



Vermont Health Policy Perspectives

April 2008

Vermont Association of Hospitals and Health Systems • 148 Main Street • Montpelier, Vermont 05602 • 802-223-3461

The Importance of Advocacy

With every passing week, the economic forecasts remain doggedly bleak. Because health care financing is so intricately tied to our economy, this persistent bad news means more challenges for us, but it also has presented a unique opportunity.

This year is an excellent case in point. With revenues down and health care expenditures up, the Administration changed a long standing policy on the provider tax. This change set the provider tax at a rate \$16 million higher than the state's ability to pay it back through allowable federal mechanisms. A long-standing mutually beneficial arrangement was undone with the stroke of a pen.

Historically, hospitals have been an easy budget target, largely because health care services are financed in very complicated ways and also because hospital services are a major component (40%) of state health care spending. Trying to engender community support for an especially complicated "dollars and cents" issue seemed like a non-starter. The VAHHS "I Care" Campaign changed that. The essence of this campaign took the focus away from the dollars debate and brought it back to the people providing the care and the patients that count on their local hospital. Through our new grassroots tools, we have sent the "I Care message" to legislators,

the Governor, and editors of local newspapers. So far, our numbers show that people are "caring" a lot about their community hospital. At this writing, more than 6700 emails and 3500 postcards have been delivered. "Hospital Day at the State House" on March 12th was also attended by a record crowd.

The benefits of the "I Care" campaign have been two fold. Policymakers are hearing from constituents that hospitals are an important community benefit that deserves adequate funding.

Perhaps even more important, doctors, nurses, hospital trustees, visitors, corporators, and other employees have become engaged in this increasingly critical debate. Vermont's hospitals touch so many lives, through employment and care. The members of Vermont's hospital family have tremendous potential as grassroots advocates. As we work over the longer haul to secure fair and sustainable financing, we hope to build on the "I Care" campaign and continue to communicate our message to an even broader audience.

We are very grateful for the involvement of everyone who sent an "I Care" email or postcard. The initial result has been positive. Our efforts have kept the pressure on the House Appropriations Committee to find additional money to close the gap. As of this writing, there is an additional \$8 million in the budget, but continued advocacy will be needed to ensure that this provision survives the rest of the legislative process and eventually is signed by the Governor. I know that legislators have been reading the emails and responding to people individually. It is very encouraging that this campaign has been the catalyst for an open a dialogue between providers, consumers, and policymakers.

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Mani B. Gramer



Behind the Headline: MRSA

Recent local press around Methicillin Resistant Staphylococcus Aureus (MRSA) has focused on cases of community acquired infections and Vermont's hospitals are doing their part to help reduce the spread of this and other drug resistant bacteria. Each hospital has an infection control professional that devises strategies and employs a wide array of tools to combat all hospital acquired infections, including MRSA.

MRSA was first identified in the 1960s and was mainly found in hospitals and nursing homes. This common staph bacteria became drug resistant mostly because of the overuse and misuse of antibiotics. In health care settings, MRSA occurs most frequently among patients who undergo invasive medical procedures or who have weakened immune systems and are being treated in nursing homes and dialysis centers.

While the incidence of MRSA is growing, the good news is most MRSA infections are both treatable and preventable. All of the hospitals in Vermont adhere to strict infection control guidelines produced by the Centers for Disease Control and Prevention (CDC). MRSA is spread primarily through skin to skin contact. Frequent and thorough hand washing is the single most effective way to stop the spread of MRSA. Hospitals employ a variety of strategies ranging from education to environmental measures. The CDC guidelines also advise hospitals to internally track their progress in controlling MRSA. If the routine prevention and control measures are not working, hospitals employ more intense efforts including screening high risk populations.

Patients should ask their doctors or nurses about what's being done to prevent the spread of infection. They may also ask to speak to the hospital's Infection Prevention Practitioner for up to date information. The patient is an important part of the care team and should take an active role – including asking if their caregiver has washed their hands.

There is an important distinction between the hospital acquired (HA) and community acquired (CA) MRSA strains. Unlike (HA) MRSA, the community strain causes infection in healthy people. When (CA) MRSA is brought into a hospital or nursing home, where patients are more vulnerable to infection, it has the potential to cause significant problems. Anyone being admitted to

the hospital or even just visiting someone there should tell a health care provider if they think they have a (CA) MRSA infection.

A recent CDC report identified that 14% of MRSA infections are (CA) MRSA. The basic rule of disinfection applies to both the hospital and community acquired MRSA. A 60% alcohol instant hand sanitizer is a great solution for disinfection on the go. In addition, good personal hygiene and not sharing personal items such as makeup, towels, sporting equipment and cell phones is a good way to reduce the risk of infection. (CA) MRSA can infect a healthy person when it comes in contact with broken skin. Wounds should be treated and covered until they heal.

Antibiotics should be used judiciously. Antibiotics do nothing to cure viral illnesses, so patients and doctors should hold off unless they are truly necessary. If they are needed, it is important to take them as directed and not stop early, even if the symptoms have improved. Taking left over antibiotics or antibiotics without a prescription is not advised.

Vermont's hospitals are committed to doing their part. The increased attention and dialogue on MRSA is important because hospitals, caregivers, the community and individuals must work together. This is a battle with many fronts and requires multiple approaches in order to eliminate this and other drug resistant bacteria.

Recent Survey Shows Impact of Aging Physicians

There are more than 298,200 physicians between 50 and 65 which equates to 36 % of the total physician population. The national physician search and consulting firm Merritt Hawkins and Associates conducts an annual survey to determine the practice plans and career satisfaction levels of experienced physicians. Of responding physicians in the recently released 2007 survey, 52% said they have found practicing medicine less satisfying in the last five years - citing reimbursement issues, malpractice worries, long hours and the pressure of running a business as contributing factors. Forty nine percent of physicians responding said they plan to make a change to their practice in the

(continued as Survey on back)



Legislative Update

As the 2008 legislative session resumed on January 8th, it was clear – almost from day one – that this would be an exciting and challenging few months. Budget issues have dominated the VAHHS agenda, but other important discussions are also underway – particularly in the areas of mental health and health care reform.

With no exception, the Governor's changed policy on the provider tax has taken center stage. This change equates to a \$16 million shortfall, which if enacted will result in most hospitals in the state losing from several million to several thousand dollars in the next fiscal year. Fortunately, the House Appropriations Committee has taken steps to largely undo the damage caused by this policy change in FY 2009, but this step has not yet become law. VAHHS staff and member hospitals expect to work throughout this session and next fall to ensure a permanent resolution that restores this important financial balance in hospital funding.

Earlier this session the Vermont Hospital Security Plan (H.304 – McFaun – Barre Town) received considerable attention by legislators and constituents. This bill however, has now evolved into a study that was included in the health care reform bill (H.887) passed out of the House Health Care Committee in late March. Due to the current economic challenges, health care reform efforts to date are very modest and currently consist of studies on key issues, eligibility changes to Catamount Health and efforts to improve healthier lifestyles. As H.887 heads to the Senate, its fate remains unclear, with provisions requiring additional funding at greatest risk.

Another focus for health reform has been how to create sustainable funding for health information technology. Mid-session, the House Health Care committee introduced H.886, a bill that creates an "E-fund" for the development of Vermont's healthcare information technology infrastructure. At this writing, H.886 is now part of the "big bill," the FY 2009 budget, otherwise known as H.891. Currently, the proposal calls for a 0.12 percent surcharge on all medical claims over the next ten years to raise the funds needed for this infrastructure development. As with any revenue raising proposal, this one has generated considerable controversy and as such, the outcome remains unclear.

On mental health issues, the debate continues on

the future of the Vermont State Hospital, the role of designated community hospitals to care for those patients and the critical issue of involuntary medication for mental health patients in a community hospital setting. After several hearings, the Senate Health and Welfare Committee decided to table efforts to reduce the length of time to resolve involuntary medication issues. They plan to address this issue next year when this complex issue can be allotted more time for debate. The Senate Institutions committee recommended funds for planning a secure residential facility. The Administration will pursue developing a program for CON review. The House passed H. 617 (Jewett- Ripton) which significantly improves the current guardianship statutes but contains a provision regarding admissions to inpatient mental health units that will probably be the focus of further testimony in the Senate Judiciary committee. VAHHS staff and VAHHS Inpatient Mental Health Committee continue to monitor and advise legislative policy discussions on all these issues.

As the session winds down, legislators are already turning their attention to next year. On health care, the House Health Care Committee will likely hear testimony on a number of key issues this month that the Health Care Commission will address later this summer. They include: the Health Resource Allocation Plan, the Hospital budget process, Certificate of Need guidelines, workforce, prevention and health information technology funding.

Upcoming Events

June 4 (Wednesday)

VAHHS Sharing Summit

Capitol Plaza - Montpelier, VT

September 11-12 (Thursday – Friday)

VAHHS Annual Meeting

Featuring a Keynote Address

from Dr. Lowell Catlett!

Hilton – Burlington, VT

**VISIT www.VAHHS.org/events for
sponsorship and agenda details**



Physician Survey

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next one to three years. Some of these changes include working in non-medical fields, working on a part time or temporary basis, and closing their practices to new patients.

This trend is even more exaggerated in Vermont. There are roughly a total of 1,730 physicians currently practicing in Vermont. Of the 1,730 physicians, approximately 630 of these are currently over the age of 50. What does this mean to our constituents in the field of medicine in Vermont? This means that if the trends highlighted in Merritt Hawkins and Associates recent survey continue, nearly 18% of the entire physician population in Vermont plan to make a change in how they practice medicine in the very near future. Merritt Hawkins and Associates strongly recommends hospitals to look at their medical staff and begin planning accordingly.

The 2007 Survey of Physicians 50 to 65 years old notes that global physician availability will be significantly affected if physicians over 50 years old or older decide to see fewer patients, seek positions in non-clinical or non-medical settings or retire permanently. This could further exacerbate anticipated physician shortages; the Council on Graduate Medical Education is predicting a shortage of 96,000 physicians by the year 2020.

For a free copy of the 2007 Survey of Physicians 50 to 65, which highlights current and upcoming trends within the aging physician population, contact Jeremy Robinson (Jeremy.Robinson@MHAGroup.com) or Mark Keller (Mark.Keller@MHAGroup.com) at (800) 306-1330.

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