

THE
University of Vermont
MEDICAL CENTER

By Electronic Mail & U.S. Mail

April 11, 2022

Ms. Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, VT 05602
Donna.Jerry@vermont.gov

Re: Docket No. GMCB-003-22con, Relocation of UVMMC's Existing Outpatient Dermatology and Ophthalmology Practices to 350 Tilley Drive. Project Cost: \$35,426,100.

Dear Ms. Jerry:

The University of Vermont Medical Center Inc. ("UVM Medical Center") hereby responds to Q. 1 – 3 of the Green Mountain Care Board's ("Board") Requests for Additional Information Q.001, dated February 18, 2022, regarding the above-referenced project. UVM Medical Center will submit its response to Q. 4 as soon as possible.

1. Provide a copy of the UVMMC Ambulatory Master Facility Plan referenced in the application.

Response: The application references a UVM Medical Center Ambulatory Master Facility Plan developed in 2013¹, which contemplates the relocation of highly ambulatory services including Dermatology and Ophthalmology to make more room on the hospital's main campus for services with a heavy inpatient component, or that support emergent care. The excerpts from the 2013 Plan cited in the application are attached hereto as Exhibit 1.

2. Page 3-4 of the application: Expand and submit wait time tables for Dermatology and Ophthalmology, to include projections for proposed years 1-5 of the project.

Response: UVM Medical Center's outpatient Dermatology and Ophthalmology practices are currently space-constrained, operating at maximum utilization of exam room capacity. As we

¹ UVM Medical Center is currently in the process of updating the 2013 Plan in light of revised demand forecasts based in part on the 2020 census data.

explained in the application, the proposed new facilities at 350 Tilley Drive will be larger than the existing clinic space, and more efficient use of space will improve patient flow and enable increased utilization of exam rooms. The proposed new facilities will have the capacity to accommodate up to a thirty-five percent (35%) increase in annual Dermatology in-person office-based visits, and up to a thirty-eight percent (38%) increase in annual Ophthalmology in-person office-based visits:

Office-based Visits (in-person)	Dermatology	Ophthalmology
Current space max capacity	~37,000	~34,000
Future space max capacity	~50,000	~47,000
Capacity % change	35% increase	38% increase

We expect and intend that this expansion of clinic capacity will result in reduced patient wait times. We are, however, unable to predict exactly how wait times will change because wait times depend on multiple variables, some of which are currently in flux or otherwise unpredictable. These include the following:

- Provider Recruitment.** As noted in the application, the proposed project will expand UVM Medical Center’s outpatient Dermatology and Ophthalmology practice capacity by enabling UVM Medical Center to recruit additional physicians and other staff whom the existing clinic space is too small to accommodate. UVM Medical Center’s current plan is to add 1.7 Dermatology FTE and 1.0 Ophthalmology FTE in time to expand visit capacity when the 350 Tilley Drive facilities open. It is important to note, however, that this planned recruitment may not reduce wait times across all visit types, depending on the recruited providers’ sub-specialty(ies) (for example, wait times for Mohs surgery consults would only be impacted by a dermatology provider with a sub-specialty in Mohs surgery). Also, wait times for UVM Medical Center providers may be impacted by the unpredictable loss or addition of dermatology or ophthalmology providers by other entities in UVM Medical Center’s service area that are unaffiliated with the UVM Health Network, as wait times depend on the overall supply of providers in the area.
- Support Staff Shortages.** As noted in the application, UVM Medical Center’s Dermatology and Ophthalmology clinics have recently experienced significant shortages of staff in supporting roles, in part because employees or their family members have been ill with COVID-19. This situation has limited practice capacity and resulted in increased wait times, and we are unable to confidently predict how it will fluctuate over the coming years at this time.
- Procedure and Operating Room Capacity.** UVM Medical Center’s procedure room and operating room capacities also impact patient wait times for procedure consults or other visits ancillary to procedures. UVM Medical Center’s ongoing work to re-open its outpatient operating rooms at the Fanny Allen campus and develop an expanded outpatient surgery center will address delays in access ancillary to procedures or surgeries.

- **COVID-19 Pandemic.** The COVID-19 pandemic has impacted UVM Medical Center’s patients as well as its staff. We believe the current long wait times result in part from the fact that many patients are seeking care now that they postponed when COVID-19 was more prevalent in the community. It is difficult, however, to precisely quantify the wait time impact attributable to this factor.

3. Address HRAP Standard 1.4. Explain in detail your current market share and any expansion or change in market share due to this project given the increase in volume cited in the application.

Response: UVM Medical Center does not have access to the outpatient ambulatory visit data for the Burlington Healthcare Service Area (“HSA”) necessary to calculate UVM Medical Center’s market share for Dermatology and Ophthalmology services. We can provide a rough estimate based on a subset of commercial payer data for calendar year 2018² available to us through Sg2’s subscription Ambulatory Market Strategist (“AMS”) service. AMS data includes the provider location where a patient received services, but not the patient’s origin. We can therefore use this data to estimate the percentage of patient visits to UVM Medical Center clinics relative to total patient visits to clinics in the Burlington HSA in 2018, but not UVM Medical Center’s true market share.

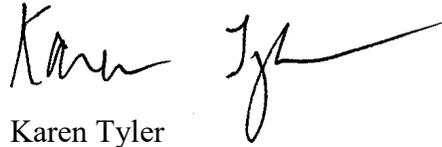
Based on the AMS data, we estimate that the UVM Medical Center Dermatology practice had an approximately 54% share of Dermatology-related patient visits in the Burlington HSA in 2018. In that same year, the Ophthalmology practice had an approximately 56% share of Ophthalmology-related patient visits in the Burlington HSA.

The methodology used to generate the volume forecast shown in UVM Medical Center’s CON application projected only the growth of UVM Medical Center’s visit volumes. It did not project the growth of non-UVM Medical Center clinics’ volume, nor did it assume that UVM Medical Center’s market share will change – i.e., it did not assume that UVM Medical Center will capture any growth in existing visit volume at non-UVM Medical Center clinics, or vice versa. The volume forecast supporting UVM Medical Center’s application therefore does not suggest that the proposed project will “erode volume at any other Vermont facility” within the meaning of HRAP Standard 1.4.

² This is the most recent data available through the AMS service.

Thank you for your attention to UVM Medical Center's application. Please let us know if you have any further questions or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Tyler". The signature is fluid and cursive, with a long horizontal stroke extending to the right from the end of the name.

Karen Tyler
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Preferred Locations and Adjacencies by Service

Makes More Sense Off Campus	Could Logically Go in Either Area	Makes More Sense in ACC
Primary Care Family Practice/PCIM Pediatric Primary Care Behavioral Health Services with Functional, Off-Site Space Orthopaedics Cardiology Endocrinology Pain Management Services with Highly Ambulatory Component ENT Ophthalmology Dermatology Bariatric Surgery Plastic Surgery PT/OT Memory Clinic (because of patient population) Highly Ambulatory Services with Synergies with Off-Site Programs Rheumatology Nephrology	Services that are Highly Ambulatory – but there is not strong support to move off-site Digestive Disease Center General OB/Gyn Urology Breast Center Services that Function Off-Site Today, but have synergies with inpatient/other ACC Programs Transplant Neurology Continence Center Inpatient-Oriented Services with Synergies with Off-Site Services Vascular Surgery	Services with Functional, High-Cost Space in ACC Cancer Center Radiation Oncology Reproductive Endocrine/IVF Services with a Heavy Inpatient Component Neurosurgery Pulmonary Trauma Transplant Interventional Radiology Interventional/Inpatient Cardiology Cardiac Surgery Thoracic Surgery Services with Thin Faculty, making coverage of inpatient/outpatient more challenging Children's Specialty Clinic Infectious Disease

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Graphical Summary of Recommended Relocations

Recommended Stacking Diagram following all ACC relocations

Floor	West Pavillion (WP)	Main Pavillion (MP)	East Pavillion (EP)	Rad. Onc. Pavillion
5th	Children's Specialty Center			
4th	Urology	IVF/MFM/OB/Gyn and Reproductive Endocrinology		Medical Subspecialties
3rd	Ambulatory Surgery Prep/Recovery		Library/Admitting/Registration/Pharmacy	Diagnostic Imaging
2nd	Surgery Support		Cancer Center - Multi-specialty Clinics and Infusion Center	
2nd Lower	Breast Health		Outpatient Laboratory	
1st	Emergency Department		Clinical Laboratory	

Denotes an ACC module with at least some renovation recommended

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Phasing and Timing – Specialty and ACC Developments

Phase 1 Projects create space by relocating predominantly ambulatory specialties that can effectively function independently of the inpatient facility out of the ACC to Tilley Drive

Current Locations

Floor	West Pavillion (WP)	Main Pavillion (MP)	East Pavillion (EP)	Rad. Onc. Pavillion
5th	Dermatology	Ophthalmology	Inpatient Focused Surgical Clinics with Related Medical MDCs	
4th	ENT	IVF/MFM/OB/Gyn and Reproductive Endocrinology		Children's Specialty
3rd	Ambulatory Surgery Prep/Recovery		Library/Admitting/Registration/Pharmacy	Diagnostic Imaging
2nd	Surgery Support		Breast Ctr., Cancer Ctr. - Multi-specialty Clinics and Infusion Ctr., OP Lab	
2nd Lower	EHR Administrative		Shell/Conference	
1st	Emergency Department		Clinical Laboratory	

Phase 1 Projects: Clear Space in the ACC by Creating Off-Site Ambulatory Developments

Floor	West Pavillion (WP)	Main Pavillion (MP)	East Pavillion (EP)	Rad. Onc. Pavillion
5th	Vacant	Vacant	Inpatient Focused Surgical Clinics with Related Medical MDCs	
4th	Vacant	IVF/MFM/OB/Gyn and Reproductive Endocrinology		Children's Specialty
3rd	Ambulatory Surgery Prep/Recovery		Library/Admitting/Registration/Pharmacy	Diagnostic Imaging
2nd	Surgery Support		Breast Ctr., Cancer Ctr. - Multi-specialty Clinics and Infusion Ctr., OP Lab	
2nd Lower	Vacant		Shell/Vacant	
1st	Emergency Department		Clinical Laboratory	

Recommended Ambulatory Direction

Facility Solutions/Directions	Makes More Sense in ACC
<p>Services with a Heavy Inpatient Component</p> <p>Inpatient focused surgery with related medical multi-disciplinary clinics are largely housed on EP5 (medical and surgical) and MP5 today.</p> <p>These services should retain the EP5 and MP5 spaces with no renovations. Relocation of Urology, Infectious Diseases, and Rheumatology creates needed capacity.</p> <p>Services in this enlarged multi-disciplinary clinic include:</p> <ul style="list-style-type: none"> Neurosurgery Thoracic surgery Transplant surgery (relocates from UHC) Vascular surgery / Interventional radiology General surgery Gastroenterology (endoscopy also remains) Pulmonology and pulmonary diagnostics Hepatology Trauma surgery <p>An additional inpatient focused medical specialties clinic will also be required. This clinic should occupy EP3 and EP4 – vacated EP3 Derm and the vacated Children’s Specialty Clinics. Included services would be:</p> <ul style="list-style-type: none"> Infectious diseases Neurology/Neurophysiology laboratory (relocation from UHC and Patrick 5; excludes Sleep Lab) 	<p>Services with Functional, High-Cost Space in ACC</p> <ul style="list-style-type: none"> Cancer Center Radiation Oncology Reproductive Endocrine/IVF <p>Services with a Heavy Inpatient Component</p> <ul style="list-style-type: none"> Neurosurgery Pulmonary Trauma Transplant Interventional Radiology Interventional/Inpatient Cardiology Cardiac Surgery Thoracic Surgery <p>Services with Limited Faculty, making coverage of inpatient/outpatient more challenging</p> <ul style="list-style-type: none"> Children’s Specialty Clinic Infectious Disease



Recommended Ambulatory Direction

Makes More Sense Off Campus	Facility Solutions/Directions
<p>Primary Care</p> <ul style="list-style-type: none"> Family Practice/PCIM Pediatric Primary Care Behavioral Health <p>Services with Functional, Off-Site Space</p> <ul style="list-style-type: none"> Orthopaedics Cardiology Endocrinology Pain Management <p>Services with Highly Ambulatory Component</p> <ul style="list-style-type: none"> ENT Ophthalmology Dermatology Bariatric Surgery Plastic Surgery PT/OT Memory Clinic (because of patient population) <p>Highly Ambulatory Services with Synergies with Off-Site Programs</p> <ul style="list-style-type: none"> Rheumatology Nephrology 	<p>Primary Care and Services with Functional, Off-Site Space should not relocate to the ACC</p> <p>Services with Highly Ambulatory Components</p> <p>ENT – ENT should relocate to an ambulatory site focused around ambulatory surgery. The entire program should relocate, including audiology, clinical research, and faculty offices.</p> <p>Ophthalmology – Ophthalmology should relocate to a comprehensive free-standing ophthalmology center. The center would accommodate the entire program, including clinics, procedures/surgery, diagnostics, clinical research, faculty offices, and potentially optometry/retail.</p> <p>Dermatology – the entire ambulatory operation should relocate to an ambulatory facility, including Mohs Surgery, clinical research, and faculty offices.</p> <p>Bariatric Surgery – Bariatric Surgery should remain off campus. Co-location with a primary care clinic should work well for this service, as the multi-disciplinary support team for a quality bariatrics program overlaps significantly with the medical home professional team (psychology, dietary, etc.).</p> <p>Plastic Surgery – plastic surgery could relocate to a surgery clinic attached to an ASC development as a strategic relocation to encourage utilization of the ASC, or could co-locate with Dermatology. Otherwise, we recommend no immediate change.</p>

