

Health Resource Allocation Plan (HRAP) Update

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Outline

HRAP Overview and Purpose

Special Topics

HRAP Future

HRAP Overview and Purpose



The purpose of HRAP is to identify...

“...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.”



HRAP resources are updated on the GMCB website.



<https://gmcboard.vermont.gov/health-resource-allocation-plan>

State of Vermont
Green Mountain Care Board

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- ACO Oversight
- Hospital Budget Review
- Promoting Hospital Sustainability
- Certificate of Need
- Rate Review

Health Resource Allocation Plan

What is the Health Resource Allocation Plan (HRAP)?

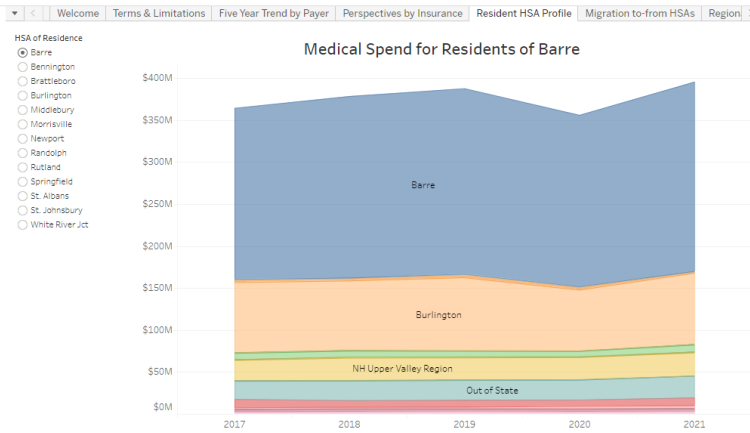
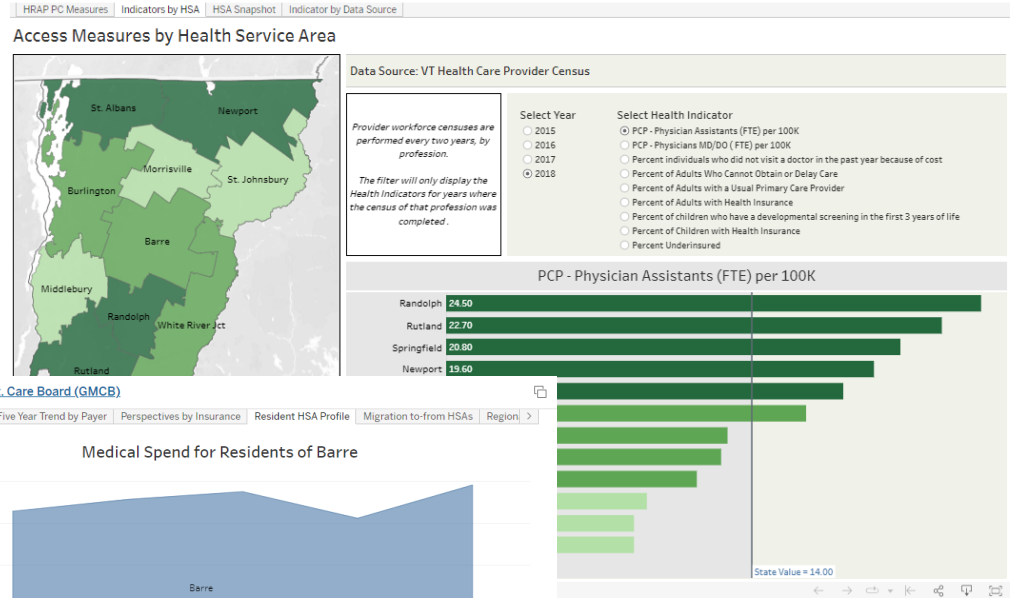
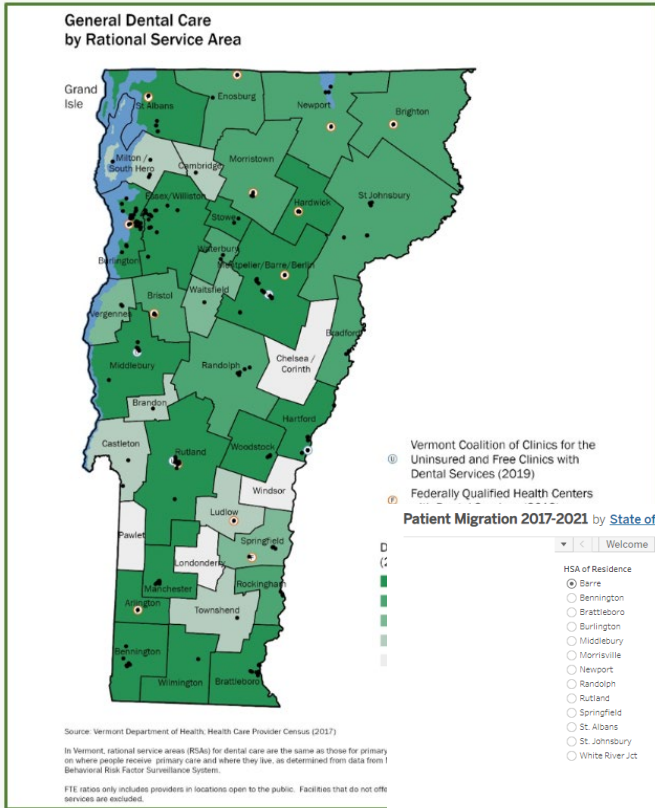
Vermont statute [18 V.S.A. § 9405](#) requires the Green Mountain Care Board to identify "Vermont's critical health needs, goods, services and resources, which shall be used to inform the Board's regulatory processes, cost containment and statewide quality of care efforts, health care payment and delivery reform initiatives, and any allocation of health resources in the State. The Plan shall identify Vermont 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

ALCOHOL AND DRUG USE	MENTAL HEALTH	HOSPITAL AND EMERGENCY SERVICES
HEALTH CARE WORKFORCE	HOME HEALTH AND LONG-TERM CARE	ORAL HEALTH
PRIMARY CARE	CHRONIC DISEASE	VISION



Oral Health Resources

The following map depicts dental services throughout the state. For more detailed information see the inventory section of the [accompanying report](#).



What proportion of total spend for Barre Residents is with Vermont providers, and what proportion goes to providers outside of Vermont?

	2017	2018	2019	2020	2021	
Commercial	Within VT	86.4%	84.9%	86.5%	86.1%	85.9%
	Outside of VT	13.6%	15.1%	13.5%	13.9%	14.1%
Medicaid	Within VT	93.1%	92.2%	92.0%	90.1%	91.7%
	Outside of VT	6.9%	7.8%	8.0%	9.9%	8.3%
Medicare	Within VT	83.9%	84.2%	84.4%	83.0%	84.0%
	Outside of VT	16.1%	15.8%	15.6%	17.0%	16.0%

Special Topics



Reproductive Care Services

Gender Affirming Care Services

Health Care Workforce Data
Center

SHIP/SHA

Act 167

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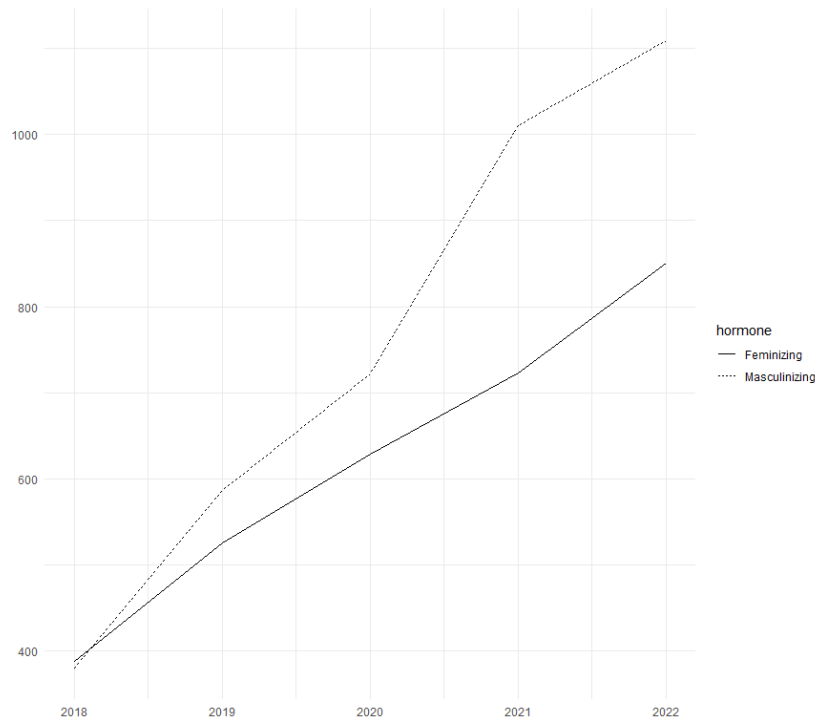
Gender Affirming Care



WHAT IS GENDER AFFIRMING CARE?

(a) “Gender-affirming health care services” means all supplies, care, and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, or supportive nature, including medication, relating to the treatment of gender dysphoria and gender incongruence.

Hormone Replacement Therapy (HRT) prescriptions are increasing



2018-2022; VCHURES
Extract 3009

Feminizing

- Estrogen
- Spironolactone
- Progesterone

Masculinizing

- Testosterone

GA Surgeries Increasing

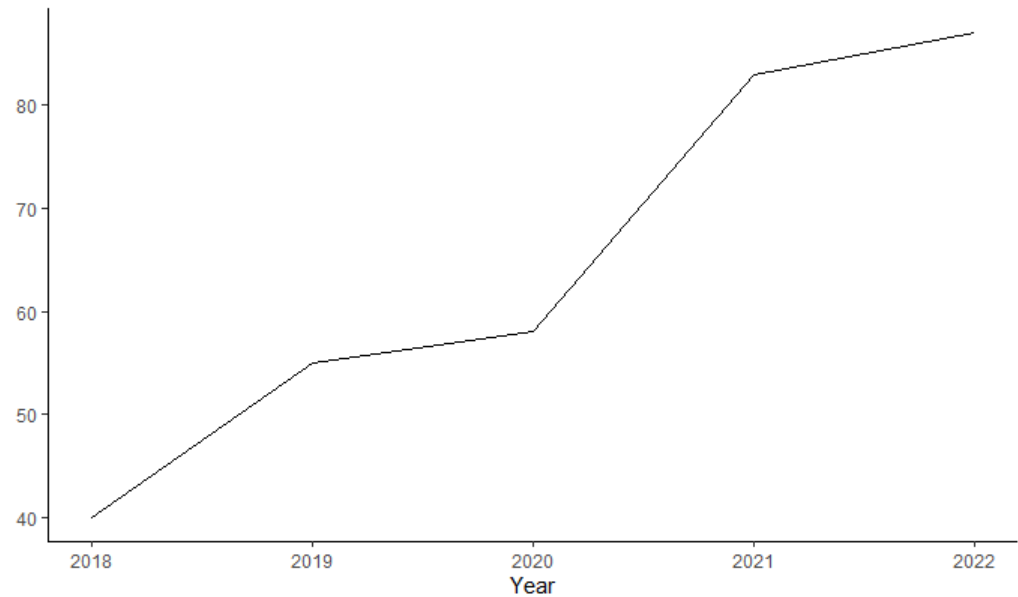
Top Surgery:

- Mastectomy
- Breast augmentation

Bottom Surgery:

- Phalloplasty
- Urethroplasty
- Vaginoplasty

Gender affirming surgery by year



Average Annual Growth Rate (AAGR): 27.8%

2018-2022; VCHURES
Extract 3009

Roughly 1:3 go out of state for surgery

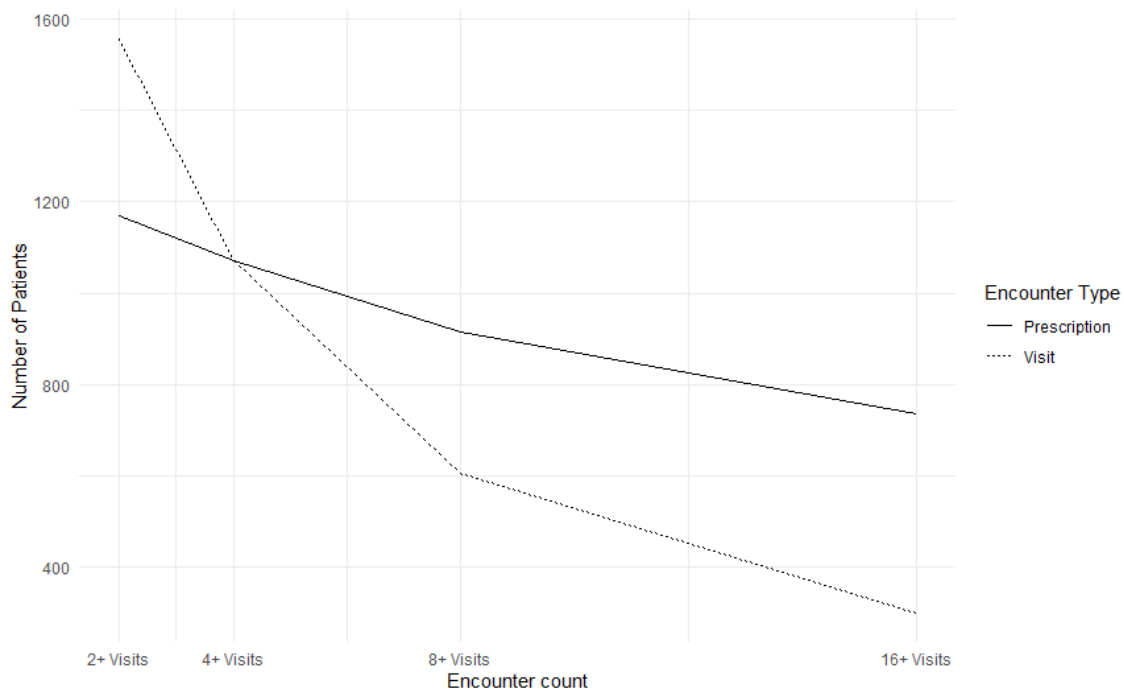
State	Count
VT	243
NH	116
MA	13
CA	<11
NY	<11
PA	<11
CT	<11
TX	<11
NA	111

No bottom surgery done in-state, and only certain types of feminizing top surgery done in-state

Surgery	Count
Breast Augmentation	32
Mastectomy	414
Phalloplasty*	<11
Urethroplasty*	<11
Vaginoplasty*	35

*Bottom Surgery

Patient Drop-Off



There will be less frequent in-office visits and prescriptions written for individuals as HRT stabilizes which much of this drop-off could be attributed to. However, a nationwide study did find that of transgender patients who discontinued gender affirming care, 82.5% cited external factors like social pressure and **lack of access to care.**

Reproductive Health Care Services

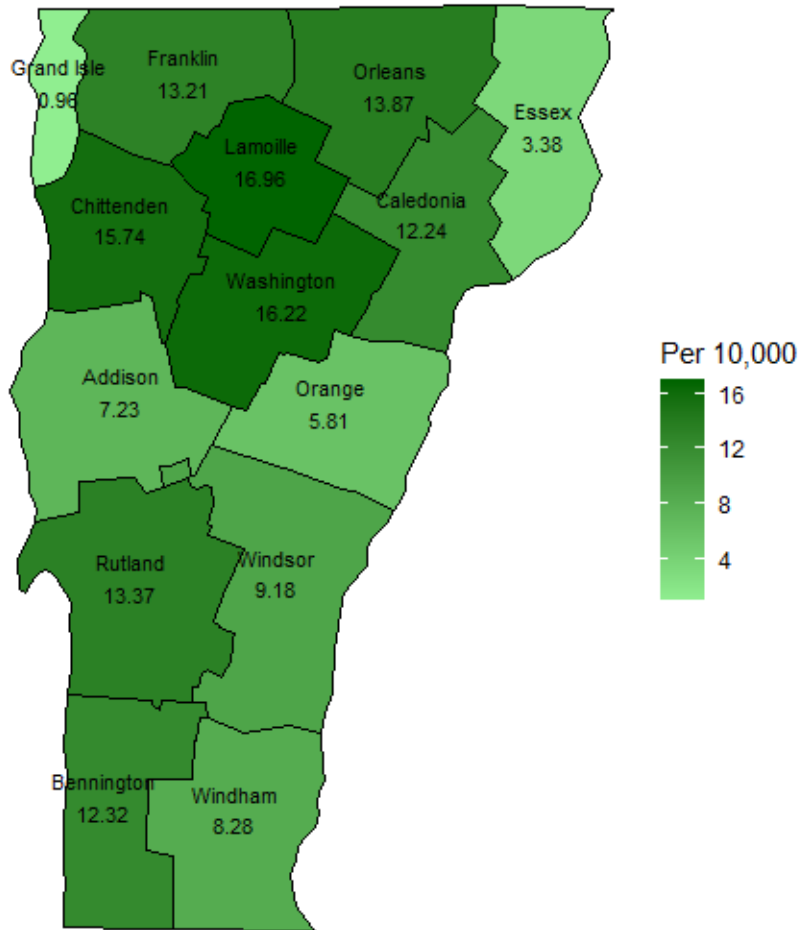


WHAT IS REPRODUCTIVE CARE?

(c)(1) “Reproductive health care services” means all supplies, care, and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, or supportive nature, including medication, relating to pregnancy, contraception, assisted reproduction, pregnancy loss management, or the termination of a pregnancy. (2) “Reproductive health care services” includes medication that was approved by the U.S. Food and Drug Administration (FDA) for termination of a pregnancy as of January 1, 2023, regardless of the medication’s current FDA approval status: (A) when such medication is procured, ordered, stored, distributed, prescribed, dispensed, or administered, or a combination thereof, by a person duly licensed under the laws of this State, as long as the licensee’s actions conform to the essential standards of acceptable and prevailing practice for the licensee’s profession; or (B) when such medication is used by an individual.

86.7% of VT resident mothers received adequate prenatal care

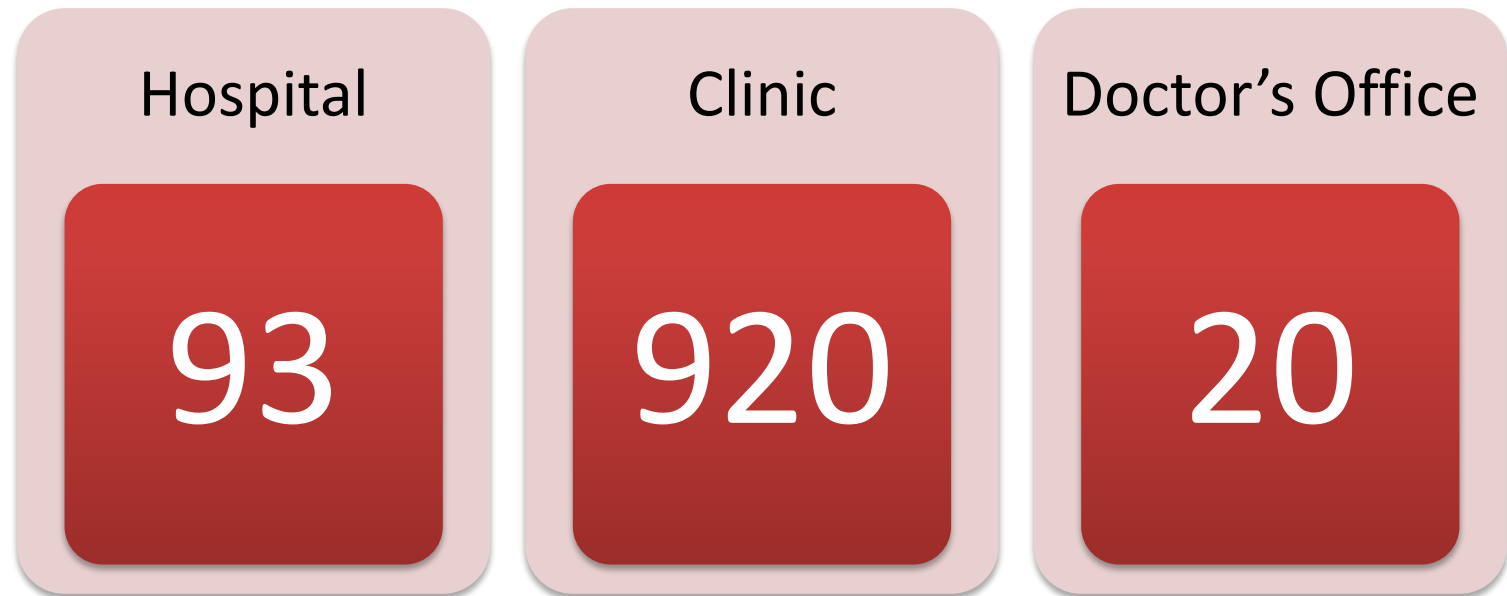
2.4% of mothers received no prenatal care or delayed until the third trimester
Mothers aged 15-19 and 40-44 years old had the highest percent of inadequate care



Abortions per 10,000 by patient county origin

215 patients were from Out of State

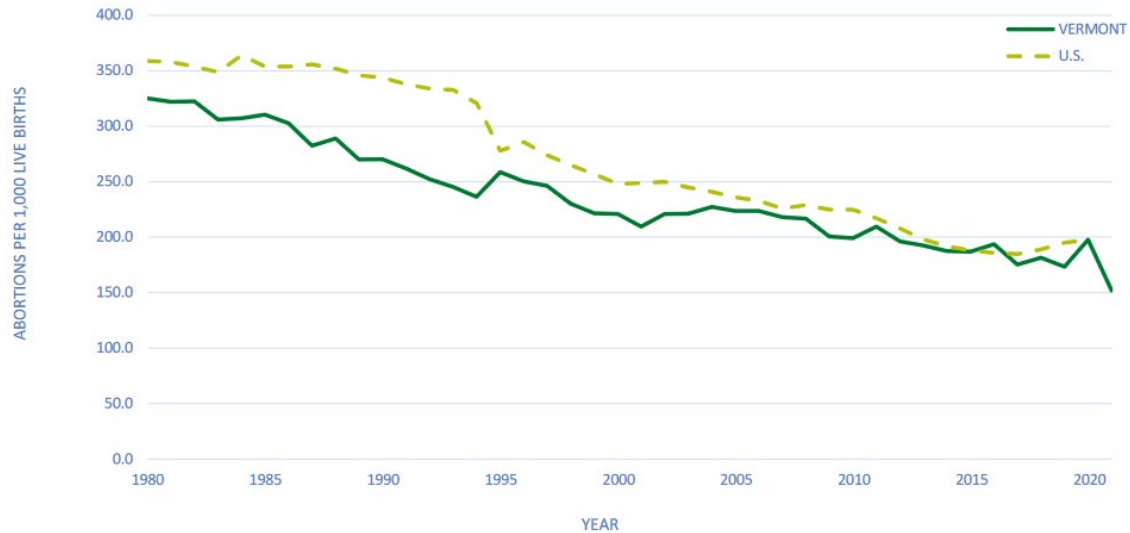
Clinics are the most frequent providers of abortions



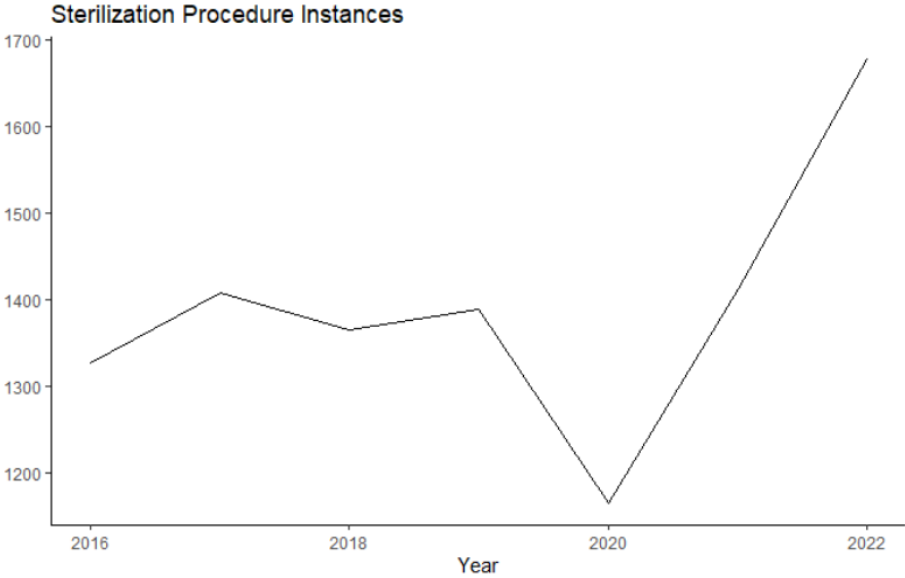
714 resulted in an insurance claim in VCHURES, or just under 70%.

Abortion Trending Down

VERMONT AND U.S. ABORTION RATIOS
1980 - 2021



Increase in sterilization procedures



Average Annual Growth Rate (AAGR): 5.75%

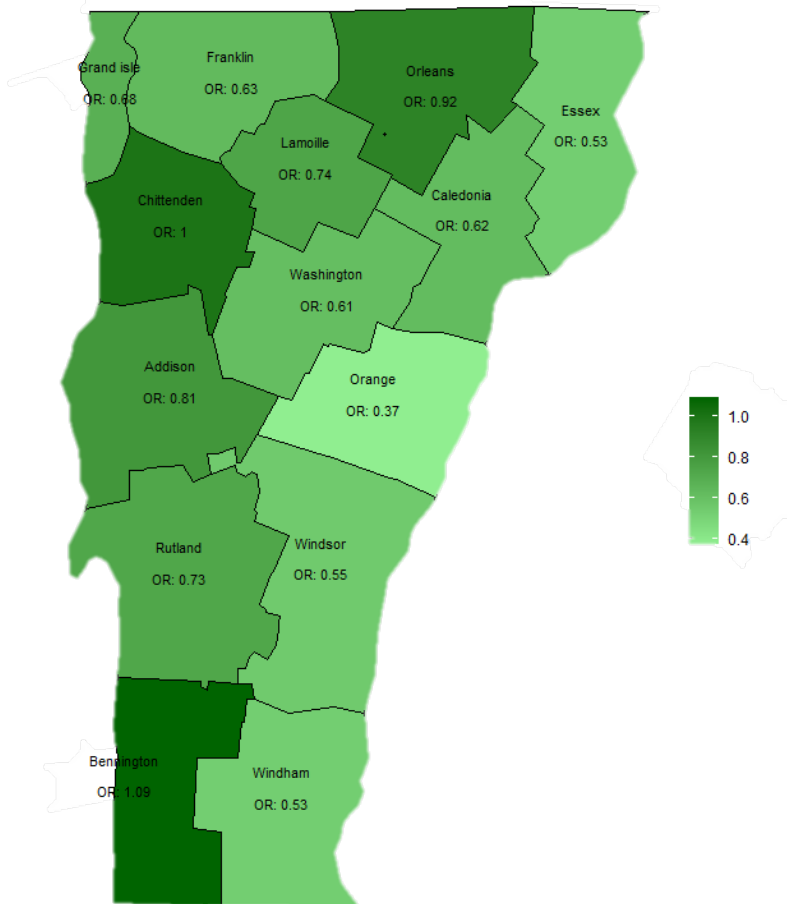
2016-2022 ; VCHURES
Extract 3009



Well-woman exam

Women living in more urban parts of VT are 1.48x [95%CI 1.43-1.54]
more likely to receive a well-women exam than those in rural in VT.
($p < 0.0001$)

Odds Ratios of Well-Women Exams by County



Women of reproductive age (15-49) in all counties, except for Bennington County, were less likely to receive an annual preventative screening than those in Chittenden County ($p \leq 0.05$)

HEALTH CARE WORKFORCE DATA CENTER (HWDC)

Provided by Agency of Human Services



Mission



To collect, manage, and report on health workforce data to health employers, employees current and prospective, and policy makers to aid in health workforce development across the state.



There will be a three phased approach to the HWDC for 2024



Phase 1: Discovery and Planning (4 months)

Phase 2: Stakeholder Engagement (4 months)

Phase 3: Analytics and Operations Framework (4 months)





Update on the State Health Assessment and Improvement Plan (SHA/SHIP)

January 2024

What are the SHA and SHIP?

State Health Assessment

Overview of what we know about the health and well-being of Vermonters at a point in time. An analysis of quantitative and qualitative data that examine health inequities by race, ethnicity, gender, age, sexual orientation, disability, socioeconomic status, and geography.

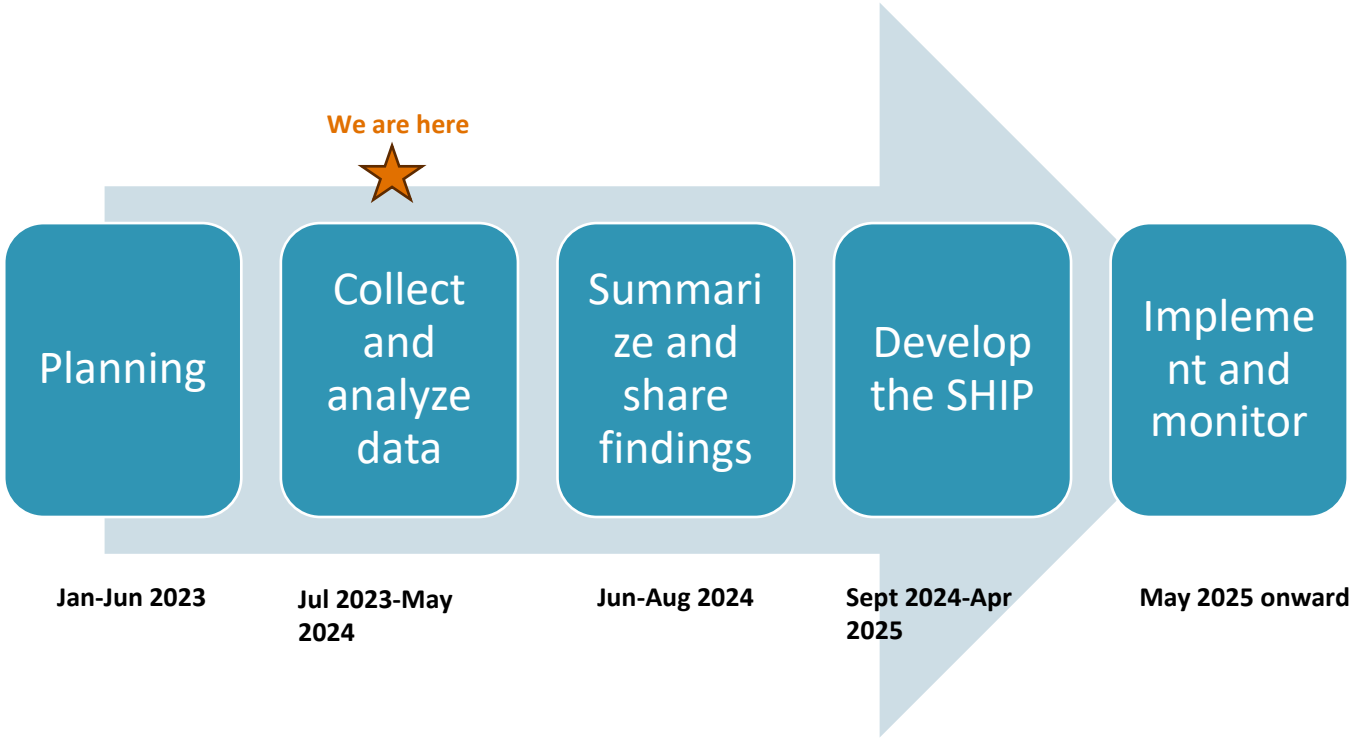
State Health Improvement Plan

Five-year goals and improvement strategies that reflect the collective efforts of the department and other state and community partners to promote health and health equity for all people in Vermont. The State Health Assessment is the basis for developing the State Health Improvement Plan.

SHIP/SHA Populations of Focus

- People of color
- People who identify as LGBTQ+
- People with disabilities
- People who are unhoused
- Indigenous people
- Older Vermonters
- Healthy Vermonters 2030

SHIP/SHA Project Timeline



SHIP/SHA Data Collection and Analysis: Key Activities

- Environmental scan: Review existing quantitative and qualitative data sources to identify common health needs across the state and for populations of focus
- Community engagement: Interviews and focus groups with community members and organizations representing the populations of focus statewide and in all 12 districts of the state

SHIP/SHA Project status (as of 1/16/24)

7 [data briefs](#) summarizing findings by population and statewide

75+ organizations involved in community engagement

44 focus groups completed or scheduled

26 interviews completed or scheduled

SHIP/SHA Project status (as of 1/16/24)

Focus group participants by county

Addison	14%
Bennington	26%
Caledonia	12%
Chittenden	5%
Essex	2%
Lamoille	2%
Orange	3%
Orleans	8%
Rutland	6%
Washington	5%
Windham	5%
Windsor	13%

Focus group participants by community

People of color	15%
LGBTQ+	17%
Older Vermonters	16%
Unhoused Vermonters	1%
Vermonters with a disability	9%

58% of focus group participants identify as members of our populations of interest

SHIP/SHA Next steps

Mid-February: complete interviews and focus groups

February-April: analyze data

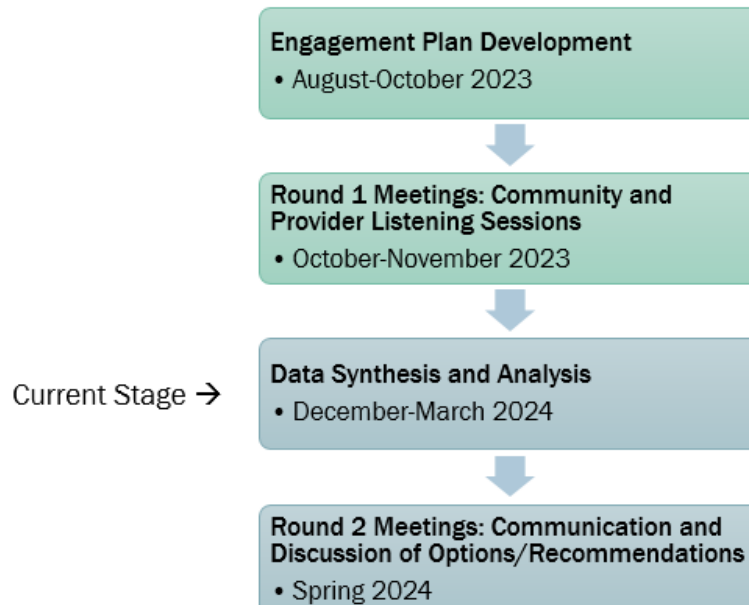
April-May: prepare results for dissemination

ACT 167

Hospital system transformation and community engagement process



Qualitative and quantitative data will inform recommendations.



There are many different data analysis being conducted for Act 167.

- Volumes of procedures at each hospital
- Volumes of “potentially avoidable” services
- Patient migration
- Population estimates
- Project future needs

OTHER WORK PRODUCTS

- Market Share Report
- Hospital Service Inventory

HRAP Future Roadmap

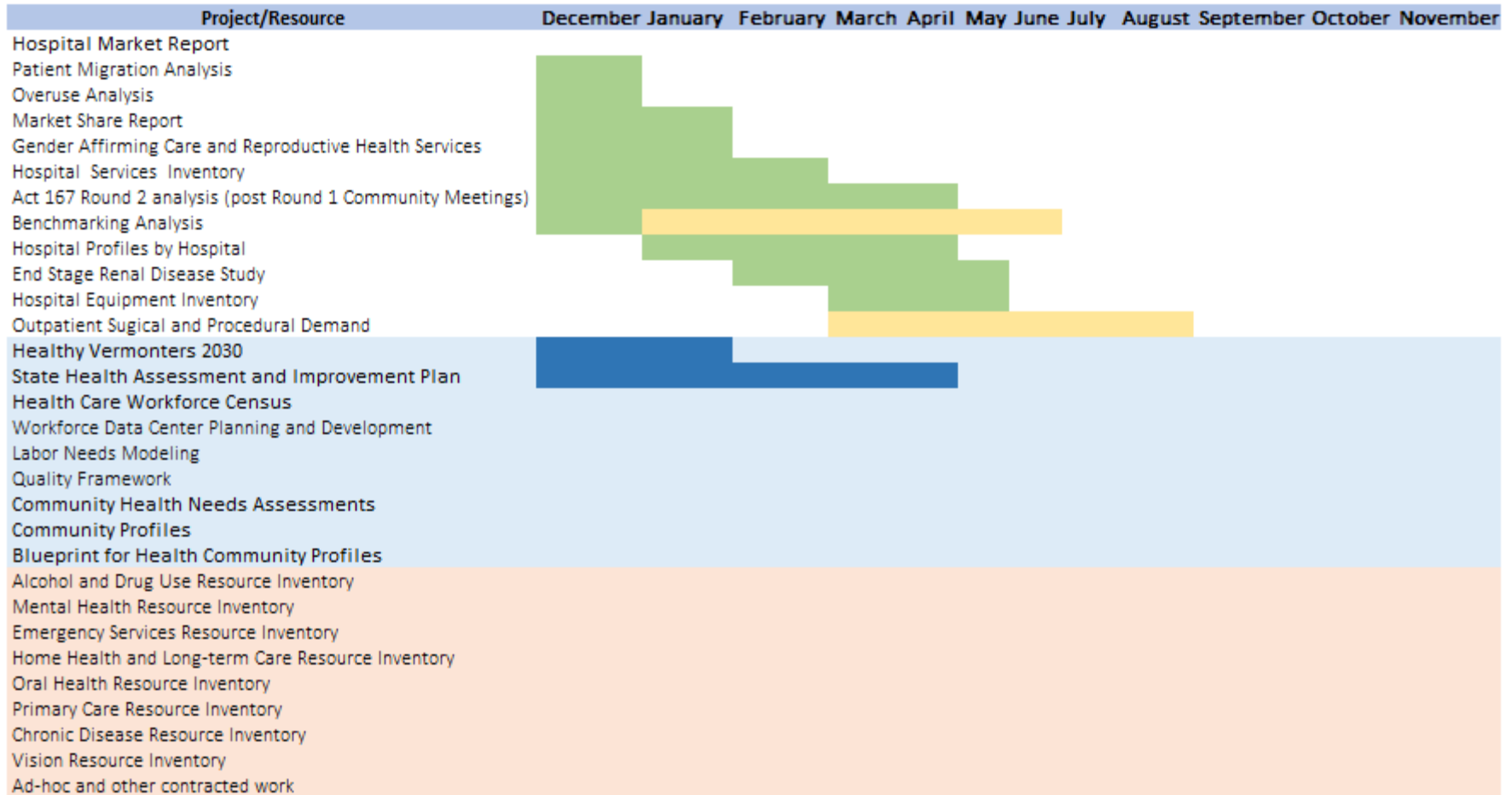


Vision



- HRAP should capture what is happening in the State in terms of health care accessibility, quality, and cost, and how we want to allocate our health care resources
- Deliver up-to-date, sustainable, and dynamic resources that enables more informed health resource allocation decision-making across Vermont using data
- Focus on the needs of each regulatory processes of the GMCB (e.g., CON)
- Foster a collaborative process

2024 HRAP Timeline



Ongoing Process



Questions and Discussion



The Statute

- [18 V.S.A. § 9405](#) requires GMCB to develop and maintain the HRAP
- HRAP legislation requires:
 - an inventory of specified services and resources
 - hospital, nursing home, and other inpatient services
 - ambulatory care, including primary care services, mental health services, health screening and early intervention services, and services for the prevention and treatment of substance use disorders
 - home health services
 - emergency care, including ambulance services
 - “Health resources” may also include investments in personnel, equipment, and infrastructure necessary to address the social determinants of health