

A new GMCB Public Comment has been received.

Submit Time: 8/15/2023

Name: Tom Derenthal

Affiliation:

Town/City: Burlington

Topic: Hospital Budget

Comment:

Green Mountain Health Care Board,

I'm writing today to express my concern regarding the non-ending increase in the price of healthcare in our state.

The medical business is certainly challenging. The fluidity of healthcare, with evolving and advancing care processes including changing techniques and technology is daunting. Operational, capital and patient care decisions require both a long term outlook plus significant nimbleness to deliver reasonable outcomes at reasonable costs. And the different motivation and practices of payers, insurers, Medicare, Medicaid plus private pay or uninsured patients, increases the need for dexterity across the entire organization.

So I recognize there is a challenge.

After reading the UVM Health Network's Fiscal Year 2024 Hospital Budget Submissions to the Green Mountain Care Board, dated June 30, 2023, it's clear the UVMHN leadership team is NOT up to that challenge.

First, increasing nursing and physician ranks are good ideas, but UVM Health Network failed to describe the underlying cause, how this evolved and what specific actions will make a difference in FY24 and the future. What I read in the news is that nursing morale, staffing numbers and salaries are all low, which precipitates lower morale, turnover and higher costs being paid to "travelers". It's significant due to "travelers" being 3.4% of workers but 7.8% of cost. If UVMHN took better care of its own, maybe the resignation rate would improve. While I'm on this, UVMHN shares a name with UVM...does this not provide some leverage to motivate UVM to graduate more nurses and doctors and other medical staff?

Note: I'm guessing nurses make up the most of the travelers. The report didn't break down travelers by type.

Second, the demographics of Vermont lean to an increasing age and increased medical care. UVMHN wants recognition of the added expense, but does not disclose how they're preparing and adjusting their business model to accommodate this tsunami of older folks.

Third, UVMHC doesn't apparently have a plan to better integrate care and move away from fee-for-service. UVMHN's One Care, in my opinion, is a complete failure and waste of money.

Forth, UVMHN complains that Dartmouth Hitchcock has better inpatient pricing due to Medicare IP price and accounting. Nowhere is it described why Medicare IP price is higher at Dartmouth.

Fifth, The UVM Network has in recent years acquired some number of primary and specialist practices. To date patients have not benefited. However, your bill after seeing a UVM Network doctor may now in addition to the doctor's fee, also include a new fee for use of the Network's facility. The move to consolidation is posed to monopolize healthcare, avoid competition and charge high fees with impunity.

Last comment. I realize it's easy to be critical and I don't have many answers. But I am concerned.

USA Healthcare practitioners largely don't care about price. Most of the players are doing OK. For example, drug companies' charge what they want and insurance companies pay and then pass the cost to their subscribers. The prescription writers, drug company people and insurance people are all doing OK. The same can be said for doctors & hospitals who charge what they like, which again goes to insurance then subscribers. Subscribers, BTW, are us. Through employers, Federal Medicare, State Medicaid and other programs We The People pay.

Thanks for listening,
Tom D.

Post Comment: Yes