

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

Sent on: Thursday, August 1, 2024 9:44:42 PM

To: LaJeunesse, Kristen<Kristen.Lajeunesse@vermont.gov>; Watson, Hilary<Hilary.Watson@vermont.gov>; Melamed, Marisa<Marisa.Melamed@vermont.gov>; Barrett, Susan<Susan.Barrett@vermont.gov>; Foster, Owen<Owen.Foster@vermont.gov>; Holmes, Jessica A.<Jessica.A.Holmes@vermont.gov>; Lunge, Robin<Robin.Lunge@vermont.gov>; Murman, David<David.Murman@vermont.gov>; Walsh, Thom<Thom.Walsh@vermont.gov>; Berube, Alena<Alena.Berube@vermont.gov>; AHS - Health Care Reform<AHS.HealthCareReform@vermont.gov>

Subject: Public Comment: Community Engagement: Hospital Sustainability and Act 167 2024-08-01T21:44:39Z

A new GMCB Public Comment has been received.

Submit Time: 8/1/2024 9:44:39 PM

Name: Aaron Mitton

Affiliation: Retina Center of Vermont

Town/City: Burlington and South Burlington

Topic: Community Engagement: Hospital Sustainability and Act 167

Comment: As a Burlington resident with 14 years of experience as an administrator for an independent medical specialty office in South Burlington, I appreciated the opportunity to attend the Community Engagement presentation on July 29. Unfortunately, I walked away feeling as though Dr. Hamory and his team were doing everything in their power to focus on problems in the community and in the population base of Vermont, rather than looking inward. It was touted that UVMHN and other hospitals cannot keep up with Vermont's medical care needs, but also that their budgets have mostly been in the red for the past few year. As someone with a finger on the pulse of UVMHN's contracted insurance rates, all of which far surpass the rates that independent medical practices will ever be able to negotiate, it seems to me that "too many patients" simply cannot result in "too little money" unless there are serious problems within the hospitals themselves. The need for a "reallocation of funds" was only mentioned when Dr. Hamory had nothing else to fall back on when taking public comments and questions, and it was only cited in the context of State and public funding. It was never mentioned that a reallocation of the hospitals' own resources, and a reevaluation of their own systems, may be needed. If part of the problem is "providing access to more patients," then the solution seems clear to me. Vermont needs to level the playing field for independent medical practices by regulating hospital fee schedules and giving insurance companies the ability to "spread the wealth." Pay parity and other means of support for independent medical practices have long been ignored at the State level, and this problem has been exploited by hospitals (UVMHN, in particular), who stand ready to absorb and profit from struggling practices. A basic tenet of "healthy" Capitalism is that good, well-regulated competition promotes ingenuity, efficiency, and affordability--ideals which UVMHN and other hospitals are not incentivized to meet. Overall, it is astounding to me that such a lengthy (and likely costly) analysis is still underway, when everything that was presented on July 29 had already been addressed by Dr. Hamory in his report on Vermont Hospital Sustainability back on January 12... of 2022. It is clear to me that Dr. Hamory's team is incentivized to find a solution that doesn't involve any sacrifice on the part of large medical centers, although the problems should be theirs to shoulder. They themselves cultivated these problems through decades of intensive medical monoculture, and we all know how prone monocultures are to disease and predation. Sincerely, Aaron Mitton

Post Comment: Yes