

**From:** LaJeunesse, Kristen<Kristen.Lajeunesse@vermont.gov>

**Sent on:** Tuesday, October 24, 2023 7:03:15 PM

**To:** LaJeunesse, Kristen<Kristen.Lajeunesse@vermont.gov>; Watson, Hilary<Hilary.Watson@vermont.gov>; Melamed, Marisa<Marisa.Melamed@vermont.gov>; Boles, Julia<Julia.Boles@vermont.gov>

**Subject:** Public Comment: Community Engagement: Hospital Sustainability and Act 167 2023-10-24T19:03:13Z

**A new GMCB Public Comment has been received.**

**Submit Time:** 10/24/2023 7:03:13 PM

**Name:** Greta Bame Irwin

**Affiliation:** The University of Vermont Health Center

**Town/City:** Jericho

**Topic:** Community Engagement: Hospital Sustainability and Act 167

**Comment:** Healthcare System Redesign: Step One: Universal Healthcare Coverage Option from Birth to age 18 with creation of Medical Homes within the public school system. Hospitals in the state have "catchment areas" which encompass the schools in each part of the state. A core team of advanced practice professionals and nurses cover a manageable number of schools, who in turn report to a pediatrician(s) who is the program Director. Responsibilities include managing student illness, assessing and triaging injuries and acute care needs, immunizations, physicals, developmental, vision, hearing and spine health screenings; as well as having an active role in teaching age-appropriate health related topics, such as self-care, nutrition, yoga/movement, weight management, sex education and more. GOALS: 1) Equal access to well-care, preventative medicine and meaningful education for ALL children in our state enrolled in school. 2) Cost reduction associated with exceptional preventative medicine and education/empowerment. Step Two: One Stop Shop Model. It is RARE today to have a patient present to the hospital with one "simple" thing wrong, like a stroke or a broken hip. Instead, our patients have a long list of co-morbidities that are typically not addressed/minimally addressed/not reimbursed for in our current medical model of care. Today's patient has had a serious neurological event likely facilitated by chronic IV drug use disorder, a history of mental illness and is possibly homeless and jobless with no insurance. How does one hospital designed to treat acute medical events cope with this patient effectively with his myriad of needs??? Without a payor source. Without a post-acute setting that will accept him due to his complexity of care. Without active mental health intervention. Without substance centered rehab. Without a home to discharge to. The current "answer" is they sit in an acute care beds (usually with a 1:1 sitter)for extended periods, blocking access to patients who need acute management. Hours and hours of precious time and resources are expended jockeying for post-acute placement. If we can determine a discharge disposition, a common scenario is that that patient will be back in a week or two because none of the problems that landed that patient here in the first place have been addressed. Our acute care treatment paradigm MUST shift to address the whole person. Once medically stable, we need access to transitional post-acute care facilities where whole person care can continue. Specialized SNFs, transitional living facilities, supervised apartments, then back to the community at large. Along the path, patients are moved to the least restrictive level of care they can tolerate from a 360-degree perspective. They receive physical therapy, occupational therapy, speech language pathology, medical care, substance use counseling, vocational rehabilitation, supported employment opportunities, social services and psychiatric services in the correct dosages along the path to independence and successful community re-integration. Only by arming the children of the state with excellent preventative services and educating them to make good, informed self-care choices AND working aggressively to restore quality of life and self-sufficiency to marginalized Vermont citizens will we be able to maximize wellness in our communities, control healthcare expenses and restore balance to the hospitals in the state.

Post Comment: Yes