

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

Community Engagement – Community Meetings

Presented by GMCB & OW (Bruce H. Hamory, MD FACP; Elizabeth Southerlan; Sam Winter, Chidera Chukwueke, PhD; Grechell Verdecia Gonzalez)

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

What

Listening Sessions

Meetings to hear first-hand experiences about navigating the health care system - what is going well, what do you want to see more of, what changes could make it easier to get the care you need?

Who

Community Members and Health Care Providers

Community meetings to hear from anyone impacted by the health care system.
Provider meetings to hear from anyone involved in providing health care services.

Today's discussion

How

Multiple Rounds of Meetings

Fall meetings (2023) are virtual and **spring meetings** (2024) are in person.
Multiple rounds of meetings will allow continued conversations and local input as potential options are developed.

Why

Focused on Local Priorities

The information gleaned will be used to inform options to support hospitals in identifying short, medium, and long-term actions to keep them sustainable.

MEET THE PROJECT TEAM



Bruce H. Hamory, MD FACP

*Partner & Chief Medical Officer,
Healthcare & Life Sciences*

- 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, and product and service line design and launch
- 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



Grechell Verdecia Gonzalez

*Consultant,
Healthcare & Life Sciences*

- Supports healthcare and life sciences projects, primarily in the pharma and payer spaces. Sample projects include:
 - Conducted market scan and distilled operational best practices for a regional payer in the value-based reimbursement market
 - Established current global COVID-19 testing landscape, including government policy and reimbursement dynamics, to inform influence points and associated strategic levers for client
- Earned a bachelor's degree in Biological Sciences, Genetics and Economics from the University of Chicago



AGENDA

1

Introduction and context setting

25 mins

- Share the context and goals of Act 167 (of 2022)
- Highlight current healthcare landscape (affordability, patient access)

2

Gain perspective on healthcare system as experienced by the community

90 mins

- Lived experiences of healthcare delivery
- Opinions on improvements
- Ideal healthcare system

3

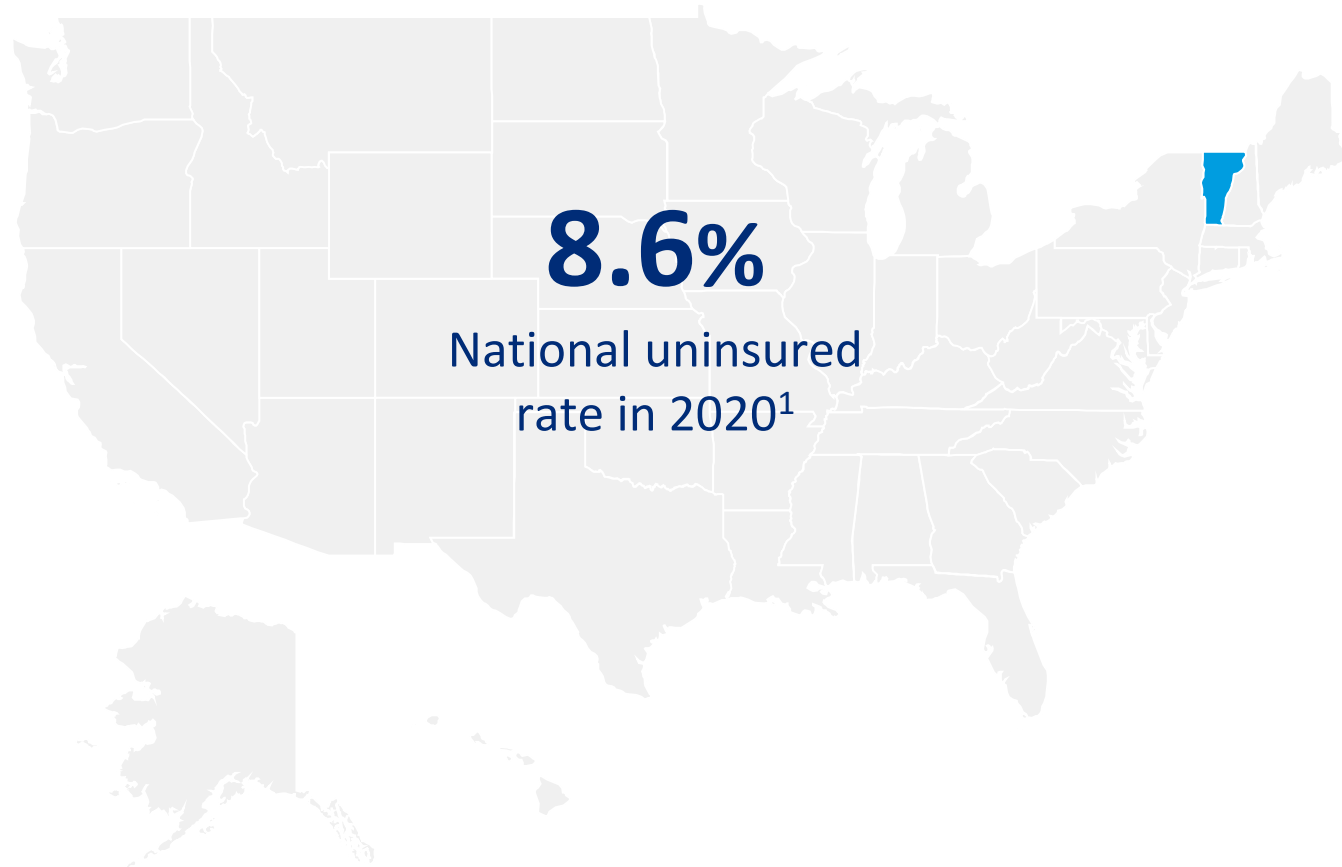
Additional opportunities to share experience/advice

5 mins

- Provide closing remarks and overview of how additional comments can be sent to the team

Affordability:

VERMONT UNINSURED AND UNDERINSURED RATES



Vermont

3.1% Vermont uninsured rate in 2021²

- Cost is most cited reason for not having insurance

Many remain underinsured and face high out of pocket costs that impede access to care

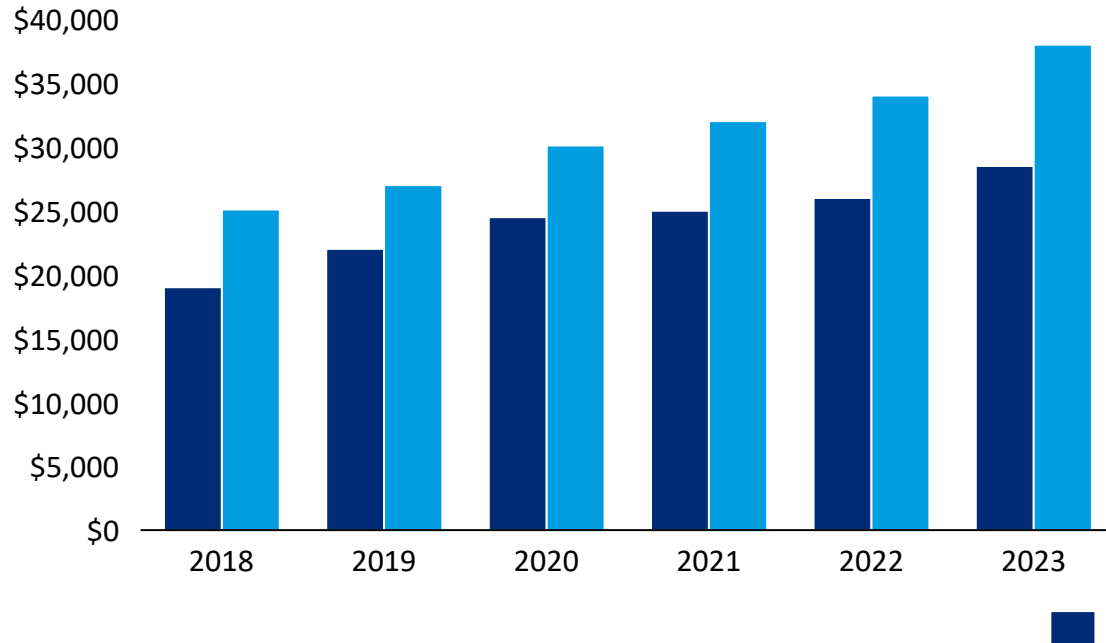
- 40% of insured Vermonters under 65 are considered underinsured (medical expenses are more than they can afford)²

1. Kaiser Family Foundation Health Insurance Coverage Data. 2020. [Found here.](#)
2. [2021 Vermont Household Health Insurance Survey.](#)

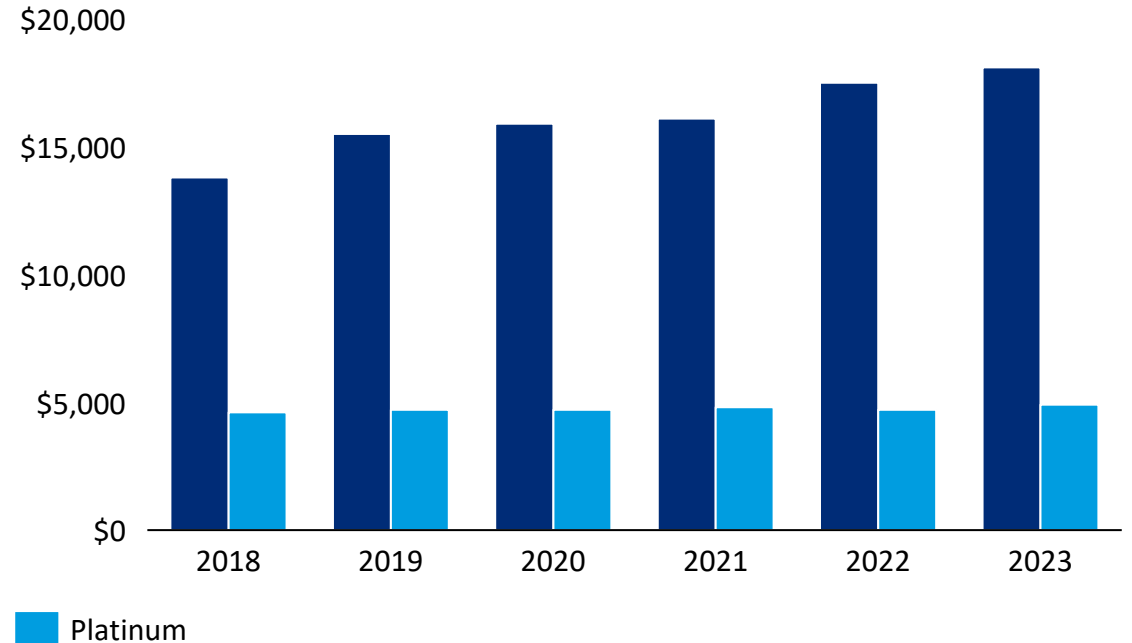
Affordability: INSURANCE PREMIUMS IN VERMONT

Vermont Median family income is \$67,674¹ and after 22%² taxes is net ~\$43,000/year.

Annual premium, family of four, large insurer³



Maximum Out of Pocket, family of four, large insurer³



Note. Most VHC users are eligible for subsidies or tax credits. Most uninsured Vermonters are for VHC plan subsidies. Enhanced subsidies from ARPA will continue through 2025.

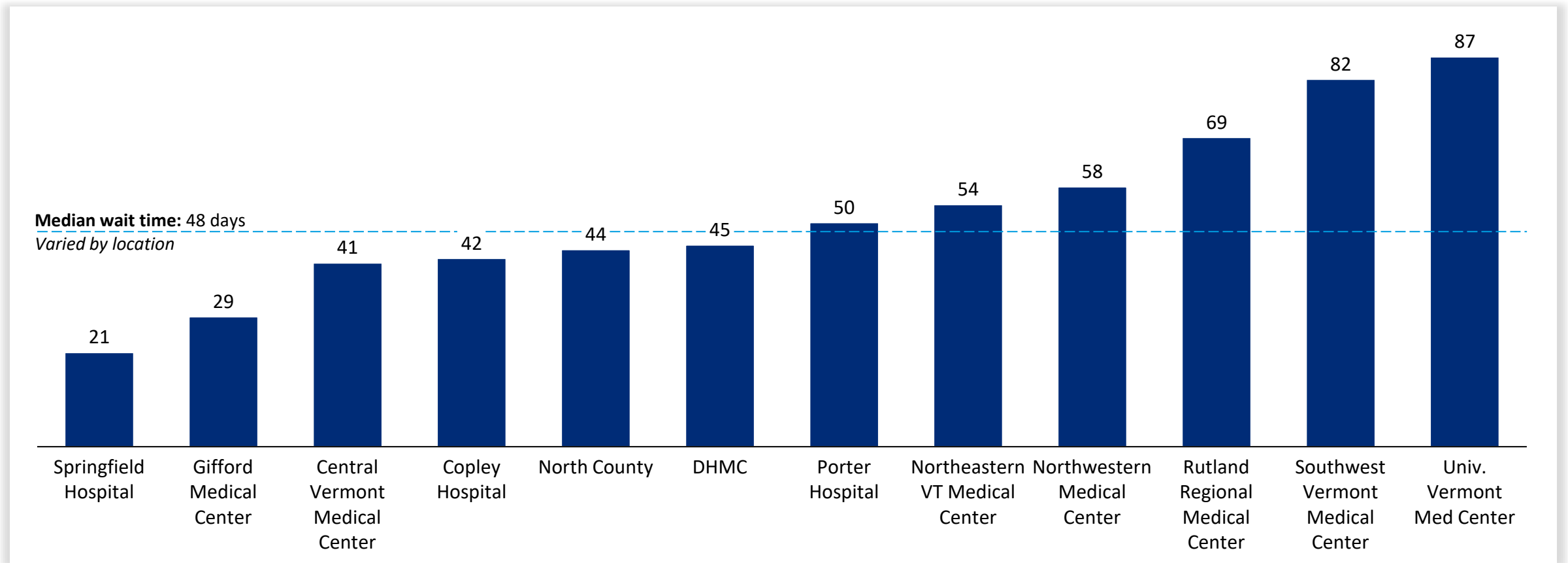
Source: 1. 2021 [US census bureau](#); 2. [Income tax calculator](#); 3. GMCB – rate review data

Access:

WAIT TIMES

Secret Shopper: Wait times for specialist appointment by site

Median wait times in days



Note: hospitals offer different mix of specialties and some offer more of the specialties with longer wait times

Source: State of Vermont Wait Times Report, 2022

Discussion:

ORIENTATION ON LIVE DISCUSSION

Meeting is being recorded: for the purposes of data collection.

- We want to hear directly from you, so the next page will have questions to prompt a live discussion
- The information gleaned will be used to inform options to support hospitals in identifying short, medium, and long-term actions to keep them sustainable.
- If you need support with a health care issue, contact the Health Care Advocate by calling 1-800-917-7787 or <https://vtlawhelp.org/health>



House rules

- Please stay on mute while you are not speaking
- Please use the “raise hand” feature and we will call on you in the order of the hand raise
 - Raise hand feature is found under “more” and “reactions”
 - We will provide a pause to allow for speakers who are on phone only
- Please keep questions/speaking to a 3-minute time limit to allow others to speak
- Feel free to include questions on the chat – we will moderate the live discussion including chat comments
- We want to gather as many thoughts as possible!

Discussion:

COMMUNITY MEMBERS



Areas for this group to provide input:

- How would you describe the process and your experience in seeking and receiving healthcare in Vermont?
 - Are you able to get the medical care you need for yourself and your family? If yes, what works well? If no, what are the barriers?
- Have you encountered issues related to receiving healthcare because of your specific situation?
- How could your experience be improved?

Next steps:

- *We will summarize the insights we have learned and use it to come up with solutions to improve Vermont's healthcare system*
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Contact and additional information

For more information and to share additional experiences, please see website:

www.gmcboard.vermont.gov

Contact Green Mountain Care Board:

GMCB.Board@Vermont.gov

If you need support with a health care issue, contact the Health Care Advocate by calling 1-800-917-7787

or vtlawhelp.org/health

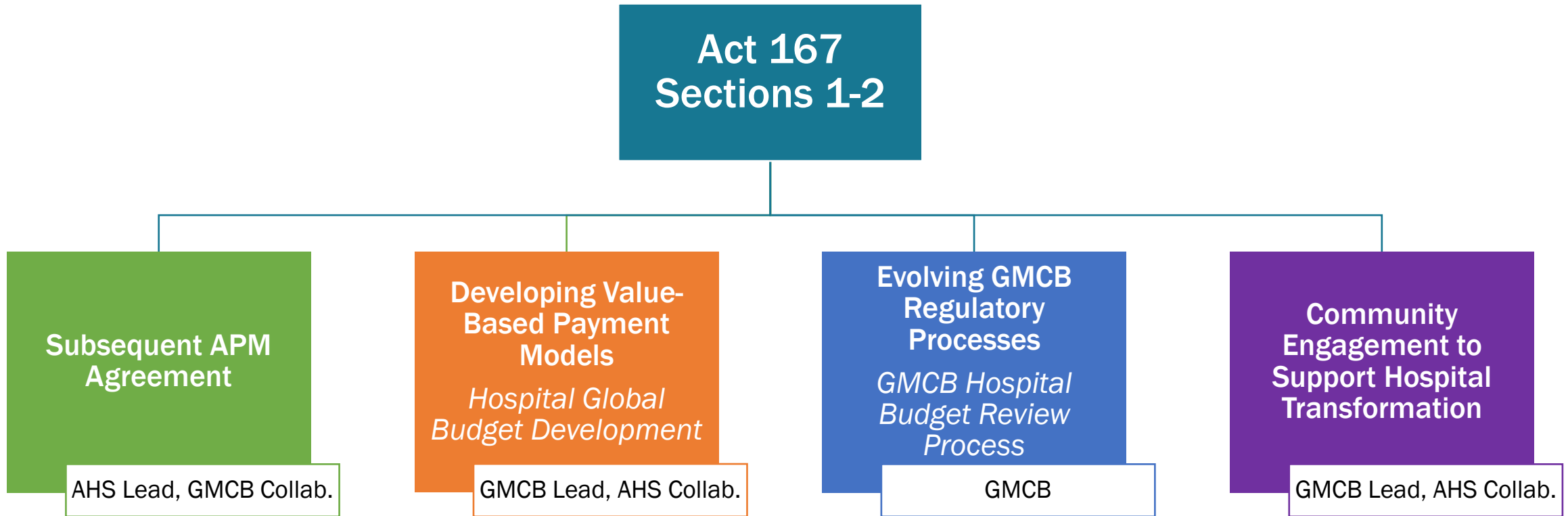
appendix

Background on Hospital Sustainability Planning



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|-------------|--|
| 2019 | <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• GMCB Hospital Sustainability Report, Act 159 Section 4 |
| 2022 | <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">• 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



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

GMCB = Green Mountain Care Board
AHS = Vermont's Agency of Human Services

Community and Provider Engagement

Progress Update



- 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](#)