

To: The Honorable Kevin Mullin, Chair, Green Mountain Care Board

From: John Brumsted, CEO, University of Vermont Medical Center
President and Chief Executive Officer, University of Vermont Health Network

Date: July 2, 2018

Subject: UVM Health Network quarterly report on inpatient mental health capacity

The UVM Health Network has begun the process of planning new inpatient psychiatric capacity in central Vermont. Please accept this memorandum as our first quarterly report on those planning efforts. As we have discussed, this first report is necessarily preliminary in nature. I anticipate future reports will address the GMCB's milestones in more detail.

The Current Crisis

As the GMCB's budget enforcement order recognizes, Vermont continues to experience an acute mental health treatment crisis. Although there is a lack of treatment capacity at many places along the care continuum, the crisis is most often experienced by Vermont hospitals in the form of patients waiting in Emergency Departments for days or weeks until an appropriate inpatient placement becomes available. In a recent reminder of the depth of this crisis, on certain days in June 2018, our Emergency Department had 20 psychiatric patients waiting for extended periods for lack of an appropriate placement.

It is important to keep in mind that the creation of new inpatient capacity – the subject of this report – is only one component of the solution to this crisis, and the UVM Health Network also continues to advance others that are within its ability to address. For instance, as part of its FY 2018 Mental Health Strategic Plan, the Network has prioritized integrating outpatient mental health care into its primary care practices. We hope this initiative, among others, will help prevent some patients from experiencing the type of mental health crises that require inpatient treatment.

Of course, many other pieces of the solution can only be addressed by our public and private partners. We remain committed to working with them to improve the entire mental health care delivery system in Vermont.

Planning Overview

Pursuant to the Board's direction, the UVM Health Network is planning to create significant new additional adult inpatient psychiatric treatment capacity on or near the Central Vermont Medical Center campus. We have developed a planning process that is designed to ensure that the new capacity is right-sized, clinically appropriate, and well-coordinated with existing treatment resources operated by other public and private providers. The planning process is also designed

to take account of many types of legitimate constraints that attend the creation of new inpatient capacity, such as space, finance, and staffing considerations. Finally, the process is designed to create capacity that will be eligible for the types and amounts of funding that will be necessary for sustainable operation. Taken together, these and other factors make for a planning process that is as challenging as any the Network has previously undertaken.

Planning Committee Structure

In order to tackle this challenge, I have assembled a Psychiatric Inpatient Capacity Steering Committee to oversee and support the Network’s planning process. The Steering Committee is comprised primarily of senior Network leaders with expertise in the wide range of specialized subjects necessary to guide a successful process and the ability to marshal internal resources in support of the effort. That Steering Committee will oversee the work of a smaller Planning Subcommittee, which will design and direct the day-to-day planning work.

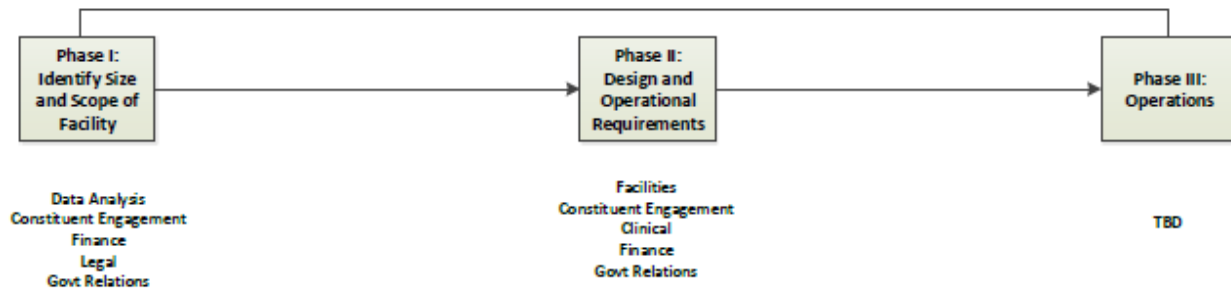
Steering Committee	Planning Committee
John Brumsted (Executive Sponsor)	John Brumsted
Anna Noonan (co-chair President COO CVMC)	Anna Noonan
Eric Miller (co-chair Deputy Gen Counsel and Senior Advisor)	Eric Miller
Theresa Alberghini DiPalma (SVP External Relations)	
James Alvarez (VP Support Services-CVMC)	
Heidi Guevin (Sr. Quality Improvement Partner, PM)	Heidi Guevin
Eve Hoar (Dir Strategic/Business Planning)	
Louis Josephson (Pres. and CEO Brattleboro Retreat)	
Dawn LeBaron (VP Hospital Services-UVMC)	
Bob Pierattini (Chief Psychiatry- UVMC)	Bob Pierattini
Howard Schapiro (chief clinical integration-Network)	
Marc Stanislas (Network VP treasury/Finance)	
Eileen Whalen (President COO UVMC)	
Jason Williams (Dir Gov and Cmty Relations)	Jason Williams
Scott Walters (Halsa Advisor)	Scott Walters
Kristin Anderson (Halsa Advisor)	Kristin Anderson

During the different phases of the project, discussed below, we will engage smaller action teams, comprised of both internal and external stakeholders and experts, to perform specific duties to support implementation. These teams will also serve as a key conduit through which the planning process solicits and incorporates the interests of a wide group of constituents.

Throughout the planning process, we will have the support of other subject-matter experts. First, we have retained Halsa Advisors, a health care facility-planning firm with deep knowledge of the UVM Health Network and Vermont, to guide and inform the plan. Second, we have engaged project management expertise from the Jeffords Institute. Finally, I have asked the UVM Health Network Planning Department to provide its experience in data gathering and analysis and facilities and capital planning.

Project Phases

We have divided the planning process into three phases, each of which will engage different action teams with the relevant skills.



Phase I will focus on identifying the size and type of facility that would best serve Vermont’s unmet inpatient psychiatric health needs. It is crucial that we create enough new capacity to meaningfully improve access to adult inpatient psychiatric care, but it is equally important that we not build more capacity than the system requires. Determining the right number of new beds is no easy task. It involves gauging present and future inpatient demand, taking account of limitations on federal reimbursement for care provided in existing facilities, and determining the effects that any additional planned step-down capacity will have on inpatient flow, among many other factors. While there is no way to arrive at a precise calculation of the unmet inpatient need, and it will be impossible to reach perfect consensus among all of the interested parties, we are committed to conducting a data-driven process that credibly answers these difficult questions. We hope to complete Phase I by early fall 2018.

Phase II will identify the design and operational requirements, including the location of the facility. This phase, too, will require us to consider a myriad of factors, such as whether and how to incorporate new capacity with existing facilities, how to take advantage of existing and future staffing resources, and how large an investment the UVM Health Network can responsibly make in new inpatient capacity. Our goal will be to build an efficient but state-of-the-art inpatient facility that provides our mental health patients with the high-quality care and respect they deserve. The timeline for Phase II will be determined, at least in part, by the size of the need identified in Phase I.

Phase III will begin implementation of detailed construction, financing, and operations plans.

Phase I Progress

Phase I work is underway, with an appropriately heavy focus on data collection and analysis, as recognized by the GMCB’s Milestones for Quarterly Reporting, referenced below:

- **Describe Activity Related to Appropriate Number and Type of Beds:** A multi-disciplinary data support and analysis team has convened to quantify the number and type of inpatient beds required to reasonably accommodate the population's current and projected needs. The core team consists of analysts in the UVM Health Network Planning Department, the Jeffords Institute, and Halsa Advisors, along with clinicians from the UVM Health Network.
- **Identify the Stakeholders from Whom UVMHN Will Seek Input:** The team's methodology and analysis will be coordinated with key constituents across the state of Vermont. The data analysis team has already met with VAHHS and is meeting with the Department of Mental Health and VAHHS together next week in order to gain the benefit of prior analysis, plan additional analysis, and discuss further stakeholder engagement.
- **Identify Existing Analyses and Data Sources:** I currently anticipate that our data analysis will draw on at least three different data sources in order to arrive at the most accurate and credible estimate of the number and type of inpatient beds necessary to meaningfully address the access and quality issues currently facing Vermont.

First, the data team will utilize very detailed data from the UVM Health Network's three Vermont hospitals – which consist of a large academic medical center, a community hospital, and a critical access hospital – to assess demand among our own patients and to extrapolate regarding demand in other HSAs.

Second, the team will work with VAHHS and the Department of Mental Health to analyze Vermont's unmet inpatient demand based on non-Network data from VAHHS member hospitals and the State-operated components of the mental health system.

Third, the team will draw upon national benchmarking and utilization data sources to help place the Vermont-specific data in a larger context. Much of this work is already moving forward, and we look forward to discussing this phase with you in more detail later this month.

- **Summarize Results of the Needs Assessment, When Available:** We anticipate that we will be able to provide the GMCB with an initial report on the results of our needs assessment in our next quarterly report.

Conclusion

We remain committed to this exciting and important project and are convinced that, if executed carefully and well, it will meaningfully improve access to inpatient mental health capacity in the State of Vermont in a way that benefits our patients and our care partners. We look forward to providing you with more detail and answering any questions you may have on July 11.