Draft Recommendations for Discussion

DECEMBER 17, 2019

Comment Color Key

Hospitals- VAHHS

Home Health and Hospice- Jill Olson

Designated Agencies- Dillon Burns

Mental Health- Rick Barnett

Independent Providers- Paul Parker, Jessa Barnard and Sue Rizdon

VAHHS supports VPQHC's work group; top complaint is about cost of equipment and workflow

Independent providers- coordinate with VPQHC

Telehealth: Recommendations for Discussion

Task Force Recommendation	Action Required By			
	Legislature	Administration	All Payer Model	Private
Store and Forward- E-Consults				
• Expand coverage to Teledentistry • Expand coverage to additional services such as **primary care to specialty** (state samples include consultation, diagnostic, therapeutic and interpretive services, psychotherapy and pharmacological management services) • Alignment for Medicare reimbursement (federal)	X	X		
Remote Patient Monitoring				
Expand Medicaid coverage beyond Congestive Heart Failure • Allow monitoring whenever clinically appropriate • Expand to commonly accepted applications such as COPD, asthma and diabetes • Examples from other states include diabetes, chronic obstructive pulmonary disease, wound care, polypharmacy, mental or behavioral problems, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding		X		
Telehealth Planning: Establish a telehealth planning workgroup	X	X		
Funding: Grants for Telehealth planning and programs			X	

Care Coordination: Recommendations for Discussion

Task Force Recommendation	Action Required By			
	Legislature	Administration	CMS/State: All Payer Model	Private
Support provider-led ACO reform efforts; allow delivery system time to continue to change	X	X	X	X
Provide investment in delivery system reform efforts	X	X		
Continued investment and improvement of technology that supports effective coordination of care and could reduce administrative burdens	X	X		X
Promote the coordination of data sharing across AHS and ACO (e.g. integrate social determinant of health data)		X		X
Increase access for Medicaid patients to telemonitoring (see telehealth section)				
Maintain and build investment in existing care coordination functions in home and community-based services.				

Care Coordination: Recommendations for discussion

Task Force Recommendation	Action Required By			
	Legislature	Administration	CMS/State: All Payer Model	Private
Continue to mature & expand adoption of the OCVT Care Model by:				
Evolving OneCare's Complex Care Payment Model			X	X
Expanding to additional payers and increase # Vermonters under an aligned care model (scale)			X	X
Continuing to evaluate pilot innovations for statewide expansion			X	X
Advancing the approach to population segmentation for the pediatric population			X	X
Ensure Sustainability of Community-based Blueprint/ACO Model by Demonstrating: positive outcomes for patients; financial return on investment (ROI)			X	X

Workforce: Recommendations for discussion

Review White Paper

Financial Sustainability: Areas of Discussion

The State of Vermont is in a resource constrained environment and is also actively engaging in cost containment to reduce the growth in health care to economic growth rates.

There is no structure currently in place to prioritize scarce state resources based on *sustainability of our health care sectors*. The following efforts may be helpful in determining priorities, but have different goals or are not comprehensive:

- The Health Resources Allocation Plan, which is under development at this time, is meant to identify and prioritize health needs of Vermonters and identify gaps in resources. It does not currently review the sustainability of each health care sector. It could help identify *current* access issues or clinical priorities.
- The Green Mountain Care Board is engaging in sustainability planning with X hospitals. The goal is to engage hospitals, their Board of Directors and others as necessary to discussion how to ensure that Vermonters have access to vital services given the current financial environment ~~and could include discussion of service lines, expense reduction, and other ideas brought forth from hospitals~~.

Financial Sustainability: Areas of Discussion

The Task Force identified two broad areas that would assist all providers in sustainability, ~~but does not have specific recommendations in these areas (examples provided in later slides):~~

1. Targeted increases in reimbursement
2. A reduction of administrative burden

Each provider has identified industry-specific recommendations

National experts and the federal Rural Health Task Force identify telehealth (discussed in a later section of report) and moving from fee for service to value-based payment as a way for rural health care providers to weather national pressures, increase stability, and improve value.

- ~~Health care reform is challenging for small independent providers to participate in, which is an issue that the Task Force could not fully explore.~~ Health care reform is challenging for small independent primary care providers because they lack the infrastructure and personnel to analyze the implications of participation and perform the administrative work required to accomplish practice transformation. This is in part due to payer mixes being skewed toward high percentages of Medicaid and Medicare where reimbursements fall short of the cost of care, leaving practices to operate on very thin margins.

Source: Reinventing Rural Health Care, Bipartisan Policy Center; Eric Shell, The New Future of Rural Healthcare: Strategies for Success, Presentation to GMCB (2019)

Financial Sustainability:
Examples of Reducing Administrative Complexity

Sector	Initiative to Reduce Burden	Requires action by: legislature, administration, federal (specify), private, etc	Requires $ (y/n)
Hospitals	Streamline GMCB hospital budget process and the number of legislative reports required by the GMCB.		
Designated Agencies	Complex revenue stream could be simplified: care plan, data submission to AHS, Medicaid regulation, funding integration, billing simplification		
Home Health & Hospice	Cost and quality reporting; performance indicators; use audited financials, DAIL action; prior authorizations		
Long Term Care	Review and consider the recommendations in the Ongoing Financial Sustainability section (p. 10) of the Nursing Home Oversight Working Group Report submitted in 2018		
Independent Providers	Elimination of prior authorization requirements when there is a lack of documented evident supporting their benefits to improve quality and/or reduce costs.	Legislature and/or private payers	N
FQHCs			

Financial Sustainability:
Examples of ~~Reducing~~ Targeted Reimbursement Increase

Sector	Reimbursement Initiative	Requires action by: legislature, administration, federal (specify), private, etc	Cost Estimate if available
Hospitals	Daily Reimbursement for Emergency Departments for patients in mental health crisis with long stays		
Designated Agencies	Implementation of Act 82 of 2017 to set reimbursement rates that "are reasonable and adequate to achieve the required outcomes for required populations." Requires action by administration/legislature."		
Home Health & Hospice	Annual inflationary increase per the recommendation of the Older Vermonters Working Group. Approximately $375,000 Gross (including federal match) per 1.0% of increase		
Long Term Care	Review and consider the recommendations in the Ongoing Financial Sustainability section (p. 10) of the Nursing Home Oversight Working Group Report submitted in 2018		
Independent Providers	1) Reinstate Medicaid primary care case management payment to $2.50 PMPM for any rural primary care practice 2) Reinstate Medicaid vaccine administration rates to 2017 levels	administration	$500-600 K
FQHCs			