Comment on United Health/Amedisys transaction from John Santa MD MPH

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My name is John Santa MD MPH. I am a retired primary care physician and health administrator

I oppose the United Health/Amedisys transaction for several reasons.

1) I recently received a 227 page set of documents involving the recent Corvallis Clinic/Optum transaction. The documents establish a "track record" of concerns HCMO staff had about cost, access, quality and equity at Optum/United Health. Those concerns led to a set of 21 conditions that HCMO proposed to impose on Optum in return for approving the transaction at the preliminary review level. Sudden financial instability occurred at the Corvallis Clinic leading to a request for an emergency exemption that was granted. But that decision does not change the reality of the problems at Optum, summarized in drafts of the preliminary review. In an email to Representative Bowman and possibly other legislators, HCMO emphasized that an organization's track record would be part of any HCMO process that organization is involved in in the future. As a result, all the comments, all the analysis, all the concerns about cost, access, quality and equity should move to the Amedisys transaction. I ask HCMO to acknowledge this track record and post those records from the preliminary review.
2) That track record should also include United's organizational behaviors that have occurred related to other Optum/United medical groups. Serious access problems have occurred in Lane County due to the Oregon Medical Group (OMG) acquisition. While not reviewed by HCMO these events are part of the track record. For example, access to primary care for adults became so dire in the winter of 2024 that the OMG website acknowledged new adult patients could not be accommodated and sent discharge letters to many existing patients informing them their primary care physician had left and they should pursue care elsewhere. The letter was signed by an Optum doctor not licensed to practice in Oregon and not a provider at OMG.
3) The Greenfield Clinic on the west side of Portland closed some months after the purchase by Optum. The Greenfield Clinic had been one of the most innovative clinics in Oregon. It was among the first clinics to implement multiple electronic technologies that streamline care. It attracted multiple experienced internists who provided great care in virtual, in person and home settings. It was located in the most economically favorable part of the Portland metro area. What happened at Greenfield should be part of the track record.
4) The evaluation of the Amedisys/United transaction is filled with promises that are common on the Optum and United web sites. The same themes are emphasized in recruiting sessions (I was invited to a session) and in the recruiting portions of the Optum website. These same themes are all over the applications of the 3 transactions United has been involved in. United is the largest, private health system in the country. Optum owns more practices (approaching 100,000) than any other system. Clinicians are in charge. Optum Insight has more information than anyone else. Optum RX understand drugs better than anyone else. The Quadruple Aim is a priority. Primary Care is a priority. And finally, and most of all, everything works because of United's approach to Value Based Payment approaches. But if all the above are true what happened at OMG and Greenfield? What happened in all

the states where United is being sued? What caused the CMS lawsuits about fraudulent practices at United Medicare Advantage. If United is so successful, has so much information, is so dedicated to value and the Quadruple AIM why wouldn't they have multiple studies in multiple practices showing that. Why wouldn't they want to share this with the public—the patients they hope to attract. And what do the whistleblower lawsuits at Amedisys show? There is one public comment from a former Amedisys employee who describes a troubled work environment at Amedisys. An experienced Medical Director at United summed up his experience---basically he described full risk arrangements that put clinics and their providers at risk; risk that needs to be managed using evidence. That is not a new idea. We have a lot of experience with that approach. It works if you have healthy patients and limit their access to services, tests and treatments. It has been unsuccessful in many parts of Oregon.

5) United is focusing on more affluent parts of Oregon that have significant commercial populations that pay double what Medicaid pays. It is focusing on areas with high Medicare Advantage penetration in hopes of attracting healthy Medicare patients but collecting information on them that makes them look sick in order to increase CMS payments. Their intention is to find and attract healthy and wealthier patients leaving lower income sicker patients to other providers. This is not a new strategy—US health care has emphasized selection for decades. HCMO expresses concern in the preliminary report that United may be approaching regional monopolies. And that impression does not include the influence of 3 United subsidiaries. United is the largest Medicare supplement payer via products endorsed by AARP. That gives United easy access to the population it wants to convert to Medicare Advantage. And it gives them an advantage to have access to the AARP brand and advertising data from their publications. Optum RX serves many of United's competitors. During Corvallis discussions some Medicare patients thought Optum owned Samaritan Health. It became clear that their Samaritan Medicare Advantage plan contracted with OptumRX. So Optum knows a lot about Samaritan's approach to prescription drugs—the most risky aspect of Medicare Advantage. Finally, the ChangeHealth hack made it clear that ChangeHealth works with multiple health systems in the Mid Valley including Samaritan Health, many of the CCOs, and many of Oregon's insurers. That data provides United with "population" data that could be crucial to dominating a region. There are serious market competition issues here, but the real problems are equity based. Allowing one competitor to come into a market and select the most profitable populations creates an inequity that drives multiple downstream inequities. If Oregon is serious about taking on health equity go upstream.
6) HCMO has not provided any sense of their approach to analyzing the hospice piece of this transaction. The United/LHC transaction was approved with no objections almost 2 years ago. There has been no one year FU report posted on the HCMO website. Attempts to get public comments from Hospice patients and families failed to result in a single posted comment. Perhaps HCMO received comments that requested confidentiality. The preliminary Amedisys review contained no discussion specific to hospice. Evaluating cost, access, quality and equity when it comes to hospice is completely different than doing so in a primary care population. The thought of identifying the most profitable hospice patients and avoiding the less profitable Is inequitable. Many disadvantaged populations are

appropriately skeptical of hospice, worried it will further harm them. What is United's plan to solve that?

7) As part of the comprehensive review, a community review board should be organized. Preferably this board should examine the United track record in and out of Oregon and look hard at what United says it will do. If United has the most information, is truly committed to the Quadruple Aim, has been able to transform medical groups, prove it. In public, on paper, no redactions.
8) If that is not pursued, please consider a community review board focused on the hospice piece. The Kroger/Albertson's Community Review Board was well done. The facilitator was terrific. HCMO says it is focused on the public good and is transparent. Prove it, Hospice deserves this kind of attention.

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