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Dear Chair Lippert and Members of the House Committee on Health Care,

Thank you for the invitation to introduce myself to you. It's an honor to serve as Director of Blueprint for Health at the Agency of Human Services. I consider both prior Directors, Dr. Craig Jones and Beth Tanzman, visionaries in Vermont's health care reform. Their combination of leadership and collaboration with you, your committee and countless others is humbling and inspiring as I begin my attempt to fill their shoes.

In a recent "meet and greet" with one of the Commissioners at AHS, I was asked to make the connection between hospice and palliative medicine and my interest in this leadership position. I will begin my testimony in earnest to you and your committee by giving some background on how I got from there to here.

I went into medicine to help families and individuals affected by serious illness. After the untimely death of a favorite teacher's son in 1988, I applied to a unique mentorship program in San Francisco for high school students and was paired with a pediatric oncologist for seven weeks of my summer vacation. I "shadowed" the physician mentor and his entire team for seven weeks. For the first five weeks I understood little to nothing of their discussions about management of childhood cancer. But I bore witness to the physical and emotional pain of the children, their families and caregivers and journaled about it extensively. The experience seared upon my young mind how many lives a life-threatening condition in *one* child could affect. The mentor with whom I was paired, Dr Ablin, became my professional role model, a colleague, and a friend with whom I shared many personal and professional sorrows and successes. In all my interactions with him he embodied hope and a "can do" spirit. As I think about him, I realize that he rarely, if ever, missed the opportunity to sit next to a patient or parent and speak directly to their needs in a compassionate and expert manner.

Dr Ablin and his team of hospital-based nurses, social workers and pharmacists worked with community pediatricians and nurses to help children die at home over many decades, if that's what the parents and child desired. I wrongly and very naively assumed that this transition to home was a widespread practice for physicians in their treatment of adults and children with terminal disease. When all first-year medical students at Tulane were required to complete forty hours of community service in each of the first two years of training, I asked to be a hospice volunteer. Twenty-hours of training later, I found myself sitting next to a dying man whose spouse had not left their apartment for two weeks. She attended church while I sat vigil nervously for three hours. When she returned, she was ebullient, grateful, and refreshed. I continued my work as a hospice volunteer for two years and spent a month with the hospice team in my last year of medical school. I dreamt of combining what I had learned from Dr Ablin with my experiences as a hospice volunteer into a newly forming specialty in the United States, pediatric palliative care.

Working with dying children was met with great skepticism by some of my faculty mentors during residency, some family members and Dr Ablin himself. Nevertheless, I formed a committee on the subject during my pediatric residency in Fresno that brought together multiple disciplines to partner with the local hospice. We also received funding to host a conference on the topic at the children's hospital in Madera, California (just north of Fresno) with nationally known speakers. Dr Ablin even came to give Pediatric Grand Rounds. There were a few academic pediatricians in the U.S. who were writing about their work in this area, and I decided to pursue more training after residency. During the early summer right before 9/11 at an interview for pediatric palliative care fellowship in New York City, an assistant chair of pediatrics at one of the world's most prestigious cancer hospitals, asked me "Why would a bright young physician like you want to do this? Do you know how hard it is? Do you know how many people burn out? And to work with just the dying!" Aside

from the fact that at a very young age I had been shown that the work was with the living, I responded to him that if I ever reached the point of “burn out”, I would go on to something else and not regret the people whom I had served. I did not attend fellowship at that hospital or the other institution that I had applied, Boston Children’s. I was invited to simultaneously develop and be the first pediatric palliative care fellow at St Vincent’s Hospital in lower Manhattan. “From California to the New York Island” I told my friends and colleagues.

In the latter years of high school and the beginning of college, I had seriously considered pursuing acting as a career. Medicine was the stronger draw, but I never lost my love for theater and the performing arts. Living within walking distance of St Vincent’s Hospital gave me plenty of proximity to see small and medium sized shows, attend lectures, art galleries and absorb the energy of the city. My rotations included the adult palliative care inpatient consultation team, several months during day and after-hours coverage for a pediatric skilled nursing facility and months of pediatric oncology/hematology, cystic fibrosis and pediatric pain management. The Hospice and Palliative Care Association of NY state was actively involved in trying to pass a Medicaid waiver for children with a life-threatening condition to be eligible for curative as well as palliative treatments. I became as involved in all that I could so much so that I was invited to do a year of pediatric palliative care and pain management training in the Department of Anesthesiology at Columbia.

Heading to Washington Heights early every morning to the Children’s Hospital of New York made me think my goal of providing pediatric palliative care was close at hand. While I was invited to join the faculty in 2004, the reality was that no positions would be funded for another four years and after much wrangling between the university and the hospital, funding was only for a part-time social worker and an unspecified amount of my time. Clinical published research into the symptomatology of children with serious illness, better management of pain for children with sickle cell disease, misuse of substances for pain by patients with pain and a host of clinical case reports related to pain management and palliative care were contributions that I and my co-authors made to the growing literature in my area of expertise. There were also busy inpatient and outpatient services where I spent most of my time; in addition, I launched and became Program Director for the accredited Hospice and Palliative Medicine fellowship. The pediatric palliative care service started in 2008 and was very well received thanks to social work, nursing, hospital, and pediatric collaboration. On the personal side, our New York City apartment had become quite full with a baby, precocious toddler, my wife and me. When an invitation to be the full-time Hospice Medical Director for Bayada Home Health Care in Vermont arrived, my wife and I were ready for greener pastures and a better work-life balance.

My first trip to Vermont was at Christmas in 1973. My mother’s sister, Sally, had moved to Rutland in 1965, where she and my Uncle Charlie raised their family and worked. Vermont was a mysterious, green and snowy land to my west coast mind that I could return to every couple years throughout elementary, high school, college, medical school and my time in New York. I accompanied my aunt and uncle all over the state on many drives inside and outside of the state. I tried to learn how to ski at Killington in high school, I heard some of the best bluegrass festival of my life in Essex Junction, (a show I would later find out was attended by members of Phish), I watched fireworks over Lake Champlain on July 4 in 1998 and I was convinced that I would *never* get the chance to live and work here.

In my eight and a half years since moving to Vermont from New York City, I have made visits to hundreds of people enrolled in home hospice across almost all parts of the state. I have built strong collegial relationships with hospital, outpatient, and community-based health care professionals. During my tenure as the Medical Director for Bayada Hospice, it became the largest provider of hospice care in Vermont. Medicare beneficiary use of hospice grew in Vermont by more than 50% in eight years—from 42.5% of Medicare beneficiaries using hospice in the last 30 days of life in 2012 to 64.4% in 2020. With recruitment, step-by-step training, program development, delegation of my responsibilities and expansion of our footprint within the state, hospice physicians have transitioned from contracted to employed, nurse practitioners were much more involved in all aspects of hospice care, retention and employee satisfaction remained high, and client experience scores exceed or were near the national average.

As the Regional Medical Director, a position I began in June of 2021, I was responsible for clinical and compliance oversight of over thirty physicians and nurse practitioners in Vermont, New Hampshire, New Jersey, Pennsylvania, Delaware, North Carolina and in the coming months, Virginia, and South Carolina. All the interdisciplinary hospice teams which include physicians, nurses, social workers, chaplains, and volunteers looked to me for organizational leadership, regulatory compliance, complex care management, meaningful inspiration, individualized mentoring, and nuanced guidance for the tender end-of-life care work we did-over 1200 hospice patients every day. Directors of Legal Affairs, Compliance, Policy, Recruiting, Growth & Experience, and the Home Health and Hospice practices relied on me as a

widely recognized expert in the field of hospice and palliative care who was caring, collaborative, creative, authentic, articulate, and honest.

As you have read, I have devoted almost twenty years of my professional career to pain management, palliative, end-of-life, and hospice care. Vermont has been a part of my life since very early in my childhood. After much reflection and conversation with friends, family, and colleagues in 2021, expanding my work from population illness to wellness by way of a teams-based model became the direction in which I wanted to grow and lead. The opportunity to continue focusing on Vermonters was also central to my decision.

The Executive Director position holds many avenues into areas that I feel passionately about improving, including access to health care, mental health and wellness, opioid use disorder and the health of children, families, women, the aged, incarcerated and disabled.

As the Director, I wish to build on the relationships I have developed and create new ones among policy makers, legislators, population health leaders, and, of course, the many talented Blueprint staff centrally at AHS and in the field. I know that I will enjoy the opportunity to improve care coordination with the already high-functioning and well-regarded Community Health Teams by drawing on my extensive palliative care interdisciplinary and multidisciplinary leadership experience. I wish to utilize data and analysis to evolve payment models away from fee-for-service in support of value-based care while ensuring that all audiences, including the public, become more informed about this important work. I would utilize the Blueprint for Health's well-established and expert analytics team for evaluation and recommendations for how to expand the reach of the Patient Centered Medical Home program.

Tragically just three and a half years after we moved here in 2013, my aunt and uncle were killed in a car crash in Brandon. Their memories are still with me every day. I know my aunt and uncle would smile broadly to know that I am able to touch the lives of even more Vermonters in my role for the Blueprint.

On the home front my wife, Kristin, graduated from Vermont Law School in 2021 and is barred in New Hampshire and Vermont. She is developing her own independent practice with a focus on artists and creative individuals. Our son, Joe, is 13, and in seventh grade. He is a writer, artist and fiddler who wishes to become a Major League Baseball player. Mark will be 11 in April, is in fifth grade, plays the piano, Nordic and Alpine skis, plays baseball and wants to be an engineer and an architect. We live in Norwich.

I hope that I have given you a detailed but not overly so view into my background and thinking. I very much look forward to working with you, your committee, and the legislature.

Warm regards,



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