

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

**Sent on:** Tuesday, September 17, 2024 7:41:56 PM

**To:** GMCB - Health Systems Finances<GMCB.HealthSystemsFinances@vermont.gov>; Foster, Owen<Owen.Foster@vermont.gov>; Barrett, Susan<Susan.Barrett@vermont.gov>; Barber, Michael<Michael.Barber@vermont.gov>; Walsh, Thom<Thom.Walsh@vermont.gov>; Murman, David<David.Murman@vermont.gov>; Lunge, Robin<Robin.Lunge@vermont.gov>; Holmes, Jessica A.<Jessica.A.Holmes@vermont.gov>; Hengstler, Mark<Mark.Hengstler@vermont.gov>; LaJeunesse, Kristen<Kristen.Lajeunesse@vermont.gov>

**Subject:** Public Comment: Hospital Budget 2024-09-17T19:41:53Z

A new GMCB Public Comment has been received.

**Submit Time:** 9/17/2024 7:41:53 PM

**Name:** Friederike Keating

**Affiliation:** Cardiologist at UVMHC

**Town/City:** Jericho

**Topic:** Hospital Budget

**Comment:** I work as a cardiologist and program director for the cardiology fellowship at UVMHC. I am also a member of our finance committee. I am concerned that the Board's penalty against higher revenue is highly counterproductive when it comes to access to care and state of the art care. Let me give you an example that is close to my hear: UVMHC is by no means at the current standard for a tertiary care center when it comes to cardiac care for our sickest patients. Notably, while we do a lot of things well, we do not have a cardiac intensive care unit. We do not have current treatments like ECMO or LVADs. So-called VA ECMO is a treatment employed to take over the work of the heart when the heart fails suddenly. Currently our patients who require this advanced care are emergently flown to a center that offers it, outside of Vermont, although this transport is not always possible due to them being too sick or due to availability of accepting hospitals. Dartmouth and Maine Medical Center have a functioning CVICU, and they have ECMO, and they have the cardiology staff for this, as do all peer organizations near and far. Meanwhile, we have lost two out of three advanced heart failure specialists. ECMO and cardiac intensive care requires an institutional commitment and investment that was close to being realized but that is once again slipping through our hands because of the Green Mountain Care Board's restriction on budget and revenue. ECMO itself is reimbursed well but that would clearly increase revenue. Cardiac intensive care, which every tertiary center should offer, requires that revenue - for a functioning cardiac intensive care unit, staffed by physicians and nurses who are expert in critical care, and with access to state of the art treatments like ECMO. As the person responsible for training our next generation of cardiologists, it pains me that I cannot offer my trainees contemporary training in cardiology. We do Vermonters a disservice with this. In summary, the Board's approach to tightening revenue is not in line with our population's need for care, and this is only one example.

**Post Comment:** Yes