

*****NEWS RELEASE*****

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CONTACT:

Hamilton Strategies, Media@HamiltonStrategies.com, Patrick Benner, 610.584.1096, ext. 104, or ext. 102

‘Give Doctors a Reason to Stay’

Citizens’ Council for Health Freedom Sends Suggestions to CMS/HHS for Focusing on Patients, Decreasing Regulatory Burdens and Cutting Costs

ST. PAUL, Minn.—The U.S. Department of Health and Human Services recently asked the medical community for input into a proposed “Patients over Paperwork” initiative, where additional focus would be placed on patient-centered care, innovation and outcomes, according to this summer’s [Request for Information](#).

[Citizens’ Council for Health Freedom \(CCHF\)](#), which exists to protect health care choices, individualized patient care, and medical and genetic privacy rights, [responded with several points](#) to Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma and HHS Secretary Alex Azar.

“We appreciate Administrator Verma and Secretary Azar saying their ‘top priority is putting patients first and empowering them to make the best decisions for themselves and their families,’” said CCHF president and co-founder Twila Brase. “Patients need doctors they trust to help them make good decisions. Ultimately, HHS should reduce paperwork to ‘Give Doctors a Reason to Stay.’

“Studies find an alarming number of physicians—the only individuals trained in the practice of medicine and the art and science of differential diagnosis—planning to leave the practice of medicine due to the bureaucratic business that it’s become as a result of government programs and the imposition of managed care corporations nationwide,” Brase added.

CMS solicited ideas for “regulatory, subregulatory, policy, practice and procedural changes that reduce unnecessary administrative burdens for clinicians, providers, patients and their families.”

In response, **CCHF** provided several recommendations that counter the current drive to pay physicians based on “quality” and “value,” initiatives that require vast quantities of time and staff resources that put paperwork before patient care. **CCHF** recommendations included the following:

- 1) Recognize and acknowledge that “quality” and “value” are not quantifiable. For example, one person’s “quality” is not necessarily another person’s definition of quality.
- 2) Recognize that government mandates and bureaucracy are driving the passion from physicians and the mission from medicine. The agency should issue proposed rulemaking that *rescinds* rules.
- 3) Recognize that patients have the most to lose, as government regulations, the advance of so-called “value-based health care” reporting requirements, “quality measurement” and EHRs change the compassionate care system and drive doctors away from the bedside and to the computer, day and night.

- 4) Recognize that many people will not use claims of “quality” or “value.” A 2002 [Harris Poll](#) found that only 1 percent of Americans used “report cards” when making decisions on where to access care, instead relying on word of mouth, proximity, reputation of the facility and their own experiences.
- 5) Recognize that reporting requirements and regulations *diminish* quality because they separate patients and doctors, demoralize doctors and encourage doctors to leave the practice of medicine early, reducing patient access to required care.
- 6) Given that much of the regulatory burden comes from federal intervention in the health care sphere, ideas that *CCHF* suggested HHS try include:
 - Conduct a pilot program that offers seniors the opportunity to take the dollars HHS provides to health plans and use them to buy their own private insurance.
 - Allow seniors to take an annual payment for Medicare Part B and use it as they wish, such as for Direct Primary Care or health sharing.
 - Work with the Social Security Administration to allow seniors to opt out of Medicare without losing their Social Security Retirement Benefits (i.e., delete the language in the procedural operations manual which links the two despite no congressional authority to do so)
 - Allow physicians and hospitals to create and report their own list of no more than **TEN** “quality” standards, so they are meaningful to them and their patients, keeping in mind that outcomes do not necessarily reflect quality.
 - Don’t attempt to standardize and quantify that which cannot be quantified or standardized.
 - Reduce paperwork, focus on patient care and **#givedoctorsareasonstostay**.

Brase writes about physician burnout, regulatory burdens and the omnipresent electronic health record in her award-winning book, “[Big Brother in the Exam Room: The Dangerous Truth About Electronic Health Records](#),” which also addresses socialized medicine and the federal HIPAA “no-privacy” rule (Section IV), as well as exposes how the mandated, government-certified electronic health record technology has negatively affected doctors and patients. Learn more at www.BigBrotherintheExamRoom.com.

Learn more about *CCHF* at www.cchffreedom.org, its [Facebook](#) page or its Twitter feed @CCHFFreedom. Also view the [media page for CCHF here](#). For more about *CCHF*’s initiative *The Wedge of Health Freedom*, visit www.JointheWedge.com, *The Wedge Facebook* page or follow *The Wedge* on Twitter @wedgeoffreedom.

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To interview Twila Brase of *Citizens’ Council for Health Freedom*, contact Media@HamiltonStrategies.com, Patrick Benner, 610.584.1096, ext. 104, or ext. 102.