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**Sent on:** Tuesday, July 30, 2024 7:53:58 PM

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**Subject:** Public Comment: Community Engagement: Hospital Sustainability and Act 167 2024-07-30T19:53:55Z

A new GMCB Public Comment has been received.

**Submit Time:** 7/30/2024 7:53:55 PM

**Name:** Don Rendall

**Affiliation:**

**Town/City:** South Burlington

**Topic:** Community Engagement: Hospital Sustainability and Act 167

**Comment:** Thank you to the GMCB, AHS and Oliver Wyman for undertaking the Burlington Healthcare Community meeting presentation and public discussion on July 29, 2024. The presentation and public comments raised several questions that I hope the GMCB will consider in evaluating transformative changes to Vermont's health care delivery system: 1. Why are Vermont's healthcare costs higher, and increasing faster, than most other states/regions in the country? The presentation made clear that Vermont's health care costs are higher, and increasing faster, than most other states/regions in the country. The presentation provided some oblique data about our demographics, and general cost of living, but the "diagnosis" did not squarely address the question "why." Is not this essential to understand what solutions might be effective and, just as important, what solutions will not? 2. Public comments from independent practitioners highlighted the extraordinary disparity in commercial insurance reimbursement rates between independent providers and UVMHC. If this is based on UVMHC's higher costs to deliver services, it suggests that a radical decentralization of health care delivery, away from the Medical Center to independent providers, could have a significant impact on health care costs. Will the GMCB consider/evaluate this approach to controlling costs? 3. Vermont has spent 10+ years committed to a population-based, ACO approach to health care delivery that was sold as a way to control and reduce costs, while improving access. It has clearly not been effective. Will this process prompt policymakers to evaluate the results of these efforts rigorously and transparently, acknowledge where they have fallen short, and abandon what has proven ineffective? 3. Many of the suggested solutions/"innovative" approaches appear to be initiatives that have been underway for many years, yet have not bent the cost curve or improved access. How will this process ensure that future initiatives will not amount to "more of the same"? Put another way, how will this process avoid our doing the same thing over and over again, expecting a different result? 4. Will policy makers consider whether Vermont can continue to afford to support an academic medical center-centered approach to health care delivery in northwestern Vermont? UVMHC reports that it is delivering health care under this model as efficiently as they know how. Yet the costs are plainly unsustainable. Will policymakers undertake a disciplined, rigorous examination of the economic sustainability of this model and its alternatives?

**Post Comment:** Yes