

Hospital Health Care Reform Investments and the VT ACO All-Payer Model

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Agenda

Part I:

1. What do we mean by “Hospital Health Care Reform Investments?”
 - GMCB Guidance
2. How do Hospital Health Care Reform Investments relate to the VT ACO All-Payer Model?
 - Act 113 Priorities for ACOs
 - VT All-Payer ACO Population level Health Outcomes and Quality of Care Targets
3. Systemwide Health Care Reform Investment Summary

Part II:

1. Hospital Health Care Reform Investments for Discussion (Where the hospital exceeds 3.0% NPR and the .4% investment target)

GMCB Guidance on Health Reform Investments

Hospitals may designate an additional 0.4% for **new** (may not have been included in prior budgets) health care reform activities, investments and initiatives related to the following:

1. Support for Accountable Care Organization (ACO) infrastructure or ACO programs;
2. Support of community infrastructure related to ACO programs;
3. Building capacity for, or implementation of, population health improvement activities identified in the Community Health Needs Assessment, with a preference for those activities connected with the population health measures outlined in the All-payer Model Agreement (APM);
4. Support for programs designed to achieve the population health measures outlined in the All-payer Model Agreement.

Act 113 Priorities for ACOs

In reviewing ACO budgets, the Board must consider:

1. Investments to strengthen primary care, including strategies to recruit providers, resources to expand capacity, and reduce administrative burden
2. Incentives for integration of community-based providers for seamless coordination
3. Incentives for investments in social determinants of health to prevent hospital admissions or readmissions, reduce length of stay, improve population health outcomes, reward lifestyle choices
4. Incentives for preventing impacts of trauma and improving partnerships with parent-child centers and designated agencies

In order to be certified, ACOs must demonstrate:

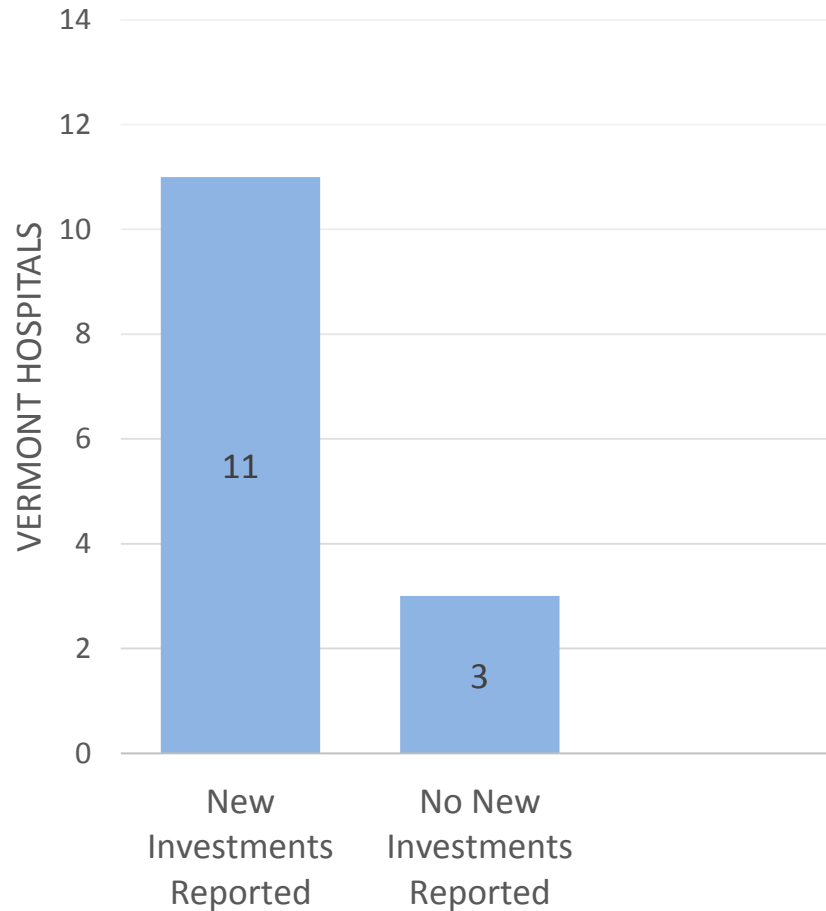
1. Strong care coordination model for high-complex patients
2. Capacity for using Electronic Health Records
3. Performance standards for quality and utilization of care
4. Shared decision-making

VT All-Payer ACO Model Agreement Population Level Health Outcomes and Quality of Care Targets

- All-Payer ACO Agreement has three overarching population health goals:
 - Improve access to primary care
 - Reduce deaths due to suicide and drug overdose
 - Reduce prevalence and morbidity of chronic disease

Systemwide Summary

Total Hospital Health Care Reform Investment



**Proposed
Investments:
\$13,386,911**

New Investments by Type

- 45 new investment activities

Health Care Reform Investment Four Categories

(hospitals allowed to choose multiple categories for investment type)

Category 1: Support for ACO infrastructure or programs	12
Category 2: Support of community infrastructure related to ACO programs	8
Category 3: Population health improvement activities, either aligning with Community Health Needs Assessment or APM	40
Category 4: Population health measures outlined in APM	41

Investment Themes

- Reducing Administrative Burden for Primary Care
- Care Coordination Initiatives
- Expansion of Substance Abuse and Mental Health Services, in and out of Emergency Departments
- Reducing Emergency Department Visits
- Resources for Community Health Teams, Community Health Workers, Community-based Organizations
- ACO Dues and/or Infrastructure to Support Participation in ACO
- Information Technology

Recommendation for Consideration

Recommendation:

- Refine the guidance for Health Care Reform Investments to more narrowly focus on the three Population Health Outcomes and Quality of Care Targets.

Rationale:

- The VT All-Payer ACO Model's Population Health Outcomes and Quality of Care Targets are applicable to ALL Vermont residents, including those attributed and not attributed to an ACO.
- Regardless of participation in an ACO, how a hospital invests in Health Care Reform will impact performance on Population Health Outcomes and Quality of Care Targets.

Part II

Brattleboro Memorial Hospital

Health Care Investments Total: \$349,522

Allowed amount: \$305,634

ACO: OneCare Vermont (indicating three payers)

Investments by Activity	Amount	Category
Centralized scheduling department for primary care to accommodate 4,000 patients expected to need additional access when three physicians retire	\$121,399	3,4
Telepsychiatry, in collaboration with D-H and Brattleboro Retreat, to offer 24/7 psychiatry onsite	\$101,687	3,4
Scribes for clinicians, to increase access to primary care and reduce administrative burden	\$75,318	3,4
Vulnerable Population Care Coordinator, to address needs of the homeless population	\$51,118	3,4

Central Vermont Medical Center

Health Care Investments Total: \$1,320,000

Allowed amount: \$767,325

ACO: OneCare Vermont (indicating three payers)

Investments by Activity	Amount	Category
Staffing and training at Woodridge Nursing Home to facilitate transfers to lower-cost settings	\$720,000	2
Addition of three staff to increase access to primary care and outpatient psychiatry	\$300,000	4
Care Coordination resources for CVMC Medical Group	\$300,000	3

Northeastern VT Regional Hospital

Health Care Investments Total: \$295,000

Allowed amount: \$285,358

ACO: CHAC

Investments by Activity	Amount	Category
Adding a nurse to the CHT to provide in-home nursing for patients with chronic conditions	\$60,000	3
Paramedic service home visits to patients following NVRH discharge	\$60,000	3
Mental health and substance abuse screening and referral in ED	\$60,000	3
Community Health Worker to promote clients self-management	\$60,000	3
Expansion of palliative care program	\$55,000	3

Southwestern Vermont Medical Center

Health Care Investments Total: \$2,094,000

Allowed amount: \$609,449

ACO: OneCare Vermont (indicating three payers)

New Investments by Activity	Amount	Category
ACO dues (\$371,000 last year, with \$479,000 additional this year)	\$479,000	1
Associate providers for revised primary care model	\$750,000	1,3,4
Telemedicine for neurology services and intensive care in the ED	\$250,000	1,3
Emergency room scribes	\$280,000	1,3
Contract for mental health services with local mental health agency United Counseling Services (UCS)	\$190,000	1,2,3,4
Medication Assisted Treatment Program, in collaboration with UCS	\$145,000	1,2,3,4

Discussion

