

Dale Hackett

Thursday, April 18, 2019 9:15 AM

Approving Green Mountain Surgery Center's expansion "would not result in any cost savings to Vermont patients," Larson said. "It will, however, result in unnecessary duplication of care that's already available in an established (center) which specializes in eye surgeries only."

The care board did not make any decisions at Wednesday's meeting. And it's unclear how extensive those decisions will be, because there's disagreement about whether the additional medical services proposed by the surgery center are a matter for care board action.

Cooper argues that the care board didn't impose any restrictions on the number of surgeons or the type of specialties at Green Mountain Surgery Center.

"In the dynamic local health care landscape, a small, multispecialty surgery center project that takes years to plan and build needs to have the flexibility to absorb the loss of certain physicians or specialties over time and the ability to add on other physicians who believe the (center) would be a good fit for their patients," Cooper wrote.

ABOVE FROM DIGGER... THE BOARD DIDN'T IMPOSE ANY RESTRICTIONS ON THE NUMBER OF SURGEONS OR THE TYPE OF SPECIALITIES AT GREEN MOUNTAIN SURGERY CENTER,

HMMM , I COULD SAY THEY ARE PLAYING THE BOARD, AND WAS DOING SO FROM THE BEGINNING, ITS KIND OF OBVIOUS.. EVERY VAGUE POINT IN WRITING, REGARDLESS OF WHAT WAS SAID VERBALLY, THEY ARE GOING BY THE LETTER OF WHAT WAS WRITTEN. THAT DOES ALARM ME AS TO INTENTIONS, INTEGRITY COMPROMISED? BEFORE THEY OPEN?

THEY KNEW THEY WOULD NEED TO CARVE OUT THEIR EXISTENCE, AND APPEAR READY TO DO SO! AND THAT COULD ALSO BE A QUESTION MARK INSTEAD OF EXCLAMATION POINT. I HAD MY DOUBTS IF THEY WOULD BE CHEAPER, DEFINITELY NOT CHEAPER IN EVERY COST, THERE REASONS AS TO DIFFICULT TO KNOW COSTS, IS A VALID ARGUMENT IF COSTS IS NOT TRANSPARENT, CAN COSTS BE TRANSPARENT OF ALL HOSPITALS?

I SUSPECT THE PATIENT MIX WILL BE ANYTHING BUT EVEN DISTRIBUTION BECAUSE THE SERVICES OFFERED, IS NOT EVENLY DISTRIBUTED IN THE DIFFERENT AGE GROUPS.. WHICH IS PROBABLY MORE INPORTANT WITH SOME CONDITIONS THAN WHAT IS THERE MEDICAL INSURANCE. PLASTIC SURGERY HOWEVER, CAN BE A ESSENTIAL BENEFIT DEPENDING ON MEDICAL CONDITION, BUT IS OFTEN OPTIONAL?

BUNDLED PAYMENTS, DIFFICULT TO ESTIMATE? THEY MUST BE OPEN, OPERATING, HAVE SOME DATA, TRENDS ESTABLISHED TO EVEN KNOW WHAT THE BUNDLED PAYMENT WOULD NEED TO BE?

THEY ARE OPENING WITH SAME CHALLENGES FACING THEM, EXISTING HOSPITALS FACE. EXAMPLE WORKFORCE ISSUES, UTILIZATION ISSUES,

I WOULD SUGGEST BECAUSE OF SHARED SERVICES OFFERED, AND MIX OF SAME POPULATION AREA SERVED, I WOULD BUNDLED THE TOTAL COST, SPLIT IT BETWEEN NORTHWESTERN, SURGICAL CENTERS, ETC. ITS A VAGUE IDEA BUT MAY BECOME MORE DEVELOPED IN CLARITY IF USEFUL?

IF THE SURGICAL CENTER IS INNOVATIVE I WOULD WANT TO PROMOTE THAT,, AS LONG AS QUALITY OF SERVICES IS HIGH. HOWEVER IF QUALITY OF SERVICE DROPS FOR SAME SERVICES IN OTHER HOSPITALS? NOT A EASY SITUATION , WHICH IS, TYPICAL OR THE NORM OF A SYSTEM NEVER ABLE TO REALLY BE BASED ON COMPETITION ALONE BECAUSE IT IS A PUBLIC GOOD.

IS THIS MAYBE WHAT THE GMCB ENDS UP AS ONE OF ITS DECISIONS? WHAT IS COMPETITIVE IN HEALTHCARE, AND WHAT IS A PUBLIC GOOD? THE PUBLIC GOOD MUST NOT BE COMPROMISED BY THE COMPETITION?

ADDITION OF SERVICES, AGAIN NO SURPRISE, LACK OF UTILIZATION YOU DIVERSIFY? BUT OPHTHALMOLOGY , AND I DID NOT HEAR THEM SAY NEURO OPHTHALMOLOGY, I IMMEDIATELY BECOME CONCERNED ABOUT WRAP AROUND SERVICES... SUCH AS NEED OF EYEGASSES? VISION EXAM FOR GLASSES VS EXAM FOR TREATMENT SUCH AS SURGICAL?

WHAT WILL WRAP AROUND SERVICES LOOK LIKE? THIS BRINGS UP ANOTHER ISSUE WITH SAME DAY SERVICES, THE IDEA YOUR IN AND OUT ON SAME DAY CAN BE AN ILLUSION IF YOUR A VERY EARLY MORNING PATIENT, OR LATE IN DAY PATIENT.. COMBINED WITH IF YOU TRAVEL MORE THAN A HOUR TO GET TO THE CENTER, BOTH SAME DAY SURGERIES I HAD I NEEDED , HOSTILE ACCOMMODATIONS, THE SURGERY WAS COMPLETED SO LATE IN DAY I NEEDED A PLACE TO STAY OVERNIGHT, REASONABLE IN COST, TO GO BACK FOR FOLLOW UP VISIT NEXT MORNING BEFORE ACTUALLY GOING HOME... WILL THIS ISSUE EXIST FOR THEIR PATIENTS?

THEY WERE CLEAR, THEIR SERVICES ARE NEEDED, I WONDER DOES OTHER DATA SUPPORT THIS AS FACT? DOES THE DATA SUPPORT THEIR SPECIFIC SERVICES ARE NEEDED? THERE REFERENCE TO SCHEDULING ISSUES, WOULD BE IMPORTANT TO THE CONSUMER, BUT IS IT REAL OR MORE SYSTEM CREATED LACK OF ACCESS?

THIS WAS A VERY TOUGH ONE TO LISTEN TO, LACK OF DATA, INFO EXTENSIVE,, AND I CHECKED THEIR WEBSITE, IT WAS NOT HELPFUL, HAVE READ SOME OF INFO GMCB HAS POSTED, NOT ALL OF IT..