



September 7, 2021

The Honorable Kevin Mullin, Chair, Green Mountain Care Board  
The Honorable Mike Pieciak, Commissioner, Department of Financial Regulation  
The Honorable Mike Smith, Secretary, Agency of Human Services  
State of Vermont  
Montpelier, VT 05602

Dear Chairman Mullin, Commissioner Pieciak and Secretary Smith:

I listened to the introductory remarks during last Friday's Green Mountain Care Board (GMCB) budget deliberations and was impressed. I appreciate your combined attention to the health care workforce and access crises we are facing in Vermont and your willingness to engage in developing creative short- and long-term solutions. The UVM Health Network, the GMCB, the Department of Financial Regulation and the Agency of Human Services – along with other health care providers throughout Vermont – all have important roles to play to address these crises in a meaningful and sustained way for our patients and constituents.

I understand that the GMCB may be looking to include language in the UVM Health Network FY 2022 budget orders to inform work and expectations moving forward. Toward that end, I outline below actions that we have taken already to address the situation, and how we see those expanding; steps that the State could take to complement and accelerate our efforts; and data we could bring to bear to track our progress. Lastly, I am offering a team from the UVM Health Network that stands ready to meet with your teams and engage as much and as often as necessary to find effective and mutually agreeable solutions. As we have discussed over the years, solutions won't be easy or instant, but by working together we can make sure resources and processes are in place to vastly improve access to care and patient experience.

### **Actions taken to date**

The actions we have taken to address this crisis to date focus on reducing staff shortages, using technology to improve patient flow and adding or upgrading facilities and equipment to create greater capacity in our system.

### **People**

- We have intensified recruitment efforts and have added Human Resources staffing support to accelerate hiring for our vacancies. Our record hiring needs collide with a prolonged national and local healthcare shortage. Well before COVID-19 impacted our

already strained resources, Vermont projected a shortage of 1,800 nurses. Compounding the issue, 28,000 people have recently exited the Vermont workforce, resulting in a record low labor pool.

- An equal amount of work is being done to retain our people. We continually develop pay strategies to address the near- and long-term pressures of a hypercompetitive talent market. We also are assessing innovative retention solutions that increase engagement and wellness, including childcare and housing.
- We are investing in internal development and building external pipelines that ultimately increase the available talent to fill our critical hiring needs. Half of our affiliate hospitals are piloting programs. One example is an accelerated LPN training program at CVMC in partnership with the Community College of Vermont and Vermont Tech. We continue to evaluate other educational and strategic partnerships, which include military and international paths.

## **Technology**

- We continue implementation of the Epic electronic health record system at Porter Medical Center and Central Vermont Medical Center. These installations are expected to be complete by November 2022. The Epic system is an essential underpinning for other technologies that can help us better manage patient flow across our system.
- We are ramping up our efforts to provide e-consults across our network, which allows primary care providers to get timely consultation from specialists so that provider time is used most effectively.
- We are diffusing use of our Patient Access Service Center (PASC) to more clinical specialties and subspecialties, and adding staff to this unit, as we have seen a dramatic improvement in patient access where we have used this service.

## **Facilities**

As you know, we have proposed or will propose soon several new facilities and new equipment that we believe will impact patients' access to care and help with physician and staff recruitment. These include:

- A new 3T Magnetic Resonance Imaging (MRI) device at the UVM Medical Center, as our currently-available equipment is being used 17 hours per day and patients still are waiting too long for access;
- A new outpatient surgery facility that will provide a modern and efficient space for outpatient surgery;
- An expansion of UVM Medical Center's Emergency Department to accommodate more patients in a more efficient and patient-friendly layout;
- An update of UVM Medical Center's Neonatal Intensive Care Unit; and
- Relocation of the UVM Medical Center ophthalmology and dermatology clinics.

## **Actions the State could take to accelerate our progress**

### **The regulatory process**

The two things that concern me most about our ability to see major impacts from the interventions described above are:

- Adding sufficient staff to address this crisis will cost money, and we have not budgeted for the full expenses we now expect to incur; and
- The GMCB approval process for facilities and equipment adds significantly to the timeline for bringing these online.

We are seeing the effects of multiple years of lean budgets for UVMHN. We are efficient and low-cost, and will remain so, but we need to have enough revenue to invest in our people and our facilities. Without that, now and in the future, we will not be able to recruit and retain the talent we need in inpatient, outpatient and long-term care settings to meet patient needs.

Anything you can do to grant us budget flexibility to respond to this crisis, to increase compensation generally and add staff to critical functions like the Patient Access Service Center is critical. We also appreciate anything you can do to expedite CON review and approval for the projects described above.

Longer-term, I hope we can explore modernizing regulatory processes. This includes changes to the CON process to make it faster and less costly, along with changes to the hospital budget process that might reduce the considerable burden of and resource input into the process, if we can show that we meet population-based cost and quality targets.

### **Other potential state-led interventions**

I respectfully request that you also consider some of the following actions that the State (through the GMCB, the legislature, or the Executive Branch) could take to alleviate this crisis, now and over the long haul, as you further explore the root causes and potential solutions:

- State investments in education, housing, child care, loan forgiveness and grants that will help us attract, train and retain the workforce we need; and
- Streamlining and modernizing all health care professional licensure processes and scopes of practice – make it easy to come here and practice, to practice at the top of one’s license, and support reciprocity with neighboring-state MD and APP licensure.

Lastly, I would be remiss if I did not mention some absolutely critical steps State government could take to alleviate the current crisis:

- Open the State psychiatric hospital and the Brattleboro Retreat to full capacity to alleviate the pressure of mental health “boarders” in emergency rooms across the state, a stressful and dangerous situation; and

- Increase Medicaid payments to alleviate the overall pressure on our budgets due to the cost shift, and to provide an incentive for community hospitals to provide services to the Medicaid-covered population.

### **Data we can provide to track improvement**

Through our Data Management Office at the UVM Health Network Medical Group, we have developed a beta version of a patient access dashboard that tracks relevant metrics and feeds them back to our health care service lines monthly. This version is in the validation process, and will not be available across the entire network until the Epic install is complete. We would be happy to work with the GMCB and other state agencies to report on any subset of these measures, once they are validated internally, to provide you with relevant information about access to care. Measures we track include but are not limited to:

- Percent of new patients who got an appointment within two weeks
- Days to respond to a patient request through our electronic portal
- No-show rate
- Schedule utilization (the extent to which we are filling all available schedule time)
- Referral lag

This dashboard could provide a solid foundation for ongoing reporting from us and other hospitals, and for benchmarking against peers nationally, where national data are available.

### **UVM Health Network Team**

As you can see from the list above, there is a lot of really great work already under way. By working together, and with the State partners, we can make even more progress. Toward that end, I propose a team from the UVM Health Network that can work through briefing you in any way you need and exploring the feasibility of potential solutions, while meeting your needs for data to track progress. Our team is:

- David Clauss, MD, Network Chief Medical Officer
- Jason Williams, Network Director, Government and Community Relations
- Eric Miller, General Counsel, or his designee

This team will keep me and senior leadership informed of progress and any critical needs for input. I also think it would be fruitful for the four of us to meet on a regular basis to get updates from our teams and assess progress.

I look forward to working with you all to continue to improve patient access to care. This is the absolute highest priority for me.

Sincerely,

A handwritten signature in black ink, appearing to read "John R. Brumsted". The signature is fluid and cursive, with the first name "John" being the most prominent.

John R. Brumsted, MD  
President and Chief Executive Officer  
The University of Vermont Health Network

Cc: GMCB Members  
Ena Backus, Director of Health Care Reform