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Ophthalmology & Ophthalmic Surgery

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To My Patients:

I am writing this letter to you to explain changes in my practice pertaining to commercial health insurance such as Humana. For the past twenty years I have observed that in spite of exemplary medical and surgical care in the United States, how we pay for it has become increasingly convoluted. The lack of understanding of the economics involved has allowed major distortions to the system to flourish, and ObamaCare has accelerated these distortions. In many ways commercial health insurance policies have now become a government subsidized product. Insurance companies have increasingly insinuated themselves between the physician and the patient to the point where they are now interfering with my ability to render efficient and state of the art care to my patients.

Every day physicians are bombarded with insurance communications regarding prescribed medications, suggestions for substitutions, demands for personal clinical information, and even demands that the physician call an insurance representative to discuss treatment rationales and options. Most recently, major companies are requiring proof that two generic glaucoma medications fail in controlling a patient's glaucoma before they will pay for the prescribed branded medication. Glaucoma is a blinding disease. To prove failure is to prove that the patient has irrevocably lost more visual field. This is morally and ethically reprehensible. These insurance policies are sold advertising drug coverage, but not with the disclaimer that they will only cover medications that they, the insurance company, deem appropriate based on claim codes and profit margins, not on actual care of the patient. I cannot subjugate my clinical judgment and my patients' welfare to insurance company mandates.

This is not to say that cost is not a factor. In all non-emergent medical and treatment decisions, the potential benefit is weighed against the risk, cost, personal factors, and alternatives. Ideally, these issues are discussed between the patient, any family they chose to involve, and the physician. Insurance companies are using payments they have promised, and for which they have been handsomely paid, as a means to influence medical and surgical decisions. Delays in payments, complex approval requirements, denial of payments, and cheap restrictive generic formularies all increase insurance profits at the expense of patients and physicians. Therefore, I cannot support these company practices by continuing a contractual agreement to be an "in network" PPO physician. I have not renewed any commercial insurance contracts and will be an "out of network" physician for all plans as of November 30, 2015. What does this mean for you, my patients?

As with my Medicare patients, you will pay me at the time of the visit. A transparent fee schedule is posted on my website, janehugheseyemd.com and it is readily available in the office. I have enclosed a short list of fees for some of the more common services we perform. You will receive a properly coded receipt at the time of the visit and we will electronically file your claim to your insurance company. You will receive reimbursement or credit towards your deductible at "out of network" rates which is usually 50% or more. Any ancillary testing or procedures will be discussed regarding necessity and cost. No emergency or necessary ophthalmologic care will be delayed because of inability to pay. My staff will continue as always to make payment arrangements when necessary, discretely and respectfully.

I did not arrive at this decision without much soul searching. I invested extensive thought into my fee schedule. I provide state of the art ophthalmologic care with sophisticated equipment, the latest technology, and personalized care in a pleasant office environment. I have balanced overhead considerations with what I consider to be fair and reasonable fees for the services I render.

I have not sat idly by watching this gradual erosion of the primacy of the doctor-patient relationship. I have spent time and treasure in many venues as an active healthcare policy analyst and reform expert. My eleven point plan for patient centered, physician guided, free market driven reform is on the informational website I co-founded, AmericanDoctors4Truth.org .

Until the outcome of the 2016 election is decided, America must wait to see if we continue down the path to centralized command and control medicine, and population based rather than individualized health care. The Hippocratic Oath which I pledged when I became a physician requires embracing the patient's welfare and trust as sacred duties above all other considerations. I take that oath as seriously today as when it was promised. Insurance contracts now place me in conflict with what I deem to be the best care for my patients and add impossible bureaucratic demands. I have no other choice but refusal. I know that you have choices, and I sincerely hope that you will choose to stay in my practice. Those of you with health savings accounts, health share ministry arrangements, and large deductibles will find the fee transparency and reduced rates helpful. By law we will continue to file for Medicare as a non-participating practice, and we will supply the needed information for filing with the secondary.

In closing, I am hopeful that this letter clarifies what has been a difficult but necessary decision. Many of you have been with me for years and have become more than patients to me. I understand that you need to make the best decision for yourself. We are all pawns in this current upheaval in healthcare. For those who stay with me, I pledge that I will render the highest level of personalized state of the art ophthalmologic care to you and thus deliver value for the healthcare dollars that are spent. I further pledge my continued efforts to place patients, physicians, transparency, and choice at the center of the healthcare equation, not insurance companies, politicians or bureaucrats.

Highest regards,
Jane Lindell Hughes, MD, FACS