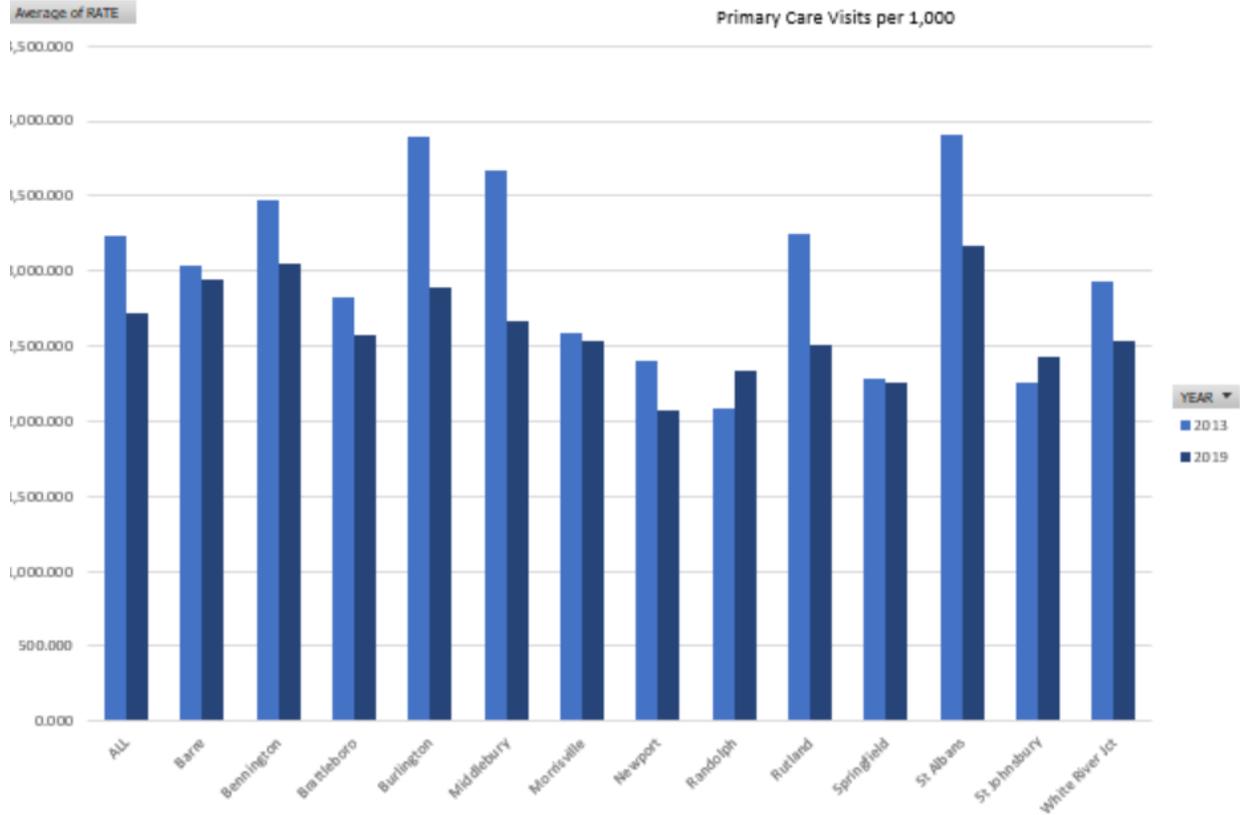
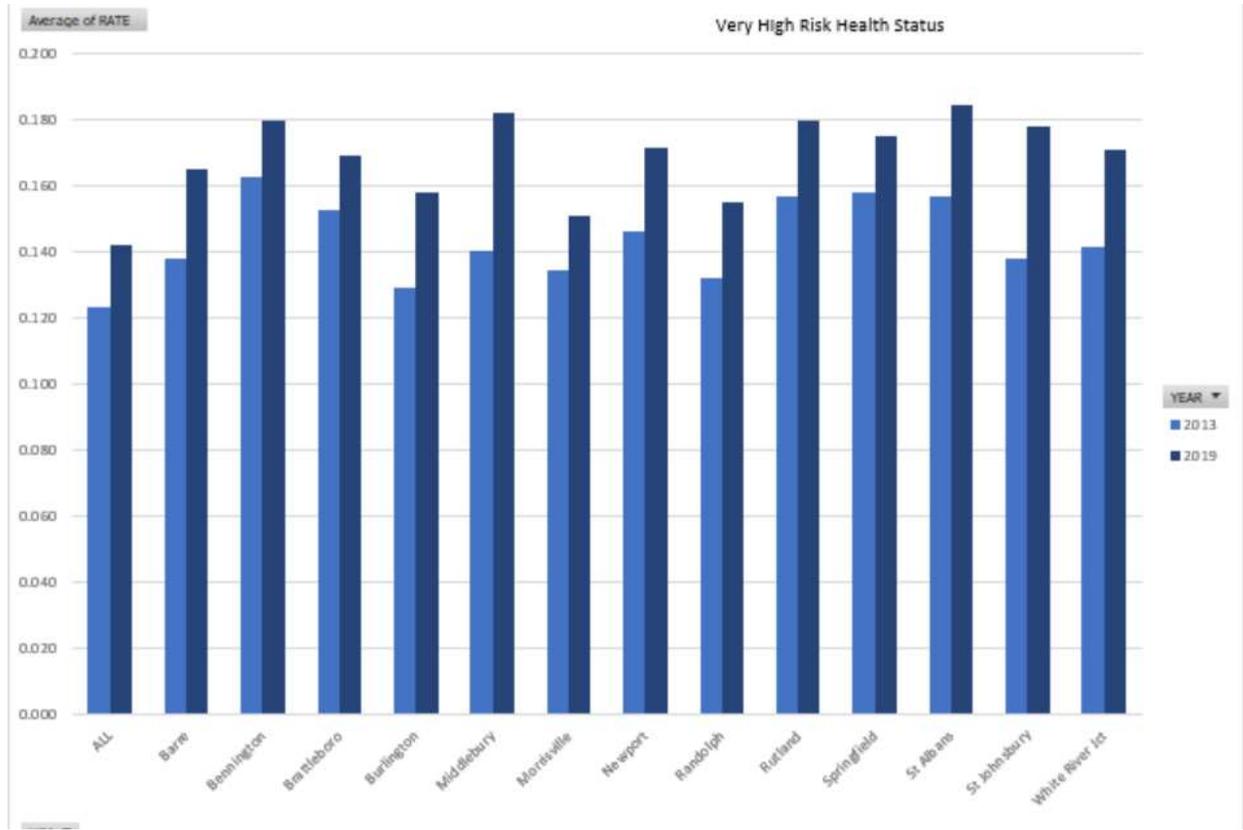
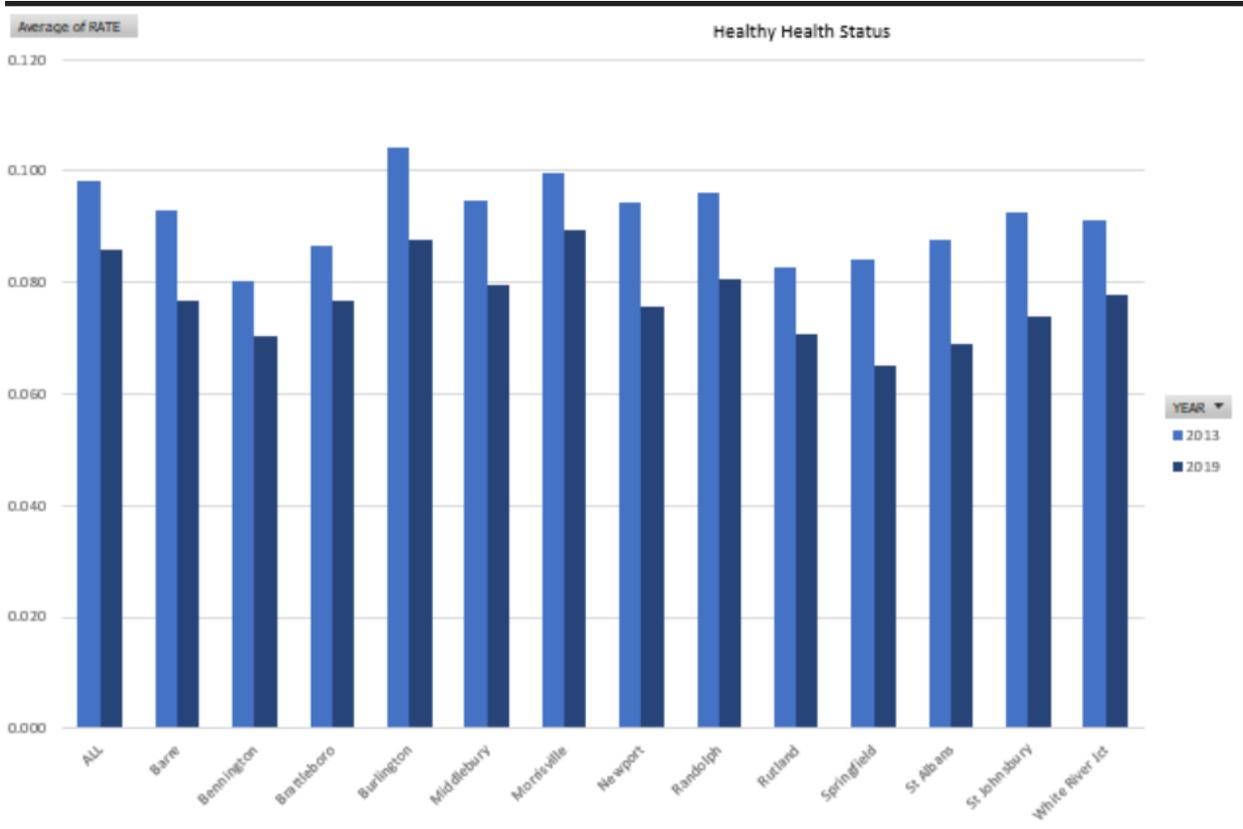


VAHHS REQUEST: End All Payer Model

[VAHHS requests](#) essentially the suspension of cost growth limits enshrined in statute since the commencement of the All Payer Model nearly a decade ago. The [audacious goal of Anya Rader Wallack](#) never materialized in the form of efficiency, higher value care and savings, but instead, in well documented declines in access, a sicker population and total hospital insolvency risking bond covenants and ratings as VAHHS currently pleads to avoid further:

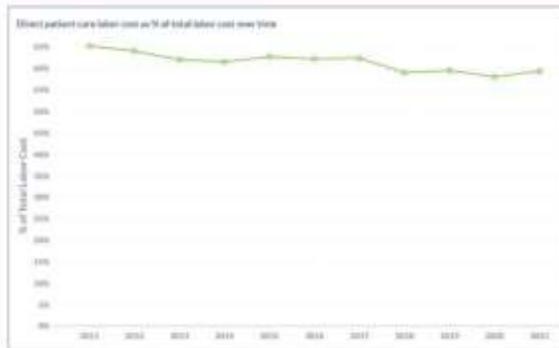




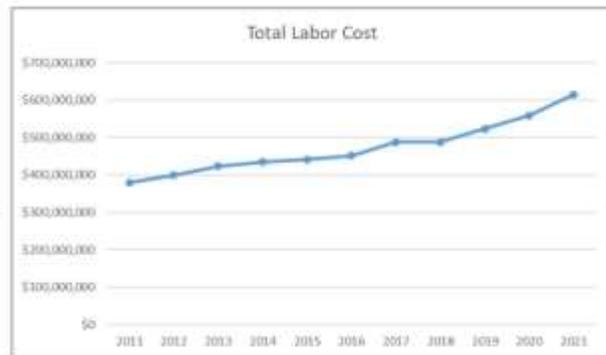


What was gained, however, during this catastrophic era, was increased administrative burden – as administrative costs soared concurrent to declining expenditures on patient care:

UVMedical Center – Direct Patient Care Labor



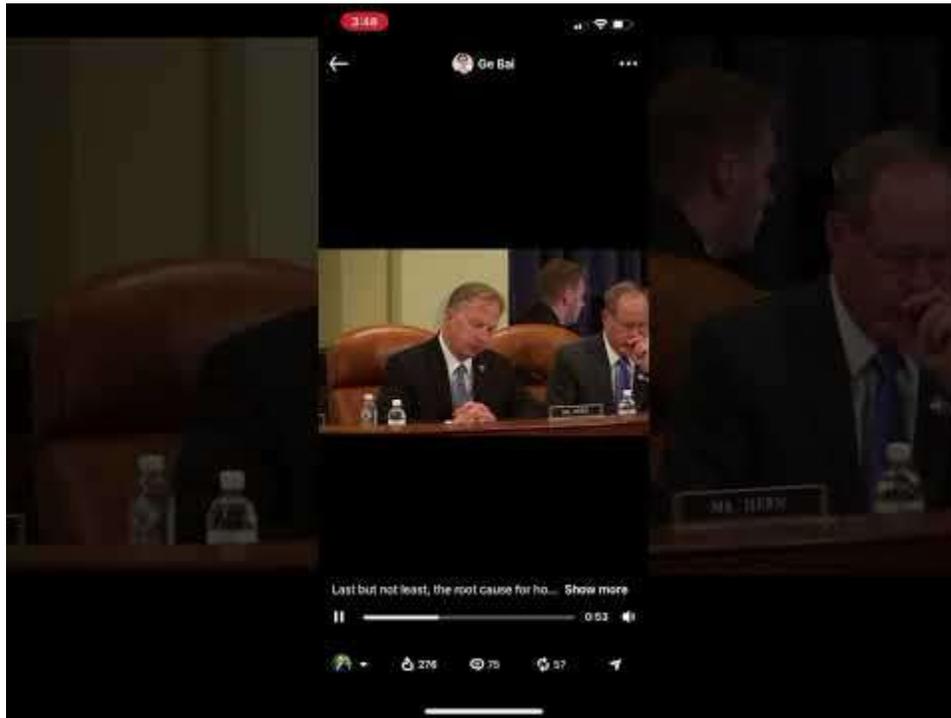
Includes Hospital Staff and Contracted Labor



	Number hours per week (list any hours for related organizations below, dotted line)	Yes, unless person is both an officer and a director/trustee					Organization compensation from the organization (9-12 1099-MISC/ 1099-NEC)	Organization compensation from related organizations (9-12 1099-MISC/ 1099-NEC)	Estimated amount of other compensation from the organization and related organizations
		Individual business or director	Individual business	Officer	Any employment	Officer compensation			
(1) VICTORIA LONER	50.00								
CHIEF EXECUTIVE OFFICER	NONE		X			458,991.	NONE	51,814.	
(2) SARA BARKY	50.00								
VP & CHIEF OPERATING OFFICER	NONE			X		339,457.	NONE	33,419.	
(3) THOMAS BORYS	50.00								
VP OF FINANCE, ACO	NONE		X			250,955.	NONE	40,790.	
(4) NORMAN WARD, MD	50.00								
CHIEF MEDICAL OFFICER	NONE			X		258,978.	NONE	28,475.	
(5) JOHN ZIPKO	50.00								
DIRECTOR ACO OPERATIONS	NONE				X	197,586.	NONE	40,494.	
(6) MARYITA GIARD	50.00								
DIRECTOR ACO STRATEGY&PLANNING	NONE				X	187,137.	NONE	35,249.	
(7) GREGORY DANIELS	50.00								
CHIEF COMPLIANCE OFFICER	NONE		X			170,374.	NONE	38,071.	
(8) AMY BOUETTE	50.00								
DIRECTOR PUBLIC AFFAIRS	NONE				X	153,978.	NONE	39,082.	
(9) KIMBERLEY DODDGLAS	50.00								
MANAGER ACO FINANCE&ACCOUNTING	NONE				X	132,411.	NONE	42,529.	
(10) JODI FREI	50.00								
MANAGER ACO CLINICAL PROGRAMS	NONE				X	137,073.	NONE	12,217.	
(11) DANIEL BENNETT	2.00								
TRUSTEE, AUDIT COMMITTEE CHAIR	NONE	X				NONE	NONE	NONE	
(12) MICHAEL COSTA	2.00								
TRUSTEE	NONE	X				NONE	NONE	NONE	
(13) BETSY DAVIS	2.00								

) DR. JOHN BRUMSTED	8.00							
ES/CEO OF UVMHN	42.00	X		X			1,486,203.	0. 237,916.
) TODD KEATING	8.00							
TWORK CFO (TIL 4/2021)	42.00				X		703,956.	0. 26,222.
) DR. STEPHEN M. LEFFLER	43.00							
ESIDENT & COO	7.00			X			673,173.	0. 51,113.
) ALFRED GOBILLE	13.00							
EC VP NETWORK HOSP OPS	37.00				X		619,561.	0. 41,841.
) ADAM P. BUCKLEY	13.00							
TWORK CIO (TIL 7/2020)	37.00				X		619,663.	0. 31,496.
) DR. HOWARD M. SCHAPIRO	10.00							
P CHIEF POP HEAL & QUAL (TIL 6/21)	40.00				X		499,485.	0. 47,662.
) RICHARD VINCENT	10.00							
P/CFO	40.00			X			499,563.	0. 47,147.
) DR. DOUGLAS GENTILE	13.00							
P, NETWORK IT	37.00				X		483,762.	0. 36,135.
) DR. ISABELLE DESJARDINS	50.00							
IEP MEDICAL OFFICER	0.00				X		468,413.	0. 46,187.
0) JERALD NOVAK	8.00							
TWORK CHIEF PEOPLE OFFICER	42.00				X		457,150.	0. 41,566.
1) DR. CLAUDE DESCHAMPS	10.00							
ES/CEO OF UVMHN MG (TIL 9/2021)	40.00				X		466,446.	0. 19,722.
2) DIANA SCALISE	8.00							
P, HIGH VALUE CARE	42.00				X		426,206.	0. 28,387.
3) THERESA ALBERGHINI DIPALMA	13.00							
TWORK SVP EXTERN RELAT (TIL 6/21)	37.00				X		414,780.	0. 38,517.
4) LAURIE A. GUNN	50.00							
EMP PAT & FAM EX (TIL 7/2020)	0.00				X		407,132.	0. 29,209.
5) ERIC MILLER	8.00							
P/NETWORK GENERAL COUNSEL	42.00				X		397,159.	0. 35,344.
6) ANNA T. NOONAN	0.00							
R NETWORK VP QUALITY & OP EF	50.00					X	0.	367,319. 45,196.

All of this is not the result of health care's "messy complexity", but instead as Dr. Ge Bai of Johns Hopkins University states before a session of US Congress – *policy failure*:



VAHHS current request is an explicit disavowal of the All Payer Model. GMCB is powerless to deny VAHHS its request on behalf of its members, 2/3's of which is the University of Vermont Health Network. Doing so truly would jeopardize the status quo of care delivery and hospital solvency.

However, GMCB can allow this quagmire to occasion a paradigmatic shift away from the current APM orthodoxy, as [AHS Commissioner Samuelson continues to defer architecting APM 2.0](#) so ultimately the state of Vermont can default to status quo. Recent testimony in GMCB makes clear measures like level billing and site neutral payments will drive monopolies out of sites where they extract 2-3x multiples of independent practices. As GMCB invariably approves hospital rates above what was visioned beginning with the 2022 FY budgets, it can and must vision beyond current FY24 a new era where patient care is preferred above atriiums, [excess of surgical supply is preferred above costly new construction](#), and administrative burden is examined at the line item level to **root out greed and return health care dollars to high value, lower cost direct patient care**.