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Sent on: Monday, October 14, 2024 6:03:02 PM

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Subject: Public Comment: Act 167 Community Engagement

A new GMCB Public Comment has been received.

Submit Time: 2024-10-14T18:02:59Z

Name: John Lippmann MD

Affiliation: North Country Hospital

Town/City: Newport

Topic: Community Engagement: Hospital Sustainability and Act 167

Comment: To the GMCB and Chair Foster: As the longest current tenured primary care physician at North Country Hospital and participant in many of the ongoing health reform efforts in Vermont this departure from a collaborative process is very disconcerting. The late decision on the part of the consultant team to recommend essentially the elimination of traditionally viewed hospital services at North Country Hospital creates a geographic "health care desert" that would create markedly inequitable care provision based on location and further degrade the economic vitality of an economically depressed region. In no other area of Vermont will the length of travel for essential services be as long or as perilous. If enacted as recommended a pregnant woman in Norton would be forced to travel more than an hour one way for routine care, let alone in labor for delivery care or if there is a high risk situation in her pregnancy. This lack of safe essential service will doom the desired recruitment of additional primary care physicians as they are likely to be in a demographic that would see these services as essential. For example my wife and I would not have located here to practice if the proposal to adjust services was enacted and neither would another of our longer term primary care staff. If the goal of this reform ostensibly includes health equity, geographic access has to be taken into account and, particularly in the case of the NEK, this was grossly ignored. The inability to engage with meaningful dialogue prior to publishing these draconian suggestions has led to a potentially self fulfilling proposition: a highly motivated empowered state regulatory agency without any constituent accountability has agreed with the conclusions and praised the outcomes of an easily seen blueprint for state reform that includes the strong suggestion of removing certain care in our region. It is hard to counter the feeling that this is the direction that you desire to move towards which reasonable and smart physicians will take into account in either abandoning practice or deciding to avoid relocating if recruited as the ability to continue to practice in our geographic area appears to not be a function of local need but of centralized top down mandates. The work to hold onto or maintain any current culture of care provided is going to be difficult with this intention publicly known. This includes nursing staff, physicians, APPs, radiology techs and other licensed individuals that can essentially find employment wherever they may want. A collaborative approach to engage with these "conclusions" and present a mutually agreed upon outcome or action steps would have allowed avoidance of the messaging challenge. Why this was not considered or attempted is not clear unless the desire was to centralize and socialize this large area of our economy as a small state with limited resources. Our local independent hospital governance board can make decisions but if they are not in line with your stated desires budgetary purse strings will be held to enforce the global change pursued from Montpelier. The damage done by this report is real and has already occurred. On a personal note it was the height of irony to have a clinically retired

individual who has acted as either a consultant or in an administrative role solely suggest that primary care providers are not being efficient or effective enough or that our specialist colleagues and academic physicians need to stop doing non clinical work. There are many studies that show primary care providers have too LITTLE time to see their patients in our current model of care in order to manage what is being asked and the quality measures that are never ending. To imply we are not doing our part or providing our fair share to the community is ludicrous. Those of us that care for and live in the communities that we serve are doing this not just as a job but as a calling. John Lippmann MD

Post Comment: Yes