

Dr. Brumsted derides BCBS VT's representative – Sara Teachout and her organization as essentially incompetent, incapable, and not to be regarded. As many uninitiated themselves in data analysis do, they dismiss criticism by saying their data is better. Preferring Dr. Brumsted's chosen data, the following is clear:

1. [According to the NASHP](#) he cited as a preferred data source:
 - a. UVMHC provides the lowest charity/bad debt care in the state of VT at just 1%
 - b. It enjoys a 5% higher rate of commercial payers in its commercial payer mix vs VT average
 - c. Its loss rate at 17% on Medicare reimbursements is 560% higher than VT average of 3% loss
2. [RAND Report 3.0](#) and its supplemental documents, universally respected by policy experts finds the following:
 - i. Amongst regional peer Academic Medical Centers, UVMHC has the highest mix of commercial payers and yet the lowest profit margin for same
 - ii. Amongst regional peer Academic Medical Centers, the multiplier of Medicare UVMHC commands with commercial payers is 152% greater than its peers
3. Vermonter Tom Rees, a former hospital CEO himself, [performed an analysis on UVMHC](#) for the GMCB just as he has in a paid consultant capacity on behalf of Mayo, Harvard, Penn, Texas, Florida, Northwestern, CHI, Sentara, Lehigh Valley, and more. He compared UVMHC to 7 similar small, rural academic medical centers and found:
 - a. UVMHC patients present with a 7% lower case mix index than peers
 - b. UVMHC has 7% more employees than the average
 - c. UVMHC has 32% more employees per bed than the average
 - d. UVMHC has 28% fewer discharges per employee than the average
 - e. UVMHC utilizes 54% more employee hours per discharge than the average

But if all of this data isn't good enough either, why not use [Dr. Brumsted's own data](#), particularly as it relates to UVMHC's version of being committed to Value Based Care:

1. UVMHC's population-based Medicare payment of \$12,744 PMPM is more than 150% greater than Vermont's remaining hospitals
2. UVMHC's population-based Medicaid payment of \$7,617 is nearly 300% greater than Vermont's remaining hospitals

And finally, based on publicly available data on [UVMHC executive compensation](#) – as compared to national median salaries, UVMHC pays its executives as much as 300% greater for the same roles.

This board, the legislature, and the executive branch have all been aware since 2019, as Stanford's renowned [Kevin Schullman shared](#) – consolidation drives up cost. BCBS VT is correct – UVMHC has been on an overly aspirational, growth at all costs course for years now. Its monopoly influence on VT health costs has led to an affordability crisis for average Vermonters. As Tom Rees has enjoined this board to do, now is the time to extend its purview to regulate this monopoly.