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

September 2019
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)

**Health Needs**

**Are health resources available?**

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

**Health Resources**

**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*

<table>
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<tr>
<th>Period</th>
<th>Description</th>
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| **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)
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)

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