

Rural Health Services Task Force
Unapproved Meeting Notes
November 5, 2019

Members Present:

Robin Lunge, Member, GMCB
Ena Backus, Director of Health Care Reform, Agency of Human Services
John Olson, Chief, State Office of Rural Health & Primary Care, VT Dept. of Health
Mike Fisher, Office of the Health Care Advocate
Steve Gordon, President and CEO, Brattleboro Memorial Hospital
Tony Morgan, Executive Director, The Rutland Free Clinic
Dillon Burns, Director, Mental Health Services of Vermont Care Partners
Dr. Rick Barnett, Licensed Psychologist-Doctorate, Licensed Alcohol/Drug Counselor
Jill Olson, Executive Director, VNAs of Vermont
Dan Bennett, President and CEO, Gifford Medical Center
Laura Pelosi, Vermont Health Care Association
Kate Burkholder, LADC, Treatment Associates, Inc

Members by Phone:

Dr. Melissa Volansky, MD, Stowe Family Practice, Executive Medical Director, CHSLV

Absent Members: Dr. Paul Parker, Richmond Pediatric & Adolescent Medicine

Public Present and by Phone:

Rep. Lucy Rogers; Maureen Usifer, Member, GMCB, Patrick Rooney, Directory of Health Systems Finance, GMCB, Lori Perry, GMCB, Alicia Cooper, Health Care Project Director, DVHA; Devon Green, VP of Government Relations, VAHHS; Julie Tessler, Vermont Care Partners; Jennifer Kaulius, Government and Community Relations, UVMHC; Spencer Weppler, OneCare VT; Jeff Tieman, VAHHS; Rebecca Lewandoski, Downs Rachlin Martin PLLC; Catherine Fulton, Executive Director, VPQHC; Julie Tessler, Vermont Care Partners; Jessa Barnard, Executive Director, Vermont Medical Society;

I. Minute Approval

The Task Force approved minutes from the October 25, 2019 meeting, with the following additions/corrections:

Corrections related to the white paper:

- Mental health and addiction treatment: whether there is a definition for geriatric psychiatry; telehealth reimbursement for mental health services limited to health care facilities; and credentials required for ~~Medicaid~~ Medicare reimbursement. Dr. Rick Barnett offered to provide additional information on mental health and addiction. John Olson offered to provide additional information about loan repayment for substance abuse and mental health professionals.
- All Payer Model Terms Review/Renewal Request items (see above) as a way to address workforce

Corrections related to recommendations having merit, but requiring further follow up with the Office of Professional Regulation:

- OPR has thoroughly reviewed and fully supports scope of practice change (similar to APRN and Naturopathic Physicians) related to current bill in legislature (House and Senate) for Prescriptive Authority for Doctoral Psychologists with M.S. in pharmacology and supervised practice and Board Exam as in 5 other states and US Military. House and Senate Dr. Barnett suggested adding to recommendations

II. Financial Sustainability Measures

The Task force discussed rural health financial sustainability from the perspective of each member's health sector. The Group discussed challenges in defining health care sectors for the purposes of financial monitoring, identifying the following sectors:

- Hospitals
- Home Health
- Long Term Care
- Mental Health and Substance Use Disorder
- Independent Providers

The Group generally discussed payer mix, sustainability challenges and the availability of financial information in each health care sector.

Hospital financial data is readily available and monitored by the Green Mountain Care Board. For those sectors required to submit audited financial statements to the Agency of Human Services, the Group discussed asking AHS to provide financial metrics for those sectors, if its available. The Vermont Medical Society may be able to collect information on independent providers, although this may be challenging given the timeframe. The Group generally discussed the sensitive nature of financial information and potential impacts on recruitment or retention.

The Group identified the following metrics as potential measures of sustainability:

- Labor as a % of total expense
- Bad Debt and Free Care
- Wait times/lists
- Operating Margin
- Total Margin
- Days Cash on Hand
- Days Payable and Receivable
- Debt Service Coverage Ratio (not necessarily applicable to home health)

III. Hospital Financial Sustainability

The Hospital Budget Team from the Green Mountain Care Board provided an overview of the budget review process and financial health metrics used to monitor hospitals in Vermont. Jeff Tieman of VAHHS provided an overview of national hospital closures, Vermont's position as an aging population largely dependent on public health insurance programs, and the financial challenges facing Vermont's not-for-profit hospitals. Jeff Tieman discussed the proposed [Rural Emergency Medical Center Act of 2018](#) in Congress that would create a new Medicare designation allowing hospitals meeting certain criteria to transition to a 24/7 emergency medical center with enhance reimbursement and transportation to higher acuity facilities.

The Group discussed the financial challenges facing hospitals and its universal experience in all health care sectors. As operating expenses grow faster than revenues, hospitals and all sectors of the health care industry are facing financial stress. The Group discussed the integration of health care sectors and how the failure of one sector impacts another. For example, if a home health agency closes, the local hospital will likely experience increased utilization from patients who could have been treated in a more appropriate setting. Taskforce member Steve Gordon inquired about the GMCB's use of the term "financial health concern" and expressed concern that such terminology could have negative implications on hospital debt financing as well as community fundraising support. He also asked how the GMCB makes this determination, which is a topic outside the scope of the Task Force's purview, however the concern will be communicated to the Board. The Task Force can choose to use different language in its report.

The Group generally discussed the impact of a hospital closure, one of the Task Force's legislative charges. The Group discussed the geographic distribution of hospitals in Vermont and the hole one closure would create. The

Group discussed the impact on emergency medical services, the economic impact on local communities, the loss of access to emergency services for the long-term care health sector and the loss services that hospitals support like dental clinics and psychiatric services. The Group identified Brattleboro Retreat as a critical component of the health care network, recognizing that the Retreat supports over 50% of inpatient psychiatric volume.

IV. Medicaid Reimbursement and Value-Based Payment

Alicia Cooper, Director of Payment Reform, Reimbursement and Rate Setting at DVHA provided information on the Department's Medicaid Reimbursement and Value-Based Payments. Alicia Cooper reviewed DVHA's reimbursement goals, organizational alignment and reimbursement methodologies. Jill Olson inquired about the proposal to automate hospice room and board pass-through payment when hospice is provided in a skilled nursing facility.

V. Next Steps

Task Force Member Dillon Burns inquired about follow up with the Office of Professional Regulation. Task force Member Laura Pelosi shared that she has been in touch with OPR Director Lauren Hibbert to follow up.

The Task Force's next meeting is scheduled for November 21st at Northeastern Vermont Regional Hospital.