Rural Health Services Task Force
UNAPPROVED DRAFT Meeting Notes
August 9, 2019

Members Present:
Robin Lunge, J.D., MHCDS, Board Member, GMCB
Ena Backus, Director of Health Care Reform, Agency of Human Services
John Olson, Chief, State Office of Rural Health & Primary Care, VT Dept. of Health
Kaili Kuper, Office of the Health Care Advocate (designee for Mike Fisher)
Eilidh Pederson, VP Medical Group and Pop Health, BMH (designee for for Steve Gordon)
Seleem Choudhury, President and COO, Porter Medical Center
Dan Bennett, President and CEO, Gifford Medical Center
Tony Morgan, Executive Director, The Rutland Free Clinic
Dillon Burns, Director, Mental Health Services of Vermont Care Partners
Kate Burkholder, LADC, Treatment Associates, Inc
Laura Pelosi, Vermont Health Care Association
Dr. Paul Parker, Richmond Pediatric & Adolescent Medicine
Jill Olson, Executive Director, VNAs of Vermont

Public Present: SASH; Beth Tanzman, Executive Director, Blueprint for Health; Sarah Barry, Senior Director, Value Based Care, OneCare Vermont; Susan Aranoff Melissa Southwick, Operations and Quality Assurance Manager; Spencer Weppler, OneCare VT; Rebecca Lewandoski, Downs Rachlin Martin PLLC; Devon Green, VP of Government Relations, VAHHS; Jessica Oski, Necrason Group; Erin Roelke, Director of Care and Service Coordination, Age Well; Helen Labun, Director, Vermont Public Policy, Bi-State Primary Care; Davoren Carr, Case Manager, Council on Aging

I. Minute Approval
The Task Force approved minutes from the July 18, 2019 meeting.

II. Care Management
The Task Force discussed the current state and evolution of Care Management and reviewed materials presented by Beth Tanzman, Executive Director, Blueprint for Health and Sarah Barry, Senior Director, Value Based Care, OneCare Vermont. The Vermont Blueprint for Health designs community-led strategies for improving health and well-being and is generally considered to be an important foundational element of the All Payer Model (APM).

The Task Force discussed Care Management as it relates to:

- Workforce: successful care management has improved workforce satisfaction and recruitment efforts, allowing providers to focus on a patient's medical needs and relying on care management to support the patient's non-medical needs.
- Access to care: Task force members expressed interest in care management models that bring health care to wherever the patient calls home (a residence, long-term care facility, etc). Brattleboro Memorial Hospital's post-acute care model is considered best practice for long-term care management. Task Force members recognized that reimbursement for home-based services is not adequate and a potential barrier to expansion as part of care management.
- Telemedicine: through telemedicine, patients can receive primary care services wherever they call home. The Task Force recognized that although telemedicine is an effective/ideal tool for addressing several health care access issues, the fiber optic infrastructure in several parts of the State is inadequate. Dr. Paul Parker expressed concern that telemedicine may obstruct a doctor's ability to adequately assess a patient's condition/prescribe drugs.

III. Integrated Care

The Task Force discussed principles of integrated care and reviewed materials presented by Task Force member Dillon Burns, Director, Mental Health Services of Vermont Care Partners.

The Task Force discussed Integrated Care as it relates to:

- Buy, Don't Build: contracting with partner organizations, instead of building new independent programs, is both economical and effective. This type of integration requires substantial collective stewardship. For example, the group discussed a coordinated effort in Morrisville in which the FQHC stepped in through the Medicare Shared Savings Program to address emergency room treatment for a patient who required in-home medication reconciliation from the local home health agency. Coordination among the FQHC, the hospital and the home health agency resulted in an effective and economical outcome, but required substantial collaboration.
- Pilot Programs: several pilot programs related to integrated care have been successful in Vermont, but are temporary and typically independent. The temporary nature of pilots leads to "pilot burnout" in which providers are reluctant to depend on the services of a temporary program.
- State Regulation: the Task Force discussed the improbable likelihood of receiving Medicare waivers to address barriers to integrated health. The Task Force instead emphasized the importance of addressing issues on a state-level- through the legislative process and by educating health care organizations about existing programs and services.

IV. Next Steps

The Task Force's next meeting is scheduled for Thursday, September 19th in Room 10 of the Statehouse. The focus of this meeting will be Workforce and will be organized by Task Force member Laura Pelosi and facilitated by GMCB Chair Kevin Mullin.

The Task Force discussed working in subgroups in order to meet the report deadline and members volunteered to participate in a Care Management and Integrated Care subgroup.