

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).¹ 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	Alternative Measure	Comment, if applicable
Dermatology			
Digestive Services			
Ear, Nose, Throat			
Endocrinology			
General Surgery			
Hematology and Oncology			
Hepatology			
Infectious Disease			
Internal Medicine			
Nephrology			
Neurology			
Obstetrics/Gynecology			
Ophthalmology			
Orthopaedics			
Palliative Care			
Pediatrics			
Physiatry/Rehabilitation			
Podiatry			
Primary Care			
Pulmonology			
Rheumatology			
Sleep Medicine			
Urology			
Other (describe)			

¹ <http://www.ihl.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx>

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 Care/Preventative/Primary Care	
Dental	
Social & Economic: Support/Poverty/Stress	
Aging & Long Term Care	
Chronic Conditions	
Tobacco/Smoking	
Transportation	
Affordable Health Care/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 990² (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.

² <https://www.irs.gov/pub/irs-pdf/f990sh.pdf>

Quality Improvement Initiatives

Table 1a: Blueprint Profiles – Blueprint-Attributed Vermont Residents (2016) PLACEHOLDER

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 <u>Medicaid</u> adolescents with well-care visits	50%	49%	51%	41%	53%	52%	45%	56%	48%	44%	49%	47%	60%	49%
Hospital Response:														