

A public comment has been received 07/29/2024.

Name: Beth A. Reilly, BSN RN

Town:

Affiliation:

Topic: Community Engagement and Hospital Sustainability

Comment:

Hello. My name is Beth Reilly and I have worked in the healthcare sector, and as a nurse, for almost 15 years. For the past year I have worked as the sole FTE for UVMHC's Working to Reduce Admission Program (WRAP), a data-driven program modeled after the Multi-Visit Patient (MVP) Model. Daily I receive a list of any individual who was treated and released from the UVMHC Emergency Department 3 or more times in 90 days (rolling 365). As you can imagine the list is long. It is my job to triage, outreach and secure with the patients more community-based solutions, as many of the reasons for high ED utilization (without getting admitted) are social in nature and do not need an ED level of care. Also, all of my patients are non-attributed patients. So, Community Health Center, VA, those without a PCP, etc. I should also add that I sit on the Board of Directors for Community Health Centers, chairing our Governance Committee. I am also a patient of both CHC (Primary Care) as well as UVMHC (Women's Health). While I live in Central Vermont my work has predominantly been in Chittenden County throughout my career. My passion is digging into the intersection of where the 'boots on the ground' and 'those with a seat at the table' have communication breakdown, what is missed because of it, and then what that costs us. Honestly, it is where the work is if you truly think about it. All too often the patients deemed high utilizers that fall on my list are there not just because of the supply/demand issue of SDOH but rather due to communication breakdown. Between the agendas, strategic plans, and reform suggested from the 'table' where you sit it sadly seems far removed for the realities of what is at stake in the community. I know that may land hard, and I do respect the work you do; however, the truth is you are missing some vital pieces that are worth taking a closer look at. Here are my observations, based on my work, and in reflection of your presentation today, 7/29/24 in South Burlington.

1. Patients who are considered high utilizers do not trust the healthcare system (or any social system for that matter), however the difference is that they also rely on these systems which leads to ambivalence, resentment, and [likely] an increase in their mortality/morbidity because of it. Which then costs us all money.
2. You cannot request separate goals initiatives such as Housing, Transportation, Work Force, Admin, and Pathways (taken from slide page 30) as separate agendas. It is like a deck of cards. They all rely on each other and in multiple different nuanced ways. If you want timely, affordable, and high-quality care you must think like a patient going through the steps. Try getting to SUD treatment if your license was suspended or to navigate Medicaid if your first language is not English (or even if it is English). Anyone can create nice steps and processes in a slide deck. The true work is in the implementation and endless revisiting when issues come up. Our community is tired of new initiatives, agendas, etc. with the maintenance being left in our hands, which are simultaneously tied up working.
3. Our community partners, such as CHC, Howard Center, Turning Point, and Pathways in Chittenden County (to name a few) often foot the bill but also have a fixed income with much more stringent balance sheets than the hospital. However, therein lies the issue. Why should the community partners/providers have to double down the necessary supports so that the hospital can better balance their budget? Hospitals cannot solve these problems alone, but they also cannot be the only place that benefits from the solutions.

Thank you for your time. I would have loved to comment publicly but I was unable to stay through the entire meeting. I would be happy to speak further if there is any interest. We are all in this together.

Respectfully, Beth A. Reilly, BSN RN

Post Comment: Yes