

## **Questions from the Office of the Health Care Advocate**

### **1. Net Patient Revenue**

Please refer to Appendix VI budget-to-budget bridges table, as submitted to the Board.

### **2. Financial Performance**

We do not track hospitals' financial performance in that manner. Please see Section 2 for further information on payment and delivery reform measures.

### **3. Initiatives to Address Mental Health Treatment**

The UVM Health Network Mental Health Strategic Plan is located as Attachment E.

### **4. Initiatives to Address Substance Use Treatment**

#### **Central Vermont Medical Center**

There are a total of 293 patients currently enrolled in MAT at CVMC, including Medicaid, Medicare, commercial, and self-pay.

A Generalized Anxiety Disorder (GAD 7) screening is completed for all patients in primary care to evaluate for possible substance use disorders (SUD). If positive, a Screening Brief Intervention and Referral to Treatment (SBIRT) clinician follows up with the patient via phone call for referral to treatment, if desired by the patient. ED patients are similarly screened for SUD. Screening Brief Intervention and Navigation to Services (SBINS) clinicians and peer recovery workers are available seven days a week for brief intervention and referral to treatment, if desired.

CVMC currently has 12 providers engaged in medication assisted treatment (MAT). Support for the providers and their patients is through the Blueprint MAT teams and coordinator. CVMC currently has no waiting period for MAT in the primary care clinics or through the local HUB, the BAART Clinic.

The CVMC ED was the first in the state to provide rapid access to MAT (RAM). For patients who meet criteria, a health screening is done and patients are initiated on suboxone in the ED. If the patient tolerates the treatment well, after an observation period they are discharged on a three day supply of suboxone with a follow up appointment at either the HUB or an outpatient MAT clinic, if appropriate. Similarly, if patients are admitted to the hospital and identified as having an untreated opioid use disorder, they are initiated on suboxone with follow up care arranged upon discharge. Support for ED and inpatients are provided by recovery coaches who staff the ED full time, by peer recovery coaches from the Turning Point Center, and by the outpatient MAT team.

CVMC is providing MAT services in the ED (rapid access to MAT described above), in

outpatient clinics, and in the inpatient setting. CVMC currently does not have a waitlist for either outpatient suboxone or for methadone or suboxone at the HUB.

The CVMC opioid stewardship program is focused on inpatient (hospital, peri-surgical, and ED) acute opioid prescribing, including following best practices for prescribing, patient consent, and Narcan prescribing. The focus for outpatient chronic opioid prescribing includes best practices for chronic opioid use, patient consent, and monitoring and compassionate tapering. Narcan is prescribed to appropriate patients (on high dose opioids and patients on opioids in combination with benzodiazepines) and is available free at several facilities.

Through a grant with the Turning Point Center, CVMC provides peer recovery workers in the ED who are also available to do consults in the hospital for inpatients. Washington County Substance Abuse Regional Partnership (WCSARP) is a multi-organization group that meets monthly to discuss and develop initiatives around the care of people with substance use disorders, and sharps boxes have been distributed throughout Washington County, including in the hospital lobby, for safe disposal of used needles.

### **Porter Hospital**

Porter has been building their MAT program over the last two years. The majority of Porter's MAT patients have been seen at the Bristol Primary Care office, which closed on 4/12/19 due to the departure of two providers over a short period of time. Porter had reached a zero waiting list as of last year. The primary MAT provider, Dr. Will Porter, will be moving his practice to the Mt. Health Federally Qualified Health Center (FQHC) practice in Bristol, along with the Blueprint support team. Most, if not all, of his MAT patients are going to continue with Dr. Porter at that location. Other MAT patients will be able to transfer to one of several other MAT providers at Mt. Health. Other MAT patients will be encouraged to transfer to Porter's Vergennes Primary Care site, where three Porter providers offer MAT. Porter providers are encouraged to seek waivers and incorporate MAT into all primary care patient panels at the primary care sites. Between all of Porter's primary care sites, there are currently six providers treating 23 MAT patients.

Porter Hospital has worked hard to grow the MAT program, resulting in a waiting list of zero at the end of 2018. With the help of the MAT program and the increase in care management in Porter practices, as well as a dedicated focus on primary care access, Porter Hospital has been able to move the needle on providing better care for patients with these conditions.

Deaths related to drug overdose have decreased by approximately 50% in Addison County over the last three years. There is likely a relationship between this decrease and the growth of the HSA's MAT programs. The Porter Medical Group's efforts to control and decrease the prescribing of narcotics has no doubt also contributed.

Providing care management and support through the Blueprint Community Health Teams is another factor that has contributed to patients getting the necessary wrap-around services within the medical home primary care offices.

### **University of Vermont Medical Center**

The total number of MAT patients served by UVM Medical Center (including Addiction Treatment Program – ATP) is 319. The total number of MAT patients served by UVM Medical Center excluding ATP is 284. The total number of MAT patients served at UVM Medical Center including ATP is 248 (UVM Medical Center primary care providers (PCPs), COGS/Women’s Health and Pain Clinic). The total number of MAT patients served at UVM Medical Center excluding ATP is 213. ATP is the higher level of care “Spoke” in our county. Some of those normally receive treatment at a Spoke site (PCP office) and may need a temporary increase in level of care, and others there are just starting their treatment and will be transferred to the other Spokes (UVM Medical Center, Community Health Centers of Burlington, Howard Center) – 35 patients are there today. MAT staff provide MAT services at nine community sites that are not part of UVM Medical Center – 71 patients.

Currently, the UVM Medical Center has 50 waived providers (greater Chittenden County has 99 waived providers) across the ED, all adult and pediatric primary care, including medical homes, palliative care, OBGYN, addiction treatment, pain management, and urgent care. The core belief is that the treatment of opioid use disorders should be managed within the medical home, which assists in reducing stigma and begins to normalize care delivery. As such, maintaining an engaged and trained provider workforce is imperative. The UVM Medical Center has incorporated training each new primary care provider as they join the team to provide a greater understanding of the disease of addiction and its treatment. The number of waived providers has increased largely due to word of mouth between providers and support from various departments’ leadership to waiver providers and all new residents, as well as a strong UVM Medical Center presence in community MAT meetings, partnerships, and the local Chittenden County Opioid Alliance (CCOA). UVM Medical Center has invested in the CCOA for a coordinated approach to children and families affected by substance abuse to reduce deaths.

The UVM Medical Center maintains a commitment to adding to the waived prescriber group by offering in-house waiver trainings twice a year and making efforts to have all residents waived. Training is completed largely by UVM Medical Center’s Dr. Sanchit Maruti. Additionally, many of the non-UVM Medical Center waived providers are part of the UVM Medical Center MAT spoke system by having the UVM Medical Center MAT staff team with them to work directly with their patients – as referenced above.

The UVM Medical Center also began initiating MAT in the ED. Recently, the UVM Medical Center MAT supervisor began meeting one-on-one with newly waived providers, and will do so with others, as part of ongoing efforts to encourage them to increase their panel to operate at the maximum of their waivers. After its first full program year, 453 individuals received recovery coaching in the UVM Medical Center ED.

The DOST, formerly the Day One Suboxone Transition, is now called the Addiction Treatment Program (ATP). There were 159 total patients in ATP between 3/1/18 through 2/28/19 (41 current patients, 118 previous patients). 83 patients transitioned from ATP to PCPs. The average length of stay at ATP was nine weeks, and there is currently no waitlist. Coordination continues with the Howard Center, primary care, and ATP to address the management of patients with the opioid agreement/protocol, Buprenorphine pathway (shared between the ATP and primary care providers), and self-management goals. The ATP continues to provide suboxone

therapy along with counseling in a bridge to primary care approach, which has been highly successful.

The Comprehensive Pain Program launched in fall 2018 and is focused on treating patients with chronic pain, with the goal of minimizing/eliminating dependence on opioids. The program offers alternative approaches to managing chronic pain including yoga, nutrition, massage, acupuncture, and a new cohort program, and is supported through a bundled payment initiative launched in collaboration with BlueCross BlueShield of Vermont.

There has been development of a standardized ethyl alcohol (ETOH) treatment/detox pathway that includes more frequent and earlier referrals to ED Recovery Coaches (Turning Point Center) and also aims to standardize the medication assistance and follow up to programs like Day One for this patient population when appropriate. In April 2019, Day One put into place a standing next day program intake appointment for patients in the ED for ETOH use disorders.

#### **5. Patient Bed Days Awaiting Skilled Nursing Facility Placement**

This is not information that is readily available at Central Vermont Medical Center, Porter Hospital, or UVM Medical Center, nor is it tracked.

#### **6. Drug Units Dispensed**

This information is not tracked at this level of detail, and we do not measure profit margin at this level of detail.

#### **7. Shared Decision Making Programs**

##### **Central Vermont Medical Center**

CVMC considers the involvement of our community as key in providing patient-focused care. CVMC has initiated a Patient Family Centered Care program that includes Patient and Family Advisors (PFAs) as a key part of this program. Currently, CVMC has 22 PFAs. Our PFAs partner with CVMC by participating as members of hospital patient care focused committees and rounding on current inpatients. Our PFAs also participate in new hire staff orientation, training staff on our customer-focused care through the Cleveland Clinic's Communicate with Heart program. These same PFAs have assisted in training all current CVMC staff in Communicate with Heart, as well.

CVMC continues to advance our program of Patient Family Centered Care with the goal of providing care to meet the community's needs, integrate the voice of the communities we serve in our care processes, and involve the patient and family members in the care processes and choices for the patient.

##### **Porter Hospital**

Patient and Family Advisory Council was fully implemented during the fall of 2018. This is a group comprised of patients or patient family members that provide a voice that represents all patients and families of patients who receive care at Porter Medical Center. Working collaboratively with our clinical leaders and departmental staff whereby feedback is provided based on their own experiences to help Porter improve the quality of care delivered to patients.

This help can be in the form of short term projects that assist in planning and designing a resource or helping create educational or informational materials.

To enhance the patient experience and to be able to address any concerns a patient may have in real time, we have implemented Patient Advocate rounding to meet with patients throughout the organization each day, having one on one conversations regarding their care. It is the patient's view of their care that has a direct correlation to their satisfaction and rounding is a critical point of communication between patients and hospital staff which supports this core metric of quality care. Having a patient centered rounding process allows us to address areas of improvement in a way that has an immediate impact on each patient's experience at Porter.

The Transitions of Care Committee is new within our organization and reviews how transitions occur between the hospital and nursing home and barriers that may need to be addressed to streamline the process for the patient by ensuring that the right care is provided at the right time, and right place for our patients. The committee reviews patient's needs, where there may be gaps in care, and how to allocate resources to meet those needs. The committee also works with(in) the community to address patients' needs that are now able to be addressed due to the nursing home's participation in the Medicare 3-day waiver pilot program (please see section 6 of the narrative to Green Mountain Care Board for more details on this program). Members of this committee include nurses, physicians, therapists, and advanced practice practitioners who are dedicated to ensuring a seamless transition of care for patients.

### **University of Vermont Medical Center**

To better serve patients, families, and providers, the RN Care Management team and Outpatient Social Work team have recently been integrated into one functional team. This allows for robust care coordination, creation of detailed patient-centric care plans, and efficiency of communication. Through a series of assessments, patient and family interviews, and risk scoring, patients and their support network are invited to engage in a care team model, identifying the resources and services they require to meet their individual treatment and self-management goals. Patients and their support system are the driver of the goals set, and through an established cadence of touch points (telephone visits and in-person visits), plans are adjusted accordingly.

The UVM Medical Center formed and implemented an interdisciplinary Multi-Visit Patient (MVP) Acceleration Network Team. This team focuses on improving care delivery to high readmission patients through motivational interviewing, brief interventions, and multi-focused supports. The team includes community, ED, and patient and family engagement.

## **8. Financial Assistance**

### **University of Vermont Health Network**

In Attachment F, we have included copies of all three hospitals' financial assistance policies, applications, and plain language summaries. All of these documents, along with additional detailed information about financial assistance, can be accessed through the hospitals' websites:

<https://www.cvmc.org/our-patients/patient-financial-services/financial-assistance>

[http://www.portermedical.org/patient\\_financial\\_information.html](http://www.portermedical.org/patient_financial_information.html)

<https://www.uvmhealth.org/medcenter/pages/patients-and-visitors/billing-insurance-and-registration/financial-assistance.aspx>

Patients and prospective patients can also access the same information through telephone and in-person conversations with the hospitals' financial assistance program staff, who are available on site at each hospital.

### **Central Vermont Medical Center**

CVMC uses the criteria listed under 501r program requirements to screen patients for the Financial Assistance Program. During FY 2018 CVMC approved 76% of patients that applied for financial assistance, and 18% were found eligible for Vermont Medicaid. All self-pay ED, inpatient, and inpatient psychiatry patients are financially cleared and offered assistance in obtaining insurance coverage via Health Connect, Medicaid, and our Financial Assistance Program. CVMC also assists patients with pharmacy coverage applications to ensure compliance with medication treatment plans.

The following criteria must be met to be eligible for financial assistance from CVMC:

- You must be a permanent resident within the CVMC financial eligibility area, which includes all of Vermont.
- Household income and assets must be within guidelines.
- The services that were provided to you must be considered medically necessary, essential health care services.
- The following types of services are not eligible for financial assistance:
  - Cosmetic services, unless medically necessary based upon diagnosis with physician review
  - Birth control, infertility treatments, fertility services, sterilization and reversal of sterilization
  - Services that have been placed in collections beyond 120 days of placement
  - General dentistry, unless extenuating circumstances are presented by the dental practice
  - Services to residents outside of the financial eligibility area, unless provided in an ED setting
  - Services reimbursed directly to you by your insurance carrier or already covered by a third party

In addition to the information provided above and in the attached policies, please see the table below:

<b>UVMHN CVMC Financial Assistance Program</b>	<b>FY14</b>	<b>FY15</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19TD</b>
<b>Screened Patients</b>				<b>2579</b>	<b>2942</b>	<b>2022</b>
Total Applications	1040	881	866	2194	2137	1627
% of Patients				85.07%	72.64%	80.46%
<b>Approved/Granted</b>						
<=200% Federal Poverty Level	549	394	389	451	685	535
201%-400%	258	290	325	294	351	377
<b>Approved/Granted Total</b>	<b>807</b>	<b>684</b>	<b>714</b>	<b>745</b>	<b>1036</b>	<b>912</b>
<b>Health Connect Navigator Appointments - Insurance Added</b>				<b>388</b>	<b>498</b>	<b>432</b>
<b>Health Connect Navigator Appointments - Medicaid Added</b>				<b>912</b>	<b>462</b>	<b>198</b>
<b>Denied</b>						
Miscellaneous Notes	12	47	16			
No Current/Scheduled Charges	2	2	8	1	1	
No Eligible Charges	0	0	0	13		
Incomplete Application	133	99	86	103	102	56
Out of Service Area	1	1	1	1		
Over Assets**				6	11	9
Over Income**				25	27	20
Over Income/Assists	85	48	41		1	
<b>Denied Total</b>	<b>233</b>	<b>197</b>	<b>152</b>	<b>149</b>	<b>141</b>	<b>85</b>
<b>Open</b>						<b>41</b>

Financial Advocates and Navigators aid underinsured and uninsured populations by providing financial counseling services, which includes enrollment in State, Federal, and CVMC financial assistance programs. Financial Advocates work closely with patients and their families throughout the application process. In addition to offering financial aid and finding available government programs, they also advocate on behalf of patients and their families whose resources exceed program guidelines; in those cases, Financial Advocates help establish reasonable payment options.

### **Porter Hospital**

Porter Hospital is committed to improving the health of our community one patient at a time, regardless of their financial situation. In addition to the information provided above and in the attached policies, please see the table below:

PMC Financial Assistance Program	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 YTD May	Grand Total
<b>APPLICATIONS</b>							
Total Applications	732	583	676	786	855	640	4,272
Total Household Members	1,336	1,052	1,215	1,403	1,562	1,159	7,727
<b>APPROVED/GRANTED</b>							
20%	22	13	22	26	45	42	170
40%	29	42	54	57	73	46	301
60%	46	51	43	62	72	58	332
80%	98	79	96	99	88	76	536
100%	393	320	367	440	416	309	2,245
<b>APPROVED/GRANTED Total</b>	<b>588</b>	<b>505</b>	<b>582</b>	<b>684</b>	<b>694</b>	<b>531</b>	<b>3,584</b>
<b>DENIED</b>							
Over Income/Assets	40	36	40	62	95	58	331
Insufficient Application Information Received	104	42	54	40	66	51	357
<b>DENIED Total</b>	<b>144</b>	<b>78</b>	<b>94</b>	<b>102</b>	<b>161</b>	<b>109</b>	<b>688</b>
<b>OPEN APPLICATIONS</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>28</b>	<b>9</b>	<b>23</b>	<b>60</b>

### **University of Vermont Medical Center**

The UVM Medical Center does not currently track the number of patients screened for financial assistance, given screening crosses multiple locations, departments, and staff. As we work to develop and implement the Epic system, we hope to improve our tracking through a consolidated tool.

There have been no changes to our financial assistance policy and program. To improve awareness of our program within the community, we plan to proactively provide the summary and/or rack cards to locations where the underserved may reside or access services, such as the Vermont Refugee Resettlement Program, Area Agencies on Aging, and Cathedral Square. As noted above, we have multiple ways to inform, proactively counsel, and assist our patients in application completion.

In addition to the information provided above and in the attached policies, please see the table below:

UVMHC Patient Assistance Program	FY14	FY15	FY16	FY17	FY18	FY19 YTD May	Grand Total
Total Applications	4124	4004	4189	4334	4434	3101	24186
Total Household Members	5899	5590	5791	6085	6302	4629	34296
<b>APPROVED/GRANTED</b>							
<=200% FPL	2571	2281	2305	2321	2277	1587	13342
201%-250%	358	436	469	483	518	374	2638
251%-300%	264	298	339	374	406	272	1953
301%-350%	155	203	230	240	249	177	1254
351%-400%	99	127	164	173	198	114	875
(blank)	6	8	13	9	2	2	40
<b>APPROVED/GRANTED Total</b>	<b>3453</b>	<b>3353</b>	<b>3520</b>	<b>3600</b>	<b>3650</b>	<b>2526</b>	<b>20102</b>
<b>DENIED</b>							
Miscellaneous Notes	3	3	6	70	82	43	207
No Current/Scheduled Charges	16	4	9	9	10	14	62
No Eligible Charges	13	7	5	4	7	13	49
Incomplete Application/No Response from Patient	475	457	463	489	540	232	2656
Out of Area Scheduled Charges	2	2	1	3	4	1	13
Over Assets	66	87	59	23	17	8	260
Over Income	79	78	9	132	113	87	498
Over Income/Assets	17	13	17	1	2	4	54
(blank)					9	1	10
<b>DENIED Total</b>	<b>639</b>	<b>617</b>	<b>643</b>	<b>709</b>	<b>784</b>	<b>403</b>	<b>3795</b>
<b>OPEN</b>							
						<b>172</b>	<b>172</b>
<b>% Patient Population Received Assistance</b>							
	2.5%	2.5%	2.2%	2.1%	2.2%	1.7%	

## 9. Inpatient Discharges

### UVM Medical Center Summary

Item	FY15	FY16	FY17	FY18	FY19 Budget	FY19 GMCB Proj	FY20 Budget
Total Discharges	21,240	22,211	22,357	22,513	22,300	22,836	22,910
All Payer Case Mix Index	1.66	1.69	1.70	1.69	1.71	1.68	1.72
Average Cost per Adjusted Discharge	\$ 14,055	\$ 13,896	\$ 15,090	\$ 16,525	\$ 17,217	\$ 17,175	\$ 17,601
% change from prior period		-1.1%	8.6%	9.5%	4.2%	-0.2%	2.5%
% change from FY2019 Budget to FY2020 Budget							2.2%

### Porter Summary

Item	FY15	FY16	FY17	FY18	FY19 Budget	FY19 GMCB Proj	FY20 Budget
Total Discharges	1,980	1,850	1,845	1,865	1,924	1,896	1,903
All Payer Case Mix Index	NA	1.12	1.15	1.19	1.19	1.31	1.35
Average Cost per Adjusted Discharge	\$ 8,267	\$ 8,453	\$ 8,971	\$ 9,123	\$ 9,660	\$ 9,588	9,795
% change from prior period		2.2%	6.1%	1.7%	5.9%	-0.7%	2.2%
% change from FY2019 Budget to FY2020 Budget							1.4%

### CVMC Summary

Item	FY15	FY16	FY17	FY18	FY19 Budget	FY19 GMCB Proj	FY20 Budget
Total Discharges	NA	4,553	4,451	4,192	4,361	4,116	4,127
All Payer Case Mix Index	NA	1.18	1.19	1.25	1.26	1.33	1.33
Average Cost per Adjusted Discharge	NA	\$ 9,709	\$ 10,075	\$ 10,280	\$ 10,559	\$ 11,346	11,473
% change from prior period			3.8%	2.0%	2.7%	7.5%	1.1%
% change from FY2019 Budget to FY2020 Budget							8.7%

## 10. Negotiations with Insurers

### University of Vermont Health Network

As stated previously, the UVM Health Network has long been urging a higher level of coordination among the hospital budget review process, the commercial insurance rate-setting process, and the ACO budget review process. These processes currently do not communicate with one another; they work at cross purposes to one another, and decisions are made in one process that may harm the stated goals of another. By way of example, the regulatory decision and order states each UVM Health Network hospital in Vermont was granted a specific “...commercial rate [as] established at X% over current approved levels.” With this, there is an inherent recognition by the regulatory body that this commercial rate increase is reasonable and necessary to support the hospital budget(s). Despite this, the commercial payers were ordered to “vigorous[ly] negotiate” during their contractual negotiations with the individual hospitals. By instructing the commercial payers to negotiate what has previously been deemed as reasonable and necessary, it undermines the regulatory process set out for hospital budgets. Although the UVM Health Network was granted a specific commercial rate increase, we did vigorously negotiate with commercial payers through our last negotiation period to a degree that seemed unhelpful to our shared goal of engaging as partners in reforming our health care system, rather than adversaries at a negotiating table. The UVM Health Network is not at liberty to disclose the results of those negotiations and/or the implementation thereof due to contractual confidentiality provisions.

UVMMC Patient Assistance Program	FY14	FY15	FY16	FY17
Total Applications	4124	4004	4189	4334
Total Household Members	5899	5590	5791	6085
<b>APPROVED/GRANTED</b>				
<=200% FPL	2571	2281	2305	2321
201%-250%	358	436	469	483
251%-300%	264	298	339	374
301%-350%	155	203	230	240
351%-400%	99	127	164	173
(blank)	6	8	13	9
<b>APPROVED/GRANTED Total</b>	<b>3453</b>	<b>3353</b>	<b>3520</b>	<b>3600</b>
<b>DENIED</b>				
Miscellaneous Notes	3	3	6	70
No Current/Scheduled Charges	16	4	9	9
No Eligible Charges	13	7	5	4
Incomplete Application/No Response from Patient	475	457	463	489
Out of Area Scheduled Charges	2	2	1	3
Over Assets	66	87	59	23
Over Income	79	78	9	132
Over Income/Assets	17	13	17	1
(blank)				
<b>DENIED Total</b>	<b>639</b>	<b>617</b>	<b>643</b>	<b>709</b>
<b>OPEN</b>				
<b>% Patient Population Received Assistance</b>	2.50%	2.50%	2.20%	2.10%

FY18	FY19 YTD May	Grand Total
4434	3101	24186
6302	4629	34296
2277	1587	13342
518	374	2638
406	272	1953
249	177	1254
198	114	875
2	2	40
<b>3650</b>	<b>2526</b>	<b>20102</b>
82	43	207
10	14	62
7	13	49
540	232	2656
4	1	13
17	8	260
113	87	498
2	4	54
9	1	10
<b>784</b>	<b>403</b>	<b>3795</b>
	<b>172</b>	<b>172</b>
2.20%	1.70%	