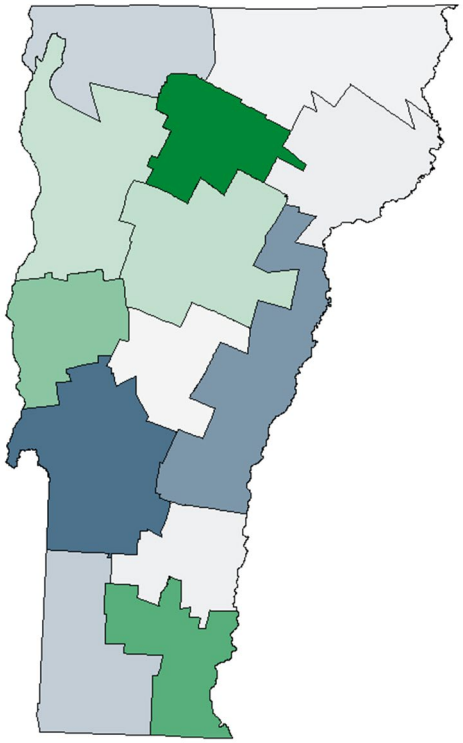


Green Mountain Care Board(GMCB) Health Resource Allocation Plan (HRAP) Update to GMCB Advisory Committee

September 2019

VERMONT
GREEN MOUNTAIN CARE BOARD

HRAP Update

BACKGROUND

OBJECTIVES AND DELIVERABLES

STAKEHOLDER ENGAGEMENT

PROGRESS TO DATE

NEXT STEPS

Act 167 (2018): HRAP

18 V.S.A. § 9405

- The GMCB shall publish on the website the **Health Resource Allocation Plan (HRAP) identifying Vermont's critical health needs, goods, services, and resources**, which shall be used to inform the Board's regulatory processes, cost containment and statewide quality of care efforts, health care payment and delivery reform initiatives, and any allocation of health resources in the State.

- The Plan shall identify VT residents' needs for health care services, programs and facilities; the resources available and the additional resources that would be required to realistically meet those needs and to make access to those services, programs and facilities affordable for consumers; and the priorities for addressing those needs on a statewide basis.

- The Board may expand the Plan to include the resources, needs and priorities related to the social determinants of health.

- The Plan shall be revised periodically, but not less frequently than once every four years.

Act 167 (2018): HRAP

- Identify Vermont's critical health needs, goods, services, and resources
- Identify priorities using:
  - State Health Improvement Plan (SHIP)
  - Community Health Needs Assessments (CHNA)
  - Health Care Workforce Information
  - Materials provided to the Board
  - Public input process

HRAP Vision

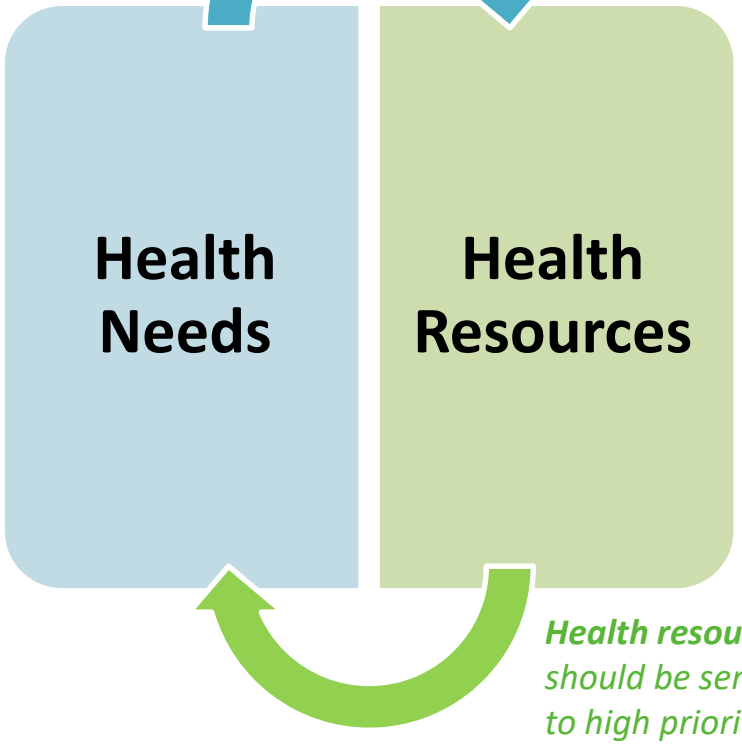
To deliver an up-to-date, sustainable, and dynamic resource that enables more informed health resource allocation decision-making across the state using state and national data. HRAP identifies health care services and gaps in availability or accessibility and considers the underlying health needs across communities in Vermont.

Phase I: HRAP 2020

Health needs *should inform health resource allocation*

How healthy are we?

1. What are the key health challenges in Vermont? (SHA 2018; CHNAs)
2. What are the contributing factors? (SHA 2018)



Are health resources available?

1. Are health resources available by community or subpopulation?
2. How does availability vary by community or subpopulation?

Health resources *should be sensitive to high priority health needs*

Phase I: HRAP 2020 Deliverables

Inventory of health resources

Profile of health needs & priorities

Gap analysis between resources and priorities

Utilization trends, including “over and under” utilization

Cost estimates of filling gaps

HRAP 2020 Timeline
revised

Summer/Fall 2018 – Initiation and planning	Research, landscape review Resource & needs data sources: What data do we need? Where is the data?
Winter 2019 – Data Collection Planning	Collect resource data from agencies and health facilities Create templates/prototypes for needs/resources data
Spring - Fall 2019 – Data Collection & Analysis	Collect resource data from agencies and health facilities Prototype completed
Winter 2020 – Data Collection & Analysis	Gap analysis for priority sectors related to availability Cost estimates related to addressing gaps related to availability
Spring 2020 – Phase I HRAP Release Goal	Phase I HRAP 2020 available on GMCB website

To provide community level data on needs and resources to inform decision-making on:

- Certificate of Need (GMCB)
- Hospital budgets (GMCB)
- ACO oversight (GMCB)
- Workforce development (Organizations Statewide)
- Community health planning (Organizations Statewide)
- Health care payment reform (GMCB, DVHA)
- Public health policy (Organizations Statewide)

How might the HRAP be used and by whom?

Stakeholder and Public Input Process

Public process will be conducted through GMCB public meetings, GMCB Advisory Committee, and Primary Care Advisory Group (PCAG).

Stakeholder Engagement Plan

- Other State agencies/departments
- External organizations
- Provider interviews to collect qualitative data
- Public input

HRAP Community Profile of Health Needs

- Mental Health (SHIP, APM, CHNA)
- Substance, Tobacco and Alcohol Use (SHIP, CHNA)
- Chronic Disease (SHIP, APM, CHNA)
- Maternal and Child Health & Child Development (SHIP)
- Oral Health (SHIP)
- Long Term Care, Home Health, Palliative Care
- Orthopedics and Musculoskeletal (PCAG)
- Immunizations and Infections Disease
- Physical Activity, Nutrition, Quality of Life, Adverse Childhood Experiences (ACES)

*Phase I Inventory of Health Sectors

Places, People, Services

- Primary Care
- Mental Health Services
- Substance Use Disorder (Treatment and Prevention Services)
- Hospital Based Services
- Home Health and Hospice
- Skilled Nursing Facilities
- Oral Health Care

*Reflects identified statewide priority areas from the State Health Improvement Plan, All-Payer Model and Community Health Needs Assessments.

Progress to Date

- Reallocated existing staffing resources to HRAP team
  - Director of Data Management, Analysis and Integrity
  - Health Care Data and Statistical Analyst
- Identified metrics to assess community-based health needs & confirmed health data sets
  - Iterative process with Vermont Department of Health and PCAG stakeholder group to compile list of health indicators (as referenced on handout)
  - Potential to visualize interactive Blueprint for Health Community Profiles (includes whole population)
- Confirmed Priority Sectors & Resources Inventory Assessment
- Standardized non-financial reporting to understand Hospital Service Area priorities based on Community Health Needs Assessments

Progress to Date (cont.)

- Partnership with Agency of Digital Services and Health Department: strategic alignment for data projects with shared needs; data governance and integration.

- HRAP Design and Data Visualization Contract Work:
  - Review of web-based applications that meet functionality requirements;
  - Create a Proof-of-Concept using a specific community need and associated resources;
  - Provide recommendations on integrating multiple data sources and formats;
  - Provide wireframe designs for potential HRAP online user interface.

- Completed provider utilization interviews (Dartmouth Hitchcock Leadership in Preventive Medicine Residents)

Certificate of Need Example Use Case

Certificate of Need request for submitted for additional dialysis stations to support End Stage Renal Disease.

Review needs of the Hospital Service Area as indicated in the Community Health Needs Assessment (CHNA)?

- Do needs identified in the CHNA align with CON proposal?
- What is the prevalence and incidence of disease?
- Is the community meeting the targets set by the need indicators?

Review current resources presently available in the HSA related to ESRD.

- Current access to services to meet the needs (driving times, geographic boundaries)
- Number and types of support programs
- Workforce data
- Access including wait times

Utilization trends for ESRD.

- Review claims data for HSA over time.

Gap analysis.

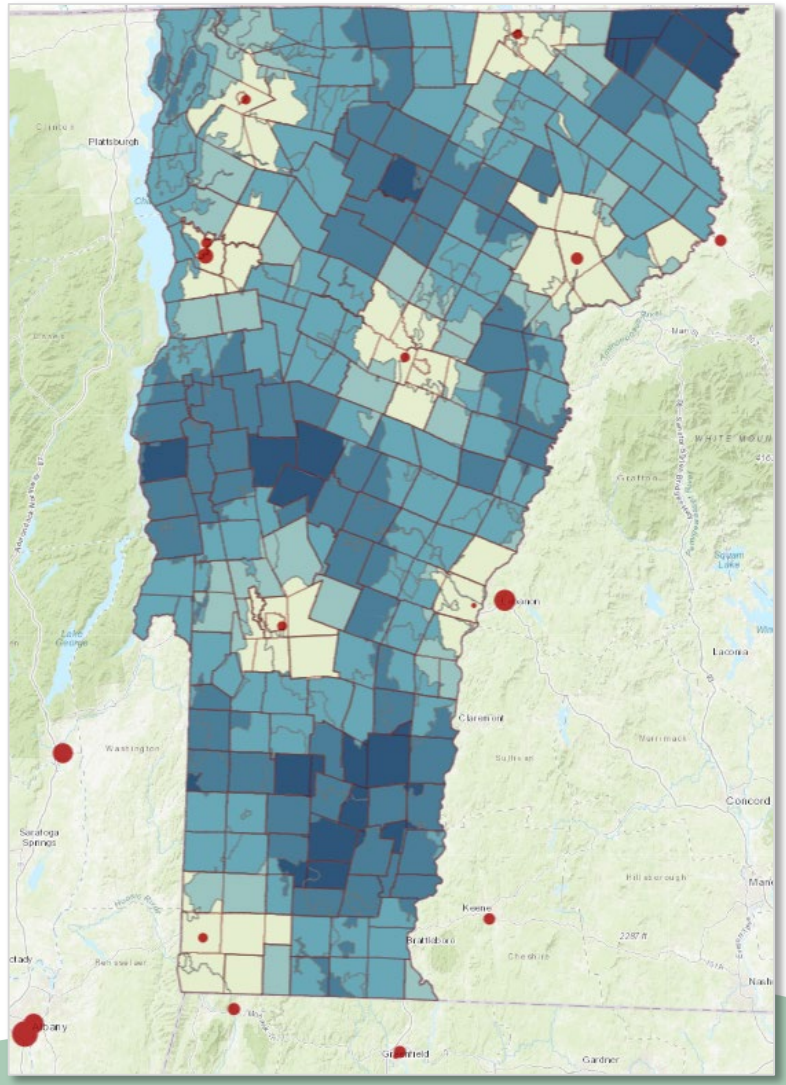
- Review benchmarks compared to current workforce, facilities and services.

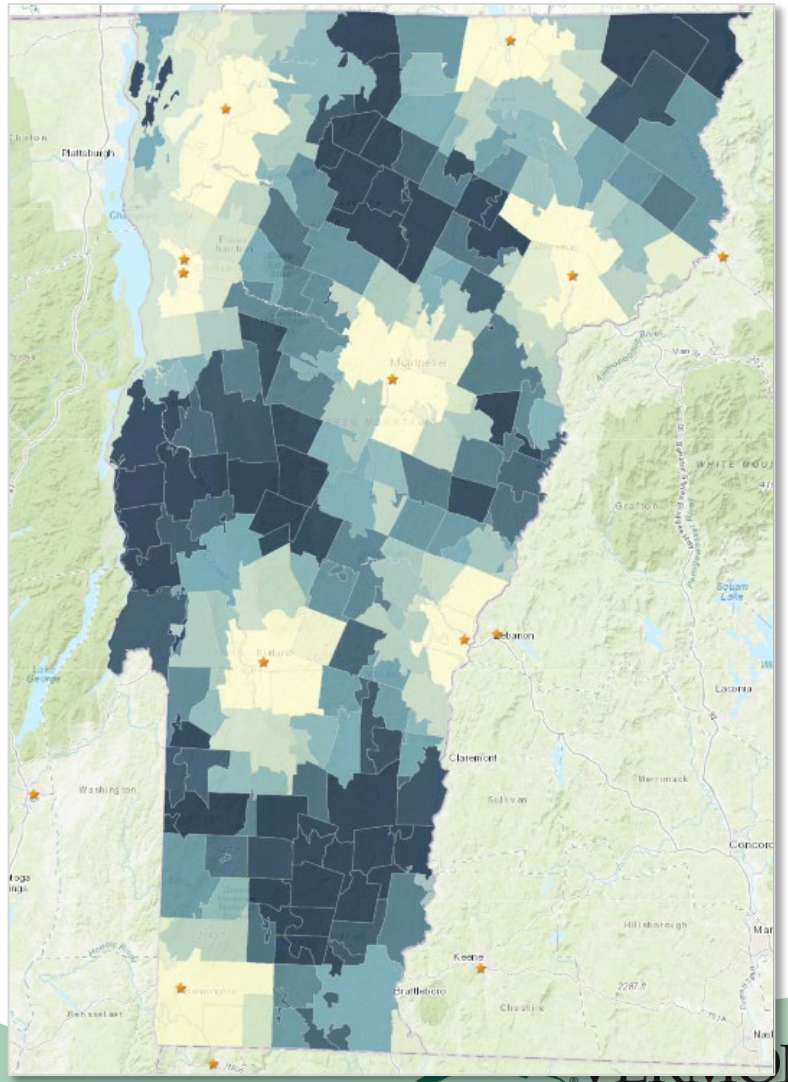
Provide recommendations to address gaps including cost estimates for:

- Increased workforce- recruitment and retention strategies
- Workforce training

HRAP Proof-of-Concept

For Illustrative Purposes Only





Utilization Variation

- **Chief Medical Officer Interviews (Dartmouth Hitchcock Leadership in Preventive Medicine Residents (LPMR))**
  - Metrics and procedures
  - Challenges to population health
  - Resource management

- **Review Recommendations (LMPR)**
  - Patient preference and community context should be considered;
  - Some examples of “over” or “under” utilization are common but opinions vary and it’s hard to determine the “correct” rate of utilization;
  - Consider chronic disease measures verses specific procedures;
  - Clarify “underutilization” of available resources verses needs that are not met due to lack of resources.

Provider Utilization Interviews

Dartmouth Hitchcock Leadership in Preventive Medicine Residents (LPMR)

Perceived Underutilization	Perceived Overutilization	Unmet need due to lack of or perceived lack of available resources
Palliative and Hospice Care	Certain Emergency Department Visits	Mental Health Services
Preventive Medicine	Over-ordering “routine” tests prior to specialist referral	ED psychiatric holds
Addressing Social Determinants	Inpatient Labs, especially daily or “routine” testing	Extended inpatient length of stay because of lack of skilled nursing facilities. Hospitalized patients without acute care needs cannot be discharged home.
Lifestyle changes	Antibiotic overuse	Lack of availability for certain specialists
Complex care of chronic diseases	Unnecessary inpatient bed stays (often due to unmet social need)	Lack of available primary care providers in certain areas
Unavailable ICU beds in small communities	Duplicate tests run after transfers to other institutions (often due to lack of EMR interoperability)	
Patients being discharged without a practical care plan in place leading to readmission	ICU use for patients with serious illnesses whose goals of care are unknown	
	Readmissions due to unmet social or home care needs	

Advisory Committee Feedback

- **Questions for the Committee:**
  - How do you envision using this tool?
  - Who do you envision would use this tool?
  - What questions do you have for us?
  - What questions can something like HRAP answer?

- **How might the Committee advise GMCB?**
  - Provide feedback on needs and resource measures;
  - Make recommendations on measures of utilization, including over and under utilization.

Thank you!

Questions?