

**From:** [Floch, Neil](#)  
**To:** [Hyde, Tina](#); [Floch, Neil](#)  
**Subject:** Primary Care in Connecticut: Response to the December 2021 Draft  
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January 14, 2022

5:47 PM

Dear Sirs,

I have read the outstanding draft report on the roadmap for strengthening and sustaining primary care in Connecticut as drafted in December 2021. The report is comprehensive and addresses the goals to:

1. Improve affordability
2. Improve the quality of care
3. And support the state's primary care infrastructure

I applaud the committee for their organization and commitment to support primary care as outlined in the draft.

Over my 23 years as a surgeon practicing in the state of Connecticut I am sensitive to the difficulties that are present that impede the implementation of the 3 goals listed above. All physicians, and especially primary care physicians are increasingly challenged in the current state of health care both in the state of Connecticut and the country.

It is difficult to practice medicine with increasing demands made by insurance companies and government oversights. These increased duties decrease the amount of time that physicians can spend with their patients. They include;

1. The increased need for documentation in electronic medical systems that are cumbersome, costly, and require significant amount of time to implement information without adequate reimbursement.
2. The increased duties that medical offices must perform require more staff support which is costly and not reimbursed.
3. The increased demands by patients must be met both to perform better care for the patient and also to fulfill legal obligations of the standard of care. One such duty is the answering of phone calls which is not reimbursed by insurance.

There are also significant deletions from the roadmap for primary care report: Over the past 23 years of my career I have seen a dramatic increase in the prevalence of obesity not only in our state of Connecticut, the country, but the entire world. Plans to improve healthcare consistently delete and neglect the treatment of obesity which is a chronic disease that leads to most all other medical conditions. Although this report does not specify diseases, obesity treatment is the key to opening the door to improve many common medical conditions and lower the cost of care.

Any plan that attempts to;

1. Improve affordability
2. Improve quality of care
3. And support the state's primary care infrastructure

Must also address the obesity pandemic and have an initial plan and how to improve prevention and treatment of this disease.

I make the following recommendations to improve the December 2021 draft report:

1. Create a program to educate primary care physicians on the stigma of obesity and reduction on discrimination of patients with this disease.
2. Create a program to educate primary care physicians to prevent obesity in infants, adolescence, and adults.
3. Support legislation that allows patients who have obesity to obtain care for further disease, specifically support to meet with a registered dietitian, a mental health therapist for eating disorders, a bariatric physician, bariatric surgeon, or endocrinologist with experience in treating patients with medication.
4. Support legislation that will make obesity medications and metabolic surgery (commonly described as weight loss surgery or bariatric surgery) available to all citizens who are considered candidates for the surgery by a licensed physician.

Primary care cannot be supported with all the current obstacles that obstruct the proper care of patients.

Thank you very much,

Neil Floch MD FACS  
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Norwalk Hospital, Norwalk Connecticut

Associate Clinical Professor of Surgery  
The Larner school of Medicine the University of Vermont

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