

Charles T. LaGoy, DO
21 Hilltop Dr.
Newport, VT 05855
clagoy@nchsi.org
10/12/2024

Green Mountain Care Board
144 State Street,
Montpelier, VT 05602

Dear Members of the Green Mountain Care Board,

I have been a primary care physician providing care to adult patients first in the clinic and now principally as a hospitalist at North Country Hospital since July of 2015. I am writing to express my deep concern regarding the potential changes to hospital services at North Country Hospital as recommended by the consultant firm, Oliver Wyman. I want to advocate for the maintenance of the essential services that our hospital provides to local residents.

Our hospital plays a principal role in ensuring that healthcare is accessible in the Northeast Kingdom. North Country Hospital has been a cornerstone of our community, offering essential services that range from emergency care to outpatient treatments. The presence of these services not only improves health outcomes but also fosters a sense of security among residents. From the clinic, I have seen my patients present to the emergency department with critical illness and be stabilized before being sent by ambulance or helicopter to a tertiary hospital for definitive care. Just last week a patient presented to the emergency department after suffering a cardiac arrest at home and was treated with powerful medicines at our facility before being transported to a cardiology service. This was a young man whose life may well have been forfeit if there were the delay in care that would be necessitated by a long pre-hospital transport. Stories such as this abound in remote critical access hospitals such as North Country Hospital.

Our obstetrical service also provides irreplaceable care. We have excellent obstetricians who have saved many lives, as is the nature of that specialty. The history of childbirth before modern techniques is grim and is still in evidence in parts of the world without access to modern obstetrical care.

My experience as a hospitalist has a different focus. In some regards, we do function as a remote wing of the tertiary hospitals, because while we do provide definitive care to many sick people, we do not regularly provide long-term intensive care. We transfer patients for

definitive care if their condition worsens or a more serious underlying cause of their presenting complaint is identified. I imagine the financial benefits of transferring every patient to a distant site for care would be somewhat diminished by the cost of transport even if economies of scale make this grossly favorable. However, the effect on the patients, often elderly and without robust financial or social supports, is difficult to quantify. Imagine traveling to a distant hospital outside your community where your family may not have access, and which consequently leaves you without a familial advocate. When you leave the hospital, you may be without the transition supports a local hospital is better able to provide. I have been able to knock on patients' doors at times when we have been unable to reach them for follow up and am able to coordinate care with their primary care provider when they leave the hospital. Providers all struggle to ensure that patients get and take the medicines we prescribe and follow up on recommended testing. These challenges are only increased with distance and the consequent loss of institutional knowledge on how best to facilitate local care.

Another issue unaddressed by the consultant is the dramatic increase in capacity that would be needed at our usual tertiary centers. During the pandemic when I needed to transfer patients not infrequently for definitive care, I have called as many as 12 hospitals, some of which were able to represent several hospitals in their catchment area, looking for available beds. I have transferred patients to all the surrounding states as local hospitals did not have capacity. If all the patients are to be transferred to other hospitals, they will need much greater capacity than they currently have.

In my years here I have seen the critical importance of services at North Country Hospital to the community and the economy. Many elderly people travel south for the winter and return here in part with the expectation that medical care is assured. People who move to town typically have an expectation that hospital care can be provided here. Businesses will have a more difficult time recruiting employees without the assurance of care a hospital provides. Would you be willing to move to an area without obstetrical care during childbearing years? I would expect that there will be a decline in the local economy from the loss of this resource. I did not see this addressed with data by Oliver Wyman.

I was surprised by the recommendations of the consultant in part because there did not seem to be equal importance given to the several goals spelled out by Act 167. The recommendations do attempt to address rising health care costs. At a certain point cost may become the dominant issue, but Act 167 directs attention be paid as well to improving health outcomes, increasing access, maintaining sufficient capacity for emergency management and reducing health inequities. These subjects seem unaddressed by the recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read 'C LaGoy', written in a cursive style.

Charles LaGoy, DO
Hospitalist program director
North Country Hospital
clagoy@nchsi.org
(802)673-3624