Report to
The Vermont Legislature

Unifying Vermont's Current Efforts around Health System Planning, Regulation and Public Health

In Accordance with Act 48 of 2011, Sec 11

An Act Relating to a Universal and Unified Health System

Submitted to: House Committee on Health Care
Senate Committee on Health and Welfare

Submitted by: Harry Chen, MD, Commissioner of Health for
The Vermont Secretary of Administration

Prepared by: Vermont Department of Health:

Dawn Philibert, Director of Public Health Policy
Tracy Dolan, Deputy Commissioner of Health, Public Health
Debra Wilcox, Director of Planning and Healthcare Quality

Report Date: January 15, 2012

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF HEALTH

108 Cherry Street
PO Box 70
Burlington, VT 05402
healthvermont.gov

Unifying Vermont's Current Efforts around Health System Planning, Regulation and Public Health

In Accordance with Act 48 of 2011, Sec 11

An Act Relating to a Universal and Unified Health System

Executive Summary

Vermont's health reform initiative, as passed in Act 48, will primarily focus on changing health care coverage, insurance and payment systems to be more efficient and effective. Nevertheless, the Act does acknowledge the importance of health promotion and prevention, and the key role that public health, regulation, system planning and quality assurance must play in order to improve the health of Vermont's population. Since good health is not solely the result of health care, true reform must address more than the health care system.

Act 48, Section 11, Sections (1) through (3) call for recommendations for unifying Vermont's current efforts around health system planning, regulation and public health. Following an introduction, this report addresses the following and makes recommendations about each:

- Aligning the Agency of Human Services; public health promotion activities with Medicaid, the Vermont Health Benefits Exchange functions, Green Mountain Care and activities of the Green Mountain Care Board
- Improving the use and usefulness of the Health Resource Allocation Plan to ensure that health resource planning is effective and efficient
- Planning to institute a public health impact assessment process
- Coordinating quality assurance efforts across state government and private payers

This report recognizes that most of what helps people stay healthy happens outside of the health care system, and emphasizes the importance of health promotion. While Vermont is reforming and redesigning its health care system, there is an excellent opportunity to incorporate a range of appropriate planning functions into reform structures, emphasize health promotion, create a health system that focuses on quality care and encourage communities to design environments that facilitate healthy lifestyles.

Unifying Vermont's Current Effort around Health System Planning, Regulation and Public Health

A Response to Act 48, Section 11

Vermont Department of Health
January 15, 2012

Introduction

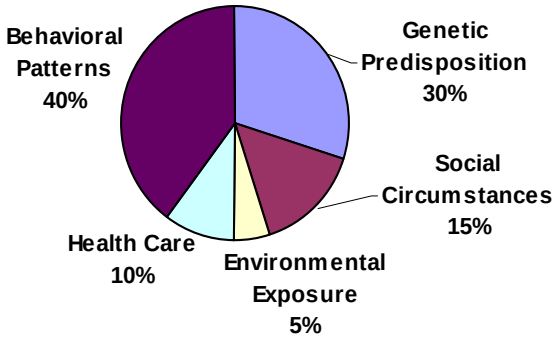
For several decades, Vermont has sought to improve health access for its population and achieve the best health policy balance of access, cost and quality. As health costs have soared, an increasing proportion of the population has been unable to purchase health care insurance, a key to health care access and sound health. Improved technology has resulted in saved and prolonged lives, improved diagnostics and a range of treatment options previously unavailable. Provider motivation to maintain state-of-the-art equipment and services has ensued, often culminating in a competitive drive to attract patients with health insurance that will pay for the procedures and services offered. All of this has resulted in a rapid increase in health costs, access barriers for people without health insurance and an untenable cost-shift for business and individuals paying for insurance. Vermont's health care reform initiative is an attempt to reverse this spiraling trend and institute payment reform for appropriate incentives to provide health care. This reform, and the other system changes called for in Act 48, will require thoughtful planning, monitoring and adjustment to accomplish the reform goals. It will also require a shift from thinking about health as a product of health care to a notion of health as a function of wellness, prevention and, when necessary, health care. This shift will involve a new emphasis on health promotion, healthy community design, social determinants of health, and a role for a strong public health system.

The World Health Organization defines health promotion as *the process of enabling people to increase control over their health and its determinants, and thereby improve their health.* [1] As a field of applied science, public health seeks to understand how to promote health through a variety of measures aimed at society, sub-populations, communities, families and individuals. Public health recognizes that the attainment of health involves much more than the provision of health care. Factors such as heredity, environment, socioeconomic factors, race, housing and other basic needs play a large role in determining health. Efforts to identify and ameliorate health disparities among minority populations highlight the important role that public health and health promotion activities play in improving the health status and quality of life for groups of people.

[1] World Health Organization, http://www.who.int/topics/health_promotion/en/

In his highly acclaimed 2007 *New England Journal of Medicine* article, Dr. Steven Schroeder, MD asserted that America can do a much better job of improving health. "The pathways to better health do not generally depend on better health care, and second, even in those instances in which health care is important, too many Americans do not receive it, receive it too late, or receive poor-quality care."[2] The author presents a compelling review of the determinants of health, and some thoughts about how it can be improved. He presents data on the contribution of various domains to health and premature death. As shown in Figure I above, his data demonstrate that only 10% is attributable to health care.

Proportional Determinants of Health and their Contribution to Premature Death



Vermont's health reform initiative, as passed in Act 48, will primarily focus on changing health care, insurance and payment systems to be more efficient and effective. Nevertheless, the Act does acknowledge the importance of health promotion and prevention and the key role that public health, regulation, system planning and quality assurance must play in order to improve the health of Vermonters. The Institute of Healthcare Improvement offers three goals for health care reform. These goals, known as the Triple Aim[3], are:

- Better health for populations
- Better care for individuals
- Lower per capita costs

By seeking ways to improve how planning, health promotion and quality can be more efficient and integrated, Vermont will go a long way toward achieving the goals of the Triple Aim. This report will speak to these functions, as required by Act 48, Section 11 (a)(1)-(3) and will offer recommendations for improving them.

[2] Schroeder, S.A., We Can Do Better-Improving the Health of the American People. *New England Journal of Medicine*, 2007;357:1221-8.
[3] Institute of Healthcare Improvement, http://www.ihi.org/offerings/initiatives/tripleaim/Pages/default.aspx

Aligning the Agency of Human Services' Public Health Promotion Activities with Medicaid, the Vermont Health Benefits Exchange Functions, Green Mountain Care, and Activities of the Green Mountain Care Board
Act 48, Section 11 (a)(1)

Improving the health of Vermont's population through the promotion of healthy choices, the creation of a healthy environment and improved socioeconomic factors is essential for true health reform. Because research indicates that only a small percentage of health derives from health care, reform must involve investments in health promotion initiatives that have been demonstrated to improve health and wellbeing. Encouraging healthier lifestyles and environments to reduce the burden of chronic illness will not only improve Vermonters' health status, but it will also contribute to lowering escalating healthcare costs.

The primary focus of public health is to create opportunities for the population to be as healthy as possible. As a field of science, public health concerns itself with interventions that have an evidence base of demonstrated efficacy. The focus of the work can be health prevention and promotion targeted to a whole population (clean water), a community (fluoride and lead abatement), groups (people at risk for HIV infection), families (substance abuse prevention) or individuals (smoking cessation supports). Although public health works at many levels, it recognizes that the greatest impact is through policy and environmental change.

Vermont's health reform initiative offers an opportunity to better align health promotion activities with some of the state's public insurance programs, the emerging health benefit exchange and other points of connection between the public health system and Vermonters. The goal of universal health coverage offers a unique opportunity to think creatively about the role that public health promotion activities can play in the lives of Vermonters. The positive results of effective public health interventions are typically invisible. Health promotion efforts, however, do not have to be, and public health is uniquely suited to complement health care.

So, how can Vermont design systems to connect public health's knowledge about health promotion with Vermonters by using the structures and mechanisms of health reform? The following will offer four domains in which these systems can become more closely aligned.

Systematic Connections through the Vermont Health Benefits Exchange

A key component of health reform will be the development of a health benefits exchange, an on-line marketplace where consumers and employers can research and shop for insurance plans that meet individual and family needs and budgets. Many states are in the process of designing their exchanges, and are working creatively to provide health promotion resources to consumers shopping for insurance. People interested in purchasing health plans may be asked a few simple questions about their lifestyle and behaviors. In response, the exchange system can suggest community resources or tools for weight loss, exercise classes or smoking cessation. Prospective customers can also be asked if they have a regular source of primary care, known as a medical home, and, if not, be referred to the local Health Department District Office or another agency for

assistance finding one. Another design feature of the exchange could be pricing incentives for making healthy life choices. Enrolled individuals could receive discounts as rewards for making positive choices such as weight loss or smoking cessation.

The exchange will also provide information that will rate plans by various parameters to assist consumers in comparing plans. With the support of a federal Level I Exchange Implementation grant, Vermont will be designing its exchange to include information about quality indicators and wellness benefits offered by each plan. During the upcoming year, metrics will be designed to rate plans on factors such as quality and wellness. It will be important for designers of the exchange to be aware of health literacy and social marketing strategies that will help consumers understand their choices and make informed ones.

Once the individual, or family, chooses and enrolls in an insurance plan through the Exchange, the plan can then become the source of additional health education or referral information as discussed below.

> ***Recommendations:*** **1)** Vermont's health benefits exchange should make available information about health promotion and wellness benefits of each plan. The design of the consumer interfaces in the exchange should reflect principles of health literacy to enable consumers to comprehend and use the information. The exchange should offer some basic health screening questions and target health promotion resources based on responses. Act 48 provides authority and direction to DVHA to design the Exchange in this way. **2)** The health benefit plans offered through the exchange should include incentives for consumers making significant healthy lifestyle changes. No legislative changes are necessary for either of these recommendations.

Health Promotion Information to Consumers

Data systems with increasing sophistication are able to target messages to people with certain demographic, lifestyle or health risk characteristics. A simple example would be reminding women ages 50-74 years old about the need for a mammogram every other year.[4]

Almost a decade ago, The Health Department's EPSDT (Early and Periodic Screening, Diagnosis and Treatment) program, the federal program of required benefits for children on Medicaid, partnered with the state Medicaid agency (now the Department of Vermont Health Access, or DVHA) to send letters to parents of Medicaid-eligible children. The letters, called *informing letters*, are required by the federal government, and must inform each child's parent(s) about the range of benefits to which the child is entitled. Children's health prevention and promotion needs change as development progresses. Recognizing this, Vermont's letters were designed to provide age-appropriate reminders and anticipatory guidance to parents while encouraging the parent to schedule a well-child visit. The style and contents of the letters were informed by input from several focus groups held with parents of children of different ages. The parent of a 3-year-old, for

[4] U.S. Preventive Services Task Force, http://www.uspreventiveservicestaskforce.org/

example, received a letter with child safety seat/booster seat information, while the parent of a 13-year-old received information about normal adolescent behavior. While there was no formal evaluation of this effort, calls from parents receiving letters increased dramatically, demonstrating that the letters had been read- a proxy measure for receiving the information.[5]

Information technology systems are far more robust now, so the capacity for consumers to receive targeted information has great potential. Although this will need to be done in a respectful manner that protects confidentiality, there is potential for health promotion information to augment (or precede) the information provided directly by health care providers. Vermont is currently working diligently to promote use of Electronic Health Records (EHR's). Currently 50% of Vermont's primary care practices use EHR's. [6] And, although EHR's differ in how robust their functionality is, the future of EHR's and Health Information Exchange is unfolding.

In the future, information technology and social marketing strategies could be used to reach consumers with information and tools designed to promote healthy behaviors.

> ***Recommendations:*** **1)** The Exchange should pursue designing metrics which incorporate a measure of evidence-based health communication to target health promotion resources and tools**. 2)** The Vermont Department of Health should be considered a willing, available and expert resource to assist with providing information about evidence-based health promotion information, interventions and tools. Neither of these recommendations requires legislative action as Act 48 provides authority.

Systematic Connections through the Health Care Delivery System: Medical Homes

The redesign of the health care delivery system is fundamental to health reform. Payment incentives must be changed to reward the promotion of healthy behavior and the effective management of chronic diseases. Primary care, or the medical home, is the cornerstone of a strong health care system and must be recognized as the locus of health promotion, disease and injury prevention and treatment. It must also, however, be rewarded adequately for this role and the time associated with performing it. Also, aspiring medical professionals must be able to recognize primary care as a rewarding career opportunity.

Traditionally, individuals have visited their primary care provider for treatment of illness or injury. Health reform must change the culture of primary care to make it not only about treatment, but also about helping people stay healthy through preventive screenings and encouragement of healthy behaviors. Parents of young children bring their children to pediatricians and family practitioners for *well-child visits*, health supervision visits intended to keep children healthy by identifying risks, assessing developmental milestones, providing immunizations and providing anticipatory guidance to parents. State Medicaid programs are required to have periodicity schedules for children under

[5] Vermont Department of Health, EPSDT Program, 2004. Personal communication, former program director.

[6] Hunt Blair, Director of Health Reform, Department of Vermont Health Access, 2011, personal communication

their federal EPSDT (Early and Periodic Screening, Diagnosis and Treatment) obligations, and many private insurance companies have similar recommended preventive health schedules. These are less available for adults, however, and the concept of a *well-adult visit* is uncommon. Nevertheless, the medical home is well-suited to engage adults in behavior change, and can be supported by local public health offices and state public health programs and services. Public health professionals are experts in health promotion and prevention, but ideally need the medical home to encourage people to take advantage of health promotion programs and supports.

In a recent research review article titled *Transforming Consumer Health*, researchers discuss the three challenges that undermine consumer health: 1) understanding health information, 2) making healthful decisions and 3) maintaining healthful behaviors.[7] The researchers discuss barrier to following healthy behavior change and the marketing and system changes that could address these barriers. Key to their discussion about the role of medical homes in keeping patients healthy is the notion of spending more time with patients to understand and assess their readiness to initiate various changes. Over time, in what the authors call a time-release manner, the medical home can coach patients through behavior change. As noted above, the key obstacle to this is provider time, a factor what must be considered and financially rewarded if the culture of the primary care is expected to change.

The 2010 federal Patient Protection and Affordable Care Act (PPACA) eliminated cost-sharing for many preventive services for new health insurance plans.[8] This has been heralded as an important recognition of the role of prevention/promotion in health reform. As Vermont plans conform to this law, there will be fewer barriers for individuals to seek preventive care. Immunizations recommended by the Advisory Committee on Immunization Practice (ACIP)[9] will be covered for all ages, as will the range of preventive screenings recommended by the U.S Preventive Services Task Force [10].

The PPACA also formally recognizes *Bright Futures* as the authoritative standard for pediatric preventive health insurance, and requires all private plans to cover the recommended services without patient/family cost-sharing. *Bright Futures* is a set of principles, strategies, and tools that are evidence-driven to improve the health and well-being of all children.[11] Health supervision guidelines for birth to age 21 form the centerpiece of *Bright Futures*, and the guidelines are designed to present a single standard of care and a common language based on a model of health promotion and disease prevention. The standards include developmental screening to identify children with developmental issues that require further evaluation and, if necessary, intervention. No such comprehensive standard exists for *well-adult* care, however, but the U.S. Preventive Services Task Force Recommendations for preventive care could serve as a foundation

[7] Scammon, D.L., Keller, P.A., Albinsson, P.A. et al. *Transforming Consumer Healt*h. Journal of Public Policy and Marketing, Vol. 30(1), Spring, 2011, 14-22.
[8] P.L.111-148, Section 2713
[9] http://www.cdc.gov/vaccines/pubs/ACIP-list.htm
[10] http://www.ahrq.gov/clinic/uspstfix.htm
[11] American Academy of Pediatricians, *Bright Futures*, (date) 3rd Edition, http://brightfutures.aap.org

for such standards and be augmented by the payment and promotion of routine *well-adult* visits to medical homes.

Vermont's Blueprint for Health is an example of a redesigning the delivery system in a manner which incorporates incentives for keeping people healthy. Blueprint practice patients in need of assistance are referred to local multidisciplinary community health teams for support with disease management and improvements in healthy living. The community health teams serve a care coordination function, and they also offer patients community resources and supports. In each district of Vermont, public health staff are members of the community health teams and bring to the table the range of public health promotion knowledge and skills.

> ***Recommendation:*** Vermont's health reform should reflect the need for culture change about the role of primary care in health promotion. The further development of medical homes should continue the Blueprint's practice of rewarding providers for effective management of patients. In addition, payment reform designed by the Green Mountain Care Board should acknowledge the importance of the medical home, and offer reimbursement that acknowledges the time involved in coaching patients on health promotion. This recommendation does not require legislative action as the authority is provided in Act 48.

Promoting Healthy Behavior by Systematically Influencing Community and Built Environment Design

A relatively new area for public health attention is the design of built environments. There is a growing awareness that when communities are designed in a way that encourages walking, biking and other physical activity, people take advantage of these livable community assets. Sprawling communities dotted with houses on large lots have been accepted as the American Dream, but, in fact, have interfered with opportunities for children to walk to school, families to walk to playgrounds, and communities to connect. Similarly, the lack of public transportation has forced individuals to drive cars, thereby contributing to air pollution.

The concept of a public health impact assessment is one that involves public health expertise being systematically applied to influence the design features of communities. They can also be used to identify potential health risks associated with large energy projects or industrial development projects. A subsequent section of this report will discuss public health impact assessments in greater detail.

> ***Recommendation:*** The Health Department's interest in public health impact assessments and their plans to develop the capacity for conducting them are addressed below. The recommendation is for the Department to follow this plan. This recommendation does not require legislative action.

The recognition that most of what helps people stay healthy happens outside of the health care system points to the importance of health promotion. Nevertheless, while Vermont is reforming and redesigning its health care system, there will be opportunities to align health promotion knowledge, resources and tools with the way we market and sell health insurance plans, provide information about Medicaid, design health insurance benefits,

structure our expectations and payment structures for primary care, and design communities. All of these can contribute to health status improvements and lower costs.

Creating an Integrated System of Community Health Assessments, Health Promotion and Planning

Improving the Use and Usefulness of the Health Resource Allocation Plan to Ensure that Health Resource Planning is Effective and Efficient Act 48, Section 11 (a)(2)(A)

Different types of health system planning are necessary to balance the competing demands of access, quality and cost. Planning for the rational allocation of health resources and investments is an essential, although not sufficient, function of a health system. The historical policy of volume-based reimbursement has created an incentive for providers to invest in costly equipment and encourage utilization. In 2005, Vermont's Department of Banking and Insurance (BISHCA) published the first Health Resource Management Plan (HRAP), a document intended to "identify Vermont needs in health care services, programs and facilities; the resources available to meet those needs; and the priorities for addressing those needs on a statewide basis."[12] A second plan was published in 2009. With Vermont's health reform and the creation of the Green Mountain Care Board, it is timely to consider the contribution of this document and explore the most efficient and effective manner in which to do resource and other planning. Act, 48, Section 11, (a)(2)(A) calls for this analysis.

Research Methods

To explore the use and usefulness of the HRAP, the Commissioner of Health convened a group of leaders from state government, many of whom had either participated in writing former HRAP's, or had relied upon it for health planning and policy development. The group met twice to discuss the value of the HRAP and develop recommendations about its usefulness. In addition, Health Department staff interviewed over a dozen stakeholders about the effectiveness of the HRAP. The information and recommendations presented below represent a summary of this information based on the perspectives of these informants.

The Functional Role of the HRAP

The development of both HRAP's was extremely labor-intensive because of the research, writing and public comment it entailed. The result was a very large document with a wealth of information. A review of the HRAP reveals the document serves several primary functions that generally fall into the following four categories:

1. **Inventory** of health care providers, facilities, services and major equipment with information about supply, distribution, utilization and costs.

[12] 18 V.S.A. § 9405 (b)

2. **Regulatory** function of Certificate of Need (CON) standards to guide decision-making about the addition of major capital expenditures. CON has been one of the tools for regulating providers' investments in capital.
3. **System design** analysis and recommendations
4. **Health Care Workforce**- development, recruiting and retention issues

There was consensus among informants that all of these planning functions, and others that are not in the HRAP, are important if Vermont is to achieve its reform goals. **Most agreed that a lengthy written document, updated every four years, is neither the most effective nor most efficient way to plan for resources and investments in a rapidly evolving health care system**. Although the functions served by the HRAP were recognized as important, there was agreement that Vermont needs to move away from a static snapshot of resources towards a more dynamic planning model that guides actions and integrates information about changes related to access, quality and costs.

Planning Functions for an Evolving and Reformed Health System

Broadly speaking, the goals for health reform are to:

- Reduce health care costs and cost growth
- Assure that all Vermonters have access to and coverage for high-quality health care, including mental and physical health and substance treatment
- Support improvements in the health of Vermont's population
- Assure greater fairness and equity in how we pay for health care

In order to achieve these goals, Vermont's Green Mountain Care Board, state government and the Vermont Legislature will need to adequately resource the capacity to perform the planning functions necessary to achieve the envisioned balanced and integrated system. These planning functions go beyond those previously incorporated in the HRAP. Decisions will have to be made about where these planning functions should occur to render them most efficient and effective. The following is a list of the essential planning functions, discussion of their current status and recommendations about how they can be improved.

Planning Function I: Achieving improved health of Vermonters

Improving the health of the population is the primary mission of both public health and the health care system. Vermont's health surveillance systems collect and report data on Vermonters' health so promotion and prevention programs can be developed and targeted to those at risk. Every ten years, the Department of Health produces a decennial document that reports on the health status of Vermonters and establishes objectives for addressing health risks and problems. The upcoming publication of *Healthy Vermonters 2020* will serve a planning role by providing a baseline of Vermonters' health status and risks against which intervention efforts can be measured.

Act 48, Section 26 requires the Department of Health to develop a *State Health Improvement Plan (SHIP*), a document that will also be required for the Department's future pursuit of public health accreditation. The first *SHIP*, expected by the end of 2012, will build on the *Healthy Vermonters 2020* objectives and set out a plan for improving

the health status of the population. Monitoring and responding to the population's health status and risk factors should be fundamental to planning for all health care reform. It will also inform the development of public health prevention and promotion responses to population health issues.

> ***Planning Function I Recommendation:*** The Department of Health will develop its State Health Improvement Plan by January, 2013, and in doing so will consider the findings of the Community Health Assessments (below) and the State Health Assessment. The improvement plan should inform the development of public health promotion activities designed to enhance the health and well-being of Vermonters.

Planning Function II: Community Needs Assessments

The Affordable Care Act requires not-for profit hospitals to do community health needs assessments every three years, beginning with the first taxable year after March 2010.[13] In addition, The Public Health Accreditation Board requires each state to perform a State Health Assessment in order to pursue accreditation.

Local assessments of community needs and service gaps play an important role in identifying needed investments in facilities, services, workforce and major equipment. Vermont hospitals will be working with communities and public health staff to assess local health access and gaps, and both develop plans for addressing these needs locally and work with state planners and leaders to respond to them in a statewide fashion. The local planning process, combined with the system transformation being driven by the Blueprint for Health, will ensure that health reform responds to Vermonters in their communities.

> ***Planning Function II Recommendation:*** The Department of Health District Offices should work closely with community hospitals to conduct community needs assessments that reflect strengths and gaps in local health care services and opportunities for healthy living.

Planning Function III: Payment Reform and Regulatory Functions

Payment reform is a key ingredient of health system reform. Changing to provider payment methodologies that encourage care coordination and reward desired cost and quality outcomes is among the highest priorities for reform, and a primary focus for the Green Mountain Care Board. The Board also has a new role in the Certificate of Need (CON) process, which regulates the purchase of major capital purchases by health care providers. The primary reason that the Certificate of Need process was developed, and CON standards were created in documents such as the HRAP, was to regulate the increased investments in equipment that resulted from a volume-based, fee-for-service payment system.

Among the payment reforms under consideration are fixed global budgets for hospitals. Under a global budget, hospitals will need to manage the health service demands of their

[13] The Patient Protection and Affordable Care Act, Public Law 111-148, Section 9007 (2010)

communities and will be recognized for outcomes and other measures of quality rather than volume. This transition could change dramatically incentives for investing in capital improvements and might lessen the need for CON over time.

CON standards and criteria continue to be an important regulatory tool, but the CON process could be informed through another mechanism. Because of emerging health technologies, reviewing and updating CON standards will be an ongoing planning task for Vermont. A written document does not offer this flexibility. There needs to be further analysis and study to determine the appropriate process for maintaining information about Vermont's health resources to inform the CON process. It is also important to think about how to do this in conjunction with the information collected through the Blueprint evaluation, payment reform pilot projects and other regulatory mechanisms in order to ensure the state is not collecting data multiple times.

> ***Planning Function III Recommendation:*** The Green Mountain Care Board and BISHCA should continue to consider the role of the HRAP in regulatory processes as payment reform is developed. They should provide a recommendation for changing the process when the pilot projects are implemented and a valid alternative for assessing resource needs and controlling capital cost growth has been developed.

Planning Function IV: Inventory of providers, services, etc

Everyone agrees that a real-time inventory of Vermont services and providers will be necessary for health care system planning and monitoring. Understanding the supply and distribution of services is essential in achieving access for all. The inventory of providers and services must be evaluated in the context of national access standards, demographic trends and emerging technologies. The current HRAP includes a wealth of information about existing services and providers, but it was outdated before the document was printed. It is essential for Vermont planners and policy makers to have access to an accurate inventory of providers, services and their regional distribution. To be most useful, however, such an inventory should be available on-line and updated at predictable intervals. Vermont's development of a State Master Provider Directory, discussed below, will contribute significantly to greater efficiency in capturing and reporting current data on health care providers.

> ***Planning Function IV Recommendation:*** The Green Mountain Care Board should develop the staff and technical capacity to create an on-line inventory of health care providers and facilities. The inventory should be updated annually, and should be presented in a dashboard-type format. When functional and possible, the inventory should be expanded to include data, by health care sector and region, on expenditures, utilization, relevant key performance indicators, etc.

Planning Function V: Workforce

An effective and responsive health care system depends on the availability of the appropriate mix of trained health care workers to meet the needs of Vermont's population. Planning for this workforce is a primary function of health reform. Vermont currently has many groups that are working on ensuring an adequate health care

workforce. Organizations such as Vermont's Area Health Education Centers, the Bi-State Primary Health Care Association, the Workforce Development Partners group that formed to work on a HRSA (Health Resource Services Administration) grant, the Blue Ribbon Commission on Nursing and numerous state agencies such as the Secretary of State's Office of Professional Regulation, and the departments of Labor, Health and Health Access are examples of groups involved in analyzing the available healthcare workforce and planning for future demand. This leads many to wonder how the efficiency of workforce planning could be improved.

Act 48 identifies workforce planning as an important task for achieving Vermont's reform goals. [14] The informants interviewed for this report generally believed that a more consolidated approach to planning for and addressing workforce issues is needed. This focus should be rooted in state government, with recognition that public-private solutions will be needed. There is a requirement in Act 48 that a strategic plan for health care workforce be developed, presented to the Green Mountain Care Board in 2012 and reported to the Vermont Assembly by January 14, 2013. [15] The participants in this report's research generally recommended that this strategic plan address the need for a consolidated workforce initiative in state government that can coordinate and accommodate the various workforce issues currently be addressed by many groups.

> ***Planning Function V Recommendation:*** The health care workforce strategic plan called for in Act 48 should, among other strategies, include a strategy for consolidating many of the existing workforce workgroups to achieve greater clarity of purpose, efficiency and effectiveness.

Planning Function VI: Delivery System Design

The health care delivery system consists of personnel, a structure for service delivery, a payment system and monitoring of outcomes, access and quality. Vermont's health reform is committed to achieving all of these in the most effective and efficient manner possible. Since 2005 Vermont's Blueprint for Health has been working to transform the health care delivery system at the primary care and community level. Incorporating the use of health information technology; statewide health surveillance data; a focus on prevention and management of chronic disease; payment incentives; and community health teams, the Blueprint is transforming the way in which primary and specialty care are delivered at the community level. The transformation to integrated primary care practices that address holistic issues is fundamental to health reform and improved health status for the population. The ongoing planning and implementation of this system is intended to simultaneously improve systems of care, demonstrate effective models of care and implement the broader health reform goals that Vermont has chosen.

Additional delivery system reforms are under development or are likely to emerge from Vermont's payment reform efforts. These include the development of new approaches to manage care for people who are dually-eligible for Medicaid and Medicare and new approaches to manage care for Vermonters with chronic illnesses.

[14] Wallack, op.cit., page 5
[15] Act 48, Section 12(a)

***Planning Function IV Recommendation*:** Planning for reforms in delivery system design should all include evaluation components to determine their impact on health status and costs. The results of such evaluations should inform future spread of delivery system reforms. Planning for delivery system designs should also seek opportunities to include evidence-based health promotion and prevention strategies.

Planning Function VII: Health Information Technology

The planning and oversight of Vermont's health information technology (HIT) development is conducted by the Division of Health Reform at the Department of Vermont Health Access (DVHA). Vermont law requires the Agency of Administration Secretary or designee (DVHA) to create and update a state HIT plan as needed.[16] Expectations tied to funding from the federal Office of the National Coordinator (ONC) of HIT also require a state plan. Building on the first HIT Plan published in 2007, and updated in 2009, DVHA submitted the fourth edition of the *Vermont Health Information Technology Plan (VHITP)* to ONC and the legislature in October 2010, after extensive public comment and review. DVHA continues to conduct bi-monthly general stakeholder meetings for public dialogue about HIT policy, planning, and implementation. A fifth edition of the VHITP is currently being drafted for public comment and submission to ONC in the first quarter of 2012. Section 10 of Act 48 requires a review of the VHITP in the context of health reform goals included in the Act, with recommendations about next steps for HIT implementation due to the legislature "based on the design and implementation plan" no later than January 15, 2012.

DVHA is also currently developing an interactive State Master Provider Directory to provide authoritative reference data on the names, types, counts, and locations of all licensed and certified health care professionals in the state. This directory supports Vermont's HIT infrastructure as well as the Agency of Human Services enterprise architecture. It will also support a searchable web interface that will be available in 2012. This directory will be a source of information for the provider inventory planning function discussed above, and will result in efficient capturing of provider data.

Planning Function VII Recommendation: The State Master Provider Directory should serve as the foundation for the provider and facility inventory referenced in Planning Function IV.

Conclusion

There is no doubt that accomplishing the goals of Vermont's health care reform initiative will involve an array of integrated planning functions designed to plan and monitor the system's impact on health care access, quality and costs. These planning functions do not need to be written as a labor-intensive document. What is essential is that the various planning functions identified above exist and integrate in a way that enables each to contribute to others, and benefit from others in a synergistic way. It may be necessary to formalize a mechanism within government to coordinate the various plans that are being

16 18 VSA Chapter 219 § 9351

developed, implemented, monitored and reworked. One informant used ICAR (State Government's Interagency Committee in Administrative Rulemaking) as an example of a formal and effective mechanism that seeks to coordinate the policy development and implementation of rulemaking. A similar process, possibly led by the Green Mountain Care Board, could be adopted for health care planning

This report identifies the planning components of an evolving and responsive health care system. In some cases, it is obvious or previously determined where these functions will be performed in state government. In others, the placement of various planning responsibilities in BISHCA or the Green Mountain Care Board will need to determined as the Board organizes and establishes itself. How ever the functions are organized, it will be essential that they function in an integrated and dynamic manner. The more integrated they are, the more effective they will be in leading Vermont toward the reform it seeks.

A Plan to Institute a Public Health Impact Assessment Process
Act 48, Section 11 (a)(2)(B)

In a major report released in June 2011, *For the Public's Health – Revitalizing Law and Policy to Meet New Challenges*, the Institute of Medicine recommended that local, state and federal agencies consider the potential health impacts and the health costs of major legislation, regulations and policies relating to education, transportation, land use planning, agriculture, etc. Health impact assessment (HIA) is commonly defined as a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population[17]. The increasing use of health impact assessments in the United States calls public attention to the health consequences of projects and policies that are seemingly unrelated to health. Such assessments provide a framework for systematically examining the potential health effects of government decisions, development plans, or construction projects before they are implemented so that health benefits may be maximized and risks reduced[18]. Public Health impact assessments constitute important knowledge building tools and can help communities quantify the health benefits of building additional affordable housing, the health risks inherent in constructing a school with little or no walking or biking access, or the health risks inherent in planned state transportation projects, while providing for community input into development processes. By highlighting connections that are not always readily apparent, health impact assessments could build knowledge that improves decision making and engages the public.

The Department of Health currently has limited involvement in the public health impact assessment process having completed a few such assessments in utility cases. For example, when a plan for wind energy was proposed, staff at the Department of Health

[17] Mittelmark, MB (2001), Promoting Social Responsibility for Health: Health impact assessment and healthy public policy at the community level. *Health Promotion International*. 2001 16 (3): 269–274
[18] Arcaya M, de Souza Briggs X. Despite Obstacles, considerable potential exists for more robust federal policy on community development and health. *Health Affairs*. 2011: 30 (11): 2064-2071

researched the proposed project, conducted a literature review, assessed the threat to the public's health and made recommendations accordingly. The Department of Health would like to build upon its work in public health assessment by expanding it into projects such as community development, land use planning and transportation, whose impacts could significantly affect chronic disease including obesity, cancer, asthma, diabetes and drug and alcohol abuse in the state.

Specifically, the Department of Health is recommending four actions that will enhance Vermont's ability to conduct and benefit from public health impact assessments. All four actions represent work that the Department is prepared to do.

.

> ***Recommendation 1:*** Support towns and Regional Planning Commissions to consider health when approving community development plans and initiatives.

In Vermont, eleven Regional Planning Commissions work with and for municipalities in their respective regions assisting them with planning priorities such as regional land use issues, local growth center identification and evaluation, economic development, and natural resource issues. In addition, municipalities develop town plans that help to guide resource use and decision making. The Department of Health will work with towns to model provisions for healthy community design to consider in their town plans and will work with Regional Planning Commissions to consider impacts on the public's health when making decisions about projects in their region. The Department of Health will also build capacity in order to provide some technical assistance to commission's and town's on issues of healthy community design.

> ***Recommendation 2:*** The Department of Health will post policies, tools and other information about the public health impact assessment process on its website.

The Department is not currently funded to dedicate significant staff resources to conducting public health impact assessments but can make more information available about how to conduct them and post relevant tools on its website. The Department will also strive to provide limited technical assistance to stakeholders who are interested in investigating the public health impacts of proposed projects.

> ***Recommendation 3:*** Continue to pursue funding streams to support public health impact assessments in Vermont

Early in 2011, the Vermont Department of Health applied to the CDC for funds to conduct and build capacity for public health impact assessments in Vermont. The funding opportunity was very competitive and only a small number of applications were awarded across the country. Vermont was not successful in its application. Nonetheless, VDH is committed to continued pursuit of funding to support this important work because the impact of a healthy built environment can have positive long lasting affects on health, decreasing chronic diseases and improving nutrition and physical fitness.

> ***Recommendation 4****:* Work with state and other partners on post-Irene construction and community development projects to ensure that principles of healthy community design are incorporated into projects where applicable.

The tragedy of Tropical Storm Irene presents an opportunity to ensure that any new development will promote healthy workplaces, safe routes to schools, walkability, access to green space and other key elements of healthy community design.

Coordinating Quality Assurance Efforts across State Government and Private Payers
Act 48, Section 11 (a)(3)

Introduction

As directed by Act 48, the Commissioner of Health and the Director of the Blueprint for Health collaborated to make recommendations on how to 1) coordinate quality assurance efforts across state government and private payers, 2) optimize quality assurance programs, and 3) ensure that health care professionals in Vermont utilize, are informed of, and engage in evidence based practice. The following is a review of the methodology used to compile the information for this section of the report and a discussion of findings and proposed recommendations.

Methodology

Between August and November of 2011, interviews were conducted with key government and non-government stakeholders in order to compile an inventory of current statewide quality initiatives, learn about existing strengths and weaknesses of Vermont's existing quality and evidence-based work, and gather input on proposed recommendations. Documentation of interview results were compiled and shared with the Commissioner of Health, the Director of the Blueprint for Health and participants from the Department of Banking, Insurance, Security and Health Care Administration (BISHCA), the Department of Vermont Health Access (DVHA) and the Vermont Department of Health (VDH). In mid-November, this group developed recommendations based on the information gathered.

Stakeholders from the following agencies were interviewed:

Government stakeholders	Non-Government stakeholders
BISHCA	BiState Primary Care
DAIL (Department of Disabilities, Aging and Independent Living)	Blue Cross Blue Shield of VT
DMH (Department of Mental Health)	Consumer
DOC (Department of Corrections)	Jeffords Institute
DVHA	UVM – AHEC/Office of Primary Care
VDH	UVM – Vermont Child Health Improvement Program (VCHIP)
	Vermont Assembly of Home Health and Hospice Agencies (VAHHA)
	Vermont Association of Hospitals and Health Systems

	(VAHHS)
	Vermont Health Care Association (VHCA)
	Vermont Medical Society (VMS)
	Vermont Program for Quality in Health Care (VPQHC)
	Vermont State Dental Society (VSDS)

Discussion of Findings

The government agencies interviewed have multiple roles in supporting healthcare quality. They function in a regulatory capacity through healthcare facility and provider licensing and through assuring compliance with state and national standards. They also provide evidence-based tools and resources to healthcare facilities and providers and, through grants and contracts, provide funding to support quality work in non-government agencies and healthcare facilities.

The non-government stakeholders interviewed fall in two different categories. Agencies that represent healthcare facilities and providers (BiState, VAHHA, VAHHS, VCHA and VMS) support quality efforts through providing training, convening meetings and, in some cases, determining the areas of focus for quality initiatives. Other agencies (VCHIP, VPQHC) focus on project management of quality initiatives primarily in the hospital and provider office setting.

Stakeholders representing government and non-government agencies recognize the importance of quality initiatives and adherence to evidence-based practice in a strong healthcare system. Those interviewed expressed interest in increasing the level of collaboration between agencies when planning and implementing quality initiatives. It was articulated that enhancing partnerships would facilitate sharing of knowledge and data, identification of common quality goals and reporting measures, and improvement in dissemination of lessons learned.

Common themes identified during the interview process were:

1) Enhanced coordination between government and non-government agencies, payers, healthcare facilities and providers is needed when determining the focus of quality initiatives.
2) Agencies, healthcare facilities and providers are frequently not aware of the types of quality initiatives being implemented by others.
3) Healthcare facilities and providers are aware of best practice interventions and are most successful with implementation when they receive assistance from a facilitator or project manager.
4) Many agencies use their websites to share trainings and other evidence-based resources. There is, however, limited sharing of these resources between agencies.
5)

Recommendations

Based on information obtained during stakeholder interviews and follow-up discussions between the Commissioner of Health and the Director of the Blueprint for Health, the following recommendations are being proposed:

Recommendation 1:Coordinate quality assurance efforts across state government and private payers

1) The Green Mountain Care Board will identify 4-5 statewide quality goals that will inform quality work across the continuum of healthcare settings, in consultation with health care professionals [19], payers, the Department of Health, the Department of Vermont Health Access, the Blueprint for Health and statewide, regional and federal quality improvement experts.
2) Available grant funding will be utilized to support quality initiatives that are aligned with statewide quality goals.
3) Insurer and state government reporting requirements for health care professionals will be coordinated with one another and aligned with federal reporting requirements.
4) One entity will be established or designated to be the information and resource clearinghouse on quality initiatives.
5) BISHCA will notify hospitals that the reporting requirements for the 2012 Act 53 Hospital Report Card will remain the same as those for 2011.

Recommendation 2: Optimize quality assurance programs

1) Access to provider, healthcare facility and population level data will be improved to enhance quality initiative planning and evaluation.
2) Data will be utilized to highlight variation in provider, healthcare facility and population level indicators for further exploration using quality improvement methodologies, with the goal of implementing quality initiatives where there is the most need.
3) Collaboratives that include participants from multiple healthcare settings will be established in communities to allow coordinated implementation of initiatives at the local level.
4) The Blueprint's Learning Health System model will be utilized as the framework to support quality improvement initiatives.

Recommendation 3*:* Ensure that healthcare professionals in Vermont utilize, are informed of, and engage in evidence based practice.

[19] "Health care professional" means an individual, partnership, corporation, facility, or institution licensed or certified or otherwise authorized by Vermont law to provide professional health services. 18 V.S.A. § 9373(6)

1) A website for consumers and healthcare providers will be developed to provide easy access to data from multiple sources.
2) A website for information sharing and networking will be developed so that healthcare providers from across the continuum of healthcare settings have access to quality initiative resources related to statewide quality goals.