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Sent on: Monday, November 4, 2024 2:31:24 PM

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Subject: Public Comment: Act 167 Community Engagement

A new GMCB Public Comment has been received.

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Name: Alison Davis, MD

Affiliation: Rutland Regional Medical Center

Town/City: Rutland, VT

Topic: Community Engagement: Hospital Sustainability and Act 167

Comment: As a community-based physician, I support many, but not all, of the OW recommendations. As the report makes clear, Vermont's health care system is unsustainably burdened by the state's lack of housing, need for long term care beds (particularly for those with psychiatric and substance use disorders), and inadequate EMS transportation network. Until these issues are addressed, our system will be forced to provide care in the most expensive environment, hospitals. I appreciate the report's emphasis on these needs. On the other hand, I am troubled by recommendations such as closing hospital-based maternal/OB services. Free-standing birthing centers are not the solution to rising healthcare costs in our rural state and would exacerbate healthcare inequities. Other suggestions, such as shifting existing emergency departments to urgent care clinics, would have significant impacts on the remaining emergency departments and our EMS system that need to be considered and addressed before such changes can safely be implemented. Healthcare is, for better AND worse, an increasingly expensive deliverable. The options available to patients in terms of treatment and diagnosis are dramatically different than they were in 2000. The medications that were available to treat autoimmune disease when I started training, such as prednisone and hydroxychloroquine, cost a tiny fraction of the tens of thousands of dollars an annual supply of the new biologics costs. But the new treatments often work better and with fewer side effects. That's a hard cost/benefit assessment. We also rely on more expensive imaging studies, such as MRI and nuclear testing, to diagnose and stage disease because studies show these tests are more accurate and informative. This is true across medicine and applies to procedures as well. Just this week, a leading medical journal published a study arguing that patients with aortic valve disease should have surgery before they develop any symptoms. Doing so prevents death and complications, but it will undoubtedly create more demand and more expense. Informed discussions with patients and shared decision making at the bedside may help, but will it be enough to counter our nation's direct-to-consumer industrial marketing of drugs and technology? Finally, I think OW is right that the GMCB should stop using net revenue of hospital systems as a control lever. Net revenue fails to take into account the growing use of imaging and infusions which our aging population requires. And revenue is not profit, as is often implied. How can the GMCB tell hospitals to continue to provide the same amount of services and simply "charge less," when hospitals are barely covering their costs, let alone saving to replace aging equipment or invest in new technology? The math doesn't work. The only feasible response is for hospitals to put projects that would improve access on hold or, worse, stop providing services, leaving our most vulnerable residents, who can't travel or wait, to go without the healthcare that I, for one, believe they have the right to receive.

Post Comment: Yes