Act 167 (2022): Community Engagement to Support Hospital Transformation

Engagement Plan

October 2023
Prepared by Bruce H. Hamory, MD FACP; Elizabeth Southerlan; Sam Winter; Chidera Chukwueke, PhD

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- Act 167 background

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

Sam Winter
*Engagement Manager,
Healthcare & Life Sciences*

- Has more than 10 years of experience designing and managing large provider and payer transformation programs
- Provides strategic guidance and delivery support in areas spanning value-based care, cost and operations transformation, M&A, and digital/analytics
- Holds an MBA from the Kellogg School of Management at Northwestern University (healthcare track) and a degree in engineering from the University of Maryland

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

Contact and additional information

For more information on the community engagement project see: GMCB Community Engagement to Support Hospital Transformation - Sign up for public meetings!

Green Mountain Care Board

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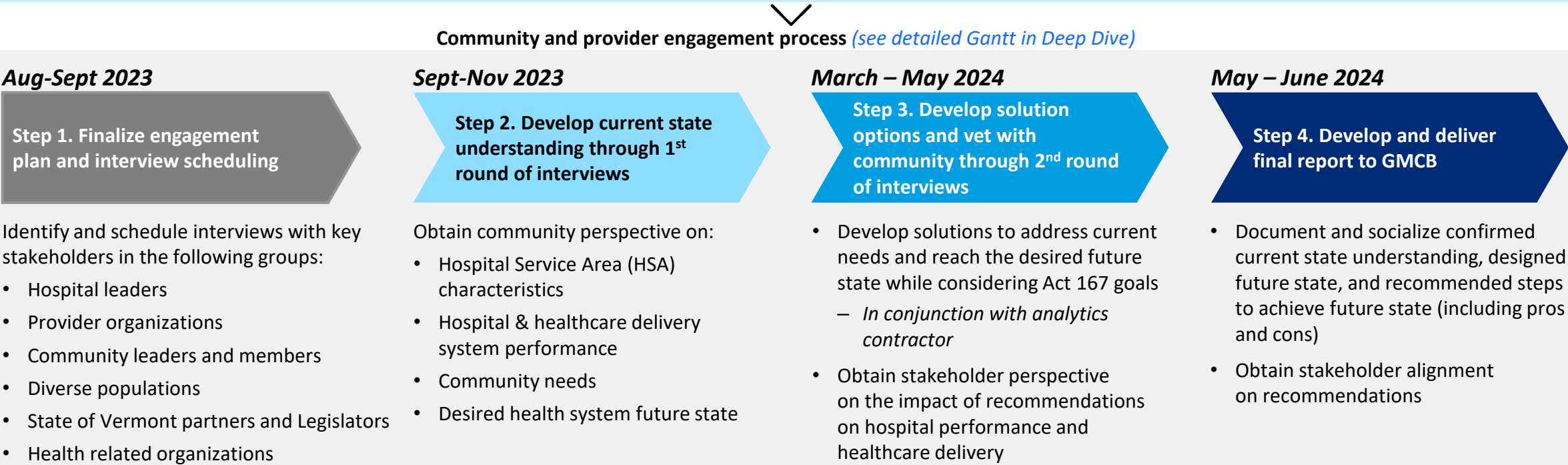*Chidera.Chukwueke@oliverwyman.com*

1
Executive summary

SCOPE, GOALS, AND APPROACH: IMPROVING THE VERMONT HEALTHCARE DELIVERY SYSTEM REQUIRES INPUT FROM ACROSS THE COMMUNITY IT SERVES
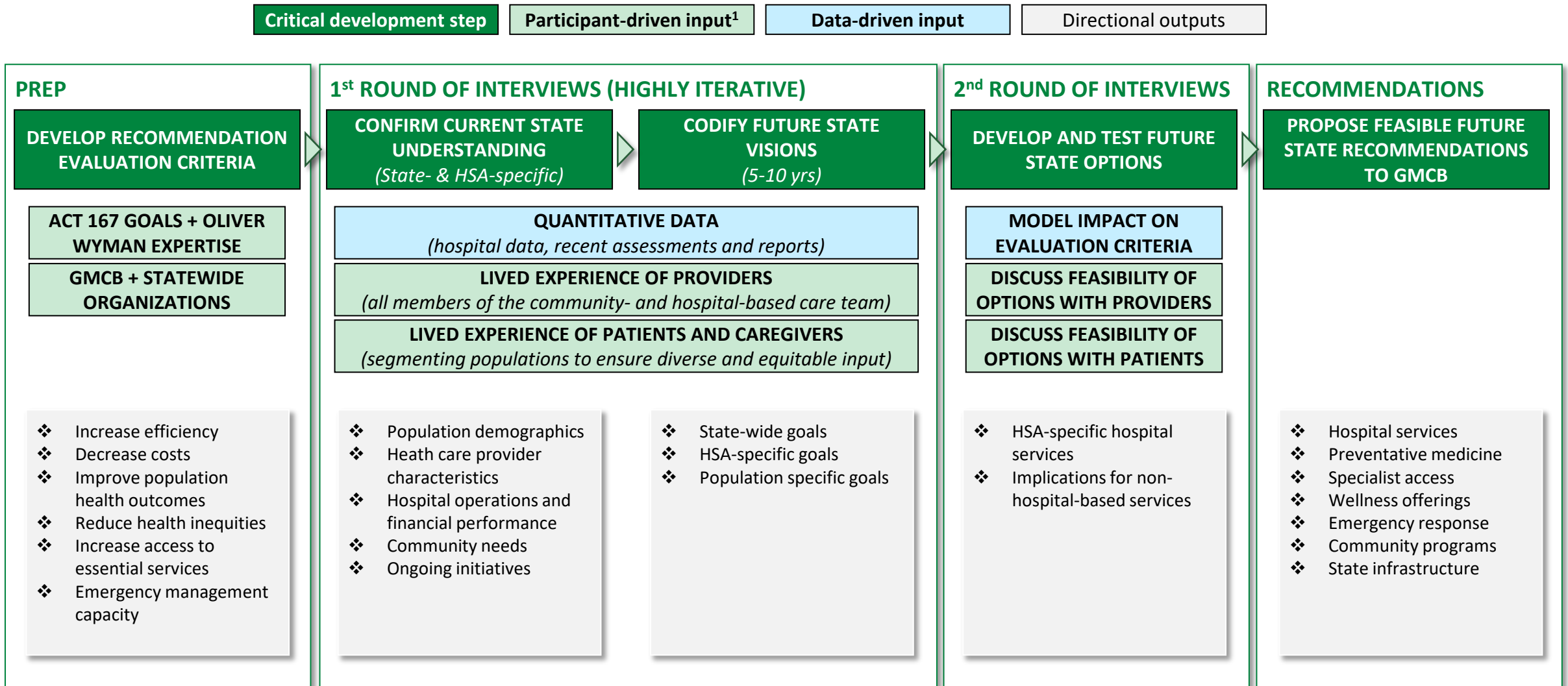
Act 167 (of 2022) requires GMCB, in collaboration with the Agency of Human Services, to develop and conduct a data-informed, patient-focused, community-inclusive engagement process for Vermont's hospitals to **reduce inefficiencies, lower costs, improve population health outcomes, reduce health inequities, 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 *(see detailed Gantt in Deep Dive)*

Aug-Sept 2023	**Sept-Nov 2023**	**March – May 2024**	**May – June 2024**
Step 1. Finalize engagement plan and interview scheduling	**Step 2. Develop current state understanding through 1st round of interviews**	**Step 3. Develop solution options and vet with community through 2nd round of interviews**	**Step 4. Develop and deliver final report to GMCB**

Aug-Sept 2023

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

- Hospital leaders
- Provider organizations
- Community leaders and members
- Diverse populations
- State of Vermont partners and Legislators
- Health related organizations

Sept-Nov 2023

Obtain community perspective on:

- Hospital Service Area (HSA) characteristics
- Hospital & healthcare delivery system performance
- Community needs
- Desired health system future state

March – May 2024

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

May – June 2024

- 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

RESEARCH LOGIC: WE WILL LEVERAGE PARTICIPANT- AND DATA-DRIVEN RESEARCH METHODS TO DEVELOP AND PROPOSE FUTURE STATE RECOMMENDATIONS

Logic to develop future state recommendations + critical inputs

Critical development step	Participant-driven input[1]	Data-driven input	Directional outputs

PREP

DEVELOP RECOMMENDATION EVALUATION CRITERIA

ACT 167 GOALS + OLIVER WYMAN EXPERTISE

GMCB + STATEWIDE ORGANIZATIONS

- ❖ Increase efficiency
- ❖ Decrease costs
- ❖ Improve population health outcomes
- ❖ Reduce health inequities
- ❖ Increase access to essential services
- ❖ Emergency management capacity

1st ROUND OF INTERVIEWS (HIGHLY ITERATIVE)

CONFIRM CURRENT STATE UNDERSTANDING
(State- & HSA-specific)

CODIFY FUTURE STATE VISIONS
(5-10 yrs)

QUANTITATIVE DATA
(hospital data, recent assessments and reports)

LIVED EXPERIENCE OF PROVIDERS
(all members of the community- and hospital-based care team)

LIVED EXPERIENCE OF PATIENTS AND CAREGIVERS
(segmenting populations to ensure diverse and equitable input)

- ❖ Population demographics
- ❖ Heath care provider characteristics
- ❖ Hospital operations and financial performance
- ❖ Community needs
- ❖ Ongoing initiatives

- ❖ State-wide goals
- ❖ HSA-specific goals
- ❖ Population specific goals

2nd ROUND OF INTERVIEWS

DEVELOP AND TEST FUTURE STATE OPTIONS

MODEL IMPACT ON EVALUATION CRITERIA

DISCUSS FEASIBILITY OF OPTIONS WITH PROVIDERS

DISCUSS FEASIBILITY OF OPTIONS WITH PATIENTS

- ❖ HSA-specific hospital services
- ❖ Implications for non-hospital-based services

RECOMMENDATIONS

PROPOSE FEASIBLE FUTURE STATE RECOMMENDATIONS TO GMCB

- ❖ Hospital services
- ❖ Preventative medicine
- ❖ Specialist access
- ❖ Wellness offerings
- ❖ Emergency response
- ❖ Community programs
- ❖ State infrastructure

1. See detailed list of participant groups on following slide

ENGAGING: RECOMMENDATIONS WILL BE HEAVILY DRIVEN BY COMMUNITY INPUT, DATA ANALYSIS, AND HEALTH SYSTEM TRANSFORMATION EXPERTISE

Groups to be engaged	Focus of 1st Round of Interviews (current state understanding)	Focus of 2nd Round of Interviews (vetting solution options)
Hospital leaders *Executive leadership and Board Of Directors*	☐ Confirm HSA characteristics being used in assessment ☐ Provide initial/preliminary hospital operational and financial data ☐ Prioritize community issues (e.g., delivery gaps) and describe initiatives attempted, underway, and planned ☐ Provide vision for hospital-specific and broad HSA healthcare in 5-10 years	☐ Provide input on impact of recommendations on hospital operations and financials to determine feasibility / sustainability ☐ Comment on impact of proposed recommendations on broader community health
Providers *Professional associations, hospital- and community-based providers*	☐ Confirm plan is clear and solicit support in disseminating the plan ☐ Recommend specific groups / individuals to inform and / or involve	☐ Participate in HSA-level discussions
Community leaders *Relevant state-wide and community-based organizations*	☐ Prioritize community issues (e.g., delivery gaps) and describe initiatives attempted, underway, and planned ☐ Provide vision for HSA hospital services in 5-10 years	☐ Provide input on likelihood of recommendations fulfilling community needs
Community members *Members of the general public*		
Diverse populations *Leaders of advocacy groups*		☐ Provide input on impact of recommendations on healthcare equity (access and outcomes)
Green Mountain Care Board	Through weekly Steering Committees (as well as interview attendance): ☐ Vet initial findings/observations ☐ Provide contact information for follow ups	GMCB & AHS will ☐ Provide input on recommendation development ☐ Prioritize recommendations against the key value drivers that will be shared with other stakeholders ☐ Advise on additional groups to vet potential recommendations (e.g., provider orgs, payers, etc)
State of Vermont Partners *State-wide organizations (e.g., AHS, EMS office)*	☐ Confirm plan is clear and inform process ☐ Recommend specific groups / individuals to inform and / or involve *AHS member(s) also to join weekly Steering Committee meetings to vet initial findings and guide project activities*	
Legislators		
Health Related Organizations *Other related healthcare orgs (OneCare VT)*	☐ Prioritize community issues (e.g., delivery gaps) and describe initiatives attempted, underway, and planned ☐ Provide vision for HSA hospital services in 5-10 years	☐ Participate in HSA-level discussions
Payers/Insurers		

-- HSA-Specific meetings --

-- State-wide meetings --

SOLUTIONING: WE WILL CONSIDER MULTIPLE OPTIONS FOR RECOMMENDATIONS, 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; to be approved)
Increase efficiency	• Hospital Administrative Costs growth • Insurance Premium Increase from PY
Decrease costs *(slow cost growth)*	• Per capita healthcare spending (based on total cost of care) • Prescription drug spending & out of pocket spending (considers Vermont subsidies) • Health insurance cost to businesses (incl. healthcare providers)
Improve population health outcomes	• Procedures performed below recommended volumes • Mortality rates • Readmission rates • Avoidable utilization (i.e., Ambulatory sensitive conditions) and low value care • Patient Satisfaction • Cancer incidence (incl. stage) • Lung Disease rates (incl. stage) • Heart Disease / Stroke occurrence • Type 2 Diabetes • Mental health KPIs (measures advised by VT expert community and will include care coordination/follow-up) • Substance use disorder (incl. tobacco use)
Reduce health inequities	*Assess impact to all value drivers across Vermont's diverse populations – see additional detail in Sections II and III*
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)

> KPIs to be reviewed on an ongoing basis with GMCB/AHS
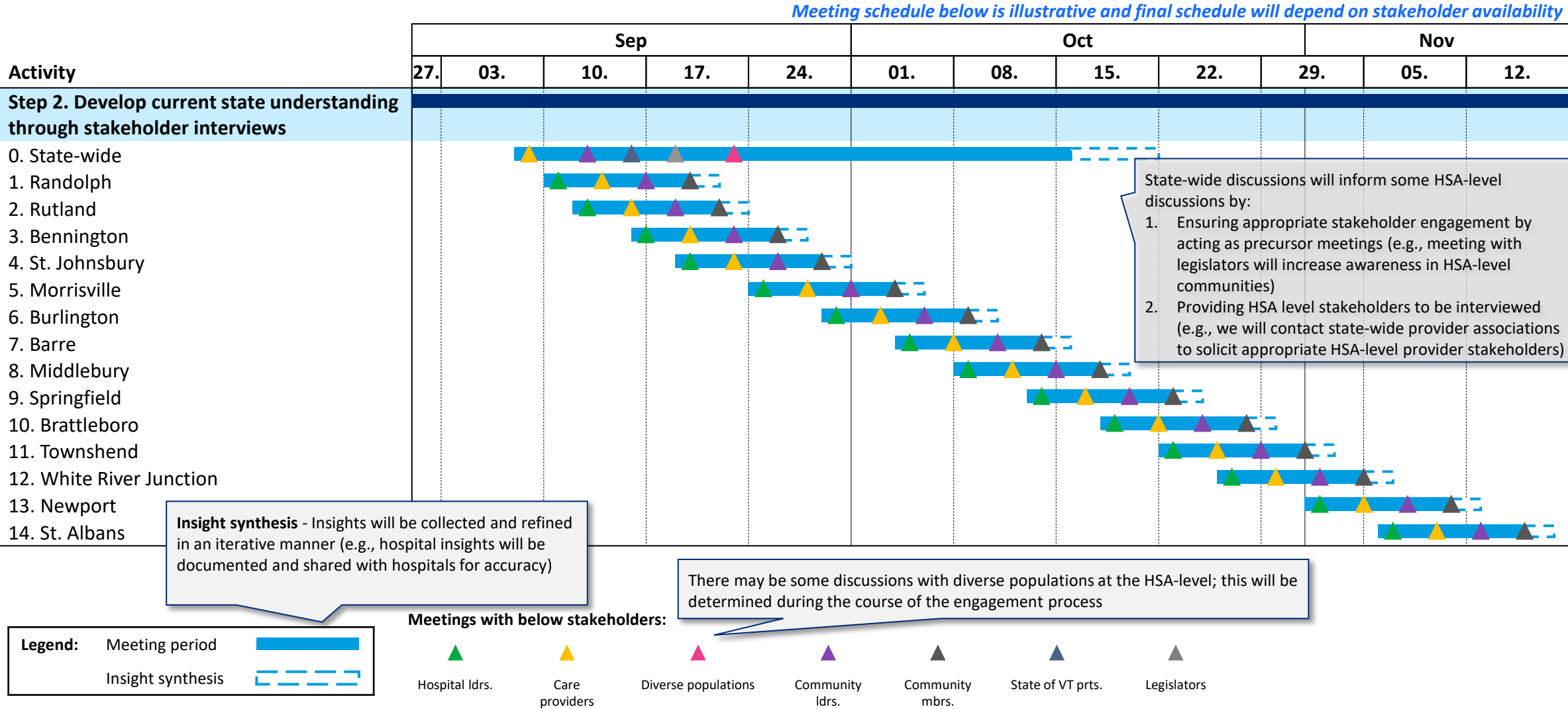
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Deep Dive: Engagement plan (Project Phase 1)

OVER A 6 – 9 MONTH PERIOD, WE WILL CONDUCT AN INCLUSIVE LISTENING CAMPAIGN TO DEVELOP PARTICIPANT 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											
• Confirm stakeholder groups and contacts											
• Schedule "Listening Tour" interviews											
• Develop "Listening Tour" material outlines											
Step 2. Develop current state understanding through stakeholder interviews		▬▬▬									
• 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 identified 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 recommendation implementation											
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											

19 Nov 2023 - 29 Feb 2024
Winter break – meetings halt while data analytics continue

WE WILL BE PARALLEL PROCESSING STATE-WIDE AND HSA-LEVEL DISCUSSIONS DURING THE ENGAGEMENT PROCESS

Meeting schedule below is illustrative and final schedule will depend on stakeholder availability

Step 2. Develop current state understanding through stakeholder interviews

Activities (Gantt chart rows):
- 0. State-wide
- 1. Randolph
- 2. Rutland
- 3. Bennington
- 4. St. Johnsbury
- 5. Morrisville
- 6. Burlington
- 7. Barre
- 8. Middlebury
- 9. Springfield
- 10. Brattleboro
- 11. Townshend
- 12. White River Junction
- 13. Newport
- 14. St. Albans

Timeline columns: **Sep** (27., 03., 10., 17., 24.), **Oct** (01., 08., 15., 22., 29.), **Nov** (05., 12.)

State-wide discussions will inform some HSA-level discussions by:
1. Ensuring appropriate stakeholder engagement by 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)

Insight synthesis - Insights will be collected and refined in an iterative manner (e.g., hospital insights will be documented and shared with hospitals for accuracy)

There may be some discussions with diverse populations at the HSA-level; this will be determined during the course of the engagement process

Legend:
- Meeting period
- Insight synthesis

Meetings with below stakeholders:
- Hospital ldrs.
- Care providers
- Diverse populations
- Community ldrs.
- Community mbrs.
- State of VT prts.
- Legislators

ENGAGING: RECOMMENDATIONS WILL BE HEAVILY DRIVEN BY COMMUNITY INPUT, DATA ANALYSIS, AND HEALTH SYSTEM TRANSFORMATION EXPERTISE

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Community members *Members of the general public*		
Diverse populations *Leaders of advocacy groups*		❑ Provide input on impact of recommendations on healthcare equity (access and outcomes)
Green Mountain Care Board	Through weekly Steering Committees (as well as interview attendance): ❑ Vet initial findings/observations ❑ Provide contact information for follow ups	GMCB & AHS will ❑ Provide input on recommendation development ❑ Prioritize recommendations against the key value drivers that will be shared with other stakeholders ❑ Advise on additional groups to vet potential recommendations (e.g., provider orgs, payers, etc)
State of Vermont Partners *State-wide organizations (e.g., AHS, EMS office)*	❑ Confirm plan is clear and inform process ❑ Recommend specific groups / individuals to inform and / or involve *AHS member(s) also to join weekly Steering Committee meetings to vet initial findings and guide project activities*	
Legislators		
Health Related Organizations *Other related healthcare orgs (OneCare VT)*	❑ Prioritize community issues (e.g., delivery gaps) and describe initiatives attempted, underway, and planned ❑ Provide vision for HSA hospital services in 5-10 years	❑ Participate in HSA-level discussions
Payers/Insurers		

-- HSA-Specific meetings --

-- State-wide meetings --

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
- Hepatitis C
- Substance Abuse

Add'l populations
- Rural (60%)
- Veterans (6.6% of adults)
- Unhoused (0.5%, up 20% in last yr)
- Older Vermonter (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. **Confirm appropriate organizations to validate current state understanding with GMCB/AHS leadership, including department commissioners**

IV. **Perform follow-ups with diverse population organizations**

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

3

Deep Dive: Developing recommendations through participatory research methods (Project Phases 2-4)

ENGAGING: STRUCTURED PRESENTATIONS WILL BE USED TO FACILITATE STAKEHOLDER DISCUSSIONS

Illustrative materials

Overview and objectives

- Review Act 167 (of 2022) and introduce the purpose of the meeting
- Share the goals of the engagement effort – we are conducting community engagement to develop recommendations to inform hospital leadership
- Stress that we are here to listen to stakeholder perspectives on healthcare pain points and best practices

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

- 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
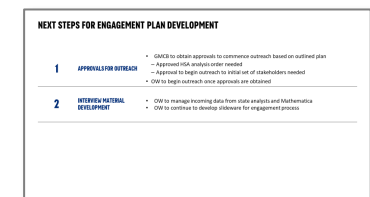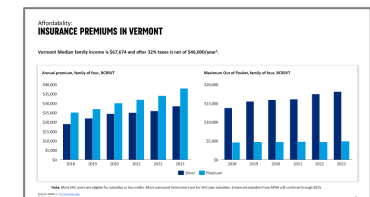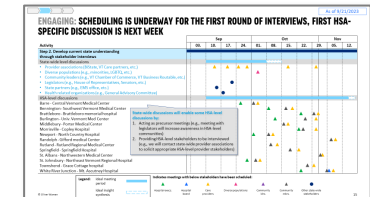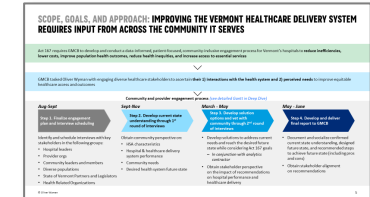
DATA: WE HAVE REVIEWED EXISTING DATA TO INFORM OUR CURRENT STATE UNDERSTANDING (1/2)

Topic of discussion	Data sources	Relevant reports	Ongoing Initiatives
HSA characteristics	• U.S. Census Bureau • Dartmouth Atlas • GMCB provided addresses (including Walmarts, Dollar General, Dollar Tree) • OW interviews	• 2021 Household Health Insurance Survey • VT State Health Assessment Key Demographics & Fundamental Health Statistics • Vermont Population Estimates	
Healthcare delivery status (e.g., hospital operations/efficiency, hospital finances, provider and service availability)	• All GMCB data on Patient Migration, Rural Bypass and Hospital Budgets • GMCB data on hospital volumes (VHCURES and VUHDDS) • GMCB provided addresses (including retail pharmacies, primary care sites) • OW interviews	• Financial reports (e.g., 2022 Hospital year-end reporting; Update on Financial Status of Vermont Hospitals - Updated May 4, 2023; Optimizing Total Cost of Care-PPMAC to HHS) • Workforce reports (e.g., 2021 State Physician Workforce Data Report, VT Healthcare Workforce Summary (2018), Health Care Workforce Development Strategic Plan, AHS Nursing Preceptor Working Group Action Plan, AHEC 2021 RN Report) • VT healthcare assessments (e.g., State of Vermont Wait Times Report, 2022, 2016 Access to Care, VT State Health Assessment Chronic Disease, ACO Model: Annual Health Outcomes and Quality of Care Report, Rural Health Services Taskforce 2020 Report, Commonwealth Fund 2023 Scorecard State Healthcare Systems)	• State Health Assessment and Improvement Plan • Vermont Health Information Exchange (HIE) Strategic Plan • Hospital Global Budget Technical Advisory Committee – AHEAD Model development

> **Note:** Data sources listed here been reviewed as of 9/26/2023 and do not include reports that have been reviewed but not are not publicly available. An exhaustive list of data sources and relevant report will be included in the final report

DATA: WE HAVE REVIEWED EXISTING DATA TO INFORM OUR CURRENT STATE UNDERSTANDING (2/2)

Topic of discussion	Data sources	Relevant reports	Ongoing Initiatives
Community needs	• Hospital Annual Reports and Mission Statements • Community Health Needs Assessments • OW interviews	• Mental health related reports (e.g., Mental Health Counselors 2017_Report, DMH Mobile crisis, Reforming VT Mental Health, Mental Health Integration) • Health Care Workforce Census • Health of Vermonters with a Disability	• Vermont Fiberoptic Cable Project • Vermont Mental Health Reform
Desired future state	• OW interviews	N/A	

Note: Data sources listed here been reviewed as of 9/26/2023 and do not include reports that have been reviewed but not are not publicly available. An exhaustive list of data sources and relevant report will be included in the final report

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/AHS 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 analytics contractor	Meet with all HSAs to socialize recommendations • Determine meeting strategy with GMCB guidance
Outcomes / deliverables	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 analytics contractor)	• OW presents summarized view of current state • GMCB/AHS provide feedback on synthesized current state understanding	• OW to develop healthcare improvement recommendations based on current state understanding • GMCB/AHS provides feedback on preliminary recommendations	• GMCB/AHS to provide guidance on stakeholder meeting strategy • Stakeholder groups provide perspective on recommendations • OW to refine recommendations to incorporate in final report

Note: the schedule for these steps is found on page 10

SOLUTIONING: 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
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- Hepatitis C
- Substance Abuse

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

Prioritized key performance indicators (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 *(slow cost growth)*	• **Per capita healthcare spending** • **Prescription drug spending & out of pocket spending (considers Vermont subsidies)** • Health insurance cost to FQHCs and businesses	
Improve population health outcomes	• Procedures performed below recommended volumes • **Mortality rates** • **Avoidable utilization (i.e., Ambulatory sensitive conditions) and low value care** • **Readmission rates** • **Patient Satisfaction** • **Cancer incidence (incl. stage)** • **Lung Disease rates (incl. stage)** • **Heart Disease / Stroke occurrence** • **Type 2 Diabetes** • **Mental health KPIs (measures advised by VT expert community)** • **Substance abuse & Tobacco use**	• 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 • Transportation access • Broadband internet access
Reduce health inequities	*BOLD, UNDERLINED KPIs ARE PRIORITIZED TO ASSESS BY DIVERSE POPULATION TO ADEQUATELY GAGE IMPACT + ADDITIONAL KPIs*	
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

DURING RECOMMENDATION REFINEMENT, WE WILL LEVERAGE STAKEHOLDER INPUT TO OPTIMIZE SOLUTIONS FOR VERMONT

Green Mountain Care Board and Agency of Human Services
- 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 improvement **solutions will address Vermont specific needs** at an HSA level

Stakeholder perspectives on recommendations will be incorporated into the final report *(more details on next page)*

WE WILL BEGIN BUILDING TOWARDS A FINAL REPORT AS WE DEVELOP AND REFINE RECOMMENDATIONS; THE REPORT WILL BE ADJUSTED WITH GMCB INPUT

Final report components

Executive summary	• Statement of Act 167 (of 2022) and its goals • Brief outline of the project and stakeholders involved • General findings (e.g., current state needs and approaches, barriers to success, etc.) • Future State needs (e.g., provider availability, service availability, etc.) • Specific recommendations for changes to hospital service offerings • General recommendations for Legislation, policy change, regulatory changes or funding • Considerations for other high priorities (e.g., Hospital Global Budget, etc)
Outline of Project Design and Process *(for each HSA)*	• Current state understanding • Projected future state of health needs and finances • *Options (top 2-3) for HSA redesign and analysis of impacts*
Summary of all HSAs	• Current Community Needs Assessment similarities and future state needs • Current state workforce and projections for groups with recommended changes • Overview of hospital viability under current and future states • *Summary of recommendations for hospitals*
Recommendations for State Legislative and Regulatory Bodies	• *Board of Medicine / licensing* • *Other state licensing boards / regulatory agencies* • *Workforce/education pipeline* • *Disaster planning / public health emergencies*

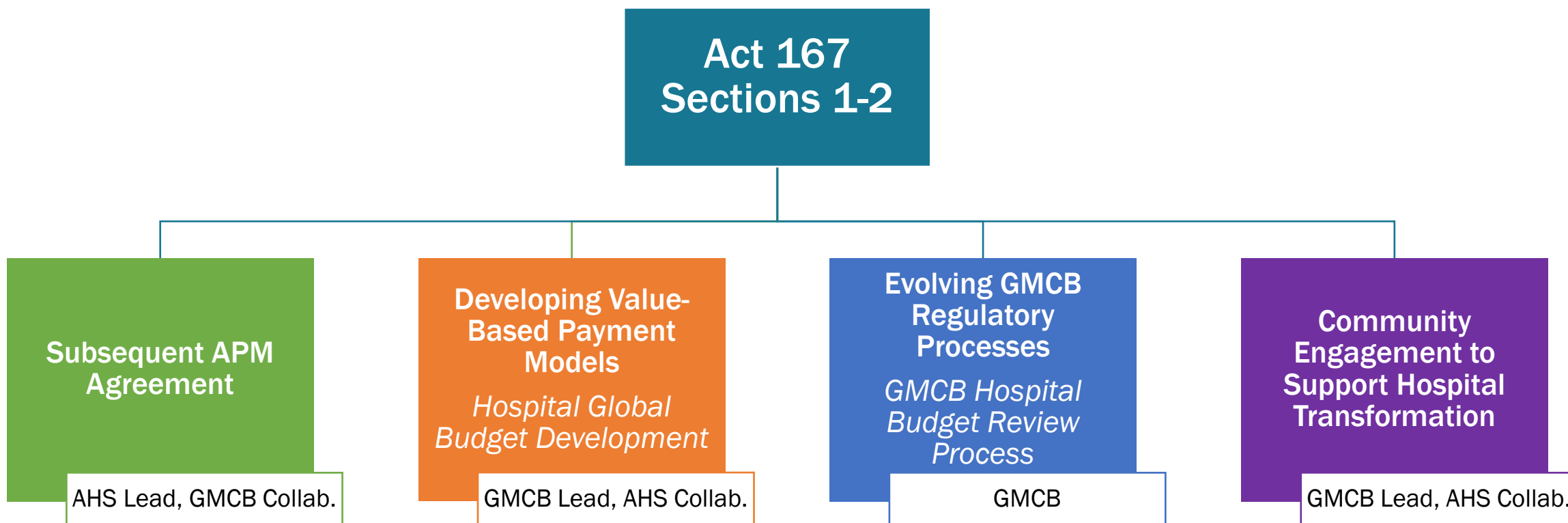*Blue text: Report components to be vetted in second round of discussions with select stakeholders*

4
APPENDIX

Background on Hospital Sustainability Planning

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

**Act 167
Sections 1-2**

Subsequent APM Agreement

AHS Lead, GMCB Collab.

Developing Value-Based Payment Models

Hospital Global Budget Development

GMCB Lead, AHS Collab.

Evolving GMCB Regulatory Processes

GMCB Hospital Budget Review Process

GMCB

Community Engagement to Support Hospital Transformation

GMCB Lead, AHS Collab.

GMCB and AHS are working together to support coordination across current payment reform and health systems improvement efforts

Community Engagement to Support Hospital Transformation

VERMONT
GREEN MOUNTAIN CARE BOARD

What

- Community listening sessions and data sharing to gather input on the current state of the hospital and healthcare delivery system, unmet needs, and opportunities.

Who

- **Community meetings:** Anyone impacted by the health care system.
- **Provider meetings:** People who provide or help support health care services e.g., physicians, nurses, social workers, EMTs, pharmacists, health care support staff, etc.

When

- Fall 2023 (Phase 1)
- Spring 2024 (Phase 2)

Outcome

- Phase 1: Synthesis of input
- Phase 2: Options for State entities, communities, and health systems

Community Engagement to Support Hospital Transformation: Phase 1

VERMONT
GREEN MOUNTAIN CARE BOARD

What

- Community listening sessions and data sharing to gather input on the current state of the hospital and healthcare delivery system, unmet needs, and opportunities.

- 32 Virtual Public Listening Sessions
- Hosted and facilitated by Oliver Wyman team on Zoom Meeting Platform
- Scheduled regionally by Hospital Service Areas
  - 18 Community focused meetings (1 per HSA + 4 statewide)
  - 14 Provider focused meetings (1 per HSA)
  - Meeting times vary (4-6pm, 6:30-8:30pm, 9:30-11:30am)
- Schedule runs October 25 through November 16