

Rural Health Services Task Force
UNAPPROVED DRAFT Meeting Notes
July 18, 2019

Members Present:

Robin Lunge, J.D., MHCDS, Board Member, GMCB
Ena Backus, Director of Health Care Reform, Agency of Human Services
John Olson, Chief, State Office of Rural Health & Primary Care, VT Dept. of Health
Michael Fisher, Chief Health Care Advocate, Office of the Health Care Advocate
Steve Gordon, President & CEO, Brattleboro Memorial Hospital
Dan Bennett, President and CEO, Gifford Medical Center
Melissa Volansky, MD, Stowe Family Practice, Executive Medical Director, CHSLV
Tony Morgan, Executive Director, The Rutland Free Clinic
Dillon Burns, Director, Mental Health Services of Vermont Care Partners
Kate Burkholder, LADC, Treatment Associates, Inc
Dr. Rick Barnett, Licensed Psychologist-Doctorate, Licensed Alcohol/Drug Counselor
Laura Pelosi, Vermont Health Care Association

By Phone: Jill Olson, Executive Director, VNAs of Vermont; Dr. Paul Parker, Richmond Pediatric & Adolescent Medicine

Public Present: Spencer Weppler, OneCare VT; Lucie Garand, Downs Rachlin Martin PLLC; Rebecca Lewandoski, Downs Rachlin Martin PLLC; Catherine Fulton, Executive Director, VPQHC; Susan Aranoff; Jennifer Kaulius, Government and Community Relations, UVMHC; Devon Green, VP of Government Relations, VAHHS; Robin Miller, Oral Health Director, VT Dept. of Health; Kelly Lange, Director of Health Care Reform, Blue Cross and Blue Shield of Vermont; Jill Sudhof-Guerin

I. Minute Approval

The Task Force approved minutes from the June 25, 2019 meeting.

II. Priority Setting

The Task Force reviewed results from their priority setting exercise, which identified workforce as a priority issue along with the statutorily required care management and financial sustainability of hospitals. During this discussion, the Task Force addressed the following objectives:

- Recommendations should build from existing work and have a specific focus
- Statewide implementation of recommendations should allow for community specificity, accounting for diversity in geography and demographics
- The Task Force will invite representatives from relevant organizations to discuss specific priority areas. For example, representatives from higher education institutions for workforce training discussion; representatives from VTRANS and GMTA for transportation discussion.

The Task Force discussed workforce as a priority, including how to involve existing groups focused on this area, such as the Talent Pipeline Management Project (Agency of Commerce and Community Development), Area Health Education Centers (AHEC) and the Administration's workforce initiatives. In addition, several areas of workforce were discussed, including nursing, mental health, substance abuse, and others.

The Task Force discussed social determinants of health. Members identified several different determinants, however, there was no one determinant that all prioritized. The Task Force recognizes that social determinants are interrelated and emphasized the importance of identifying specific

determinants and their impacts. This, however, could easily be its own Task Force and it is outside of the statutory scope. The group will consider issues of social determinants in conjunction with priority areas where they intersect. For example, there was a discussion on how transportation challenges in a community can impact the availability of people to join the health care workforce as well as patients being able to access care.

Telemedicine was discussed as a central topic that applies to several priority areas.

Based on the discussion, the meetings will be organized to focus on workforce (including telemedicine as a potential solution), care management, and financial sustainability (including specifically hospital sustainability).

III. Current Health Care Environment

In order to ensure that Task Force recommendations consider the current health care environment, and in compliance with Act 26, members discussed the Accountable Care Organization (ACO) and the current health care infrastructure.

- **All-Payer ACO:** Sarah Kinsler, Health Care Project Director, and Melissa Miles, Health Policy Project Director from the Green Mountain Care Board gave an overview of the All-Payer ACO. The Task Force discussed risk bearing entities under this model, the need for accurate and timely data and the importance of reliable federal and state partnerships.
- **Health Care Infrastructure:** Act 26 requires the Task Force report to include “the current system of rural health care delivery in Vermont, including the role of rural hospitals in the health care continuum.” Task Force Member John Olson, representing the Department of Health, reviewed several maps of providers/facilities related to hospitals, primary care, free clinics, oral health, emergency medical services, mental health, substance use, home health and hospice and long-term care. Task Force members were asked to further review the maps independently and identify missing information. Task Force members emphasized the importance of critical analysis, specifically for the maps developed using federal parameters which may not adequately represent local and regional results.

IV. Public Comment

V. Next Steps

The Task Force’s next meeting is scheduled for Friday, August 9th from 9:00-11:00 in the 4th Floor Conference Room at the Pavilion, 109 State Street in Montpelier.

- Task Force Member Laura Pelosi volunteered to help coordinate meetings related to Workforce
- Task Force Members were asked to review maps from today’s presentation independently and communicate any missing/additional information directly to John Olson: John.Olson@vermont.gov
- The Demographics and Social Vulnerability Index portion of John Olson’s presentation will be reviewed at a future date.
- As Susan Aranoff’s request, the following materials are provided related to individuals with disabilities: [The Health of Vermonters Living with Disabilities](#), VT Department of Health, August 2018.