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ACT 167: COMMUNITY ENGAGEMENT TO SUPPORT HOSPITAL TRANSFORMATION

Community engagement process overview

September 18, 2023

Presented by Bruce H. Hamory, MD FACP; Elizabeth Southerlan; Chidera Chukwueke, PhD

A business of Marsh McLennan

Background on Hospital Sustainability Planning

VERMONT
GREEN MOUNTAIN CARE BOARD

2019	• Per Act 26 of 2019, the Rural Health Services Task Force was created "to evaluate the current state of rural health care in Vermont and identify ways to sustain the system and to ensure it provides access to affordable, high-quality health care services"; Green Mountain Care Board (GMCB) convened the Task Force and produced a report in early 2020: Rural Health Services Task Force Report, Act 26 of 2019 • GMCB requires hospitals to develop sustainability plans due to persistently low and declining margins, Springfield bankruptcy, and rural hospital closures nationally; initially, 6 of 14 hospitals are required to provide sustainability plans
2020	• Requirement for Sustainability Plans expanded to all 14 hospitals following COVID-19 Public Health Emergency • Legislature passes Act 159 of 2020 requiring GMCB to provide recommendations for improving hospital sustainability
2021	• GMCB Hospital Sustainability Report, Act 159 Section 4

2022	• In response to findings of Hospital Sustainability Report, Legislature passes Act 167 of 2022 (formerly S.285), which in Sections 1-3 provides GMCB and AHS with funding for:
	  • Section 1(a): Development of a proposal for a subsequent All-Payer Model Agreement (led by AHS in collaboration with GMCB)
	  • Section 1(b)(1): Development of value-based payments for hospitals, accountable care organizations, or both (led by GMCB in collaboration with AHS)
	  • Section 1(b)(2)-(3): Alignment of GMCB regulatory processes with value-based payment models; recommend a methodology for determining the allowable rate of growth in Vermont hospital budgets (GMCB)
	  • Section 2: Lead a community engagement process to drive hospital system transformation, including data/analyses and engagement with Vermont communities and hospitals (led by GMCB in collaboration with AHS)

Act 167 Sections 1 and 2

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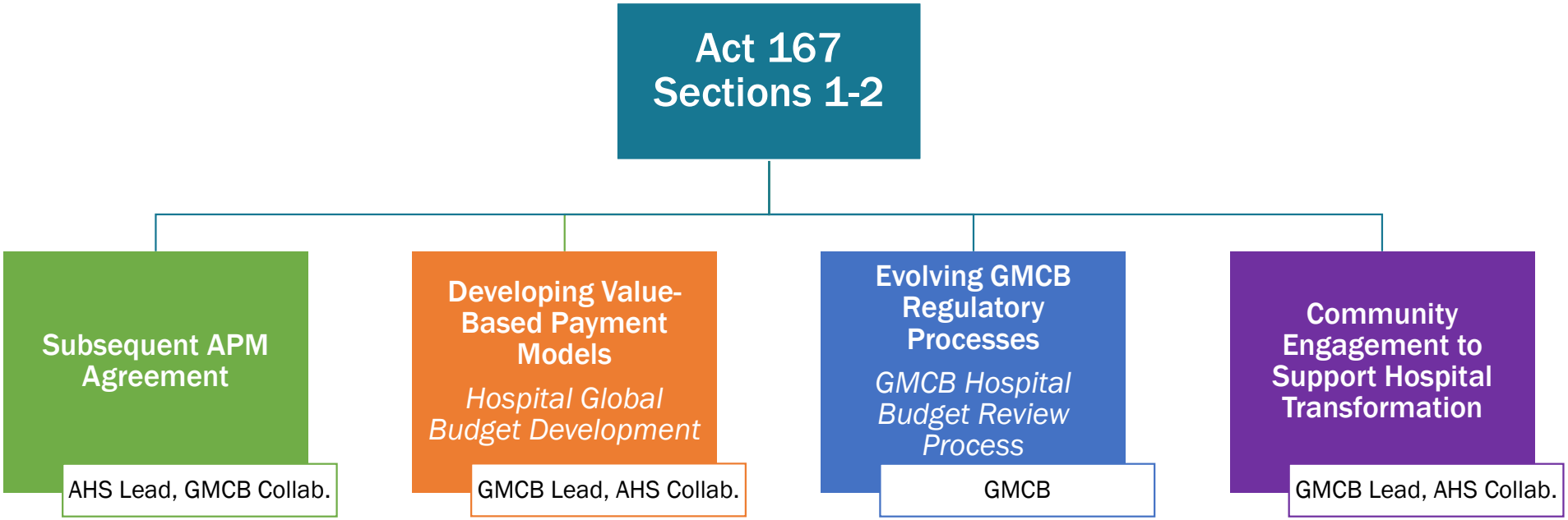

Community and Provider Engagement
Progress Update

VERMONT
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- As directed by the Legislature, GMCB has retained an expert to support a "data-informed, patient-focused, community-inclusive engagement process for Vermont's hospitals"
- Oliver Wyman will review data and solicit local input to develop options that ensure Vermonters have sustained access to affordable care. They will be working directly with community members, businesses, hospitals, and health care organizations to ensure a wide range of voices are represented in these discussions
- A current contractor will provide data analytics support

For more information: GMCB Community Engagement to Support Hospital Transformation

INTRODUCTIONS – MEET THE PROJECT TEAM

BRUCE H. HAMORY, MD FACP

Partner & Chief Medical Officer,
Healthcare & Life Sciences

- Helps providers, health systems and countries to redesign their delivery systems to improve value by improving quality and reducing costs
- Has worked with many groups to improve their operations, design appropriate physician compensation and institute new systems of care and management to improve performance
- Prior to joining Oliver Wyman, he was Executive Vice President, System Chief Medical Officer at Geisinger, and was previously Executive Director of Penn States' Hershey Medical Center and COO for the campus
- Has over 50 years of experience in health care practice, teaching, leadership, and redesign of systems for improvement

ELIZABETH SOUTHERLAN

Managing Director,
Healthcare & Life Sciences

- Has more than 15 years of experience partnering with healthcare provider systems to identify and deliver value from expansion opportunities
- Provides strategic guidance to healthcare leaders in a range of areas: corporate and operational strategy, organizational strategic design, health equity strategy and operationalization, product and service line design and launch, M&A strategy and execution, strategic transformation, contracting and renegotiation strategy, and operational performance improvement
- Earned a bachelor's degree in industrial engineering from The Pennsylvania State University and a master's degree in systems engineering and management from the Massachusetts Institute of Technology

CHIDERA CHUKWUEKE, PHD

Senior Consultant,
Healthcare & Life Sciences

- Supported several healthcare projects primarily in the payer space with a focus on government markets (e.g., Medicare/Medicaid). Sample projects include:
  - Optimized the product design strategy for a F500 national Medicaid player expanding their Medicare capabilities
  - Designed a cost of care performance management process for a national Medicare, Medicaid, and ACA player
- Earned a PhD in Neuropharmacology, where neuroimaging techniques were used to investigate the role of dopamine in addictions

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THROUGHOUT THIS CONVERSATION, WE WILL FACILITATE DISCUSSION TO SOLICIT YOUR INPUT ON A VARIETY OF TOPICS PERTAINING TO THE COMMUNITY ENGAGEMENT PROCESS

Areas for the General Advisory Committee to provide input:

- As we share the engagement plan with the GAC, we are hoping to obtain feedback and buy-in on the main engagement plan components
  - Engagement models
  - Interview content
  - Solution alignment with Act 167 goals
- We want to solicit HSA level contacts for provider and community leader groups if they come to mind
  - Are there specific people that should be included in the process?
- We invite input on specific hospital operations/sustainability questions that you think we should ask as well as which specific goals of Act 167 you think we should focus on

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AGENDA

	Discussion Topic	Time allocation	Topic components	Questions for GAC (noted on slides)
1	OVERVIEW OF ACT 167 STAKEHOLDER ENGAGEMENT PLAN	15 mins	• Introduction of project context, goals, and objectives • Robust engagement plan (6-9-months) • Deep dive on interview plan to understand current state	• Is the plan clear?
2	STAKEHOLDER ENGAGEMENT MODEL FOR CURRENT STATE UNDERSTANDING	20 mins	• Interaction model to engage stakeholders (including Vermont's diverse populations) • Base discussion outline for stakeholders	• Are there specific people that should be included in the process? • Are there specific areas of hospital operations/sustainability to address?
3	SOLUTION EVALUATION AND RECOMMENDATION DEVELOPMENT PROCESS	20 mins	• Solution evaluation framework • Interaction model to engage specific stakeholder groups to vet feasibility and impact of recommended solution sets	• Should we focus on specific goals within Act 167?
4	NEXT STEPS	5 mins	• Outline next steps in the process	-

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FOR DISCUSSION: Is the plan clear?

IMPROVING THE VERMONT HEALTH SYSTEM WILL REQUIRE ALIGNMENT ACROSS THE COMMUNITY, SO WE WANT TO HEAR FROM YOU!

Act 167 requires GMCB to develop and conduct a data-informed, patient-focused, community-inclusive engagement process for Vermont's hospitals to **reduce inefficiencies, lower costs, improve population health outcomes, reduce health inequities, and increase access to essential services**

GMCB tasked Oliver Wyman with engaging diverse healthcare stakeholders to ascertain **their 1) interactions with the health system and 2) perceived needs** to improve equitable healthcare access and outcomes

Community and provider engagement process

Step 1. Finalize engagement plan and interview scheduling

Identify and schedule interviews with key stakeholders in the following groups:

- Hospital leaders
- Providers
- Diverse populations
- Community leaders
- Community members

Step 2. Develop current state understanding through stakeholder interviews

Obtain stakeholder perspective on:

- HSA characteristics
- Hospital & healthcare delivery system performance
- Community needs
- Desired health system future state

Step 3. Socialize and vet proposed recommendations with stakeholders

- Develop solutions to address current needs and reach the desired future state while considering Act 167 goals
- Obtain stakeholder perspective on the impact of recommendations on hospital performance and healthcare delivery

Step 4. Develop and deliver final report to GMCB

- Document and socialize confirmed current state understanding, designed future state, and recommended steps to achieve future state (including pros and cons)
- Obtain stakeholder alignment on recommendations

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FOR DISCUSSION: Is the plan clear?

OVER A 6 – 9 MONTH PERIOD, WE WILL CONDUCT AN INCLUSIVE LISTENING CAMPAIGN TO DEVELOP STAKE-HOLDER INFORMED SOLUTIONS

Activity	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Step 1. Finalize engagement plan and begin interview scheduling											
• Establish and confirm alignment on project management office											
• Finalize ordered list of HSA evaluation											
• Confirm stakeholder groups and contacts											
• Schedule "Listening Tour" interviews											
• Develop "Listening Tour" material outlines											
Step 2. Develop current state understanding through stakeholder interviews *(more details on next slide)*											
• Finalize schedule of HSA-level interviews following obtaining contacts from state-wide interviews											
• Finalize materials to be used in HSA-level interviews (incl. data synthesis)											
• Conduct all state-wide and HSA-level interviews											
• Synthesize insights that will support recommendation development											
• Share insights with GMCB for feedback/alignment											
• Develop views on necessary analysis relevant for Step 3											
Step 3. Socialize and vet proposed recommendations with stakeholders											
• Develop recommendations based on interview insights and data analysis											
• Validate pros and cons for each recommendation and assess impact to health system											
• Obtain GMCB approval to socialize preliminary recommendations with predetermined stakeholders											
• Determine meeting strategy for 2nd round of meetings											
• Socialize preliminary recommendations and obtain feedback from relevant stakeholders											
• Refine recommendations based on obtained stakeholder feedback											
• Discern interest in participating in subsequent Collaborative											
Step 4. Develop and deliver final report to GMCB											
• Draft final report with findings and recommendations											
• Socialize report with GMCB and publish report as requested											

18 Sep 2023
Meeting with GAC

19 Nov 2023 - 29 Feb 2024
Winter break

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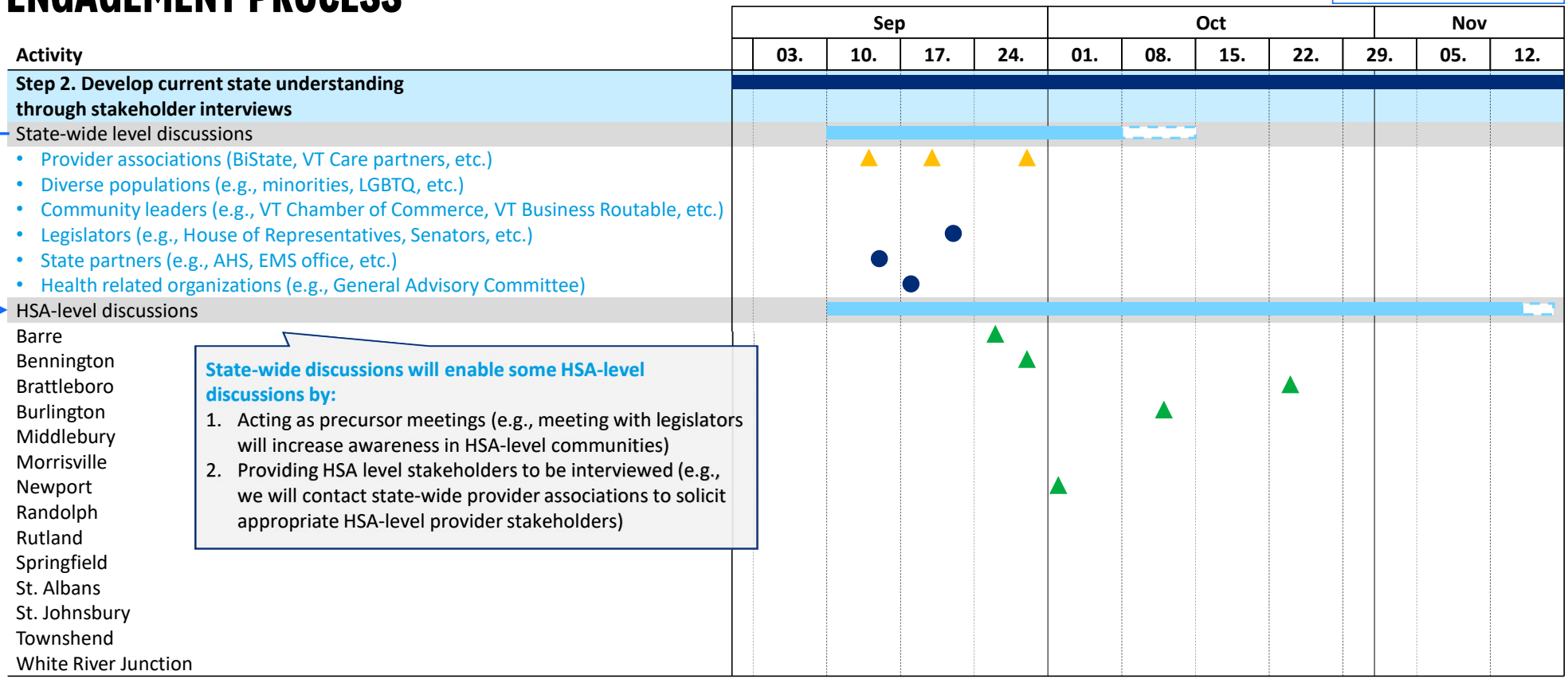
FOR DISCUSSION: Is the plan clear?

WE WILL CONDUCT BOTH STATE-WIDE AND HSA-LEVEL DISCUSSIONS DURING THE ENGAGEMENT PROCESS

As of 9/12/2023



State-wide discussions will enable some HSA-level discussions by:

1. Acting as precursor meetings (e.g., meeting with legislators will increase awareness in HSA-level communities)
2. Providing HSA level stakeholders to be interviewed (e.g., we will contact state-wide provider associations to solicit appropriate HSA-level provider stakeholders)

Legend:
- Ideal meeting period
- Ideal insight synthesis

Indicates meetings with below stakeholders have been scheduled:

- Hospital ldrs.
- Care providers
- Diverse populations
- Community ldrs.
- Community mbrs.
- Other state-wide stakeholders

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FOR DISCUSSION: Are there specific people that should be included in the process?

TO UNDERSTAND THE CURRENT STATE, WE WILL ENGAGE VARIOUS STAKEHOLDER GROUPS, EACH PLAYING SPECIFIC ROLES AND ENGAGED AS SUCH

Meeting types

State-wide only | HSA-level only | Both

	Stakeholder groups	Definition	Engagement model: Obtain contacts *Informs on key individuals to be engaged*	Engagement model: Interview *Provides healthcare/relevant perspective*	Engagement model: Keep informed *Attends info sessions, Receives updates, and engages network to participate*
🟠	**Hospital leaders**	Executive leadership and board of directors of hospitals (includes providing clinical input)	✓	✓	✓
🟢	**Providers**	Care provider professionals and state-wide associations (includes providing clinical input)	✓	✓	✓
🔵	**Diverse populations** *(More info on following slide)*	Leaders of advocacy groups for the disadvantages (e.g., minorities, LGBTQ, disabled, immigrants)	✓	✓	✓
🟢	**Community leader**	Relevant state-wide organizations (e.g., VT business roundtable) and local leaders within each HSA (e.g., business leaders)	✓	✓	✓
🟠	**Community member**	Members of the general public	-	✓	✓
🔵	**State of Vermont Partner**	State-wide organizations (e.g., AHS, EMS office, Dept. of Mental health)	-	✓	✓
🔵	**Legislator**	Members of the government (e.g., House of representatives)	-	-	✓
🔵	**Health Related Organization**	Other related healthcare organizations/groups (e.g., ACOs, Mental health organizations)	✓	-	✓
	Payers/Insurers	Healthcare payers (e.g., health plan providers, Medicare, Medicaid)	✓	-	✓

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FOR DISCUSSION: Are there specific people that should be included in the process?

WE WILL ENGAGE VERMONT HEALTH EQUITY LEADERS AND MEMBERS OF VERMONT'S DIVERSE POPULATIONS TO CONFIRM CURRENT STATE UNDERSTANDING AND TEST RECOMMENDATIONS

Vermont's diverse populations[1] (% of total)

BIPOC (6%)
- Black (1.5%)
- Indigenous (0.4%)
- Other non-white (4%)

Immigrant/Refugee (5%)

LGBTQIA+ (7%)

Low-Mid SES (10% in poverty)

Shared medical conditions
- Disabled (22%)
- Neurodivergent
- Psychiatric recovery
- AIDS/HIV
- Hep C
- Substance Abuse

Add'l disadvantaged populations
- Rural (60%)
- Veterans (6.6% of adults)
- Unhoused (0.5%, up 20% in last yr)
- Seniors (20%)
- Isolated
- Incarcerated (0.2%)

Engagement model

I. **Confirm diverse populations** with GMCB + State Health leads

II. **Codify available information on population-specific healthcare needs, current and planned resources, and known gaps** (relative to broader state and HSA-populations when possible)

III. **Vet current state of each population and confirm appropriate organizations to increase and vet current state understanding with AHS Department heads**

IV. **Perform follow-ups with diverse population organizations** as approved by AHS Dept heads

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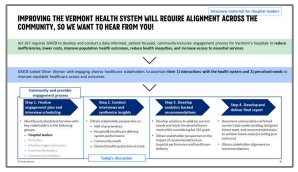
1. Driven by populations served by organizations receiving Health Equity grants on https://www.healthvermont.gov/about/vision/health-equity#granteessummary

STRUCTURED PRESENTATIONS WILL BE USED TO FACILITATE STAKEHOLDER DISCUSSIONS

Illustrative materials

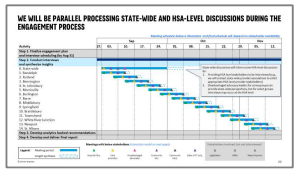
OVERVIEW AND OBJECTIVES

- Review Act 167 and introduce the purpose of the meeting
- Share the goals of the engagement effort – we are conducting community engagement to develop recommendations for Vermont healthcare system redesign
- Stress that we are here to listen to stakeholder perspectives on healthcare pain points



OW TEAM INTRODUCTION AND PROCESS OVERVIEW

- Introduce the OW team
- Provide overview of the engagement process and current status
  - Showcase the project plan and current progress at the time of interview



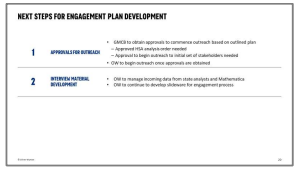
INTERVIEW

(details on following page)

- Review available data and understand pain points along the following discussion topics:
  - HSA characteristics
  - Hospital and healthcare delivery status (i.e., hospital operations/efficiency, hospital financials, provider availability)
  - Community needs
  - Desired future state

NEXT STEPS

- Contextualize the remainder of the process
  - Insights from all stakeholders will be synthesized and used to develop preliminary recommendations for further detailed analysis
  - Recommendations will be tested/validated with the hospital and the HSA community



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FOR DISCUSSION: Are there specific areas of hospital operations/sustainability to address?

SELECT STAKEHOLDERS WILL SERVE AS VALIDATORS OF DATA ON CERTAIN TOPICS

✓	Providing perspective	✓	Validating data

	Discussion agenda topics and sample questions *(not exhaustive – samples to be submitted)*			
Agenda topics	**HSA characteristics**	**Hospital and healthcare delivery status** (i.e., hospital operations/efficiency, hospital financials, provider availability)	**Community needs** (i.e., service availability and population access)	**Desired future**
Sample questions	• Are you aligned on our understanding of your HSA?	• What current operational problems are you encountering? • What kinds of cost cutting measures have been tried?	• What measures to improve access to healthcare services in the community are being tried? • What services do your residents leave the area to obtain?	• What do you see your organization looking like in 5 & 10 years? • What do you see healthcare delivery in your community looking like?
Stakeholder groups				
Hospital leaders	✓ ✓	✓ ✓	✓	✓
Providers	✓	✓	✓	✓
Diverse populations	✓	✓	✓ ✓	✓
Community leader	✓	✓	✓ ✓	✓
Community member	✓	✓	✓ ✓	✓
State of Vermont Partner		✓	✓	✓

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THE ENGAGEMENT PLAN PROVIDES THE OPPORTUNITY TO WORK WITH THE COMMUNITY TO DEVELOP HEALTHCARE SOLUTIONS

	Step 2. Develop current state understanding through stakeholder interviews		***Step 3. Socialize and vet proposed recommendations with stakeholders***	
	Synthesize insights that will support recommendation development	**Share insights** with GMCB for feedback/alignment	**Develop recommendations** based on interview insights and data analysis	**Refine recommendations** based on obtained stakeholder feedback
Objective	Summarize interview insights and pull out relevant themes regarding stakeholder-centered healthcare needs	Finalize view on healthcare themes and confirm alignment with GMCB	Develop set of recommendations to redesign healthcare system including impact on value drivers	Fine-tune recommendations with feedback from relevant community members
Approach	Organize insights by stakeholder group and topic of discussion	Present consolidated view of healthcare themes across stakeholders and HSAs and obtain feedback	Assess potential solutions against current state needs and explore ways to assess impact of proposed solutions on priority value drivers **in conjunction with Mathematica**	Meet with all HSAs to socialize recommendations • Determine meeting strategy with GMCB guidance
Outcomes / deliverable	Document (ppt) with summarized current state perspectives by stakeholder	Confirmation of alignment on current state understanding	Preliminary recommendations list reflecting GMCB input	Refined recommendations reflecting stakeholder input
Stakeholder responsibilities	• Stakeholder groups provide perspectives • OW compiles and synthesizes current state understanding (including data from Mathematica)	• OW presents summarized view of current state • GMCB provides feedback on synthesized current state understanding	• OW to develop healthcare improvement recommendations based on current state understanding • GMCB provides feedback on preliminary recommendations	• GMCB to provide guidance on stakeholder meeting strategy • Stakeholder groups provide perspective on recommendations • OW to refine recommendations to incorporate in final report

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FOR DISCUSSION: Should we focus on specific goals/KPIs within Act 167?

WE WILL CONSIDER MULTIPLE SOLUTIONS, EXPLORING THEIR IMPACTS ON KEY VALUE DRIVERS…

Solution sets will be derived from changes to the following services across the state:

Hospitals

Preventative medicine

Specialist access

Wellness offerings

Emergency response

Community programs

State provided infrastructure

Recommended solutions will drive optimal impact across Act 167's value drivers - trade offs will be collaboratively assessed with GMCB

Value Driver	State & HSA KPIs (directional, based on availability)
Increase efficiency	• Hospital Administrative Costs growth • Insurance Premium Increase from PY
Decrease costs	• Per capita healthcare spending • Out of pocket spending • Prescription drug spending
Improve population health outcomes	• Procedures performed below recommended volumes • Mortality rates • Readmission rates • Patient Satisfaction • Cancer incidence (incl. stage) • Lung Disease rates (incl. stage) • Heart Disease / Stroke occurrence • Type 2 Diabetes
Reduce health inequities	*Assess impact to all value drivers across Vermont's diverse populations – see additional detail on following slide*
Increase access to essential services	• Primary Care access • Specialist Care access • Mental Health Care access • Substance Abuse Care access
Emergency management capacity	• Available medical/paramedical professionals (FTEs)

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FOR DISCUSSION: Should we focus on specific goals/KPIs within Act 167?

...WE MUST SEGMENT OUR UNDERSTANDING OF IMPACT TO DIVERSE VERMONTER POPULATIONS TO RECOMMEND EQUITABLE SOLUTIONS

Vermont's diverse populations for which we will assess impact of potential solution sets[1]

BIPOC (6%)
- Black (1.5%)
- Indigenous (0.4%)
- Other non-white (4%)

Immigrant/Refugee (5%)

LGBTQIA+ (7%)

Low-Mid SES (10% in poverty)

Shared medical conditions
- Disabled (22%)
- Neurodivergent
- Psychiatric recovery
- AIDS/HIV
- Hep C
- Substance Abuse

Add'l disadvantaged populations
- Rural (60%)
- Veterans (6.6% of adults)
- Unhoused (0.5%, up 20% in last yr)
- Seniors (20%)
- Isolated
- Incarcerated (0.2%)

Prioritized KPIs to gage impact of solution sets to Vermont's diverse populations

Value Driver	State & HSA KPIs (directional, based on availability)	Deeper disparity understanding
Increase efficiency	• Hospital Administrative Costs growth • Insurance Premium Increase from PY	
Decrease costs	• **Per capita healthcare spending** • **Out of pocket spending** • **Prescription drug spending**	
Improve population health outcomes	• Procedures performed below recommended volumes • **Mortality rates** • **Readmission rates** • **Patient Satisfaction** • **Cancer incidence (incl. stage)** • **Lung Disease rates (incl. stage)** • **Heart Disease / Stroke occurrence** • **Type 2 Diabetes**	• Healthcare workforce represents diversity in population it serves • Populations feel seen and heard by healthcare workforce • Physical activity access (gyms, parks, safe for walking) • Healthy food access • Substance abuse & Tobacco use
Reduce health inequities	***BOLD, UNDERLINED KPIs ARE PRIORITIZED TO ASSESS BY DIVERSE POPULATION TO ADEQUATELY GAGE IMPACT + ADDITIONAL KPIs (RHS)***	
Increase access to essential services	• **Primary Care access** • **Specialist Care access** • **Mental Health Care access** • **Substance Abuse Care access**	• Population-specific community programs (to define through interviews)
Emergency mgmt capacity	• Available medical/paramedical professionals (FTEs)	

1. Driven by populations served by organizations receiving Health Equity grants on https://www.healthvermont.gov/about/vision/health-equity#granteessummary

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FOR DISCUSSION: Should we focus on specific goals/KPIs within Act 167?

WE WILL LEVERAGE STAKEHOLDER INPUT TO OPTIMIZE SOLUTIONS FOR VERMONT

GREEN MOUNTAIN CARE BOARD	• Provide input on recommendation development • Prioritize recommendations against the key value drivers that will be shared with other stakeholders
HOSPITAL LEADERS	• Provide input on impact of recommendations on hospital operations and financials (i.e., sustainability) • Comment on impact of proposed recommendations on community health
DIVERSE POPULATIONS	• Validate the impact of recommendations on healthcare equity and population access to healthcare services
COMMUNITY LEADERS/ MEMBERS	• Verify that recommendations satisfy community needs

Incorporating **stakeholder input in recommendation** development will ensure that healthcare improve **solutions address Vermont specific needs** at an HSA level

Stakeholder perspectives on recommendations will be incorporated into the final report

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NEXT STEPS IN THE ENGAGEMENT PROCESS

1	**CONTINUE OUTREACH**	• GMCB to outreach to relevant state-wide stakeholders • OW to continue outreach to providers and community leaders • OW to continue scheduling meetings based on stakeholder availability
2	**BEGIN MEETING VARIOUS STAKEHOLDERS**	• Incorporate GAC feedback into engagement process as needed • Prep materials for scheduled meetings

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CONTACT AND ADDITIONAL INFORMATION

For more information on the community engagement project see: GMCB Community Engagement to Support Hospital Transformation

Contact info:

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