

A new GMCB Public Comment has been received.

**Submit Time:** 09/26/2024

**Name:** Dr. Marc Bouchard MD

**Affiliation:**

**Town/City:** Newport

**Topic:** Act 167 Community Engagement to Support Hospital Transformation

**Comment:**

Dear Mr. Foster, GMCB and House Committee on Health members,

I write to you directly as a follow up to the correspondence I had with Dr. Hamory from the firm Oliver Wyman, specifically as it relates to his recommendations for North Country Hospital in Newport VT. See thread below. First, I want to acknowledge how difficult of a task you have and thank you for taking on the challenge of trying to make health care affordable to Vermonters. I recognize that it is a true problem, that the answers are not easy to find, and the status quo may not be acceptable.

However, I do stand by my comments to Dr. Hamory per my message to him below. (OK the ER visits may be more towards 16 000 vs 17 000 this year, depending on how early the ski season starts, as we are the hospital that receives all the trauma from Jay Peak ski resort). Still the discrepancy in the numbers is significant. I reiterate that his recommendations for North Country Hospital should be disregarded. Our administration has come to the GMCB these past few years with very reasonable rate increase requests (essentially cost of living or inflation). I note that medical inflation has been higher than general inflation. But I submit that the cost of health care with his recommendations would likely increase for patients. Right now, when we ask for a tele-neurology consult, DHMC who provides the service bills us (or the patient \$700 approximately). So, in a scenario where an associate clinician (nurse practitioner for example) staffs the ER and relies many times on a tele-medicine consult, it does increase the bill to the patient. Also, the cost of an ambulance transfer to the closest hospital with acute care beds or a real ER (50 miles to NVRH) is not negligible. Many days we have anywhere between 5 to 15 ambulances per day bringing patients to us. As stated below, to speak about the human cost, I can cite many examples where patients would have died were it not for us being here functioning as a real ER, with seasoned ER physicians on staff. There was a boating accident this summer with 6 critical patients whose lives would have been at risk. Or an early 60s patient came in two weeks ago, with aortic dissection which can be mistaken for a heart attack, and if treated as such could lead to the patient's death. But the ER residency trained physician on that day recognized the subtle clinical findings and did the right procedures to keep the patient alive until he could get him to the thoracic surgeon who performed surgery. It was heart warming to have the said surgeon reach out and congratulate the ER doc for keeping him alive until he got to UVMHC. I could go on.

Therefore, I urge you, as soon as possible to put out a statement that our hospital is safe, after considering the comments of the many physicians, elected officials, and community members that ( I am sure) have reached out to you to give feedback on the report. I believe the real data can speak for itself, on how vital, crucial and viable North Country Hospital ( with a true ER, inpatient unit and OB service) is to this community. This would reassure the many patients and staff members here that have concerns for their future.

Thank you for reading,

Kindly,

Dr. Marc Bouchard MD  
ER director, District Medical advisor  
North Country Hospital

From: Hamory, Bruce  
Sent: Friday, September 20, 2024 9:47 AM  
To: Marc Bouchard MD  
Subject: RE: Response to report to GMCB

Thank you for your comments. The ED numbers are from the survey VAHHS sent to your hospital and were sent back to your leadership to check. I apologize for the error on Spine surgery.

I stand by what I told the community. I am NOT saying your hospital MUST close. I am saying that based on all the ways my team and I could identify to keep the inpatient unit open, there was not a financially sustainable way forward without massive financial support. Most of the services currently provided are done on an outpatient basis. You and your colleagues provide a valuable community service and are a resource. My intent was, and is, to provide a path forward for you to continue to provide those services- but in a prospectively and intentionally planned way. It will require changes to how you are doing things. Please remember that healthcare is inaccessible even if it is next door- if you can't afford to go.

The State has been trying to address some of the issues my team and I noted but those efforts must advanced much more rapidly so that you and your colleagues can continue to help your community for many years to come.

Sincerely,  
Bruce H. Hamory, MD FACP

From: Marc Bouchard MD  
Sent: Friday, September 20, 2024 9:32 AM  
To: Hamory, Bruce  
Subject: Response to report to GMCB

Mr. Hamory,

I read your report to the Green Mountain Care Board, as it relates to recommendations to them and to the state legislature on reorganizing health care in Vermont. I will speak specifically of the recommendations for my home hospital and community , here at North Country Hospital and Newport, VT. It came as a surprise, notably in light of what you told the community in person back in July. First, I will say that I do agree with the recommendation for all of Vermont move towards a State-Wide electronic medical record to optimize care and contain cost. Indeed, we would be in the black financially were it not for a underperforming EHR that delays the delivery of care and the billing process. Historically we have been financially responsible, and we are on par to return to being in the black next year.

But otherwise, the data you rely on is inaccurate. I am the ER director and have been here for 27+ years. The number of visits per year for starters is not 10 780, but more in line to be over 17 000 per year this year. We had 204 deliveries in one year, not over two years. We never did spinal surgery here, so not sure where that comes from. We already utilize telehealth services for neuro and psych. Having ER physicians on staff, we do not need and “tele-ER doc” service. So as an example, to suggest that this emergency room could be staffed by non-physicians, in an institution with no OB/GYN, which would leave the APP in the ER to perform urgent/emergent deliveries is frankly reckless. I could site example until next week where patients would have died were we to become a 16 hour per day urgicare enter.

We, the med staff here vested in this community, are left picking up the pieces following your report, reassuring our patients, the staff (nurses, lab techs, radiology tech, support staff, etc.), the community, our neighbors, family, and friends that we will advocate for the care they are deserving of, remains accessible and available to them. Thankfully, I(we) have allies in the legislature we will be reaching out to, to explain how inaccurate the report is and should be disregarded as it relates to our hospital.

Dr Marc Bouchard MD  
ER director  
ER physician  
District Medical Advisor-EMS director  
North Country Hospital

**Post Comment:** Yes