

A new GMCB Public Comment has been received.

Submit Time: 11/16/2023

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Town/City: St. Albans Town

Topic: NMC Community Conversation Tuesday

Comment: Elizabeth and all, thank you for the opportunity for F/GI residents to speak about NMC and healthcare system concerns this week. I was driving and was in and out of hearing my friends and neighbors' comments, which rang true for me and my experiences, as well. I was not able to speak Tuesday, but wanted to take your invitation to weigh in.

First and foremost, having a community-based hospital is incredibly important to us. I say this as a client, family member, and former AHS Field Services Director. As noted by many others, transportation from the outer reaches of Franklin and Grand Isle is hard enough; it's more challenging when folks have to go beyond NMC for things not accessible here.

I echo the challenges of accessing specialists like neurologists---my husband had a TIA about 8 weeks ago, and was told that neuro at UVM would follow up soon w/ appointment info. A week passed. We called. They said they were waiting on the testing that NMC had done. When we spoke again a week later, the appointment was given for March of 2024. Concerning, in that my husband is 76, has diabetes, kidney disease, and cardiac issues. My 88 year old uncle, for whom I am POA and Trustee, moved here from DE in September. We were able to get St. A Primary Care to accept him as a patient w/in a month of coming here, but when we tried to follow up on his neuro referral (he has Parkinson's like issues that affect mobility), we were told that he can't be seen until November of 2024....to his credit, the scheduler was very apologetic and contrite, and said, "I am not supposed to say this, but you may want your PCP to see if Dartmouth could see him any sooner..." I am hoping my uncle will still be around to go to the appointment a year out...

Having oncology come to St. Albans as they do makes a huge difference---my dad was living with me the last two years of his life, and required monitoring and nearly weekly transfusions for myelodysplastic syndrome. Amy Fox is a model of what excellent patient support and advocacy for families can be! So very grateful she heard us and helped us during some of the most difficult times ever.

My family has had many experiences with NMC, esp. the ED. People have been very responsive, and also consult when they know they are not able to deal with what is presented. My husband has had the ultimately positive experience of a transfer from NMC to UVMMC by ambulance to receive stents in a cardiac event, and a Dartmouth neuro consult via telehealth during a stroke event. My dad had to be transported to UVMMC for more specialized care when he had a bad fall and broke his pelvis. And again when he fell and fractured his eye socket.

During our times in the hospital (NMC and UVMMC and Fanny Allen for rehab), it has been very clear that nurses are absolutely essential, and in short supply. Because of this, it has been important for me to be present as much as possible to help my loved ones/advocate for their needs. I hope that both NMC and UVM figure out how to recruit and retain excellent staff with improved benefits and compensation. I also hope they take their Patient and Family Advisories' feedback seriously and continue to make improvements to care based on the suggestions of folks' lived experience.

Mental health and substance use disorder treatment should be better integrated with healthcare and what happens in hospitals. We do not have enough clinicians, and we do not focus enough on prevention and earlier intervention, in my experience. We need to be able to offer the right treatments at the right time for the right duration. We cannot have children "boarding" in the EDs because we have no available appropriate beds. We can't "miss the window of opportunity" for treatment and recovery because facilities can't accept new clients or keep them long enough and/or the clients cannot afford what they need.

We need to have a much more seamless system that tailors supports and services to complex needs, in ways that are responsive to individuals and families, and leverage other resources. Housing, transportation, food, social connections, etc. are essential to health and well-being, and there are community partners that can assist, if coordination is available. That said, we can't coordinate what isn't available. As noted in Tuesday's conversation---if you have insurance/\$, you usually get better and more coordinated care than if you do not. And our services and supports seem to be as siloed as ever...

Workforce is a HUGE issue, across the system of care. We need to invest in ALL levels of caregiving, from child care to respite to home health/palliative care to hospital care, and everything in between, especially if we want older Vermonters to thrive and more families to come to Vermont to work and live.

In F/GI, we need especially more pediatricians and more providers who understand the particular challenges of older persons' health.

We need to make our system of care less costly and more accessible. ( I should mention that Home Health was a GODSEND during Covid---they came to our home for a variety of needs, from vaccinating vulnerable family members to doing monitoring of life-threatening conditions, and offering PT for my dad. Having mobile supports and services is helpful to so many in so many ways, esp. if it prevents crises and hospitalizations...) Navigating our healthcare system---including MH, Substance Use Disorders, dental, etc.---is VERY challenging for many, as is paying for necessary care.

I am sure I could say more, but will stop here.

Thanks for listening. I hope that we see Vermonters' input create positive change!

Post Comment: Yes