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Submitted values are:

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Affiliation, if applicable: Citizen
Town: Town of Saint Albans, VT
Topic: Hospital Budgets
Comment:
Hon. Kevin Mullin, Chair
Green Mountain Care Board
144 State Street
Montpelier, VT 05602

Dear Members of the Green Mountain Care Board:

On Friday, 28 August 2020, I listened to the Northwestern Medical Center's (NMC) presentation to the Green Mountain Care Board (GMCB) requesting a rate increase of 19.9 percent for reimbursement of health care services via telephone being unable to access the video proceedings. At the end of the "Public Comment" I attempted to signal the Chair via star 6 (*6) of my wish to speak. Unfortunately, my communication did not arrive soon enough to secure the Chair's attention. I wish to present my observations and thoughts to the Board as a citizen of Franklin County and patient of NMC.

By way of introduction, I am 80 years old and retired. Professionally, I have worked as a manager and executive of both nonprofit and municipal corporations. In these capacities I also served on one National and many State, regional and local boards. As a retiree, I served as a selectperson and currently serve on a municipal and a regional planning commission. I also serve as chair of the Board of Supervisors of the Northwestern Solid Waste Management District. And I am a member of the Hospital's Board of Incorporators and prior to COVID, I was a Hospital Volunteer Veteran Valet.

To begin, I was impressed by each member's preparation for the hearing. This being my first attendance at a GMCB hearing I am (so to speak) a "lay person" to the field of medical regulation and medical nomenclature. My comments are twofold. First, I will speak to my observations of the hearing.

Secondly, I will speak as a citizen of NMC's role in the communities of northwestern Vermont. In advance, I do seek your understanding and tolerance of my thoughts and maybe your forgiveness for any misunderstandings and ignorance.

Correctly or incorrectly, I was under the impression I could attend and participate in the hearing via video conferencing. Unfortunately, I could not figure how to access the video conferencing connection from the provided link. So I relied on the telephone for access to this "public meeting" which I acknowledge met the requirements of the law but in my opinion failed to meet the intent of the Public Access law particularly when almost all State, regional and local government entities use easily accessible video conferencing such as Zoom, FaceTime or Skype. In respect to the attending public and their ability to understand the proceeding and presented information, I think, both presenters and Board members need to avoid use of acronyms such as ACO, NPR, FPP, EHR and HCA.

I liken the GMCB proceedings to those of an appellate court hearing where the judges are familiar with and well versed in the questions being put before them. In listening to judicial hearings one can gain insight into the law, previous opinions and their assessment to the presented issues – sufficiently enough to usually predict the court’s judgement. Again, this being my first Board meeting it was disturbing to me, as an “outsider” in listening to member questions, possibly my misunderstanding, that I discerned that most questions sought substantiation for individual financial conclusions made about NMC’s request without reference or context to the Hospital’s request under the law: 18 V.S.A. 9372 promoting the “general good of the State by...” paragraphs (1-5). I was my perception that the Board was more concerned about the placement of a decimal point rather than the long-term welfare of the population served by the Hospital.

Both municipal and the Regional Plans (see 24 V.S.A. Chapter 117) in the Northwest region of the State serviced by NMC all make reference to health care and reliance on NMC. Equally important in these planning documents are a commitment to “smart growth” and healthy living. To facilitate these governmental objectives NMC has been an instrumental partner – providing funds for research, support for multimodal transportation routes, sidewalk construction linking the Hospital to elderly housing, recreational amenities, allowing use of the Hospital’s conference facilities for community meetings and bringing information about healthy ways and programs through RiseVT to schools and businesses. I liken our regional community to a “body” and NMC, since the merger of Saint Albans Hospital and Kerbs Memorial Hospital, has provided arterial and neurological biology to the evolving community and its medical culture. With the current state of the Hospital’s finances, I fear “gangrene” is setting into the existent community body. UVM-MC should not be seen as a viable “prosthesis” for the replacement of any NMC services to the Northwest region of our State – from Alburgh to Richford and Highgate to Milton.

There is an interesting contradiction in promoting healthy living to decreasing morbidity. The hypothesis, and that’s all it is at this point in time, that through the development of community education, training, and municipal infrastructure it is expected people will live longer with less chronic illnesses and thereby require less medical care with a concurrent reduction in medical costs. Unfortunately for this operating hypothesis the big unknown is the variable of “time” – that is, how long will it take for measurable changes to occur. If the efforts to stop cigarette smoking is a model for human change, hospitals and their staffing will need to be kept at current standards for many years before it may be possible to consolidate some services/expenses – but not now via drastic, broad indiscriminate, finance cutting mandates.

In summary, I believe costs of preventive care, aka healthy living, is an investment in the future and should be treated (more like) a capital expense independent of the operating expenses. Secondly, it should be recognized that the loss (elimination) of 70 jobs may reduce hospital expenses but it also significantly impacts the people who faithfully served those of us who are or have been patients. Nor should it be forgotten the income from these job losses will probably result in a multiplier effect of an approximate decrease of 12 plus millions of dollars to our local economy.

It is my hope that the Green Mountain Care Board will grant the NMC’s budgetary request of 19.9%. Thank you for your attention to and consideration of my request.

Respectfully,
Al Voegele