Testimony of Faisel Syed, MD
House Committee on Energy and Commerce

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Good morning Chairwoman Eshoo, Ranking Member Guthrie, and other members of the subcommittee. My name is Dr. Faisel Syed and I currently serve as the National Director of Primary Care for ChenMed. I am honored to testify today on behalf of America's Physician Groups. APG is a national professional association representing over 300 physician groups that employ or contract with approximately 195,000 physicians that provide care to nearly 45 million patients. It is the vision of APG's member organizations to transition from the fee-for-service (FFS) reimbursement system to a value-based system where physician groups are held accountable for the cost and quality of care they provide to their patients. APG's preferred model of capitated, delegated, and coordinated care, eliminates incentives for waste associated with FFS reimbursement.

As a young man growing up, I always wanted to be a doctor. I was appalled that people died because they had no access to medical care. I joined one of the largest federally qualified health centers (FQHC) in the country because they treated everyone the same, regardless of their ability to pay. I now work at ChenMed, a fully capitated primary care practice for senior citizens and as a physician, it is my utmost concern to make sure that every elderly patient I see receives the best treatment possible. But I am also a son, and I would like to take this opportunity at today's hearing to speak about my dad. He was an inventor, but then he got sick. Dad suffered from multiple chronic diseases including heart disease, diabetes, chronic lower back pain, and memory loss. Dad saw five specialists but not a primary care physician (PCP). None of them spoke with each other. Dad was taking pills for side effects from other pills.

I convinced him to sign up for a Medicare Advantage (MA) plan where a PCP would coordinate his care. Today, Dad's heart function is normal, his diabetes is under control, his back pain and memory loss are gone, and he is on very few meds. So, when we talk about MA, I think about Dad, and people in this country like him who are older and medically complex. My patients are over 70 years old, suffer from 5 or more chronic medical conditions, and live on fixed incomes. These people fought in wars and marched for civil rights. Today, they are some of the most underserved in America.

We claim to have the world's best healthcare system; and if you have money, the care that you receive is remarkable. But the color of your skin, the balance in your bank account, and the diploma hanging on your wall have more to do with staying healthy than pathophysiology. We cannot improve healthcare for everyone if the access to healthcare, or healthy lifestyles, are beyond someone's means. Low-income and minority populations in the United States don't live

as long as more affluent Americans. There are zip codes in New Orleans where life expectancy is only 54 years old. In more affluent zip codes a few miles away, life expectancy is close to 80. Many of the seniors whom we treat at ChenMed live on fixed incomes which can lead to issues such as food insecurity, poor nutritional habits, the inability to purchase personal care items, and other health issues.

Medicare Advantage is the great equalizer and plays an instrumental role in the transformation of our nation's healthcare system away from paying for the volume of services and toward rewarding physicians, particularly those participating in high risk MA contracts, for the value of the services that they provide. MA provides higher quality care for seniors and the value-based payment arrangements within MA create three key incentives: (1) a team-based approach that emphasizes primary care; (2) physician organizations to provide the right care at the right time in the most appropriate setting; and (3) a care team that addresses the patient's total care needs, including mental health, behavioral health, and home environment. The third point is critical; MA also acknowledges that 70 percent of medical outcomes are based on patient lifestyle. Through MA, I am able to offer tailored solutions to people with food and housing insecurities, health literacy and transportation issues. Because we are fully capitated, I can focus on prevention and early intervention. I can invest the time it takes to build trust and influence patient behavior. Thanks to Medicare Advantage, I can access services others cannot. I can offer exercise classes to patients who are afraid to take a walk through their neighborhoods. I can offer on-site medication pickup to patients who have no way to get to a pharmacy. I can offer social services to help patients eat healthier. And I can see patients as often as needed to prevent little problems from becoming big ones.

One previous patient that I treated was an uncontrolled diabetic who refused to take their insulin as prescribed. MA gave me the time to get to know him. He told me about living on a fixed income and not having enough money to buy groceries. I earned his trust. He told me he drank 6-9 sodas every day. I made a deal with him; I wouldn't bug him about the insulin if, in turn, he would cut back on the soda. I suggested he switch to drinking seltzer with artificial sweeter. As it turned out, he liked the fizz more than the soda! Within a few months, we got his blood sugar under control without a single shot of insulin. That's the beauty of MA.

At ChenMed, we practice a high-touch, preventive model. Our patients have 35 percent fewer emergency room visits, and 51 percent fewer hospitalizations than the average Medicare beneficiary. We conducted a survey and 94 percent of our patients said they were highly satisfied with the care they received from their clinician. Our success validates Medicare Advantage. The capitated platform restores the sacred doctor/patient relationship. It enables us to take full responsibility for the health of our patients. Let's prioritize what's working and make it better.