

# UnitedHealth pledged a hands-off approach after buying a Connecticut medical group. Then it upended how doctors practice



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Photography by Tim Tai for STAT

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This is the third in a periodic series about how UnitedHealth Group wields its unrivaled physician empire to boost its profits and expand its influence. Read [Part 1](#) and [Part 2](#).

MIDDLETOWN, Conn. — UnitedHealth Group told the Connecticut primary care doctors everything they wanted to hear.

Take our money, the company said, and together we can bring about a future where primary care leads. A future where doctors can take better

care of their patients, and reap the financial rewards of improved health. We'll handle the business side while you look after your patients.

Instead, almost 10 years after UnitedHealth bought ProHealth Physicians, the primary care network is a shell of its former self. Doctors are retiring earlier than they planned, or leaving for competing practices. Patients with serious medical conditions struggle to make appointments, while others complain of mysterious diagnoses popping up in their charts. Disillusioned, many patients are leaving.

“People cannot get the care that they need,” said Sharon Maloney, a ProHealth patient whose husband couldn't get into his doctor's office for three days, precipitating a chain of events that led to his death. “They're basically pushing out the people that need more expensive care.”

Several doctors who welcomed the acquisition, wooed by the lucrative offer and promising vision, regret their choice despite enjoying comfortable retirements. They have watched the practices they poured their lives into become widgets in a UnitedHealth machine, hustling patients through office visits and disrupting meaningful patient relationships. Practices that were cherished community assets are now scorned on social media as uncaring and distant.

“We made a very good living, and we did it by taking the best care of patients and putting our patients' interests first,” said Michael Good about the practice he helped found in Middletown. “We didn't need to screw people to do that.”

STAT examined the aftermath of UnitedHealth's acquisition of ProHealth to understand the human cost, on physicians and patients, of the conglomerate's strategy to gobble up physician practices nationwide. The health care colossus has [brought roughly 90,000 physicians under its control](#) over the past 20 years — 1 in 10 U.S. doctors — and has leveraged those physicians, as well as its position as the largest Medicare Advantage insurer, to maximize profits.

STAT's investigation recounts, in detail, how the story unfolded at ProHealth, a reputable primary care network with more than 50 clinics

across Connecticut. This account is based on interviews with more than 15 former doctors, current and former ProHealth patients, experts in corporate medicine, and documents obtained through public records requests. The overall picture is much the same as described by former doctors at five other primary care practices UnitedHealth has purchased around the country.

UnitedHealth, making the pitch to ProHealth through its Optum subsidiary, initially promised the doctors some agency over the delivery of care. On paper, it looked like control of ProHealth offices would remain in the hands of physicians. Optum bought the overarching management organization, while the practices were owned by a couple of physician shareholders. The behemoth used this fact to its advantage, touting that the group would be “physician-owned” in [the press](#) and to a regulatory body in Connecticut, which then applied less scrutiny to the deal.

In reality, Optum came to control major aspects of the practice. The company’s creeping influence morphed into a full takeover when ProHealth’s economic fortunes began to turn after the pandemic. Corporate managers filled doctors’ days with endless physicals and coding seminars — pushing them to add questionable diagnoses to patient medical records that would make them look sicker than they were, and justify higher payments from Medicare.

When doctors expressed their concerns, some were met with skepticism, condescension, and even retaliation. One doctor was suspended from an Optum leadership program after pushing back on corporate changes to schedules. It was a jarring change for doctors who had previously quarreled in a transparent manner.

”Management did not want to hear dissension,” said Jonathan Rosen, a retired ProHealth physician. “You couldn’t speak against the system.”

UnitedHealth declined to make executives available for interviews, and did not answer a detailed list of questions on the record. Spokesperson Eric Hausman said the company’s providers make independent clinical decisions. “We take suggestions and feedback seriously and always

consider improvements, focused on providing the best possible care for those we are privileged to serve,” he wrote.



Craig Czarsty, outside his home in Watertown, Conn., retired in December 2023 after ProHealth Physicians closed his family medicine practice in Oakville, Conn. TIM TAI FOR STAT



Rubin Hirsch, posing at his home in Durham, Conn., retired from practicing at ProHealth Physicians in Middletown in 2023. TIM TAI FOR STAT

## The origin

The atmosphere is light and relaxed on a June day in Michael Good's scenic backyard, canopied by sugar maple trees. Hawks glide in the distance. Over deli sandwiches and Coke Zeroes, Good and Ruben Hirsch, his friend and colleague of more than 40 years, look back on the good old days. They're veteran doctors who made it out of the primary care trenches, basking in retirements filled with reading, gardening, and in Good's case, scuba diving.

The two met in the family medicine residency program at Middlesex Hospital in 1983. Good was from southern California, Hirsch from a small town in Pennsylvania, but both grew to love Middletown, Conn. — a sleepy, family-friendly city nestled by the Connecticut River. Together with Daniel Novak, a third friend from residency, they bought a tiny primary care office from a grizzled, chain-smoking physician whose true passion lay in his second job as the county's medical examiner.



The three original doctors of Middlesex Family Physicians — Michael Good (left), Rubin Hirsch (center), and Daniel Novak (right) — pictured in 1986 after graduating from residency. COURTESY MICHAEL GOOD

“If there was a dead body in the county, he would grab his bag and roar out of the office, leaving an office with 25 patients waiting for him,” Good said.

Some 30 miles away in Oakville, Craig Czarsty joined his father’s practice fresh out of residency in 1980. He’d grown up behind the office, watching his father treat patients in the small town with compassion. For poorer patients, his father would accept dozens of eggs in lieu of payment.

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## MIDDLETOWN

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Three area physicians, Dr. Michael Good, Dr. Rubin W. Hirsch and Dr. Daniel Novak, will open an office for the practice of Family Medicine, today. Their group will be known as Middlesex Family Physicians and is located at 760 Saybrook Road, Middletown.

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Rubin Hirsch, Michael Good, and Daniel Novak decided to open up a practice in Middletown after graduating from the family medicine residency program at Middlesex Hospital in 1986. HARTFORD CURRENT VIA NEWSPAPERS.COM

“I’m not sure it was a straight-up deal,” Czarsty said. “But they brought the eggs and he took care of them.”

Sharon Maloney, Good’s longtime patient, joined the Middletown practice shortly after it opened in 1986. She grew fond of the young physicians, recalling a time when Good phoned up her grandmother on her 90th birthday to make sure she felt well enough for her birthday party.

“They had quick responses to your medical issues, and you really felt that they cared about you,” Maloney said.

But health care was changing, and market forces were increasingly inhospitable to family medicine. Insurers, including UnitedHealthcare, presented small practices like the ones in Middletown and Oakville with contracts offering little money for primary care. Hospitals and specialty doctors had considerably more bargaining power and walked away with much higher reimbursement rates.

“We were the point of the sword,” Hirsch said. “Everybody was coming through us, and we were referring them to all these people who were making all this money while we were working ourselves to death.”

The frustrations incentivized the small groups to band together and form ProHealth Physicians in 1997, giving them the leverage to demand more

favorable contracts. It wasn't easy — Rosen, one of the founding ProHealth doctors, likened uniting the independent physicians to “herding cats.” A board of doctors controlled the practice, making all the decisions. Despite some speed bumps, three founding doctors told STAT that the group thrived, growing to treat around 10% of Connecticut's population. By 2015, ProHealth employed around 370 medical providers. Insurers needed them.

“If you didn't sign a contract with ProHealth, you were going to have a big hole in your network,” Good said.

The group reached a turning point in the 2010s. Switching to electronic health records was proving to be a tremendous financial burden. And many of the doctors wanted to break free of what Good described as the “hamster wheel” of primary care, forced to see as many patients and run as many tests as possible in order to make a living. Instead of tying compensation to each service they performed, they wanted to switch to a “value-based care” model, where insurers give providers money upfront to care for their patients. The sum is based on patients' estimated risk of illness. It is meant to incentivize preventive care by allowing both insurers and providers to share in any resulting savings.

To do that, they needed money and advanced data capabilities to assess patients' risk. They pursued partnerships with hospitals and insurers to get the needed funding, but Rosen said no one was willing to provide help without fully buying the company.

So in 2014, ProHealth Physicians decided to sell.





The building that houses the ProHealth Physicians office in Middletown. ProHealth was bought by Optum in 2015. TIM TAI FOR STAT

## The chase

Value-based care was all the rage after the Affordable Care Act created [financial incentives](#) to invest in preventive care and avoid unnecessary treatments. Because of this, ProHealth attracted almost a dozen bidders.

Optum promised to infuse money, technology, and administrative expertise into the practices, which would allow ProHealth doctors to keep a closer eye on patients and chronic conditions. The price was also right, with around 100 senior shareholder doctors standing to make more than \$700,000 each. Older doctors who had poured decades of work into their practices could now envision secure retirements.

“They gave a better price than anybody else,” Good said. “That colors your perception of your suitor. There’s not too many people flinging bling at primary care doctors.”

Throughout the courting process, Optum leaders told the doctors they would not be overbearing managers. They would take on the administrative burdens and let the doctors retain some control over the delivery of care, Good and Hirsch recalled. This is how Optum ultimately structured the deal, which shielded it from scrutiny by avoiding literal ownership of the physicians.

“UnitedHealth Group has made a real hall of fame of controlling physicians without actually owning them,” said Howard Forman, a health management expert at Yale.

Connecticut requires providers to receive state approval before making significant changes to the health care system, including some acquisitions. Sometimes, the state holds a public hearing where residents can opine on whether the transaction fulfills a community need. The process does not apply, however, when a health care practice is sold to a group of physicians.

Optum arranged for ProHealth to be owned by one or two doctors, whom it gave a loan to buy out the other physician shareholders, according to a letter to state officials obtained via a public records request. ProHealth argued in the letter that the acquisition did not require state approval because the practices would remain under physician control.

“There is not a transfer that impacts or changes governance or the controlling body,” the company wrote. “... ProHealth will continue to have physician leadership and medical direction.”

director(s) of post-merger ProHealth. An advisory board composed of ProHealth physicians will advise ProHealth’s board of directors. ProHealth will continue to have physician leadership and medical direction. Under the MSA, ProHealth retains exclusive authority and control over all medical aspects of ProHealth, including the supervision and control of all medical and professional affairs, all diagnosis, treatment and ethical determinations with respect to patients and all clinical decision-making. In addition, ProHealth retains the right to make final decisions in certain business areas.

Excerpt from a ProHealth letter arguing that the Optum acquisition didn’t need state scrutiny.

In the end, the state agreed. There was no further questioning, nor a public hearing.

“It would have shined a light on what they were trying to do,” Forman said. “It might have caused a little more scrutiny on their long-term strategy.”

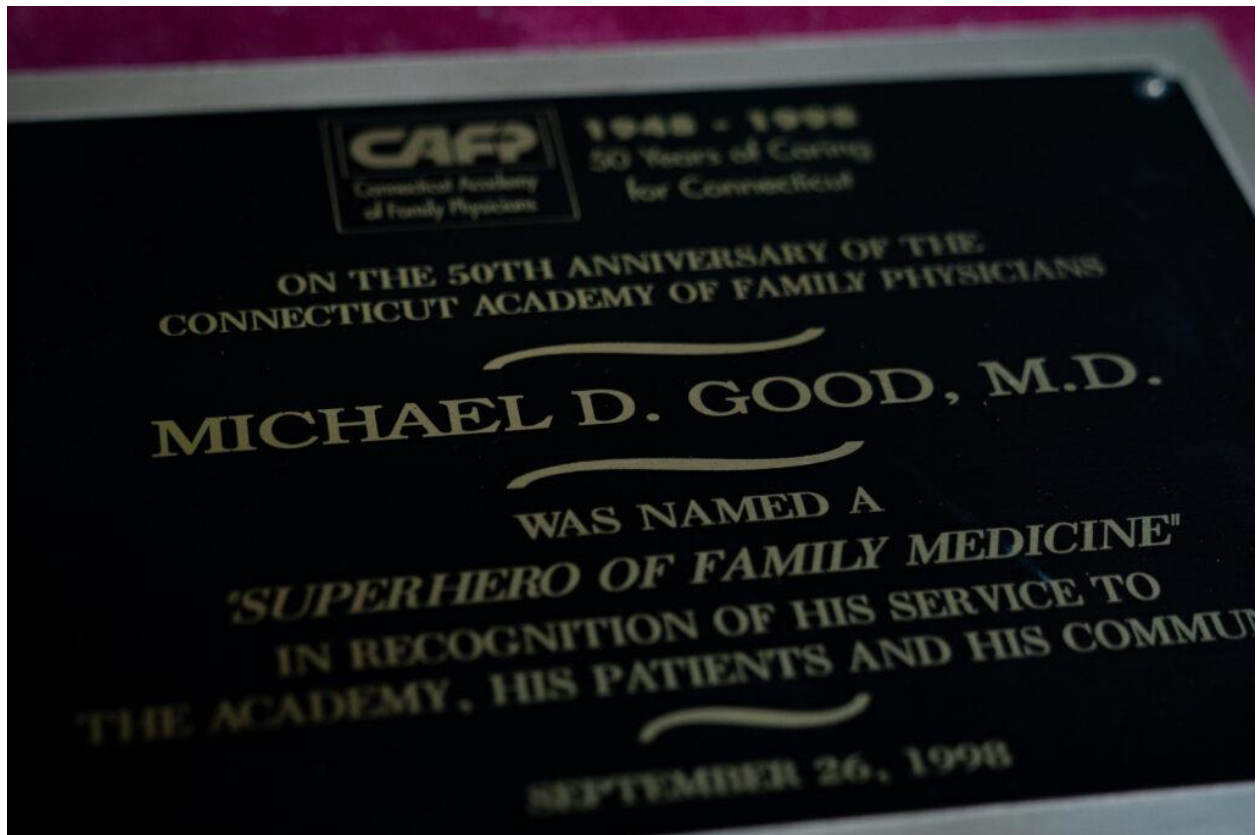
The deal [officially went through](#) in 2015, to many of the physicians’ delight. With Optum’s might, money, and a promise to keep the practice of medicine in the hands of clinicians, the future of ProHealth seemed bright. Optum did not publicly disclose how much it paid for ProHealth.

Hirsch, chair of the group’s risk management committee, was especially excited. Optum accepted him into its senior partners program, which gave respected doctors the potential to earn thousands in stock rewards in exchange for “proudly” displaying an Optum plaque and spreading the Optum gospel at lavish conferences, according to a pamphlet reviewed by STAT.

“At the time, I had swallowed the Optum message hook, line, and sinker,” Hirsch said. “Primary care was going to have some control over the delivery of health care, and finally be in a position to lead.”

Hirsch returned, inspired, from one such conference in Las Vegas in the winter of 2018. He regaled the local ProHealth management with stories about the success of more mature Optum-owned practices. At least one doctor, about 10 years older than Hirsch, was skeptical.

“He said something to the effect of, well there’s a big difference between being impressed and being brainwashed,” Hirsch said. “He was right.”



A plaque naming Michael Good a “Superhero of Family Medicine” is shown at his home. TIM TAI FOR STAT



The building that formerly housed the ProHealth Physicians Oakville Family Medicine office. Craig Czarsty, who practiced there, said many of his former patients have yet to find a new primary care doctor. TIM TAI FOR STAT

## The bait-and-switch

The early changes were small. Optum chose the wider, teal chairs that sat in the ProHealth waiting rooms. A fresh coat of paint for the office walls had to come from an Optum-endorsed color palette. New signs went up on the buildings: ProHealth Physicians, Part of OptumCare.

“You know the old story about how you can’t throw a frog in boiling water, but you can put it in cold water and turn up the heat?” Czarsty said. “Slowly, they started turning up the heat.”

Soon enough, Optum’s control crept into the ways the doctors practiced medicine. The real sea change was in 2018, when the company took over physicians’ schedules. They could no longer control which patients they saw, when they saw them, or how long their appointments would be.

They were forced to squeeze what had previously been a 45- to 60-minute physical into 30 minutes. And because Optum worked to make sure most of the day was booked with revenue-generating physicals and check-ups for patients with chronic conditions, the doctors had little time to see patients with acute illnesses.

“We used to always have 25 openings at the beginning of every day for people who are sick. And if you called our practice, we would see you today, always,” Good said. Optum “wanted a predictable income stream,” he said, so it filled schedules far in advance. “When our patients called, there weren’t openings for weeks and weeks and they were told to go to the emergency room.”

Hirsch questioned Optum leaders about the changes during an administrative meeting. “They were favoring the healthy people at the expense of the sick people, and patients were very upset about it,” he said.

Later that year, the higher-ups told him they were revoking his senior partner status, costing him the up to \$25,000 a year that doctors in the program could potentially receive. He said the chief medical officer admonished him for “not being a team player,” and he believes that’s why he was removed from the program. The news came as a shock, Hirsch said, as he had received no warning and was used to a ProHealth culture that encouraged debate.

Nine former ProHealth doctors said they felt that corporate leaders downplayed their concerns, attributing them to the opinions of a few rabble-rousers.

“I don’t think they see anything they’re doing as an issue,” said one doctor, who requested anonymity due to fear of professional retribution. “They see it as, those troublemakers at that place are causing the problems.”

services by ProHealth which remains under the control of licensed physicians. Nothing in any of the transaction documents gives Optum, CCH, the Joint Venture or PHI any right or ability to influence the independent medical judgment of ProHealth's physician employees in their professional medical practices. The Succession Agreement only gives rise to the ability by CCH or the Joint Venture to exercise certain rights in the event of certain defined Succession Events, as noted above.

Another excerpt from the ProHealth letter arguing against state review.

Despite Optum's promise of great financial success and a more manageable workload, doctors found themselves working just as hard, if not harder, while ProHealth strived to be profitable. They wondered if behind the scenes, Optum leaders were struggling to convince enough Medicare Advantage insurers to get on board with their value-based care model. The company was competing with powerful specialist entities like Yale and Hartford Hospital that employed the familiar fee-for-service model. Insurers may have preferred to stick with fee-for-service, rather than taking a gamble on value-based care where revenue isn't as quickly guaranteed.

"They built this huge battleship to sail the seas of risk with all these layers of management and bureaucracy and computers and analysts," Good said. "Then they're trying to float this ship with a bunch of family doctors and pediatricians down in the galley with their skinny little primary care oars."

The arrival of the Covid-19 pandemic brought fear and uncertainty, but also gave the ProHealth doctors a brief respite from Optum's profit-driven demands. Management supported Hirsch and Good's team as they did what they were meant to do: save lives. They orchestrated one of the largest testing sites in the area.

"We never got any negative pushback from Optum or ProHealth regarding how much that was costing and how little it might end up reimbursing," Hirsch said.

But financial pressure ramped up again after the pandemic. Practices across the country [lost a lot of money](#) when patients put off their check-ups, exacerbating Americans' lack of access to primary care. ProHealth was no exception, with leaders warning physicians that their days were

going to be busier in an effort to make that money back, four former ProHealth doctors recalled.

Optum meanwhile made [\\$12 billion](#) in operating profit in 2021, accounting for more than half of UnitedHealth Group's operating income that year. In [2022](#), Optum's operating profit was around \$14 billion.

Optum started to wrest complete control over the practice. Leaders had always emphasized the importance of documenting patients' illnesses early, especially for Medicare Advantage patients, which the company says is part of its focus on preventive care. Giving providers a financial incentive to prevent serious illness is a central tenet of value-based care. But six former ProHealth doctors said they were urged to diagnose patients with conditions that exaggerated risks or were clinically insignificant.

Optum tasked its employees with mining the doctors' notes for these additional diagnoses and loading them into Medicare Advantage patients' files. Six former ProHealth doctors said they often didn't find out about the newly captured diagnoses until they started getting panicked calls from patients, who found them in electronic portals and after-visit summaries.

"We started getting phone calls from people saying, 'Oh my God, am I going to need dialysis?'" Hirsch said. "We had to come up with a script to tell people why this diagnosis didn't matter."

Around 2022, the company [introduced a thinly validated test](#) for peripheral artery disease called QuantaFlo and pressed doctors to use it on all Medicare Advantage patients. When doctors in the Middletown practice refused, the company hired nurse practitioners to run the tests anyway. The PAD diagnoses induced more panic in patients, who called up their primary care providers worried they were going to lose their legs.

Slowly but surely, the doctors lost control of the practices they had built. Worse, they started to lose the trust of their patients.



“It’s hard to quantify,” Good said. “If you look at family doctors across the country, trust is what we build our practices on. It’s personal relationships and a feeling of responsibility for that patient. We feel responsible.”



Sharon Maloney, whose husband, Bill Sullo, died in February 2023, holds a 2022 photo of Sullo at their home in Middletown. She believes that Sullo’s inability to get a same-day appointment at ProHealth Physicians ultimately led to his death from an infection. TIM TAI FOR STAT

## The aftermath

In the comment sections of Connecticut Facebook groups, there is a common refrain: ProHealth Physicians is not what it used to be. Not only have Optum’s changes chipped away at the offices’ familial feel, they’ve also made it more difficult for patients to seek care.

“This heavily corporate practice with a diminishing talent pool just isn’t working,” reads one [Facebook post](#). “I am sad to leave but they are not the practice I once knew,” reads another.

Eight patients across three ProHealth practices told STAT stories of mistakes and appointment delays that caused disruption to their care. Maloney's husband, also a longtime ProHealth patient, passed away last year. The chain of events that led to his death started with a urinary tract infection in October of 2022. ProHealth told him it couldn't fit him in for three days, so he sought treatment at the hospital the next day. There, he ended up acquiring an infection, from which he died in February 2023.

Maloney was able to promptly schedule an appointment with Hirsch after her husband had trouble breathing in 2019, before the pandemic prompted Optum to start packing doctors' schedules. Hirsch referred him to a cardiologist, who said he needed open heart surgery as soon as possible.

"The big differential was the treatment that Bill had with his heart issue before the changes were made," Maloney said. "Dr. Hirsch got in there and saved his life. Now Optum is more involved, he couldn't get in there, and now he's dead. So what does that say?"

Samantha Faucher needed to know whether her thyroid levels were behind her fertility issues. After a month of back-and-forth, she realized ProHealth had repeatedly sent the imaging order to the wrong lab. Another patient, Sherrie Perugini, was turned away for being six minutes late, and forced to schedule another checkup for months later.

After visiting an urgent care center for a potential kidney infection and being turned away because she was pregnant, Karin Abalan tried to make an appointment with her doctor at the ProHealth Torrington office. She couldn't get in. She also couldn't get in to have her antidepressant prescription refilled, and instead asked a colleague at Hartford HealthCare to order the medicine for her.

"If I didn't work for a doctor's office, I would have been out a vital medication," Abalan said.

Doctor turnover is also a growing source of anxiety for patients. Some have seen as many as four primary care physicians in the past three years and mourn the loss of doctors they had seen for decades. Jim Johnson, a

patient at the Guilford practice, found out his doctor was leaving at his last physical in May. The physician told him the practice was imploding but that he couldn't share any details. In July, Johnson received a sparse letter from ProHealth informing him of his doctor's departure and the "unexpected" loss of the office lease.

"They want to reap the benefits of scale and things that are associated with that, but then not, in my opinion, make an investment in the patient," Johnson said.

Five former ProHealth doctors told STAT they retired earlier than they planned to, and four said they left for different opportunities. The [moral injury](#) of complying with Optum's demands became too much to bear. Brad Jubelirer, a retired ProHealth pediatrician, said he struggled with the lack of scheduling flexibility for kids with complex issues like autism.

"Maybe there are physicians who can adjust to this, but I could not," Jubelirer said.

Two doctors, who both requested anonymity due to fear of professional retribution, said their stress manifested in physical symptoms, including migraines and nausea. They barely found time to eat or to pee during the work day.

One said their symptoms became so pronounced that their colleagues decided to run some tests. "They gave me an EKG, a blood glucose check, an MRI in my brain to make sure I didn't have a brain tumor or chiari malformation," the former doctor said. "It was the job."

The other, who had dreamed of being a doctor since age 14, said they considered leaving medicine altogether. Toward the end of their time at ProHealth, they reviewed a mammogram during an especially hectic day. In their haste, they assumed someone had notified the patient about the abnormal finding. They wrote a referral for the patient, who then received a call from a surgeon out of the blue. The patient called the doctor up and harshly reprimanded them.

“She was like, this office is not the same anymore,” the doctor said. “The level of care is not the same anymore. At that point I was just so broken and sad, and I agreed. I agreed with her.”

Good and Hirsch have settled into relaxing retirements partially funded by the Optum acquisition. Still, they’re wracked with concern for their patients, who have dwindling options for primary care.

For some patients, there’s a deep sense of loss. Good was one of the few doctors nearby who made house calls for terminally ill patients, Maloney recalled. He never failed to make her husband laugh.

“My husband hated to go to doctors,” Maloney said. “But he would get in there and they would take his blood pressure. And Dr. Good would always take it again, because it would drop after Dr. Good came into the office.”

Wherever Good and Hirsch go, they’re swarmed by patients telling them how far their practice has fallen. But at least the Middletown practice is still around — at the end of 2023, Optum shut down Craig Czarsty’s small office in Oakville to cut costs. The leaders offered Czarsty another job at an office 20 minutes away, but he decided to retire.

Czarsty has made his peace with losing the practice his father built. What he can’t forgive is the way Optum treated his 1,500 patients, some of whom had started their care with his dad. They gave patients less than a month’s notice that they were closing the practice, and the language was vague enough to make it sound like it was due to Czarsty retiring.

His office was the only primary care office in town. When he runs into former patients at the grocery store, he asks where they’re going now.

“Oh, we haven’t found anyone yet,” they reply.