

**Rural Health Services Task Force
Unapproved Meeting Notes
December 17, 2019**

Members Present:

Robin Lunge, Member, GMCB
John Olson, Chief, State Office of Rural Health & Primary Care, VT Dept. of Health
Mike Fisher, Office of the Health Care Advocate
Steve Gordon, President and CEO, Brattleboro Memorial Hospital
Laura Pelosi, Vermont Health Care Association
Ena Backus, Director of Health Care Reform, Agency of Human Services;
Steve Maier (designee for Tony Morgan, Executive Director, The Rutland Free Clinic)
Dillon Burns, Director, Mental Health Services of Vermont Care Partners (Julie Tessler, Vermont Care Partners acted as designee when Dillon had to leave the meeting)
Dr. Melissa Volansky, MD, Stowe Family Practice, Executive Medical Director, CHSLV;
Jill Olson, Executive Director, VNAs of Vermont; Dan Bennett, Present & CEO, Gifford Medical Center

Members by Phone:

Kate Burkholder, LADC, Treatment Associates, Inc

Absent Members:

Dr. Paul Parker, Richmond Pediatric & Adolescent Medicine
Dr. Rick Barnett, Licensed Psychologist-Doctorate, Licensed Alcohol/Drug Counselor

Public Present:

Todd Young, Director of Telehealth Services, University of Vermont Medical Center; Erin Carmichael, Department of Vermont Health Access, Suellen Bottiggi, Department of Vermont Health Access; Catherine Fulton, Executive Director, VPQHC; Hillary Wolfley, Health Data Analyst, VPQHC; Jessa Barnard, Vermont Medical Society; Brian Nall, CEO, North Country Hospital; Devon Green, VAHHS; Jennifer Kaulius, Government and Community Relations, UVMHC; Spencer Weppler, OneCare VT; Lucie Garand, Downs Rachlin Martin PLLC;

I. Minute Approval

The Task Force approved minutes from the December 7th meeting.

II. Review and Discuss Recommendations

The Task Force reviewed and discussed final recommendations for the report.

Telehealth

The Group reviewed and discussed telehealth recommendations. This discussion was supported by Erin Carmichael and Suellen Bottiggi from the Department of Vermont Health Access with regard to Medicaid reimbursement, and also Todd Young from the University of Vermont Health Network with regard to operational implementation. The Group agreed to put forward the following telehealth recommendations:

- Store and Forward: expand coverage to teledentistry, services such as primary care to specialty, and expand reimbursement from Medicaid and commercial insurers to align with Medicare
- Remote Patient Monitoring: expand Medicaid coverage beyond Congestive Heart Failure

- ACO Waiver: ensure ACO telehealth waiver supports primary care and mental health at skilled nursing facilities
- Funding: grants for telehealth planning and programs

Care Coordination

The Group reviewed and discussed care coordination recommendations. The Group agreed to put forth the following care coordination recommendations:

- Support current care coordination efforts
- Provide investment in delivery system reform efforts
- Continued investment and improvement of technology that supports effective coordination of care and could reduce administrative burdens
- Promote the coordination of data sharing across AHS and ACO (e.g. integrate social determinant of health data)
- Increase access for Medicaid patients to telemonitoring
- Continue to mature & expand adoption of the OCVT Care Model by:
 - Evolving OneCare's Complex Care Payment Model
 - Expanding to additional payers and increase # Vermonters under an aligned care model (scale)
 - Continuing to evaluate pilot innovations (expand or sunset as appropriate)
 - Continuing to explore and evolve pediatric models to ensure appropriate level of care coordination
- Ensure Sustainability of Community-based Blueprint/ACO Model by Demonstrating: positive outcomes for patients; financial return on investment (ROI)

Workforce

The Group reviewed and discussed care coordination recommendations. Task Force member Laura Pelosi reviewed the Workforce White Paper. The Workforce White Paper will serve as the basis of the workforce section of the final report. The Group agreed to put forth the following workforce recommendations.

- Occupational Licensing Reforms, including:
 - Interstate Nurse Licensure Compact
 - Change clinical faculty requirements
 - Create a Pathway for Military Medics to LPN
 - Remove statutory barriers to Physician Assistant Employment
 - Align mental health clinician licensing requirements
 - Accept PGY-1 Licenses as an immediate pathway to licensure of dentists
 - Explore licensing pathways for foreign dentists
 - Explore licensing pathways for foreign physicians
 - Explore joining the psychology interjurisdictional compact (PSYPACT)
- Higher Education Reform, including:
 - Lower minimum age of admission for LPN program
 - Re-open University of Vermont's Psychiatric-Mental Health Nurse Practitioner Program
 - Expand Apprenticeship programs for non-degree allied health careers
- Financial Incentives, including:
 - Increase scholarship funding
 - Increase loan repayment funding
 - Implement Tax Incentives

- Maximize Existing Workforce, including:
 - Telehealth
 - Reduce Administrative Burden
 - Streamline Quality Measures
 - Reduce/eliminate prior authorizations
 - Medicare credentialing restrictions to expand access to mental health & substance abuse
- Increase State Recruitment Efforts, including:
 - Establish a state-led immigration and New American initiative
 - Establish statewide marketing campaign
 - Prioritize health care on the Vermont Workforce Development Board

Robin Lunge brought up Dr. Rick Barnett’s proposal to recommend support of S.81/H.139 authorizing prescriptive authority for doctoral psychologists, who obtain an additional master’s degree in clinical psychopharmacology, undergo at least 1 year of supervised practice prescribing and deprescribing, and pass a nationally recognized competency exam for prescriptive authority. This was circulated to members of the committee by email. The group chose to not include it in the report but expects Dr. Barnett will separately pursue this bill in the legislative process.”

Revenue Stability

The Group reviewed and discussed financial sustainability recommendations. The Group agreed that system level recommendations would be challenging, and instead decided provide sector level examples of two issues: administrative complexity and revenue challenges. Robin Lunge asked the Task Force members to follow up with examples from each sector.

Mike Fisher proposed to include information about hospital uncompensated care in the report. Because this information was not available for other providers, the group decided not to include it in the report.

VI. Next Steps

A final draft for public comment will be posted by December 23rd. Leading up to this deadline, Task Force members are expected to submit examples of administrative complexity and revenue challenges, as well as provide any feedback on the draft report.

The next meeting is scheduled for January 7th at the Green Mountain Care Board offices on 144 State Street in Montpelier.

Note: The Task Force ceased to exist on January 15, 2020. Given this timeframe, the minutes from December 17, 2019 were reviewed by the Task Force but not officially approved.