GMCB Public Comment
Submit Date: 3/7/2023

Name: Ben Smith MD, submitting on behalf of a group of Vermont Emergency Department Directors
Topic: 2017 UVMHN enforcement action re: mental health

Comment: As emergency physicians and the directors of emergency departments around the state, we support enhanced flexibility for UVMHN in deploying the $18 million in reserved mental health funds, but ask that those funds be deployed toward interventions that will measurably and urgently improve the boarding of mental health patients in emergency departments. We also ask that ED boarding numbers be used as a metric for assessing effectiveness. Targeted interventions might include renovating current inpatient beds to be more reliably useful, expanding bed capacity in current units, supporting the staffing necessary to fully use currently available infrastructure, or adding a transitional care unit, sometimes known as an EmPath unit. The boarding of mental health patients in emergency departments has never been either ethical or sustainable. Even before COVID, it threatened the stability of our emergency care system, and now, in the post-COVID era, we are at a tipping point. If Vermonters wish to have access to quality emergency care, mental health or otherwise, urgent action is needed. To clearly state the problem, data compiled by VAHHS has shown that at any given time, 15-20% of all emergency department beds in our state are taken up by patients who have completed their emergency assessments but are still waiting for the next step in their mental health treatment. Roughly 30 patients are waiting on any given day, the majority for more than 24 hours. Some stay for weeks. The impact of these long waits is not borne not only by mental health patients, but by anyone seeking emergency care. For every 24 hours a patient waits in an ED, 6 other patients are displaced. These are abstract numbers, but the human toll they reflect – on patients, families, loved ones, displaced patients, and ED staff – cannot be overestimated. Nor can the hidden financial effects of this care, which is essentially uncompensated (imagine 15-20% of ED care being provided for free.) This is not only a humanitarian crisis, involving our most vulnerable citizens, but an existential threat to the financial viability of our acute care system. We understand and agree that there is a significant need for outpatient mental health supports. However, given the imminent threat to the stability of our emergency care systems, we believe that the most urgent first step should be to optimize the care of high-acuity mental health patients, with reduced ED boarding as the designated metric for success. The terrible irony is that it's the sickest patients, the most vulnerable, who often wait the longest – and in most cases they simply cannot be served in an outpatient setting. Our values are made real in the outcomes we tolerate. The situation in our emergency departments constitutes a slow-moving public health emergency. It devastates the resilience of our emergency care system and is a full-on human rights crisis. None of this should be tolerable to Vermonters, and it does not reflect our values. We urge the GMCB to ensure that these funds go to the optimization of care for high-acuity patients, which must be the first step in our journey toward a more functional and ethical mental health system. Sincerely, Ben Smith, MD, Central Vermont Medical Center Ryan Sexton MD, Northeastern Vermont Regional Hospital Marc Bouchard MD, North Country Hospital Louis Dandurand MD, Northwestern Medical Center George Terwilliger MD, Grace Cottage Hospital Rick Marasa MD, Mt Ascutney Hospital Doug Nilson MD, Springfield Hospital Lee Morissette, DMSc, PA-C, CAQ-EM, Mt. Ascutney Hospital Robert Hilo MD, Brattleboro Memorial Hospital Christina Harlow DNP, FNP-BC, ENP-C, Gifford Medical Center

Post Comment: Yes