

**HOUSE COMMITTEE ON HEALTH CARE**

**TESTIMONY IN SUPPORT OF ENDING DISCRIMINATION  
AGAINST NATUROPATHIC PHYSICIANS**

**PRESENTED BY**

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ON BEHALF OF ZOOM+CARE**

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**Chair Greenlick and Members of the Health Committee**

I am Albert DiPiero, MD, the Co-Founder and the Chief Medical Officer of ZOOM+Care. I am also a practicing primary care general internist. Thank you, Chair Greenlick for scheduling this Public Information hearing and for the opportunity to address this significant topic. In addition, I want to thank Rep. Malstrom for sponsoring HB 3400, which built on the strong anti-discrimination policies championed by Rep. Lively and other members of this House Health Committee.

In my role at Zoom+Care, I am in a unique position to speak about the clinical and business effects of insurer and healthcare system discrimination against Naturopathic doctors (NDs). I will present testimony describing the direct effects of this on patients, on your constituents, and on businesses such as Zoom+Care.

ZOOM+Care is an integrated delivery system with 25 clinics in Oregon delivering the full spectrum of care including urgent care, primary care and specialty care staffed by physicians, nurse practitioners, and physician assistants.

As co-founder and chief medical officer of ZOOM+care, I have been at the forefront of searching for quality primary care providers and implementing on-demand urgent care and primary care in neighborhood clinics in Oregon.

Eleven years ago we founded and launched ZOOM+Care with vision of a modern health system delivering on-demand frontline care to Oregonians. To fulfill this vision, we needed quality providers capable of delivering primary and urgent care. We thought Family Physicians would be the best providers for this setting. But we quickly learned that there were not enough primary care physicians available in the market, and certainly not enough with the drive and passion for on-demand frontline care.

So we started hiring PAs and NPs. We were soon confronted with a few facts relevant to this discussion today. First, the medical establishment said that PAs and NPs were not qualified to deliver this type of care in dispersed clinics throughout Portland. The medical establishment said that quality would suffer and patient safety was at risk. Second, we quickly discovered that in fact, NPs and PAs turned out to be just the right providers for this type of care. They consistently scored higher on our pre-hire clinical tests than did physicians. And they also had the right temperament for this work. Namely, they loved the work and were passionate about serving patients in this environment. They *wanted to be* frontline care providers.

So, ZOOM+Care actively pursued the hiring of NPs and PAs. We also sponsored and supported the passage of laws that made it easier to use PAs in a dispersed clinical model, including the creation of the Supervising Physician Organization and the Supervising Physician Dispensing Drug Outlet. What we learned was that allowing these providers to practice at the top of their license with training, supervision and professional mentoring could create a high-performance team that delivered better health outcomes for patients. We are grateful for the support provided by members of the Oregon legislature, the Oregon Medical Board and the Oregon Board of Pharmacy for working with us to craft better policy and a modern frontline workforce. Eleven years later, our competition has embraced and copied this model and is now aggressively hiring PAs and NPs.

Faced with increased competition and a continued need for quality primary care providers, we started trying Naturopathic Doctors (NDs). We hired one who turned out to be terrific. And she had colleagues. So we hired them. Once again, we discovered a vast pool of highly qualified, licensed providers who are passionate about frontline care - primary care and urgent care. Again we discovered providers who consistently scored high on our clinical tests and who in practice deliver outstanding, high quality care. Internally at ZOOM+Care we coined the philosophy "Performance not Pedigree," meaning we would not judge providers based on their degree or schooling. As long as the provider met licensing requirements and our own ZOOM standards, we would not discriminate in hiring them. Several years later, we have dozens of NDs delivering standard Western medicine in our clinics. And I can say without hesitation that I have complete confidence in the primary care and urgent care these providers are delivering.

Furthermore, this is the type of care which all of our policy experts say the United States must deliver in order to control costs and ensure a healthy, well cared for population. By most accounts we have a large and growing shortage of basic primary care providers. This is the situation ZOOM+Care personally experienced. The US remains the only country in the world which depends on overly trained, overly compensated physicians (like me) to deliver basic primary care. There is no medical reason or quality reason to exclude NDs (or PAs or NPs) from the role of primary care provider.

That is the empirical clinical story from Zoom+Care. But there is also an important business story here. Dr. Jeff Clark explained earlier how insurers have placed barriers to credentialing NDs as primary care providers. These barriers are random and capricious. These barriers harm

duly qualified and licensed NDs by denying them access to patients and by denying payment when care is rendered. PAs or NPs have been spared these barriers: they are credentialed as primary care providers without having to complete a residency. These barriers also result in high friction for patients who cannot figure out why care by NDs is not covered, but care by MDs, PAs, and NPs is covered.

I will now give you data from a different perspective, that of a 400-employee integrated delivery system that is trying to deliver basic care on demand in neighborhoods.

We have close to \$4 million in claims for care provided by NDs over the past twelve months that are being potentially denied or contested in some fashion based on the current credentialing requirements.

As I have outlined earlier there is no difference in the quality and safety of care delivered by the different licensed provider groups. And since the barriers are random - restrictions for NDs but not NPs for example - one must conclude that the insurers and the health establishment must be systematically trying to prevent certain providers from being credentialed in order to limit competition.

The resulting discrimination against NDs affects individual providers and restricts access to care. But it is also delaying our growth as a business and the growth of other businesses with care models that promise to provide Oregonians with increased access to quality care.

Zoom has 25 clinics in Oregon. We would like to double that. Our growth strategy depends on NDs because not enough MDs are interested in delivering primary care and there are not enough NPs and PAs to fill our needs. NDs are a highly qualified, untapped resource. So we need NDs to grow in Oregon. If institutionalized discrimination against NDs continues, ZOOM+Care would delay its growth. And if we cannot get paid by insurers for the care delivered by NDs, ZOOM+Care would have to make some very tough decisions about the use of NDs. I suspect that is precisely what insurers and the healthcare establishment would like to see. They would view that as a positive for their businesses. But it would be a big negative for the health of Oregonians.

The legislation sponsored by Rep. Malstrom [HB 3400] as amended, is an excellent point of departure for an informed policy discussion during the interim that would aim to fix the problem of discrimination practices by some insurance companies today. So as a practical matter I urge you to develop clear legislative language so that credentialing criteria can provide insurers with precise guidance and some flexibility -- that would allow licensed providers to achieve credentialing based on a clear set of minimum requirements that support health and safety -- without continuing the unacceptable situations that are designed to discriminate against or intentionally exclude naturopathic doctors from practicing primary and urgent care.



Zoom+Care would be honored to participate in such an informed policy discussion during the interim and assist in bringing a consensus legislative concept that could be acted upon in the 2018 session.

Thank you

**Albert DiPiero, MD MPH**

Co-founder, Chief Medical Officer

