Public Comment from Dale Hackett

Cost containment will be difficult with aging population, if you trend out estimate of costs as aging population grows , its unsustainable and that isn't even including inflation...

the aging population is a double whammy, since those aging out will create a workforce shortage.. above what already exists,, definitely unsustainable workforce from within vt population within state.

pg 7 is referring to the cost shift, subtle but there, that as costs goes up for consumer, uncompensated care does go up, since, as cost of insurance goes up, people drop through the tiers, to lowest cost plan, with less benefits, more out of pocket expense. not because they think they won't have medical costs above what the policy costs, all they can afford is the policy at best... they buy a plan they can't afford to use, hence cost shift... plans are unsustainable?

quote "resources limited to address financial sustainability issues" i'm concerned this is a far greater number than so far calculated. as to money needed.

i've stated this before, documents i don't think are accurate anymore in how they list primary care as priority, yes it is a priority, but the very thing they are seeking to bring people to, changes in nature as more people go toward primary care,, the question may end up being, what is primary care they ended up with?

with 2/3 of physicians employed by hospitals, sustainability of hospitals is dire?

what is "minute clinics?"

workforce shortages lacks some bullet points, possible built in downward spiral? caused by the lack of sustainability in healthcare system, and cost of education.. can easily alter students choices as to what field they wish to go into. the recruitment levels will remain extremely low.

contradiction in reporting, last several reports have shown since economic downturn, people are doing better.. economically dropping enrollment in medicaid, etc. page ten suggests both are going up..

lack of statewide look at system? yes a very major drawback!!! however , please report on ways it can be done, or something can be done that would be effective to work with?

unknowns when calculated as cost by risk can cause over estimation of costs, or lack of efficiency does raise costs, or under estimation of costs.

low patient volume, how to deliver care under such circumstances, there hasn't been alot of research material on that topic presented, is it even available?

rural services, i do not see rural transportation mentioned, nor how far away is grocery store, pharmacy etc.

pg 13 telehealth? what is cost of expansion? does it need further legislation passed?

childcare and housing, YES KEY ISSUES AND UN AFFORDABLE !!!! I WOULD ADD SCHOOLS,, MEALS AT SCHOOL, ETC. I SEE TRANSPORTATION LISTED NOW PAGE 15 NOT FOOD SECURITY,, AND I DON'T SEE ENVIRONMENT, ECOLOGY HEALTH , OR CLIMATE CHANGE HEALTH EFFECTS LISTED.

ummm, can we use different units of measure on maps. state has only just over 600,000 population pg 19 is breaking out physicians per 100,000, needs to be via population in counties, towns, etc. as well.

WORKFORCE,,,
UNMANAGEABLE TURNOVER RATES,,, AT THIS LEVEL IT HAS TO EFFECT QUALITY OF CARE?

CALCULATE OUT PERSONS NEED TO MOVE TO VERMONT? WHICH IS TOTAL NEED, MINUS IN STATE STUDENTS THAT WILL STAY IN VT.. 4,800 PEOPLE NEED TO MOVE IN STATE?

By one measure, the **Vermont** Agency of Education said we had 86,668 **students** in **Vermont** schools in the 2015-16 **school** year. By another, it said 82,759. The **state** reported to the federal Department of Education that we had 87,866 **students**.Sep 5, 2018

(did you know we are 92% white, and VT still does not recognize in minority population, native Americans, but it knows its black population, and Asian, those that were here before anyone else was, are, literally unseen, is that a carry over practice from days when united states declared genocide on native Americans,? they remain unseen?)

we have the students to support workforce needs,, so many unanswered question beyond that statement.

but at a cost of 70 million dollars spent to have enough workforce? that would be nice to have as in state population.. generates that percent that is income for state, and spending within our economy? utilizing our infrastructure?

and there in is part of the problem, what infrastructure?

pg 33 infrastructure and aging facilities is a problem in all areas, schools, roads,, utilities, ,, a troubling problem in this sense, recent conversations center around reserves, where is there room for infrastructure investments without increasing cost, but aging infrastructure has same effect. to control costs while all areas scream of need of investments, ????

pg 35 payer mix shows more how the money is in silos.

pg 39 it greatly concerns me nursing homes are struggling financially.. are they regulated well enough to capture the struggles that occur before financial issues are more visible? even without regulation, margins shrink every year,,,

independent practices, are not really stable , but its not just financial, its the workload,

pg 42 50% of hospitals projecting a negative operating margin. even if payments to hospitals are increased, such as through reimbursement rates, the healthcare reform efforts , various factors, are sinking them.. what can't be done is boosting insurance rates to make hospitals sustainable. there are limits on reimbursement rates.

national trend on hospital closures suggest though there is greater economic forces at work than what we track responsible for the trend.

oddly enough canada went through a very similar crisis back around 2004..

i would say pg 44 description of consequences to hospital closure, is to positive ,,EXTREME HIGH RISK TO INFANTS ALREADY EXISTS, AND WILL GET WORSE,, MY GUESS WOULD BE , HOSPITALS CAN REMAIN INDEPENDENT, THEY MUST BE NETWORKED.

you cannot constrain easily health care growth, to economic growth when the bottom line is,, even at the growth rate, is it sustainable?

pg 49 reduction in administrative burden, would require networking? but what if its more reduction in salaries? increases in reimbursements does nothing if medical inflation rises faster than the reimbursement.

i keep seeing telehealth mentioned as solution, i hope they aren't putting more a wish , hope into that statement without knowing if it can deliver as they hope.

pg 51 you can't have it both ways, ask for data, reports , and at same time suggest reducing administrative costs. all you got to work with is better efficiency. drop reports that have out-served their usefulness.

care co ordination can only develop as fast as the investment allows it to, is a five to ten year investment? with five years of good data?

end of comments, and notes,