

A new GMCB Public Comment has been received.

Submit Time: 5/25/2023

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Town/City: Colchester

Topic: Hospital Budget

Comment: Reading about the VAHHS ask for increased budgets, I felt many emotions (deflated, angry, helpless). We continue to struggle with paying independent doctors competitive rates because our physician reimbursement per CPT code is so low compared to the hospital reimbursements from the same insurers. I know of two young (40s and 50s) doctors planning to leave independent practices this year due to stresses of practice. One will probably work locums or a remote job with fewer hours and more money. Independent practices are pinched so tight by low reimbursement and high volume; and we have difficulty recruiting new docs as it has become increasingly difficult to match salaries offered elsewhere, so there is no way to ease the burden. The reason the margins in my practice (NRM) are positive is because I put in an extreme effort to streamline workflow to cut expenses as inflation occurred. In my practice, we have to continually work for it. At other practices with even slimmer margins, this is extraordinarily difficult. The hospitals need to be incentivized to make changes. Pay local nurses more, quit using travelers. (Of note- last year the hospitals increased nursing pay, at NRM we had to match that to keep our nurses, but then the hospital got a subsequent budget increase and we got a pay cut on our rates relative to inflation.) I am certain there are a number of business improvements to be made that hospitals currently have zero incentive to do the work to execute. When we asked for pay equity in physician fees, the feedback was that paying independent doctors equally would raise healthcare costs. I tried to argue that no, when you pay independent docs less, those practices don't survive and therefore close or get absorbed into UVMHC, and the medical costs for all those patients therefore drastically increase (facility charges and all the higher costs of hospital based systems) --and the price of healthcare goes up. Further, then we have a monopoly with no competition and are unable to control costs. I believe the next 1-2 years will be critical in determining whether integral Vermont community practices survive. We live in an incredible state, but the state of healthcare in Vermont is on a trajectory with higher and higher price tags and no end in sight. I would ask that we examine how the higher costs of UVMHC are benefiting Vermonters and think about the big picture of what options we want in our state.

Post Comment: Yes