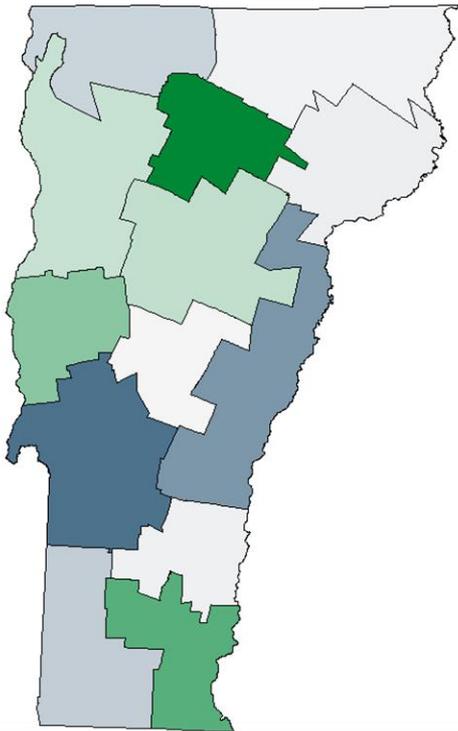


Green Mountain Care Board Health Resource Allocation Plan (HRAP) Update

July 2019



HRAP Update



BACKGROUND



OBJECTIVES AND
DELIVERABLES



STAKEHOLDER
ENGAGEMENT



PROGRESS TO
DATE



NEXT STEPS

Act 167 (2018): HRAP

18 V.S.A. § 9405

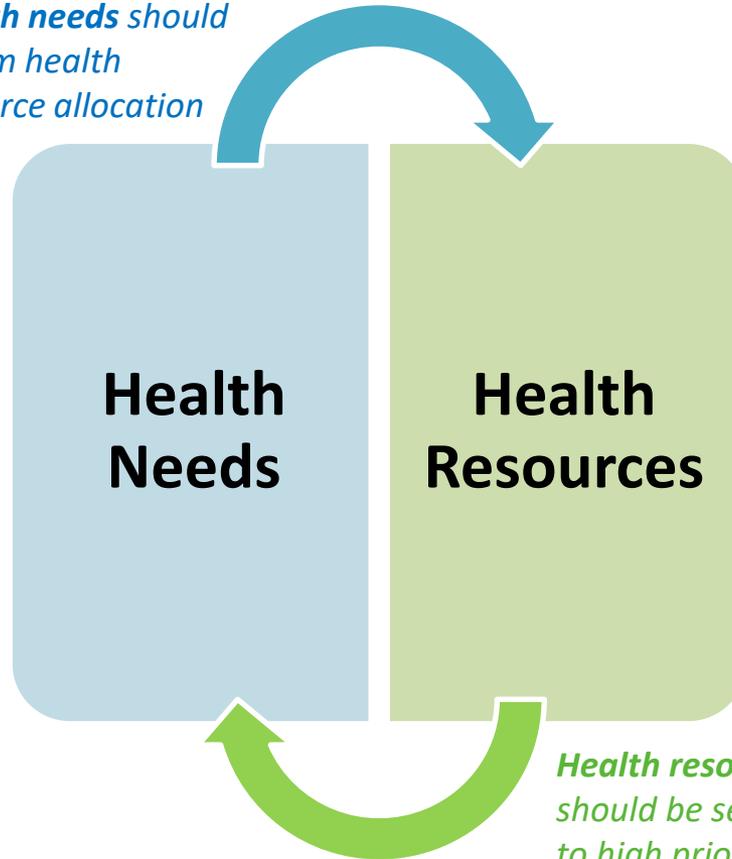
- The GMCB shall publish on the website the **Health Resource Allocation Plan (HRAP) identifying Vermont's critical health needs, goods, services, and resources**, which shall be used to inform the Board's regulatory processes, cost containment and statewide quality of care efforts, health care payment 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
 - Community Health Needs Assessments
 - Health Care Workforce Information
 - Materials provided to the Board
 - Public input process

What is 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

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

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 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 data from agencies and health facilities

Create templates/prototypes for needs/resources data



Spring - Fall 2019 –
Data Collection & Analysis

Collect data from agencies and health facilities

Prototype



Winter 2020 –
Data Collection & Analysis

Gap analysis for priority sectors

Cost estimates related to addressing gaps



Spring 2020 –
Phase I HRAP Release Goal

HRAP 2020 available on GMCB website

HRAP Community Profile of Health Needs

Categories – DRAFT, for illustrative purposes

Mental Health	Substance, Tobacco & Alcohol Abuse	Physical Activity, Nutrition, Quality of Life and ACES
Oral Health & Vision	Chronic Disease: Respiratory, Cancer, Diabetes, Cardiovascular, Renal Disease	Maternal and Child Health
Orthopedics and Musculoskeletal	Immunization and Infectious Disease	LTC/Home Health/Palliative Care
Access to Services	Utilization	Demographics, Socioeconomic & Environmental Factors

Inventory of Health Sectors

Places, People, Services

Priority Health Care Sectors	
Hospital Services	Mental Health
Substance Use Disorder/Hub and Spoke	Oral Health Care
Home Health and Hospice	Dialysis Facilities
Workforce Primary Care	

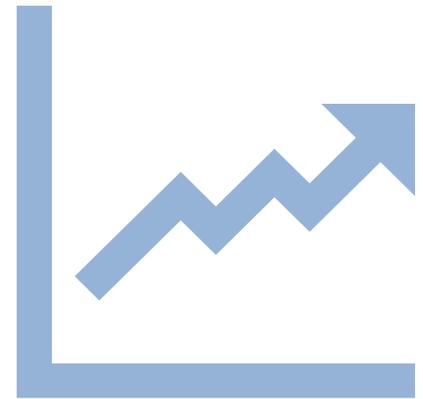
Progress to Date



- ❖ Increased staffing to HRAP Team
 - Director of Data Management, Analysis and Integrity
 - Health Care Data and Statistical Analyst (under recruitment)
- ❖ 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.
 - Potential to visualize interactive Blueprint for Health Community Profiles
- ❖ Resources Inventory Assessment & Confirmed Priority Sectors
- ❖ 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- strategic alignment with similar data projects
- ❖ 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 data integration tools
 - Provide wireframe designs for potential HRAP online interface
- ❖ Completed provider utilization interviews (Dartmouth Fellows)



PCAG Next Steps

❖ Discuss Utilization Variation

❖ Provider Interviews (Dartmouth Fellows)

- Metrics and procedures
- Challenges to population health
- Resource management

❖ Review Recommendations (Dartmouth Fellows)

- 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.

❖ Health Care Workforce Assessments

- Vermont Department of Health Workforce Census
 - Example: [2017 Podiatrists](#)
- Health Professional Shortage Areas
 - Professions: Primary Care, Psychiatrists, Dentists
 - Example: [2017 Primary Care Providers](#)

Provider Utilization Interviews

(Dartmouth Fellows)

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	

Workforce Questions

1. Describe the role of a PCP in managing diabetes?
2. How does this contrast with the role ideally served by specialists?
3. Which types of specialties are most important for managing diabetes care and which are you most likely to refer patients to?
4. How do you assess if needs of your patients living with diabetes are being met?
 - i. What is your expectation for wait times and what factors influence those expectation (e.g. emergent vs non-emergent)?
 - ii. Do you think these expectations differ from those of your patients?
5. How do you assess access to specialists?
6. What would be useful for you to know related to access to specialists related to diabetes management?
7. How prior authorization influence diabetes management for patients in your care?
8. What does an ideal situation look like if you had access to resources you needed?
9. Are there articles, research, literature you would like to recommend related to assessing resources, access, or the gap in between related to diabetes management (or other chronic illnesses)?

Thank you!

Questions?