

Public Comment from Vermont Program for Quality in Health Care, Inc.

I want to send you the following comments/revisions for inclusions for the Rural Health Services Task Force DRAFT REPORT. The first comment is VPQHC's most substantial concern as it misrepresents the funding source that currently supports VPQHC's Telehealth Technical Assistance Workgroup activities.

1. **Slide 66:** In the section labeled "Planning Initiatives" where the VPQHC TA Workgroup is listed, the very last bullet on that slide is incorrect; VT Dept of Health does NOT provide funding to VPQHC for this work. This language should be revised to state: "Established under current 9416 contract statutory funding"

VDH provides contractual handling and oversight for the 9416 contract, but would be inaccurate to state that "VDH provides" the funding.... Hospitals and insurers provide direct funding through the 9416 billback formula and should be recognized for that contribution and this related deliverable under the 9416 contract.

2. **Slide 29** – an "X" appears in the header line that should probably be located in the row below the header.
3. **Slide 8** – for me, this is a clarifying comment – a statistics is listed in the lower, left corner labeled: "34% of healthcare payments tied to an **APM** in 2017" - is the acronym APM referencing **Advanced or Alternative** Payment Models as opposed to Vermont's very specific All Payer Model? Based on the source of the citation I believe it may be referencing Advanced or Alternative payments models in a generic sense, but may need an additional notation to make that distinction. I not sure of how specific the reading audience will connect to that acronym, but it did strike me as a point of clarification since the abbreviation APM references several different models.

Thank you for the opportunity to review and I hope you find these comments helpful. Please do not hesitate to reach out if we can be of any further assistance as you finalize the report content. You have done an amazing job facilitating the workgroup and compiling this extensive and valuable report. You have organized a very timely and comprehensive overview that will certainly inform the continuing efforts of VPQHC's Telehealth TA Workgroup going forward. Kindly let us know how VPQHC can continue to support the delivery of the report and continuing follow-up with legislative actions.

Cathy

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