Green Mountain Care Board
144 State St
Montpelier VT 05602

September 27, 2024

Dear Board Members,

I am writing you as a retired pediatrician who has lived in Orleans County for 42 years and practiced primary care and hospital pediatrics for the bulk of that time at North Country Hospital. My wife and I came to Newport to establish my practice as a National Health Service Corps scholarship recipient and decided to make the NEK our home after my 2-year obligation was completed. I later transitioned my practice to become a Rural Health Center and the first certified Primary Care Medical Home in the area. Despite having no pediatrician in two counties, the area was not a Health Professionals Shortage Area because no one had applied for that designation. Once the hospital and I applied, the status was quickly granted. I mention this as the Oliver Wyman report uses the absence of shortage designations as partial proof that Vermont has enough primary care doctors. This is one of many facile assumptions about primary care clinicians and care delivery which fails to stand closer scrutiny. More of that later.

Overall, the GMCB report is strong on analysis of existing data, none of which is shockingly new or undiscovered before this study. It is, however, very short on awareness of costs, direct and indirect to patients and communities, to implement the proposed changes. The report is woefully sanguine on the political practical process needed to, for example, improve VITL/EHR integration (great results so far), EHR functionality, and inclusion of DHMC (which provides a sizable share of VT services). It is downright naïve on the challenges to recruit and retain qualified primary care clinicians in the Orleans-Essex County areas. Loaded with retrospective cost information, the consultant plan resorts to hand waving when discussing transportation, housing and employment costs, impacts of the loss of a major community employers of the proposed pivot to non-hospital care. The lack of actual concrete cost estimates for replacing North Country Hospital reminds me of the optimistic mental health deinstitutionalization efforts of the 1960's and following years which has resulted in transferring our seriously mentally ill patients to the streets, the jails and the emergency rooms. So where are the estimates of the costs needed to produce free standing surgicenters, birthing centers, enhanced transportation systems, "hospital at home" and increase in our affordable housing stock and so forth? Where are the estimates of increased maternal and infant mortality when fully staffed and well-trained delivery services can only be offered 90 to 120 minutes from patient homes in the best of weather? How many acute trauma-, drowning-, ingestion-related deaths etc. will be caused by the absence of life saving emergency services by trained clinicians backed up by imaging and laboratory services when the hospital becomes an urgent care center? In other words, what is the butcher's bill for closing our hospital?

Strong words, but they grow out of my personal experience, for example, in resuscitating 28 week twins whose mother appeared in a precipitous delivery, caring for a newborn with a fetal maternal bleed and a post emergent transfusion of O- blood hemoglobin of only 6, caring for a child pulled out of a collapsed sawdust pile whose airway I disimpacted before we intubated him, and innumerable other newborn and childhood emergencies. None of this would have turned out well without expert OB care, an experienced OR crew, a first-rate laboratory, skilled surgeons, on site expert radiology and a nursing staff second to none. It is hard for me to imagine that we could have attracted and kept the high quality of primary care doctors we have without the rest of the supporting structures that the hospital has

provided. Oddly enough, North Country Hospital has ranked high among all Vermont community hospitals in the long-standing quality improvement projects for high-risk OB and neonatal care carried out in conjunction with UVMMC and DHMC.[1]

Apparently, the consultant believes that primary care doctors would be willing to locate to a community without a hospital, where they would have to settle for providing second class care, working to an imaginary standard of 20 minute patient visits regardless of the patient's complexity or the need for documentation time (estimated at 4 hours per day for primary care practices).[2] These doctors would spend no time contributing to hospital governance, quality improvement, and community activities and would have no access to known colleagues and clinical support. What business, retiree or teacher would locate in an area without a hospital? I won't even touch the crazy idea that UVMMC clinicians should stop teaching medical students and residents, stop doing any basic research and certainly stop giving support to their outlying colleagues.

Next, the report is agnostic about the outside-of-Vermont drivers of health care costs: a profit driven insurance industry, chronic underfunding of primary care services, especially pediatric care, by both government and the insurance industry, the cost increasing and anti-competitive pharmacy management programs, prior authorization demands and the innumerable "5-percenter quality improvement programs" that divert the time and energies of physicians from actually delivering care. Almost all the trends analyzed by Oliver Wyman et. al. are well beyond the scope of the proposed solutions. What about diverting the costly end of life ICU services to primary prevention and well person care? Yes, I am in that age group, but I have children and a grandchild whose care represents our future.

Last, and most shockingly to me, apparently the consultant has failed to notice that any children are born or live in Vermont. I searched the document and found not one word devoted to children, pediatric care, newborn care and only three relating to pediatric psychiatric care. How can you possibly purport to make radical recommendations to close two excellent hospitals whose pediatric care I am familiar with (North Country and Gifford) without even including that population in your study?

The consultant has certainly provided us with food for thought. Let's hope it does not prove to be a poison pill.

Sincerely yours,

Thomas A. E. Moseley, M. D. SM Hyg, FAAP

[1] NEPQIN, Northern New England Perinatal Quality Improvement Network and the UVM Perinatal Project
[2] Holmgren, A. J. https://doi.org/10.1007/s11606-024-08930-4