

State of Vermont

Public Listening Session I

Wednesday, October 27 | 5:30pm to 7pm

Meeting Transcript (Edited)

Ena Backus (Investigation Lead)

Good evening, everyone. Thank you for joining this evening for the scheduled listening session relative to wait times for health care services in Vermont. My name is Ena Backus, I'm the Director of Health Care Reform at the Agency of Human Services, and I'm working with a team and leading an investigation into wait times for health care services in Vermont.

I'd like to start out by giving an opportunity for each member of the investigative team to introduce themselves as well as our partner in this forum, which is the Office of the Health Care Advocate, so I'll start by asking Mike Fisher to introduce himself.

Mike Fisher

Good evening, everyone. I'm so happy to see a bunch of people here tonight. I'm Mike Fisher, I am speaking to you at the moment from Lincoln, and I am indeed the Healthcare Advocate, and we run a helpline that's available to all Vermonters who are having any kind of access-to-care issue.

And I hadn't thought about this before, but I'll just say that it might be that we hear things from people tonight for whom we think that there's something that my office can do to help out, in which case we may reach out to you to ask if you would like some assistance.

But beyond that, I'm really here as a part of a team to hear people stories and to really honor what people have to tell us about their interaction with the healthcare system.

Ena Backus

Thanks, Mike.

I will turn next to Chair Mullin from the Green Mountain Care Board. Could you introduce yourself?

Kevin Mullin

Sure, Kevin Mullin from the Green Mountain Care Board. Looking forward to hearing what everyone has to say, and I'll pass it to Mike Pieciak.

Michael Pieciak

Well, thank you very much Kevin and thank you very much, Ena and Isaac, for helping coordinate this evening.

It's great to be here with everybody. I'm Michael Pieciak, I'm the Commissioner at the Vermont Department of Financial Regulation. We regulate all things financial services in the state, including our health insurance companies.

So we, like Mike Fisher's team, have a consumer services group. If you ever have issues with health insurance, with claims, or with all lines of insurance, please do reach out to our Department.

Very interested in hearing what everyone has to say this evening. Thank you for joining us and spending time and sharing your stories. It's very important for us, so thank you.

Ena Backus

Board Member Holmes, would you like to introduce yourself next?

Jessica Holmes

Sure, my name is Jessica Holmes and I am a member of the Green Mountain Care Board and, as everybody else said, I'm really grateful to everybody who's signed on tonight to tell us their stories about their access concerns with the health care system, and I'm just grateful for your time. Thank you.

Ena Backus

And Michelle from the Green Mountain Care Board, would you like to introduce yourself?

Michele Degree

Sure, hi everyone, I'm Michelle Degree, and I am the Health Policy Project Director at the Green Mountain Care Board, and again, to echo what was said, we thank you for your time and for participating today.

And for those of you who have submitted written comments, know that Isaac and I have read through all of them, so looking forward to having some more interactions this evening.

Ena Backus

And Isaac, thank you for all of your help in coordinating this conversation this evening. Would you like to introduce yourself?

Isaac Dayno (Project Manager)

Sure thing. Hello everyone, I'm Isaac Dayno, I work in the Department of Financial Regulation with Commissioner Pieciak, and I'm just so excited to see so many folks on the line tonight, to hear your

stories, and to bear witness to what we've heard are some very serious issues across the state happening for some time now.

This is very personal for me. Before working for the State of Vermont, I was a community health worker at a medical clinic for the homeless, so I'm really glad to be able to bring two parts of my different worlds together tonight. Thank you, everyone, and Ena for directing this effort.

Ena Backus

Thank you, Isaac. There are some other members of the team that are joining by phone or they're not on the screen. I'll ask them to introduce themselves as they are able. Sebastian?

Sebastian Arduengo

Hi, I'm Sebastian Arduengo, Assistant General Counsel at the Department of Financial Regulation, and I'd like to thank everyone for taking the time out of their evenings to speak with us about their experiences with the health care system.

Ena Backus

Thank you, Sebastian. I'd also like if Susan Barrett could introduce herself next.

Susan Barrett

Sure, thank you, Ena. I'm Susan Barrett, I'm the Executive Director of the Green Mountain Care Board, and I will just echo everything that many folks have said so eloquently before me: thank you all for taking time tonight and I am just going to be all ears and listening in. I think it'll be a really good session. Thank you for putting this together, Ena and Isaac.

Ena Backus

Thanks, Susan. We also have Emily Brown working with the team.

Emily Brown

Hi everyone, my name is Emily Brown. I'm also with the Department of Financial Regulation. I work in the Insurance Division with the Director of Insurance Regulation, and I'm looking forward to hearing what everyone has to say, and excited to be a part of this work. Thank you.

Ena Backus

Thank you, Emily. And finally, Secretary Smith has also joined by phone. I would invite him to introduce himself as well, if he is able. I know that he is joining by phone.

Mike Smith

Thanks, Ena. I'm just listening in tonight, and I really appreciate everybody joining, and I hope to learn, so I'll pass it off back to you, Ena.

Ena Backus

Thank you, Secretary Smith.

As you understand from joining this forum already, this evening we really wanted to make space in this investigation to hear directly from our neighbors and community members about your experiences accessing health care services in Vermont -- and specifically about the length of time that you've waited for an appointment for any type of health care service from any type of health care provider.

In addition to this open meeting that's happening tonight, there is another forum that is scheduled for November 4th, and is scheduled to happen midday.

We've also been collecting, as referenced by Michele and Isaac, stories from Vermonters through our website, and we will continue to collect stories through that avenue. No matter how you choose to share your experience or your story with accessing health care services, we thank you for your contribution to this investigation.

We understand that these are personal experiences and stories, and it may be painful or difficult to revisit and share these experiences, no matter how you choose to share them. And we want to thank you for your courageousness and sharing these personal experiences with us here tonight.

Before we begin hearing from those of you who registered to speak -- and others who may be interested in speaking on the call -- we have a few ground rules.

We wanted to make sure that people understand the logistics for this meeting: We've invited Vermonters to share their experiences as individuals, family members, care providers, or loved ones accessing health care services. We will be having separate conversations with health care providers through other mechanisms to gather and collect their input about the system that they are working within.

Again, the purpose of this meeting is really to see the healthcare system through the eyes of Vermonters, through the eyes of patients who are accessing and experiencing care, and through the eyes of our friends and neighbors.

And we're not intending this forum as a place for sharing root cause analyses or for sharing policy proposals for addressing issues in the healthcare system. We're really trying to understand how people experience the system today.

This meeting as you may have observed is being recorded for transcription purposes only. A transcript of the meeting will be included in the investigation final report and names will be omitted. Everyone's story will be anonymous in the final report. The video recording from this meeting will be destroyed after the transcription is complete, and this video will not be made available to the public.

We asked that people register in advance to share their experiences with accessing health care services in Vermont and to order the meeting. We will call on those first who pre-registered. And after we've called on the pre-registered participants, we will ask others who are interested in speaking or sharing to raise your hand. You can raise your hand in this virtual meeting through the screen. There is a feature in the top righthand corner of your screen that has a small hand waving above a smiling face, and that's how you can raise your hand to speak. If you need help with that, we can help with that.

Finally, the chat function for this meeting has been disabled. So there won't be an opportunity to be chatting in the chat box.

Before we begin with the list of registered speakers we do want to take an opportunity to provide an anonymous poll. There's a polling feature that accompanies this online meeting and we're going to put that up so that you can provide your responses, and we can gather some information about who's participating in this meeting today. These are all anonymous polls and results will remain anonymous. So we wanted to start by just gathering this preliminary information.

We'll just give you a couple of of minutes to submit your responses in the poll...

[Participants voice difficulty seeing poll.]

OK... we will try to troubleshoot that issue. I do see that we've collected 8 responses in the poll. And the poll is closed for now. We will come back after we do a little troubleshooting.

Isaac, can you announce the first person who is signed up to speak with us tonight?

Isaac Dayno

Sure, thanks Ena. [Speaker 1], you are going to be our first speaker. The floor is yours.

[Speaker 1]

Thank you how much time do I have?

Ena Backus

If you could keep your comments within 5 minutes.

[Speaker 1]

Oh, that's a luxury thank you. I had a 2 minute. I have a 2 minute drill that I'm used to in the Statehouse. So some of you know me hi. I'm [Speaker 1]. I recently experienced a wait time issue. Long story short,

about 7 weeks into what I would consider level 10 pain for the first time in my life, I wound up with an injection into my spinal cord, which I've had before, I'll skip all the fancy stuff like spondylolisthesis with a bilateral defect all that baloney, but what I'd like to say is: If I was in Boston, I probably would have got treated in 72 hours, not 7 weeks because I've been treated in Boston.

[Speaker 1] (Guest)

Ah so I like to jump right to solutions even though we're not supposed to you don't want to hear about me whining, and saying how awful wait was 'cause it was.

[Speaker 1] (Guest)

Uh in the world of Corrections people get sentenced and the sentences sometimes can be consecutive sentences. One after another after another or they can be concurrent. So my suggestion is that when we have to jump through the hoops as a patient. I would like the wait times to be concurrent.

[Speaker 1] (Guest)

Uh to win, you know you, you call up and you say my God. I'm on level 10 pain helped me out Oh well, you gotta call your primary care?

[Speaker 1] (Guest)

No, that's a short wait and then you have to maybe see your primary care and because UVM requires the referral. Not the insurance companies, the UVM has become the insurance company. They put up their own barriers to care. So then you get after wait and get the referral then you see this then you see the specialist who says.

[Speaker 1] (Guest)

Yep, you sure need an MRI and it sure looks like it, sure looks like you've blown a disc out into that area, OK and then the wait, and wait and wait begins for let's say an MRI and then the wait, and wait and wait and wait begins for the actual treatment, which they call the pain clinic. Uh, which is only part time at Central Vermont Medical Center. Because it should be full time. So my suggestion is I have 2 suggestions before I forget, but first. I just want to say. I love love love the doctors and nurses associated with the Burlington Hospital and the Montpelier Hospital. I cannot say enough good things about all of them every single person I encountered was fantastic, compassionate skilled.

[Speaker 1] (Guest)

That's where my love of UVM ends. However, the people are great. The management no no. They're like the New York Jets. They're not getting it right so my suggestion is that you form at some point, a patient administration task force to look at these problems. But I don't mean a task force like the Legislature. You know, or politicians would come up with a group of people.

[Speaker 1] (Guest)

With Authority to actually make changes Mike Smith. I hope you're listening because you understand that. You you're the type of person that can make changes just a couple of little tidbits.

[Speaker 1] (Guest)

One time I called up I wanted to see a dermatologist in Burlington. I just retired I was working in Burlington, and they said it'll be about 6 months OK. But if I just go with the 4 seasons, not affiliated they can see me on the same day. Yeah, so I learned that I hardly even need an appointment to be seen there. But at UVM it's like pulling teeth. So somebody is doing something right. Maybe you guys could do some benchmarking that's just one example. I know there's other examples when UVM gobbled everything up, they seem to put barriers in place to care like referrals that only insurance companies used to require that UVM would complain about the doctor now then now they're putting up their own barriers and these wait times they're they're not they're doing something wrong. Yeah, those are those are my points. I could tell you about the wait times. I don't think the wait time should be that long one more little tidbit. Justin it's just an example, such around hospital had 3 podiatrists. And they were swimming pretty fast to keep their heads above water. There's like torn Achilles tendon, so you learn about Podiatry. Uh then somebody probably in Burlington decided we can get by with 2. Well guess what? That was not a good decision. And I don't know that they're recruiting for a 3rd one so. As Debbie Harry said in 1979 with the group Blondie call me. If there's anything I can help you with or just give it to give it to you straight I will. I like to make processes be more efficient and go faster and? I'm retired now I'm a free agent, I can speak my mind, and if it is anything I can do to help you guys. Thank you.

Dayno, Isaac

OK, we are going to go to our next speaker.

[Speaker 2]

Hello I'm so my name is [Speaker 2]. I actually I work at UVM as a nurse. I appreciate the comments about nursing and stuff. I wanted to talk to you about very personal issue. I have a child with special needs and ee found ourselves in mental health crisis since basically beginning of January. Mid January, which became really bad around March, and so in March, I felt like I have to bring my child to the emergency room. She has autism developmental delay, she she's physically fit as a fiddle. However, she she has problems with you know behaviors such as aggression and self aggression and we came to a point where she was unsafe to herself and asked at home. And so on March 18th, I in the evening, I decided we need to go to the ER and we went to the ER and we have received fantastic care from nurses and we had a fantastic pediatrician ER doctor. And we had to spend 17 hours. I believe in the ER, only to have my daughter seen for you know, maybe 20 minutes by pediatric psychiatry] And we left with band aid treatment.

Uh so we came home, we, we, we've seen this psychiatry. The also what I want to mention the the system. That's in place right now that you have to actually speak to first call it's not working for every family. My daughter cannot have a conversation with anybody because she is considered number well.

[Speaker 2]

What's the point of wasting resources and time and having them either come in the morning before even the team agrees to see us. And just to spend 1520 minutes basically.

I said, You can't offer me anything because I know what you can offer and you can't really talk to my child or having them. Call me at 1:00 AM in the morning if I actually want them to come in.

And then I find out that because they decided they don't have anything to offer.

You know, we still have to wait for Psych, who decided that we actually have to see them so that was extremely frustrating on their part.

That this is like this. This is part of the system. You have to talk to meant to to first call it's not working.

Right so we spend 17 hours. I spent the night on a recliner door very kindly gave me a recliner. We spent my daughter spend it on a stretcher.

And so to make a Long story short. I'm sure you've heard about the condition in the ER at the uvm where I worked for the past 15 years and I love that place as a workplace but.

You know it was mental health patients around series, which is the one and one observers not a very therapeutic environment.

We go home and 10 days later we start the medication, so that psychiatry kind of started cooperating with the pediatrician who is fantastic.

And it doesn't work.

So we find ourselves 10 days later on the 28th I have the date written up. Back in the ER. And we spent over 10 hours there.

And this time, we actually came with nothing. Besides the fact that I felt like I was patronized by the doctor. So then we finally get her we gather for out to the UVM outpatient pediatric clinic psychiatric clinic.

And when you call that place when I called the place and I got a recording. It said the wait time is up to 7 months.

Yes, I see Mister Picciack your eyes just now -- 7 months -- and that was in April or March. Which we still have not been called back from outpatient psych?

Meanwhile, my daughter is going through a horrible time I have to medicate her whenever she goes into a

crisis like this our pediatrician is doing what she can there is a line that she can call apparently that's not very responsive. Not all the time at least.

I don't know I decided to come here, even though I work there.

Because that's not acceptable.

And I'm unfortunately, I missed the beginning of your meeting because of technology technical issues.

I don't know what the good solution is I know they have fantastic nurses on Pediatrics. Why not make some beds psychiatric nurse. That's why not train them and give them the tools that they need that. You know, I don't want to send my child to Plattsburgh.

That's what I'm told that we may have to send children to Plattsburgh. I really do not.

And I will not send my daughter to Plattsburgh, not because I have a bad opinion or anything because we have a fantastic facility. We just go \$2,000,000.00 building. And we don't have 5 beds for psychiatric patients for Pediatrics.

So it's been extremely hard. We still haven't gotten the call from the UVM outpatient psychiatry.

What a good thing is we just saw a psychiatrist that was hired by the pediatricians office so yes, I know they're doing something.

But there's many kids typically developing kids because I know of them who needs psychiatric help and they can't get it.

We we are after covered the kids spend so much time home.

And they have nowhere to turn.

And I'm sure you hear about this, but this is very personal. When I go to work and I work 12 hour shift and I help my patients and they go home. Because I helped them and I go home and I can't help my daughter.

I don't know if you can imagine how that feels.

So I think we need to change things on every level.

I don't I don't know I don't have the answer I'll be happy to work with you guys if you if you.

Want to, I I just think that this is unacceptable. Because we do work hard do nurses work hard to make sure that we give those patients for they need. But we can't go up.

The train and say open those beds because your nurses, we have families and they are also hurting. Because there are other people because we care about the patients and they have nowhere to go.

So I I don't know these are my like 3 cents to the scary. It's it's really emotional and I. I'm sorry, but when it comes to my daughter, it that's just.

Thank you for giving me the chance to even talk to you.

Backus, Ena

Thank you.

[Speaker 3]

OK so I am from the Rutland area and.

I just wanna say that I wish more focus would be on the Rutland Hospital and not just UVM.

I don't you know, we don't we just as and I live in Clarendon, which is 10 minutes from Rutland. But I really don't know their case counts. I don't know you know are they overwhelmed and it. You know with with Covid and it just seems like it's like it's a It's a black hole. But I have 3 very specific probably what more of you know other people like me go through so I'm like so last Friday, my husband called after 2 weeks. Being in pain with the top of his spine. He called the spine clinic in Rockland and it was possibly because it was a self referral and not from our doctor, but that I don't know, but somebody called that same day and 'cause. He had to leave a message on the phone. They called and they said. Somebody would call him within 5 days to get intake. So we waited. It actually it was today. He called today. Somebody called they took intake over the phone and then they said they're going to give it to. One of the doctors to make a decision on what doctor and they'll call us within a few days so it was 7 days.

Then we don't have an appointment yet and I don't know I don't know the reason I but anyway, so that's one. And then there was another one my husband had in it's an orthopedic group in Rutland were very good and he's been. He's at a patient of theirs and he called? On October 22nd because he had knee surgery a few years ago and one of his knees was bothering him, the first appointment that he could get was November 24th now. That's the day before Thanksgiving. So I'm I. I would almost stake \$1000.00 that we're going to get a call a few days before and say that appointment will be cancelled. I'm not sure.

But this would be just who's gonna who's gonna see somebody at 4:00 o'clock the day before Thanksgiving. That that I don't know.

I mean, then I'd see a podiatrist and I love him and I had an appointment at UVM. I guess October 27th or I guess I didn't write this down.

I had an appointment on October 4th, but because my husband had a very minor contact with somebody with covid. I wanted to do a test before I went to the doctors so I called them and they said. You know wait for the test to come back and they appreciated that I was honest about it and so I was negative, but when I called back to make an appointment. I can't see them until December 17th. Come and and through no fault of their own. I can't get in and until the 17th.

So to me, it seems like it's much more the specialist because if we were sick and I could see my primary care doctor. You know that day or the day after so that I don't. But I just think the wait times or maybe because of of of the specialists. And then while I have you on the phone. I just had 2 other quick things.

And it just seems like the health care system is not patient driven. I'm sure all of you know about the big lawsuit that that is the Blue Cross and Blue Shield between 2008 and 2020 and so you know, I've been getting. I've been getting their emails and I finally decided to do something about it, but to go back from 2008 to 2020. And try to find all the information.

So I did call there JB whoever there I don't know who's dealing with it and Blue Cross and Blue Shield has all of that information.

So I don't know why they don't give it to them, so that we don't have to run around like chickens with their head cut off, they could have just said. You're you're eligible for this, if you want to be a part of the of the lawsuit do that. I don't know how many people are gonna do what? What what has to be done. But I don't know who was in charge of that I mean, I do have the?

They come the judges I think he was from Alabama and I am going to write to him. When this is all over and say? Why didn't you just say have Blue Cross figure out everything because they have all that information or I wouldn't have gotten my notices and my husband got one in my son got one.

So that's that's my take on that one and that this is a wonderful service that you're doing.

But and I did call somebody and I. I think they might mention it to. I called a Stephanie Bracken and I was talking to her that. I have a computer. And I can get online.

But I didn't I was only through WCX that I found out that this was actually going to happen.

And my concern is that you know, Vermont doesn't have every not everybody has a computer So what

happens to the people that are just mom and pops that maybe they how how are they gonna give their stories so that you know them and I I did make a suggestion that on Tuesday. Maybe this could be announced at the governors thing just because it's healthy. It's health related and a lot of people watch that that will not go on.

Any place else so, so thank you for all that you're doing, yes, and I'm glad I was able to to talk. Thank you.

Backus, Ena
Thank you.

[Speaker 4]

Support for for for moms and dads with children that are getting delayed service. Oh my gosh. I mean to have a child with special needs. I I came from a family with children have special needs. We we can and we must do better. I just have to say that so my personal experience with wait times is that I had blood work done for months ago and uh it looks like I have a marker for an autoimmune disease and I'm going through other medical conditions. And it could be a player in my next surgery on Friday but I I can't get in until another 3 weeks and it it was scheduled for months ago, what I'm saying is to be seen. There could be consequences down the road and for sure. If I go through surgery on Friday and find out 3 weeks. Later that that wasn't a good idea because I should have been seeing it.

The consequences of delays are pretty major. I hope that it's not in my case.

And then the other thing I wanted to mention is one of the consequences of delays at the Medical Center is that insurance like my deductible has been met. And when I needed to go for these next 2 surgeries and couldn't get in at Uvm Fortunately Dartmouth is able. To get me in otherwise I'm looking at another \$7800.00. That would otherwise be covered at the Medical Center wasn't so far behind. So those those consequences of not not getting in on time and in 4 months. I hear is pretty. Pretty standard wait time right now at uvm and and it isn't at Dartmouth. So I just wanted to throw that out, thanks.

Backus, Ena

Thank you. That was the last of our scheduled speakers, but we know that more people have joined for this discussion. This evening who may want to speak and I see that [Speaker 5] and you have your hand up. We will hear from you [Speaker 5] and then we'd like to try our poll one more time. We think we might have a solution that would enable more of you to participate and and then. After that, if there's anyone else who would like to speak. We're happy to hear from you as well so [Speaker 5].

[Speaker 5]

Yes, first of all I think it's wonderful that you're doing this, I think from the experiences I've heard from so many of my friends. I think it's essential that you're going to be addressing these things.

And I wanna give you a very brief background of of why I'm really concerned about what is going on here.

I came from Connecticut 23 years ago, but prior to that my young son was thrown from a bicycle when someone opened the car door in front of him and he was run over by a 40,000 pound bus. Fortunately if there is any fortune. He was up. He was actually outside of the brand new trauma center at Hartford Hospital in Connecticut.

And as a matter of fact with people told me later that they heard him scream, so because of the care that he got there. Uh he survived. He he lives in Vermont right now and although he had major major injuries.

The care that he received there made the difference between whether he would live or Die.

Right and as a result of that I volunteered in the trauma center there after he was finally.

Uh discharged and I continue to work with accident victims and their families who are probably 8 years.

When we decided we were going to retire. We wanted to figure out where should we move to where we loved Vermont, so we've decided we would make a list of what it is that we felt was going to be essential if we moved to Vermont.

We had 3 lists the first one was absolutely essential. This next one was hopefully it would be there and the 3rd. One was just a frill the very first article that we came up with on our half 2 was that we wanted to be near a really good Trauma Center Medical Center.

Uh Med School and research area and Burlington filled all of those spaces, so we moved here.

Uh I I had talked with some of the people at the hospital at 1:00 point, and when they heard that we made this list. They actually interviewed my husband and me, and wrote an article in the UVM newsletter and the title of it was the value of making lists.

So that's how essential it was to us when we moved here. Both of us were in prime health we thought.

But we still felt that we made the right move by having UVM so near I live in Williston. So it's like 8 minutes to get from here to your hospital.

Uh and then my husband, who had been running in Marathons, actually Burlington 2 very active athletic person.

A few years later was diagnosed with Parkinson's.

So that began a really complex.

A need for medical care and coordination with the medicines that he was taken. It later on, he developed diabetes. They discovered he had heart problem. And while he was at Uvm Hospital is hard stuff 33, * 1 night and then they had to put in a pacemaker and then the the prime part of it all was when he was diagnosed with cancer is diagnosed with stage.

For cancer bladder cancer.

And was being treated and I must say the oncology Department at Uvm is absolutely thoughts. And so are all the other doctors that we've actually been able to interact with they coordinated things very, very well for us there.

Uh so he received his treatment.

And by that time, he was taking 50 pills a day at 7:00 different times of the day.

Yeah.

So again very complex health situation. There they discovered also that his cancer had spread to his brain. He had brain surgery for the tumor removal.

They sent him home 2 days after he had surgery. They sent him home and we had to bring him back because he was hallucinating.

As far as the the the coordination 4 things at the hospital.

One of the things I've been doing for the last like seeing my husband died, 6 years ago. So I've been doing it 5 and a half years as a patient and family advisor at the hospital.

So I've heard from family members from patients who also are patient family advisors because we're all trying so hard to help people get access to the care that they need in a timely manner.

I do feel, though, that just recently you couldn't have had this on this forum or convenient to my experience is the past 2 weeks. I had a major problem with it. Oh, with 2 toes. It's matter of fact one of

them had turned bright red and so I called and tried to make an appointment with my podiatrist. I hadn't been there for like 3 years.

Uh they told me immediately that he was no longer taking any Medicare patients so any care that I would get I would have to pay for myself. I asked them if they could refer me to somebody that did take medical care patients and they gave me a number to orthopedics at tilling drive.

I called there and they said, I had to have a referral. I told them my insurance plan does not require referrals. That's when I first heard about UVM being the one that wanted the referral. They said they had to have that and the materials from my original podiatrist. I called back that office and they said they wouldn't send it.

That I didn't have a broken toe at 1:00 point or anything like that, so they just wouldn't they wouldn't send it.

I called back at Tilly Drive and they told me that what they would do. Although I really should have that referral that they would make an appointment so their first appointment is February 8th.

I said that there might, oh probably will be gone by then. But it may be appointment.

And today I called back to the original Podiatrist told them I'll pay for it myself, and the next appointment that I have is November 9th.

So that's a That's an improvement.

Like my concern still is what do I do if it gets worse?

The the final piece. I wanna make clear is that when people have these kinds of issues like that with the problems of of coordination and timely care.

The only other outdoor option that we have is to go to the ER.

That is the last place. I wanna be with a pandemic.

I've had kidney cancer and surgery at the hospital. I've had double bypass is I'm a prime candidate for getting sick and I've gotten all of the shots and everything. But I don't really want to also add to the overload for the people that are in the ER. I don't know how they even exist with the stresses that they have right now.

I you know, I'll manage somehow. I hope I won't have to go to the ER.

But in any event. It just wanna make it clear that with the experience that I had with my son 's care.

He was operated on for 9 and a half hours by 3 teams of Surgeons. He really is. A miracle that he's alive. I listened to the people already here that have expressed serious concerns and and I've heard those by the way in our meetings for patient and Advisors.

And there was somebody at the hospital. I think it's a new program that he's in charge of which is supposed to take care of.

Having a more expeditious treatment for people at a reasonable control period of time after they've called for care.

So again I know I'm not the only person that's had those experiences because I've heard it from so many other people. My heart goes out to the hospital staff. I know they're doing the best that they can.

And I'm not terribly worried about my toe somehow will manage with that. But I'm very worried about people who have very serious concerns and the concerns that I think it was the first woman that spoke about her daughter and mental health problems that she's had. I've heard that so many times in our meeting.

We have people that are suicidal. What do we do with them their parents? Are doing the best they? Can the hospital is trying. There's just not enough people and doctors to go around so that's my poignant plea, not just from me. But I don't want people like the ones I worked with you know they had severe accident.

And I don't want them to have to jump through hoops and I don't personally want to see them lose their loved one because of the UM the inefficiency of getting treatments. So thank you so much for listening and my heart goes out to all of you because you've got a big, big job ahead of you, but I'll be willing to work with you, or help. Anybody that I possibly can if you have any further questions that's fine.

Backus, Ena
Thank you [Speaker 5].

Backus, Ena
Uhm now if there's anyone else who would be who would like to share or oh. It looks like we do have another person with a raised hand [Speaker 6].

Hi I don't have my camera on can you hear me we can hear you?

I couldn't get on with the link on my computer, so I'm on my phone and it was really difficult. So I just wanted you to know that I don't know if other people were having trouble with that.

Uhm I my story I I had sent it in an email today, but

I have an autoimmune disorder. I have rheumatoid and I moved here. I I grew up here and I had a late husband, who died of cancer and had services at uvm but I was not aware of the long wait times coming here. I know my rheumatologist. I had just got diagnosed in Lancaster, Pennsylvania and my.

Rheumatologist told me when we were moving that I needed to make an appointment in general with rheumatologists. 'cause that was my understanding before you know like now be when we were planning to move. We had a 3 month leeway there and when I called to get a appointment. I couldn't get an appointment that was in July of 2017 and I couldn't get an appointment until January of 2018.

With the rheumatologist and come and I also could not get a primary care for over a year. So when my husband had a little minor problem. We just went to urgent care and my every time I saw my rheumatologist, which was every 3 months. They were saying have you got a a primary care person yet and I did get a primary care?

Uh my doctor and that was wonderful, but she left this past year and I got no notification other than a letter that we didn't see in the Mail and they assign me to a new primary care person and I have not seen that primary care person because twice now. They just rescheduled me without telling me that I had an appointment.

And I called 'cause I said, I had an appointment. I don't see it in the system and they said. Oh, he's on extended leave. He won't be back till January and I had an appointment and that was in May and I had to appointment in July and so they said. Do you wanna reschedule and I said well if he's not there I guess I have to reschedule and they said, OK, the next appointment. We have for you is in October and so then in October.

And I was like the appointments. Not there, Oh yeah, he's not coming back till January and I said well. I need to see someone because at in May. I had shingles and and then in August. My rheumatologist did an 8 anyway. I have diabetes and that was in August and so I saw a traveling nurse practitioner and she was helpful started me on some medication.

And and said I want you to see and enter cynologist so I called and they said they don't have an appointment till January.

I then said Do you have a Tele video appointment or anything sooner that way and she said. Oh let me look and so she found one for December, so I have a Tele video appointment for December.

And I'm I I too. I'm listening to [Speaker 5] I you know, I'm I'm educated.

I'm I I have a degree so you know diabetes is new to me and so I did. My research and what I should be doing, but I don't know what I'm doing you know like.

So I was just thinking like what about the folks who can't do that, or don't have Internet or you know.

So it's it's that's troubling and I did have the same thing happened a year ago, not eat 2 years ago when I was having trouble with medication and I was losing weight and I was.

Uhm having, I was throwing up, and having IBS terrible and so they wanted a colonoscopy and that was in September and I couldn't get the colonoscopy, she wanted she said. I'd probably isn't. But we want to rule out cancer just in case and they could not. Get me in until December and I know that's and that's not that long of wait time for what I've heard because my husband had to have a colonoscopy.

Uh from the doc the doctor asked him last September to have one and he put it off for a little bit and then in May said he would schedule and he didn't have. He had to go out of the system and he was able to get it only in September.

So I just share that I know you're hearing the same I just.

Didn't know that this was such trouble and I will say that one of the doctors said had made a comment when I said about the my primary who left who I love dearly.

They said, we have a hard time keeping good doctors.

And so and I want to lift up as well. In this past year. Thank you for doing this and in what you all have been through and what we've all been through. I really appreciate the work that you are doing.

[Speaker 7] (Guest)

Hi uhm, thank you so much my camera isn't working. Uhm I'm on this forum. And I understand it's primarily for adult care. I am currently a health care provider my specialty is children with special special health needs.

Uh it is in major crisis mode at this point.

Uhm the children we used to see.

Uh our services have been shifted to UVM.

Uh and the wait time and psychiatry and Pediatrics for our children, waiting for a diagnosis to receive intervention services is now 14 months.

I am talking about children who are 18 months of age.

Page maybe 2 years of age, they have to wait over a year to get a diagnosis to receive supportive services. This is a very, very serious crisis. And while the attention has been turned to adults. I think the pediatric world needs to be.

Woken up and say this is unacceptable to the families. I work with that. I hear from every single day, saying why do we have to wait because the services through the Department of Health of which I am still employed are being discontinued?

And those services have now shifted to UVM.

This is unacceptable, the Department. I have been working for for 24 years used to see over 300 children, a year.

300 children, it is now one quarter of that, after being shifted to uvm responsibilities. This is a crisis and I hear from parents and talked to parents every single day and I am at a total loss as to what to say to them except my sincerest sincerest apologies. I am sorry it is out of my hands.

I'm in the trenches. I am not part of leadership. I am in there every day doing the work with our children with special needs. Now, this population has been discarded. I'm sorry to to be honest. It is not a priority, but but we have served Vermont for over 20. No excuse me 40 years. Our clinic has been in operation in the health Department.

It is now being closed down now. Its politics its finances. It is whatever you wanna call it is it right no because there is a huge service gap that is not being filled and this is a critical time for those families out there waiting for a diagnosis of autism that have to wait.

14 months to get that diagnosis.

And then they can get help for themselves and their families and their extended family members.

This is unacceptable and I am I am so sorry because when I started here. Vermont was the place to come

and I would get calls from people who want to move to Vermont. I'd say, Yes, Absolutely. This is the state. You want to be in. It is wonderful for kids with special needs. That is no longer the case. I still get calls from outside families who want to move I have to be honest and say.

Don't move here do not there aren't the services here that you're looking for and Yeah. Everybody wants the passed the Buck down onto schools, educational system that they can take on this responsibility. No no no this is a health care crisis. It's a public health crisis and I am more than happy to provide further information. If you want to contact me.

I'm probably in trouble for speaking out from my own leadership. But I am I apologize. It's just something I cannot keep quiet about any longer and this has been an ongoing.

Issue for the past 5 years in this transition up to UVHM, but UVM has not in any way fulfilled their responsibilities as deemed in the contract so that's all I have to say, and thank you. Thank you very much for allowing me to speak. I really appreciate it.

Backus, Ena

Thank you for sharing [Speaker 7].

I I want to clarify that we are interested in wait times for all health care services and for adults and children alike. There's no focus here on adults only and thank you for your comments.

At this time seeing that no other hands are raised from participants if if you all have the patience to try. The poll again with us and we do have the pole. Ready ready to go again and a route that might make it more accessible to everyone who's in this meeting.

Mike Fisher

Someone called my office and asked that they and honestly be able to submit a comment and so I'll read it now.

So this person called and said I had to wait a year to see a neurologist after suffering a traumatic brain injury in an accident. I had first been able to schedule appointment within 6 months, absolute soonest. Despite my having severe difficulties as a result of my injury.

Then they cancelled the appointment because the doctor went on vacation.

When I finally got into see her a year after my accident, she said. To me, I'm sorry. There's nothing. I can do to help you, maybe if I'd seen you sooner there would have been something.

But it has been too long.

I literally went to my car and cried after the appointment. I'm very lucky I was able to mostly recover without a neurologist. I still haven't impacts from the brain injury, but I can read and drive again under most circumstances.

Thank you for sharing.

[Speaker 4]

Can I add one thing UM? When my appointment was made with the rheumatology Department. That's who takes care of people with autoimmune diseases anyways and it was 4 months out, I said.

I can be flexible put me on a call list. So when you have a cancellation. I can slip in and nobody called in 2 months after I talked with somebody else same story. They were scheduled. I think 6 months out, but they just happened when they were at the hospital to stop in the office and they said sure we can see you later today.

Then when I was at the hospital last week. I said, Do you have a opening today 'cause you know I had another?

Person say that they could be slipped in and and they didn't on that particular day.

They come and I only say that because I also run a business and we have a call list and we wanna keep our schedule tight. I would think in 4 months. There's got to have been an opening. I don't think that there is that much.

Interest in keeping their schedule tight up. I think this clearly is one way to get more people in right. 'cause things happen, especially in the age of Covid.

So I I'm thinking that this is a clear thing to bring up with the hospital is how efficient is your call list.

And [Speaker 1] has his hand up again, and and after that [Speaker 5].

[Speaker 1] (Guest)

I thank you for letting me speak a second time I it's not about me, I have 2 95 year old parents. I'm very lucky to have them alive and they both have multiple medical conditions and they're both very hard of

hearing and they suffer from the same wait times as to so many people. But it is aggravated by the fact that the telephone is a challenge and the crises that pop up.

Are you know numerous it's a lot more difficult for that population. It's great that we have a more and more people that population him and Uh there doesn't seem to be any plan in place for any of the wait times.

I hope something comes out of this that's a concrete.

Rather than you know, we just talk I. I just want to share a tip for everybody. That 's listening out there. It's worked for me. It's one of the great things about Vermont is if there is a freezing rain and it's very treacherous. That's when I need that's when I go to the specialists because people can't. I'm not kidding. I'm serious about that. I I that's how I've seen people when it is really treacherous on it's just vicious and you go out there and you say, Well, you know, I got 4 studded tires. I'm gonna take my clamor gonna leave early. I'm going to drive there, and show up and say, I know you're gonna have a cancellation here, I am.

[Speaker 5]

I'm also one of the things I forgot to mention which is actually actually made me laugh after going from 1:00 PM. Podiatrist office to the UVM podiatrist office.

And finding that I wasn't going to be able to see anybody for a long time, I called my own primary care office.

And and they made an appointment for me that afternoon at 4:30 in the afternoon to see a nurse practitioner when I got in there. He took one look at my foot and said I don't know why you're here because you really should be going to a podiatrist I mean, I. I just laughed. 'cause I think they are you know, I have to tell you I've already done that. I've tried all of these things it's the second thing I did want to mention 2.

My best friend from College, who lives here.

And told me that she was in the ER for 5 hours about.

Maybe 2 and a half weeks ago with something like atrial fibrillation.

And so when she was discharged they told her that Cardiology would call her to schedule using a heart monitor. I said well. When was that and she said 2 weeks ago and I said has anyone called you and she said no. I said, so you have to be your own advocate. You've got to call back and get that scheduled. I mean, this is a heart issue. It's really important that somebody don't do that.

And Lastly with the kidney cancer that I had my primary care doctor at that time. I was doing. My regular yearly exam and when he asked me to do those take deep breaths.

He said, You know here's something that's a little bit different. I don't think it's anything but I'm gonna air on the side of caution. I'm gonna send you?

So to have an ultrasound during up, they found that I had a a cancerous tumor.

And I had an appointment at that time. My mind, you this is 2000 2003.

Uh I had an appointment within 4 days of that time went in had my kidney out did not need to have any kind of additional care.

And all of it was because this doctor had really good ears. He actually acted on something he ended up giving up his practice because he said. He just couldn't take it anymore fighting with the insurance companies who have somebody that has no medical training, telling him what he can and cannot do for his patience.

We don't need to have those kind of doctors on being forced out because of just incompetence. Like Yes, it is so again. I'm telling you there are some of us that are on here that would be more than happy to work along with you in any way that we possibly can to make sure that there are changes made so we don't lose people like my son, who was run over, but like the woman whose daughter.

Uh we cannot speak for herself like Sharon 's issues and and carols issues and everybody else, so please take advantage of that. The only thing that you can get out of these really disastrous things and that's what I found after my son 's accident is trying to make things better for the other people that are coming after you.

So I'm sure that all the people that I've spoken today feel the same way so again. Thank you so very much for what you're doing, and let us help you anyway, we can.

Backus, Ena
Thank you.

I think Mike has his mic do you have your hand up Mike Fisher?

Mike Fisher
Yeah, can you make it a quick comment. Uh I wanna just appreciate it, it's heartwarming on on top of the

Very very challenging stories that we've heard from so many participants tonight. I think every single one, said I wanna help.

And I think that's really heartwarming and I just want to recognize it we.

Even people who have you know those of us who've been through incredible stress.

Uhm wanna pitch in and want to figure out how to make the world better for others, and that makes this a great place.

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Backus, Ena

Thanks, Mike. I have a I had a really similar observation, which was not only are you helping through your participation right now, but that everyone offered to help on going and we are very appreciative of your participation your contribution of your personal stories. This evening and going forward and we really. Thank you for participating and for sharing with us.

Pieciak, Michael

Hey, you know, I wonder I wonder. I wonder if I can just reflect back. Some of the themes that we heard tonight and make just maybe a comment on one of the items that was mentioned 'cause I do think there's some resources that are available. But you know, I think we heard loud and clear from a number of the stories about how.

The medical system really needs to be patient focused just hearing some of the stories about going from one place to the next place to the next place and you know the amount of time that that takes and and whether any of those visits were really necessary or whether they were duplicative or access you know. In addition to things that were necessary. It doesn't only just create stress and delay. But it does create extra cost as well, and into the system, which impacts everybody, so you know that was heard loud and clear.

Come on the issue about wait times and compounding health issues. You know, Sharon mentioned that and that it really you know it's really a great point because you know if you are not able to be seen and and Mike shared an anonymous story as well. If you can't be seen timely your issue can potentially compound and get worse and it's not a simple treatment. That's a more complex treatment and again that can be a worse health outcomes. It can also drive expense to the system as well and and again.

Loud and clear the need for mental health and and special need resources within our health care system. Certainly points, well taken there. The focus beyond UVM. I you know mentioned that the focus is not just children adults. But the folks at the investigation also is statewide. So we have heard quite a bit this evening and and up to this point about UVM. But certainly the focus is statewide in terms of some of these issues that we're facing the point that I wanted to mention and again. I think Sharon mentioned this, but the deductible at the end of the year.

That's it that is a perennial problem when you know you've met your deductible. You try to get care, and

then you're being pushed off into the next calendar year when your deductible resets there are standards that are set out under our insurance statues as being reasonable that you can meet in terms of getting an appointment 24 hours for emergency care 2 weeks or non emergency care 90 days for preventative care and those those timelines can't be met. You can go out of network.

At at no cost to yourself, you know just the normal costs that it would be for your for your plan so there are resources on our website. I do encourage anyone facing those types of issues to reach out to your commercial insurer to Medicaid to try to get some of those resolved and then you know, I think you know, David or [Speaker 1] brought up a good point, which is just the aging you know the aging demographics that we have in Vermont and what is the plan for the need for even more care in the future I mean?

Things are going to require more care and and if we're having challenges now. What does it mean a decade from now and then just Lastly we've heard this from a number of people but?

You know how important?

Good medical care in Vermont is for our health our communities health. But the strength of our community. The strength of our economy. The desire for people to live in Vermont. I mean, it just really brings home. The point about how important I think this work is and and want to thank everybody for sharing their thoughts tonight and encourage those that haven't to submit their stories by email. If that's a more comfortable venue for you, but thank you very much. It was a very, very informative evening for me and and very valuable so thank you for sharing your stories.

Thank you. Thank you Commissioner P check and I do see that another participant has a hand raised and because we do still have some time in the form. I wanna call on that individual.

Mari Cordes

Thanks, Yeah, this is representative, Mari Cordis, representing in the General Assembly Lincoln Moncton Uh.

Bristol and starksboro, but I'm here I was here just to listen.

But I as and also a nurse at Uvm Medical Center. I hope we can also.

Uh take a deeper look into Uhm hospital discharges and I know we all know these are issues one is the.

The backlog that happens when there's no place to safely discharge somebody when they need extra services or home care and there isn't there aren't appropriate services available. This is especially true in in the mental health system.

But I think we should also be looking at or thinking about pressures to discharge people prematurely.

Mari Cordes

Uh thank you for having this and I will make sure to advertise it on front porch forum and social media so that we can get more people to these and thank you, especially to everybody that spoke up, and and Martina. I would love to talk with you and I know you reached out to me a while ago and I'm so sorry. I've been delayed and connecting with you, but I will.

Many thanks.

Backus, Ena

Thank you representative Cordes and I I. I wanna follow up and say that if you can share the details for the next forum or or listening session that we will have with anyone in your networks that would be greatly appreciated too.

Uhm generate some more participants or give others the opportunity to share if if they would seek it and of course to also encourage.

And those in your network to submit their own stories in email. If that is how they would prefer to share their stories and Mars. Mars E net. I see that your hand is also raised.

[Speaker 2]

Yes, I just wanna and don't worry. I will touch base. Thank you for bringing up a good point another story I have.

[Speaker 2]

Uh my mom had to be brought to the ER because of excruciating pain, which basically made her Walk on 4 lanes so my mom lives with me, she's my daughter 's main caregiver and so she had to be brought to the ER because the doctor, the primary care doctor said measure not helping somethings wrong. Let's let's check it out. If you need imaging, it's going to be quicker.

So she spent several hours in the ER and she was brought home by my husband, basically crawling.

I have filed a complaint with patient family advocacy that that was totally unsafe discharge.

Uh because literally she was crawling on the floor and falling onto the floor out of pain, she has received.

Uh one pain medication throughout several hours of state, I think it was like 7 hours or so.

And what I'm trying to say that I think that the push to get people out of the ER as much as I understand you can send someone home just because they're unable to advocate for themselves.

Not only because there is a language barrier, but also not knowing the system. I had to go get my daughter from school But neither her or my husband noticed system, I would not have taken her home.

Like I would literally say I'm not taking her out 'cause. She's unsafe to go home.

And I get it, we're bursting at the seams.

But you can't you can't do that, like I so I think Marie broader good point we need to kinda see look also into the dischargers because I think there's more stories probably like this one like you know being discharged from the hospital.

Would uh prematurely or not? I feel comfortable speaking up and I can't speak up to my team and say, I don't think it's safe and we can figure out a plan, but

yeah, that's that's like like like a really good point, so I appreciate, bringing that up thank you.

[Speaker 4]

I also wanted to add after my major surgery. I had a aorta aneurysm. They did push to discharge me and I didn't feel ready.

And I am very independent so I didn't want to stay so I I went home. But within a day I was. I was back at the hospital and that's never the best way to do it. So yeah, I would I would agree. There's probably more stories if if it occurred to me as well.

Backus, Ena

Thank you.

[Speaker 5]

Regarding discharges.

And when my husband, they discovered that the cancer had spread and you needed to have surgery to remove a brain tumor.

On the first 24 hours. He was in the intensive care and they walk him every hour to be sure that his brain was not negatively affected. They then put him back in the regular hospital room with a person who was

so out of control that they had to have a person sitting at the end of the bed to try and get some kind of control over that person my husband was so upset.

By that that he got out of his bed. My 2 this is just a little more than 24 hours after brain surgery.

Went down and sat in the kind of the waiting area on that floor and then called me in the morning to tell me what happened. We I I immediately went to the hospital. They said they were going to discharge him. I said, you've got to be kidding me? He just had brain surgery hasn't had any sleep for 2 days and you're sending him home. I don't know you know how will I know that there's a problem they said. I'm sorry, but that's the way it's going to be we're gonna send him home.

When we came home, he had, he started hallucinating and I had to bring him back and it turned out, he had something called postoperative dementia.

I never heard of that either before it was terrifying to try and figure out what was happening there. I mean, I'm cognizant of enough medical stuff that I I managed to get the care, he needed.

But they did discharge him and like I said, I had to bring him back within 24 hours to do that. I know the hospital tries very hard not to have people return that's a really bad thing, so again. I hate to interrupt. It's just I just feel so passionate about the fact that I just want the people that need health care to get health care. We've had. We've lost over 700,000 people in a year and a half.

We cannot afford to lose anyone no matter what age they are no matter what the concern is there has to be an answer for this, though again take advantage of people being able to help you with your with your project.

Ena Backus

Thank you, again, not only for sharing your stories, but your concern for your friends and neighbors and other Vermonters.

At this time, with no other hands raised, I'm going to thank everyone for their participation this evening. And, please, do share about the opportunities for submitting stories or participating in the additional forum that we have scheduled.

We appreciate your time, and we appreciate your contribution to this project and this work. Thank you.

END OF MEETING