HOSPITAL NAME:

FY 2020 HOSPITAL BUDGET GUIDANCE AND
REPORTING REQUIREMENTS

NON-FINANCIAL REPORTING REQUIREMENTS

Prepared by:

GREEN MOUNTAIN CARE BOARD
144 State Street
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Introduction

For FY 2020, the Green Mountain Care Board will collect the following non-financial information in advance of the annual budget submission:

I. Quality Improvement Initiatives
II. Access to Care/Wait Times
III. Community Health Needs Assessment (CHNA)

This change streamlines the budget submission to focus mainly on financial matters, while ensuring that the Board has the necessary quality, access, and community needs information available to inform the hospital's budget review. The Board also has substantial information about each hospital's participation in delivery system reform through the accountable care organization budget process and will use that information in the review to determine how and to what extent a hospital is committed to health care reform. In addition, enhanced financial reporting is required this year due to challenges facing community hospitals; bifurcating the reporting will assist hospitals in meeting these reporting requirements.

Submissions

Using the provided templates, hospitals are required to submit by April 30, 2019.

Email submissions to:
Agatha Kessler   Agatha.Kessler@vermont.gov;
Harriet Johnson Harriet.Johnson@vermont.gov

I. Quality Improvement Initiatives

Using the space labeled "Hospital Response," please describe hospital initiatives addressing the quality measures results that are listed by health service area, county or hospital.

1. Vermont All-Payer Model Quality Measures by Hospital Service Area

Table 1a: Blueprint Profiles – Blueprint-Attributed Vermont Residents (CY 2017)

Measure	Statewide Rate (All-Payer Model Target)[1]	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Randolph	Rutland	Springfield	St. Albans	St. Johnsbury	White River
Percentage of Medicaid adolescents with well-care visits[2]	71%	64%	73%	68%	76%	72%	66%	75%	66%	59%	72%	74%	73%	75%
Initiation of alcohol and other drug dependence treatment	41%	44%	38%	52%	42%	27%	45%	33%	40%	41%	42%	38%	37%	37%
Engagement of alcohol and other drug dependence treatment	34%	31%	29%	34%	38%	43%	43%	32%	42%	34%	27%	35%	27%	32%
30-day follow-up after discharge for mental health	69% (60%)	77%	76%	71%	65%	71%	67%	66%	60%	69%	66%	71%	63%	66%
30-day follow-up after discharge for alcohol or other drug dependence	23% (40%)	25%	23%	15%	23%	18%	32%	21%	N/A	19%	19%	32%	23%	26%
Diabetes HbA1c poor control (part of Medicare composite measure)[3,4]	11%	10%	8%	13%	11%	13%	9%	11%	N/A	14%	10%	14%	11%	10%
Controlling high blood pressure (part of Medicare composite measure)[5]	65%	71%	69%	68%	60%	62%	64%	67%	71%	62%	64%	66%	74%	60%
Appropriate asthma medication management (50% compliance)	77%	75%	75%	74%	76%	78%	76%	84%	75%	79%	82%	74%	79%	77%

Hospital Response:

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[1] Measures with no target listed are those measures that have targets based on national percentiles rather than rates.

[2] Rates shown are for Medicaid only.

[3] Lower scores indicate better performance.

[4] Rates shown are for Medicare only.

[5] Rates shown are for Medicare (ages 18-85) only.

Table 1b: Behavioral Risk Factor Surveillance System Survey – Respondents to Survey of Random Sample of Vermont Residents (2017)[6]

Measure	Statewide Rate (All-Payer Model Target)	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Randolph	Rutland	Springfield	St. Albans	St. Johnsbury	White River
Percentage of adults reporting that they have a usual primary care provider	87% (89%)	88%	90%	89%	90%	85%	89%	91%	90%	88%	88%	89%	85%	85%
Prevalence of chronic disease: COPD	6% (≤7%)	6%	7%	7%	4%	6%	7%	10%	4%	9%	7%	7%	7%	8%
Prevalence of chronic disease: Hypertension	26% (≤26%)	29%	25%	24%	22%	24%	26%	27%	31%	29%	29%	29%	26%	25%
Prevalence of chronic disease: Diabetes	8% (≤9%)	9%	9%	9%	6%	9%	8%	10%	9%	11%	12%	10%	10%	9%

Hospital Response:

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2. Vermont All-Payer Model Quality Measures by County

Table 2a: Blueprint for Health Hub and Spoke Profiles - All Vermont Residents Utilizing Services (2016)[7]

Measure	Statewide (Rate/10,000) (All-Payer Model Target)	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
# per 10,000 population ages 18-64 receiving Medication Assisted Treatment for opioid dependence[8]	2,076 (162) 150	77	108	158	127	116	208	135	106	125	213	202	163	161	177

Hospital Response:

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Table 2b: Vermont Department of Health Vital Statistics Data - Vermont deaths by county of residence (released 1/2019)

Measure	Statewide Count (All-Payer Model Target)	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
Deaths related to drug overdose[9]	117 (115)	5	9	3	16	0	7	0	3	6	3	18	13	19	15

Hospital Response:

3. Vermont All-Payer Model Quality Measures by Hospital

Table 3: Vermont Uniform Hospital Discharge Data Set (VUHDDS) - Vermont Residents and Non-Residents Utilizing Services

Measure	Statewide Rate (All-Payer Model Target)	BMH	CVMC	CH	GMC	GCH	MAHHC	NCH	NMC	NVRH	PMC	RRMC	SVMC	SH	UVMMC
Rate of Growth in number of mental health and substance use-related ED visits[10]	5% (3%)	19%	6%	-5%	-10%	5%	29%	4%	15%	7%	-12%	0%	5%	9%	6%
Percent of mental health and substance use-related ED visits resulting in admission[11]	17% (N/A)	4%	28%	7%	13%	2%	1%	4%	7%	14%	3%	32%	7%	20%	16%

Hospital Response:

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[9] Count of overdose deaths by county January through October 2018 – these numbers will continue to be updated as data become available.

[10] Shown as percent change from 2016-2017.

[11] This is not an All-Payer Model measure. Information provided to give context and help frame narrative response; shown as percent of mental health and substance use-related ED visits resulting in an admission in 2017.

Table 4: Health Service Area/Hospital Crosswalk

Health Service Area	Hospital(s) located in HSA
Barre	Central Vermont Medical Center
Bennington	Southwestern Vermont Medical Center
Brattleboro	Brattleboro Memorial Hospital; Grace Cottage Hospital
Burlington	University of Vermont Medical Center
Middlebury	Porter Medical Center
Morrisville	Copley Hospital
Newport	North Country Hospital
Randolph	Gifford Medical Center
Springfield	Springfield Medical Center
St. Albans	Northwestern Medical Center
St. Johnsbury	Northeastern Vermont Regional Hospital
White River Junction	Mount Ascutney Hospital and Health Center

II. Access to Care/Wait Times

As of March 1, 2019, provide wait times for all employed provider practices. Wait times should be measured based on the third next available appointment, as defined by the [Institute for Healthcare Improvement (IHI)](). Hospitals that are unable to report using the IHI measure should explain why they are unable use the measure and describe the alternative measure in detail. Please mark "NA" if the specialty is not offered by the hospital.

	Third next available appointment (in Days)	Alternative Measure	Comment, if applicable
Dermatology			
Digestive Services			
Ear, Nose, Throat			
Endocrinology			
General Surgery			
Hematology/Oncology			
Hepatology			
Infectious Disease			
Internal Medicine			
Nephrology			
Neurology			
Obstetrics/Gynecology			
Ophthalmology			
Orthopedics			
Palliative Care			
Pediatrics			
Physiatry/Rehabilitation			
Podiatry			
Primary Care			
Pulmonology			
Rheumatology			
Sleep Medicine			
Urology			
Other (describe in comment)			

Hospital Explanation (if necessary):

III. Community Health Needs Assessment (CHNA)

1. Identify community needs from the hospital's most recent CHNA. Prioritize the needs numerically, with one (1) representing the highest priority.

Physical Activity & Obesity	Mental Health	Substance Use Disorder/Counseling	Access to Healthy Foods/Nutrition	Access to Preventative/Primary Care	Dental	Social & Economic: Support/Poverty/Stress	Aging & Long-Term Care	Chronic Conditions	Tobacco/Smoking	Transportation	Affordable Healthcare/Rx	Cancer	Affordable Housing	Early Childhood & Family Supports	Suicide	Domestic & Sexual Assault	Immunizations	Other:	Other:	Other:

2. When are the CHNA and implementation plan scheduled to be updated?

3. Please provide a link to the most recent CHNA and implementation plan.

4. What budget/resources are allocated to the implementation plan to support community health needs identified in the CHNA? For which needs? Please describe.

5. The GMCB recognizes that hospitals use Schedule H of their 990 (question 7e-k) to record ""community benefits", and that expenses recorded in this section may not be comprehensive of total community investments.

   To better understand the connection between Schedule H and CHNA, if any, please describe how program funding identified in question 7e-k of Schedule H relate to your CHNA and implementation plan.