

- David Taft today will share his story about his missed cancer diagnosis in 2019 and his current unpaid medical bills he's paying UVMHC after they degraded his credit score, while trying to pay to rectify what they missed and how he will live rest of his years hoping his treatments keep the previous stage 4 cancer from spreading further. There are many more like him who have reached out to me, too afraid to speak. My hope is David's courage has inspired them to make their voices heard as well.
- The type of diagnosis and treatment David needed in 2019 is the fundamental medicine that requires sufficient staffing. Since 2018, UVMHC has coordinated the redirection of hundreds of millions of dollars that would otherwise have been available to direct patient care to the sexier work of population and IT execs paid at 15x the median income of VTers funding their salaries, IT projects at 3x national average, some of the most costly/sf vanity building projects in the country, concurrent to expanding its revenue and balance sheet as Dr. Eappen's predecessor went on a more than decade long spending spree and acquisition endeavor. Dr. Eappen's predecessor was a profligate spender.
- The state of hospitals at present reminds me of the state of retail before I left it for health care
 - Massive consolidation transpired from the late 90's through the Great Financial Recession
 - Enormous sums were spent on expensive but low margin acquisitions and handsome executive salaries.
 - And then the business model broke post-GFR when tremendous *deflationary* pressures with the entrance of online retailing
 - Shareholders raced to justify every line item of expense, returning conglomerates to fundamentals that eventually either went bankrupt or were chopped up into what was valuable.
- Similarly, hospitals post-Covid face tremendous *inflationary* pressures which have broken their business model. Vermonters are UVMHC's shareholders, and GACB is VTers board of directors. As with retail after the GFR, GACB in the state of VT must examine every line of cost for its ROI. Chair Foster has repeatedly asked academics and hospital executives how to balance controlling costs and not reducing access to care. There are four main areas where "non-profit" hospitals plow profits – executive compensation, vanity building projects, excessive IT spending and unproven population level endeavors with poor outcomes.
 - The four top executives Seated before us today shared an aggregate of \$4mm in C-suite compensation averaging to \$1mm per executive or 33x Vermonters median income paying their salaries. Many more were on this call today:
 - Dr. Eappen's predecessor went on an unbridled spending spree on executive recruitment, snatching up:
 - a former regulator at a cost of \$800k annually
 - another former regulator VT AHS presumably at 15x median VT wages
 - A former US Atty on this call today at \$600k+ at 20x VT median wages
 - A former BCBS VT exec
 - On and on and on
 - There are members of this GACB regulating these executives, equally qualified to perform some of their roles and yet you work for many multiples less.

continuing to represent otherwise to GMCB, DVHA, the Legislature and the public. For that I was terminated by my supervisor.

- That supervisor is now a UVMHN VP over analytics mentioned a moment ago.
- Four years later BCBS VT would cite lack of actionable data and consequent interventions as part of its reason for withdrawing and even the NORC report assesses providers find the analytics similarly insufficient or irrelevant.
- Since 2018, UVMHN's leadership of health care reform has seen its 3 most important clinical quality measures – hypertension, depression screening and SUD screening underperform, as hypertension scores bounced between the 60th and 70th percentile and Depression and SUD weren't benchmarked and rates of uptake in screening showed little improvement.
 - From 2018 to 2021, what CDC data tragically shows us is that hypertension, suicide, and SUD related deaths grew far in excess of national averages for age-adjusted mortality and likely resulted in over 500 additional age-adjusted deaths beyond national averages over the same period.
- It's time to get back to the fundamentals of medicine. Every line item matters, the time for pie in the sky is over.
- The public would make the following requests accordingly:
 - First and foremost, compel UVMHN to examine the case of David Taft:
 - Immediately clear his credit history
 - Reimburse him for all he's paid to treat stage 4 cancer that metastasized because of their missed prostate cancer Dx in 2019.
 - Immediately pay for him to receive a second opinion on his current treatment course and reassure him the prostate that wasn't surgically intervened in addition to the cancer found in his ribs will remain in remission with UVMHN's chosen course of Tx.
 - Provide him free care for all remaining course of treatment
 - Deny the current CON until and if:
 - Its projected costs are brought in line with national cost/sf averages.
 - It can be shown that UVMHN will provide the better quality and cost of care than current care in the region or by those who were and continue to be denied specialties offering higher value, lower cost care.
 - Reduce the 2024 budget by an amount equal to the excess of 3% of operating expenses for their IT investments – currently \$100mm
 - Demand an ROI accounting for all Epic investments made to date
 - Demand UVMHN perform a thorough evaluation of all executive leadership, their value – including their total compensation as compared to national median comp for same at VP level and above.
 - The 71% greater than national median ratio of admin to provider total compensation must be reduced to national average for same – a top heavy organization's ranks need to be thinned during times of crisis

The monopoly business model has broken post-Covid. This moment is a sea change. Monopolies can either take a line-item approach on behalf of its shareholders who are the Vermont tax and premium payers funding it and you the GMCB – Vermonter's Board of Directors, or like past industries who refused to change, they can face the risks of loans being called and further financial deterioration.