

GREEN MOUNTAIN CARE BOARD (GMCB)
GMCB Board Meeting Minutes
Wednesday, April 3, 2019
9:00 am

Attendance

Kevin J. Mullin, Chair
Susan J. Barrett, JD, Executive Director
Michael Barber, General Counsel
Robin Lunge, JD, MHCDS
Maureen Usifer
Jessica Holmes, PhD
Tom Pelham

Executive Director's Report

Kevin Mullin called the meeting to order at approximately 9:00 am. Susan Barrett announced that on April 10, 2019 the Board Meetings in the morning and afternoon will be switched. The All-Payer Model Implementation Update and the Total Cost of Care Presentation will now be in the morning, and the Hospital Budget Enforcement Hearings will be in the afternoon. Please see our agenda [here](#) for information on the April schedule and additional hearings. The second announcement was that the Data Governance Council met on April 2, 2019, which is a sanctioned committee of the GMCB. The duty of the committee is stewardship of the databases that the GMCB owns and oversees, which include the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) and the Vermont Uniform Hospital Discharge Data Sets (VUHDDS). The council voted to approve their review principles and policies. They reviewed the updates to the VHCURES rule which they will vote on in June and then bring to the GMCB. After that they will begin the legislative process of updating a rule.

Minutes

The Board voted (5-0) to approve the minutes from March 27, 2019.

Rural Hospital Panel: Opportunities and Challenges Facing Rural Hospitals in Vermont and Around the Country

Robin Lunge, Board Member, GMCB
Eric Shell, Stroudwater Associates
Jeff Tieman, President, VAHHS
Kevin Stone, Interim President, OneCare Vermont
Steven Gordon, CEO, Brattleboro Memorial Hospital
Dan Bennett, CEO, Gifford Medical Center

Kevin Mullin thanked and introduced Robin Lunge who put the panel together. Robin Lunge thanked Representative Lippert and Senator Lyons for making time to have their committees attend. She also thanked John Olson, the Chief of State Office of Rural Health & Primary Care,

who was instrumental in coordinating the Panel. With funding from HRSA's Rural Hospital Flexibility and other grants, the Rural Health Program at the VT Dept of Health works with statewide and local partners to support and enhance health care delivery services for rural and underserved Vermonters, through quality improvement, workforce incentives and financial sustainability. She also thanked the many hospitals, CEOs, hospital personnel, and health care providers who attended. The purpose of the Panel on Rural Hospitals is to deepen and broaden the understanding of challenges and opportunities that Vermont Rural Hospitals face, the National context, and to incorporate this information into the GMCB's and Vermont State House's decision making. She then introduced the Rural Hospital Panel speakers.

Eric Shell presented The New Future of Rural Healthcare, Strategies for Success. He gave an overview of the current market, which included high deductible health plans, reduced readmission rates, and Healthcare Reform. Three significant effects of the Affordable Care Act are: more people have insurance, the destruction of the fee-for-service payment model, and ultimately offering up new alternative payment models. Mr. Shell explained the success of ACOs, how they work, and how rural hospitals bring value to them. Rural hospitals face financial challenges with the payment transition, but he laid out the implementation framework for success. He encourages Primary Care alignment and a transition to health care instead of "sick care." Mr. Shell's presentation can be seen [here](#) on the GMCB website.

Jeff Tieman presented Rural Hospitals and Health Care Challenge & Opportunity. Vermont is a mostly rural state. The AHA Rural Task Force is charged with confirming characteristics and parameters of vulnerable communities, as well as identifying strategies to ensure health care services and policies that may impede those strategies. Vermont has historically been ahead of national policy, and is currently taking on a state-wide All Payer Model (APM). The rural hospitals are taking a large financial risk to be in the APM. Mr. Tieman outlined the challenges that rural hospitals face, such as workforce shortages and aging populations. The Rural Task Force recommends new payment methodologies (which has begun with the APM and engaging with CMMI), focus on prevention and primary care, and telemedicine. He outlined the potential barriers to transformation and offers recommendations for success. Mr. Tieman's presentation can be seen [here](#) on the GMCB website.

Kevin Stone presented OneCare Vermont: All Payer Model Payment & Delivery System Reform. OneCare is the State of Vermont's ACO and 2019 is its second performance year. Under the payment reform, rural hospitals take the risk working under a fixed budget. Under their contract with Medicaid, OneCare provides a one end fixed monthly payment which covers fixed payments for services and investments for hospitals. OneCare receives funds from payers, hospitals, and the federal government, and identified three principle areas as needing investment: primary care, care management and coordination (primarily with nurses, social workers), and community support services. One of Mr. Stone's concerns is that in their contract, 90% of Medicare beneficiaries have to be in the APM by 2022. He also outlined challenges that OneCare faces, and encourages collaboration to find good solutions. His presentation can be seen [here](#) on the GMCB website.

Steven Gordon spoke about the challenges facing rural hospitals, including turn over of CEOs, retention of clinicians and staff, maintaining Medicare Designations, regulatory requirements,

and addressing social determinants of health. He outlined Brattleboro Memorial Hospital's response, including development of a Progressive Care Unit and Post-surgical Unit, partnering with United Way to open up a dental center, workforce development, partnerships to improve access to care, expense management. The presentation can be seen [here](#) on the GMCB website.

Dan Bennett spoke about Gifford Medical Center's efforts to succeed as a rural hospital. The hospital maintains a primary care practice called the Clara Martin Center, which is a unique structure. The challenges the hospital faces include geography, an aging population, and aging physicians. He explained that Gifford Medical Center has a long history of primary care, preventative services, and community outreach programs. The presentation slides can be seen [here](#) on the GMCB website.

Public Comment

Rep. Lucy Rogers
Rep. William Lippert
Rep. Mari Cordes
Jill Berry Bowen
Dr. Deborah Richter
Ham Davis
Susan Aranoff

Old Business

Kevin Mullin asked Michael Barber, General Counsel, what he found out when looking back at the FY 2018 rebased budgets for University of Vermont Medical Center and Porter Medical Center. Michael Barber said that after his research he does not have any legal guidance. The Board discussed whether or not to bring the hospitals in for an Enforcement Hearing or a review. Board Member Maureen Usifer made a motion to bring in Porter Medical Center for a discussion based on being 2% over, and bringing in UVM for just an update not necessarily an enforcement review. Robin seconds. After further discussion, Kevin Mullin asked if the Board could divide the question. The first question is whether or not to ask UVM to come in for just a discussion and update. The Board voted to approve bringing in UVM for a discussion (4-1). The second question is whether or not to hold an Enforcement Hearing for Porter. After further discussion, Kevin Mullin asked Board Member Maureen Usifer whether she'd be willing to table that part of the motion, so the Board can get more information from the staff and potentially vote at the Board Meeting on April 8, 2019. Board Member Maureen Usifer accepted to table the second question in the motion.

New Business

None

Adjourn

The Board voted (5-0) to adjourn at approximately 12:45 pm.