



# Green Mountain Care Board Health Resource Allocation Plan (HRAP) Update

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# HRAP Update

1. Quick review of the new statute
2. Timeline
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6. Stakeholder and Public Input

# Act 167 (2018): HRAP

18 V.S.A. § 9405

- The GMCB shall publish on the website the **Health Resource Allocation Plan (HRAP) identifying Vermont's critical health needs, goods, services, and resources**, which shall be used to inform the Board's regulatory processes, cost containment and statewide quality of care efforts, health care payment and delivery reform initiatives, and any allocation of health resources in the State.
- The Plan shall identify VT residents' needs for health care services, programs and facilities; the resources available and the additional resources that would be required to realistically meet those needs and to make access to those services, programs and facilities affordable for consumers; and the priorities for addressing those needs on a statewide basis.
- The Board may expand the Plan to include the resources, needs and priorities related to the social determinants of health.
- The Plan shall be revised periodically, but not less frequently than once every four years.

# Act 167 (2018): HRAP

- Identify Vermont's critical health needs, goods, services, and resources
- Consider the principles in 18 V.S.A. § 9371
- Identify priorities using
  - State Health Improvement Plan
  - Community Health Needs Assessments
  - Health Care Workforce Information
  - Materials provided to the Board (hospital budgets, ACO oversight, CON, rate review)
  - Public input process
- Use existing data sources to identify and analyze gaps between supply of health resources and the health needs of residents
- Identify utilization trends to determine areas of underutilization and overutilization
- Consider the cost impacts of fulfilling any gaps between the supply of health resources and the health needs of Vermont residents

# Act 167 (2018): HRAP

- Health resources means investments into the State's health care system, including investments in personnel, equipment, and infrastructure necessary to deliver:
  - Hospital, nursing home, and other inpatient services
  - Ambulatory care, including primary care services, mental health services, health screening and early intervention services, and services for the prevention and treatment of substance use disorders
  - Home health services
  - Emergency care, including ambulance services
- Health resources may also include investments in personnel, equipment, and infrastructure necessary to address the social determinants of health

# HRAP 2020 Timeline (~18 months)

**\*subject to change\***

- **Summer/Fall 2018** – Initiation and planning
  - Research, landscape review
  - Resource & needs data sources: what data do we need? where is the data?
- **Winter 2019** – Data Collection
  - Collect data from agencies, hospitals, health facilities, etc.
  - Create templates/prototypes for needs/resources data
- **Spring 2019** – Data Collection & Analysis
  - Gap analysis
  - Prototype
- **Summer/Fall 2019** – Data Collection & Analysis
  - Continue gap analysis
  - Cost estimates
- **January 2020** – HRAP Release Goal
  - Post to website

# Initiation & Planning

# HRAP 2020 Vision

To deliver an up-to-date, sustainable, and dynamic resource that enables more informed health resource allocation decision-making across the state using state and national data. HRAP identifies gaps and excess in health care services availability and accessibility and considers the underlying health needs across communities in Vermont.



# HRAP 2020 Objectives

- To create a resource to provide easily accessible data on health resources and needs and align data across health care sectors
- The planning process is guided by Vermont's long-term strategic direction for health and health care
- Population health needs guide resource allocation planning
- Data-informed community involvement in decision-making is a necessary element in determining community needs

# HRAP 2020 Deliverables

- Inventory of health resources
- Profile of health needs & priorities
- Gap analysis between resources and needs/priorities
- Utilization trends, including over and under utilization
- Cost estimates of filling gaps

# Inventory of Health Resources

<b>Health Care Sectors – DRAFT, for illustrative purposes</b>	
Hospital	Mental Health
Substance Use Disorder/Hub and Spoke	Skilled Nursing Facilities
Home Health and Hospice	Ambulatory Care including: Primary Care and Specialty Care Services in all settings. (Community, FQHCs, RHCs, Free Clinics)
Labs/Imaging (fixed and mobile) (hospital based, free-standing)	Ambulatory Surgical Centers
Urgent Care Centers (hospital and non-hospital based)	Emergency care, including ambulance services
Dental Care	Vision Care

# Profile of Health Needs & Priorities

Categories – DRAFT, for illustrative purposes		
Demographics, Socioeconomic & Environmental Factors	Substance, Tobacco & Alcohol Abuse	Physical Activity, Nutrition & Weight
Access to Health Care Services	General Health (morbidity/mortality)	Mental Health
Oral Health/Dental	Vision	Maternal and Child Health
Ambulatory Care Sensitive Conditions	ACEs/Trauma/Toxic Stress	LTC/Home Health/Palliative Care
Respiratory	Cancer	Cardiovascular
Diabetes	STI/HIV	Immunization

# Some of the Many Health-Related Data Sources that Currently Exist

[Vermont State Health Improvement Plan](#)

[State Health Assessment Plan - Healthy Vermonters 2020](#)

[Hospital Community Health Needs Assessment Reports](#)

[Vermont Hospitals Report](#)

[Vermont Health Care Expenditure Analysis](#)

[VHCURES \(APCD\)](#)

[Hospital Discharge Data Sets](#)

[Inventory of Vermont Communities Health-related Resources](#)

[Inventory and Analysis of Existing Vermont Health Data Final Report](#)

[VDH Data Encyclopedia](#)

[Health Care Workforce Microsimulation Demand Model](#)

[SIM Population Health Plan](#)

[Blueprint for Health](#)

[County Health Rankings](#)

[Hospital Report Card](#)

[Inventory of Quality Activities in Vermont](#)

# How might the HRAP be used?

To provide community level data on needs and resources to inform decision-making on:

- Certificate of Need
- Hospital budgets
- ACO oversight
- Workforce development
- Community health planning
- Health care payment reform
- Public health policy

# Stakeholder and Public Input Process

- Public process will be conducted through GMCB public meetings, GMCB Advisory Committee, and Primary Care Advisory Group
- Currently developing a stakeholder engagement plan
  - Other State agencies/departments
  - External organizations
  - Provider interviews to collect qualitative data
  - Public input

Thank you.  
Questions and Comments?

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