to pay substantially greater costs to keep their current one. If patients go to a new physician, they lose the trusting relationship established with their physician. The value of those physicians rests on their familiarity and unique experiences with each of their patients to create and manage an appropriate treatment plan. These physicians have a broad understanding of the particular nuances of their patients—especially those with long, substantial, and complex medical histories. Eliminating care by physicians with that unique understanding of their patients will result in devastating effects on health outcomes and higher costs.

A June 2014 McKinsey & Company study championed by various payers showed no meaningful performance difference between broad and narrowed exchange networks. In addition, United's letters to physicians emphasized the terminated physician would remain in its other networks, thereby conceding that

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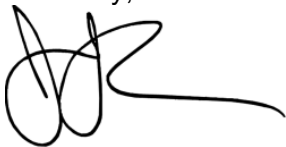
the terminations are not related to quality of care. When selecting which physician agreements would be terminated, what criteria, metrics, and methodology did United use for selecting providers to be included in its networks? We believe that family and other primary care physicians are United's best ally for controlling and reducing downstream costs by effectively managing care and preventing hospitalizations. So why are so many being removed from your networks?

We recognize that insurers have a responsibility to align networks of physicians and hospitals to maintain affordable premiums while ensuring quality and efficiency. However, we feel that disruptions to the patient-primary care physician relationship such as those being implemented by UHC Community Care, are contrary to both of these goals. Primary care is relatively inexpensive as compared to specialty or hospital care. It also benefits from continuity and trusting relationships. We are baffled by statements made used by insurers that support patients having a continuous relationship with a primary care physician when their actions which make this impossible.

Our nation needs a sufficient, robust, and comprehensive network of family physicians who properly serve Medicare and Medicaid beneficiaries with no disruptions in care. There are many health care innovations in the market that would yield the same, if not more, savings while increasing quality, patient satisfaction, and access. We applaud United when it states on its website, "programs such as the PCMH are critical to helping improve the quality of health care and reducing medical costs for all Americans." We also support United's use of Accountable Care Organizations (ACOs) "to increase quality, reduce medical costs, improve patient outcomes and share risk as well as responsibility for controlling medical cost trend." These are innovations in care delivery that we support and are more than willing to work with you to promote and implement.

Family physicians are foundational to the desired success of our health care system and, again, United's best ally for controlling and reducing downstream costs by effectively managing care and preventing emergency room visits and hospitalizations. We know that you have devoted substantial resources to finding impactful innovations that will achieve the Triple Aim of simultaneously improving health, improving the patient experience, and reducing costs for your consumers. We just strongly disagree that this is one of those innovations. The AAFP strongly urges you to re-evaluate the practice of network optimization with respect to primary care and the truly negative impact such actions have on patients. We stand ready to work with United to form a partnership based on an active collaboration strategy to understand and improve patient care and outcomes, while holding down costs.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Cain', with a long horizontal flourish extending to the right.

Jeffrey J. Cain, MD, FAAFP
Board Chair