

Comments on Access to Health Care, January 23, 2018

Lois Whitmore

Access to healthcare begins when you call for an appointment. The person who answers your call is the first point of medical triage in the healthcare delivery system. When that person is well trained and knowledgeable, you get to see the right person at the right time for your situation.

Unfortunately, in my experience, that doesn't happen very often. For example, around Thanksgiving, my thirty one year old daughter received a death sentence, after more than a year of being bounced around from one lengthy appointment to another, with repeated trips to the ER's of three different hospitals. Schedulers, without any medical training, perhaps with nothing more than a high school diploma, decided who would evaluate my daughter, and when. It took more a year and a third- or was it the fourth? ER trip to arrive at a diagnosis of a rare stage IV cancer.

Schedulers, who are currently centralized at UVMMMC, rather than functioning from departments as in the past(where a nurse or doctor could quickly triage a patient's inquiry) arbitrarily, and without consulting medical history, chose the doctor, not the choice of the primary care physician. And other schedulers decided when my daughter got subsequent referrals, because there was no "stat" request from the primary care doctor.

The parts of health access that can be addressed, outside of the obvious paucity of doctors, are threefold:

- a strategic review and implementation of best practices of appointment triage centered on the patient, not the economic efficiency of the medical system,
- the re-education of doctors patient-doctor strategic communication,
- A statewide public education of patients in how to communicate with the medical system and how to access care, via the VT Health Department.

The legislature has the ability to regulate appointment setters just as they do other professions

- so that their medical triage skills are standardized, including a multi level triage system, referring to higher medical triage when appropriate in specialty areas
- so that their responsibilities and liabilities can be standardized and there is accountability. For example, the state already regulates through the Vermont Office of Professional Regulation even

barbers and cosmetologists because their work can impact the health of Vermonters. As if medical schedulers do not?

Getting an appointment at the right time with the right doctor certainly has a serious and permanent effect on health and medical outcomes. Appointment setters should be accountable for their important role in health access.

Doctors, especially primary care doctors, who are the gatekeepers to standardized care, must be retrained so they can assess a patient in light of their history, whether or not the patient can use medical language to describe problems and concerns. It is their job to translate that into a medical investigation, and to document and coordinate action and communicate that to the patient directly and promptly. That means a phone call, so there is direct two way communication. Electronic communication only works if the patients are able to use it and agree to it.

Patients who believe something is wrong don't necessarily have the language to speculate, medically, what is going on. But they need to be encouraged to "bother the doctor" anyway. And they need to feel that their doctors listens, reviews their histories, follows up the visits they have with specialists, and acts as both point persons and advocate in their care, all done timely.

Which doesn't mean six months or a year later. So educating patients and doctors to speak the same language has to be a health access goal.

So where does responsibility lie? Would my daughter's prognosis be the same had she been appropriately triaged and received timely referrals when she first tried to get medical help? Perhaps not, but she would have been spared months of anxiety, pain, emotional and economic dysfunction.

I urge the legislature to facilitate regulatory fixes and to use its powers of health oversight to study the prevalence of such tragedies, recommend strategic improvements, and to collect the data which would allow them to monitor positive changes.

Lois Whitmore

Essex Junction, VT 05452