



Strategic Plan for Vermont Health Reform

2012–2014

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Developed with input from the following state agencies and departments:

**Governor Peter Shumlin's Office
The Green Mountain Care Board
The Agency of Human Services, Office of the Secretary
The Department of Financial Regulation
The Department of Vermont Health Access
The Department of Health
The Department of Disabilities, Aging, and Independent Living
The Department of Mental Health
The Department of Labor
The Agency of Administration, Secretary's Office
The Department of Taxes**

Table of Contents

I.	Introduction: why health care reform?.....	page 3
II.	Purpose of this plan and summary of health reform goals.....	page 4
III.	Specific Strategies to Achieve Our Goals.....	page 7
IV.	Primary Responsibility for Pursuit of the Strategies, Specific Tasks and Deadlines.....	page 9
V.	Measures of Our Success.....	page 18
VI.	Responsibilities Organized by Agency/Department.....	page 20

I. Introduction: why health care reform?

It is essential that we undertake reform of our health care system for both moral and economic reasons. The U.S. spends about \$2.5 trillion or 17.6% of GDP on health care, and that amount grew from \$75 billion or 7.5% of GDP in 1971. A recent study in *Health Affairs* found that Americans, on average, essentially forfeited wage increases for the past ten years in favor of increased spending on health care coverage.

On a per capita basis the U.S. spends more than twice the amount of the average OECD country on health care and we do not get better outcomes, in terms of health care quality or population health, for our additional spending.

All that is bad enough, but we do not provide insurance coverage or adequate access to services for many Vermonters. Almost 50,000 Vermonters are estimated to be uninsured. Another 150,000 Vermonters are underinsured: they have insurance coverage, but their insurance coverage is so limited that their potential out-of-pocket exposure for health care costs is not considered affordable. In addition, while most Vermonters have insurance coverage, many experience barriers to needed services, particularly primary care and mental health services.

In addition, we waste an inordinate amount of money, both nationally and in Vermont, on administration, on pushing paper at every level of the system. The cost of interacting with insurers costs an estimated \$83,000 per year per physician in the U.S. – four times as much as in Canada. Overall administrative costs are close to ten percent of total health care costs – a staggering amount, given the complexity and frustration that spending breeds for health care providers, patients and their families.

We can do better, and we must do better. The plan that follows provides a roadmap for reducing health care cost growth, assuring coverage for all, reducing administrative cost and complexity and assuring greater fairness in health care financing in Vermont. This plan outlines state government's role in this effort. We aim to engage all Vermonters in making this a reality, as we all have something to gain from a reformed health care system.

II. Purpose of this Plan and Summary of Health Reform Goals for 2011-14

Governor Shumlin has defined a bold agenda for health reform in Vermont. This includes implementing a single payer system of health insurance coverage for Vermonters and controlling the rate of growth in health care costs. This strategic plan is intended to guide state government in implementing the Governor's agenda and following the further guidance provided by the legislature in Act 48 of the 2011 session, over the next three years. The state's current health reform agenda builds on progress already made over more than two decades to expand and improve health insurance coverage in Vermont, improve fairness in our insurance market and fundamentally redesign and improve our primary care system.

In the next phase of health reform, our goals are to:

1. Reduce health care costs and cost growth;
2. Assure that all Vermonters have access to and coverage for high-quality health care (health care includes mental and physical health, including oral and eye care, and substance abuse treatment);
3. Support improvements in the health of Vermont's population; and
4. Assure greater fairness and equity in how we pay for health care.

Health Reform Goals



This plan connects our broad reform goals with specific strategies we believe will best accomplish those goals. Our intent is to establish a framework of coherent and state

policy, coordinated with federal policy, which creates incentives for health care providers, communities and individuals to also work toward our goals.

Advancing and sustaining this agenda will require intense and well-coordinated work among numerous parties. Given the scope and complexity of reform efforts, it is imperative to have a common understanding across agencies and departments of the goals we are pursuing, the strategies we have identified to achieve those goals and the responsible parties. It also is essential that we identify measures and corresponding data sources to gauge our success in meeting our goals.

This plan is not meant to provide an exhaustive inventory of activities aimed at improving health and health care in Vermont. Rather, it is meant to provide a focused guide for the core reform activities of state government to assure their successful completion and coordination. It also is intended to articulate clearly, for audiences outside state government, our intended path and milestones that can be used to gauge our progress.

This strategic plan addresses state government's role in health reform during the next three years. The Agency of Administration will continue to have overall responsibility for coordinating health care reform efforts within the executive branch, with the Director of Health Care Reform within the Agency taking the lead role in that regard. Additional efforts will be necessary on the part of the private sector, most notably health care practitioners and health care organizations responsible for changing health care delivery and health information technology. We will not be able to reduce health care cost growth without work by multiple parties to better prevent illness and disease, avoid preventable use of health care resources and manage the care of those who have chronic illnesses. Engagement from the public is essential, too, to ensure that efforts to improve our health care system are understood, reflect the values of Vermonters, encourage Vermonters to be and stay healthy and support strong relationships between Vermonters and their health care practitioners.

Our efforts to achieve these goals will encompass numerous activities throughout state government. The next section of this plan describes 16 specific strategies we will pursue to achieve our goals. Most of those strategies are encompassed by one of several major initiatives already underway:

- A broad-scale effort to implement a sustainable global budget for Vermont and to change the way health care providers are paid by all payers, moving away from volume incentives and toward incentives for value;
- An effort to build and operate a health benefits exchange and other technological infrastructure that will simplify health insurance purchasing, reduce administrative waste and complexity, and maximize new federal funding for coverage of Vermonters;

- An effort to increase access to high quality primary care through an integrated model that expands on the Blueprint for Health and includes prevention, wellness and physical and mental health;
- An effort to develop operational and financial plans to cover all Vermonters through a unified system, not linked to employment, with equitable financing that reduces complexity in the system; and
- An effort to expand the state's health care data and analytic capacity to better understand and evaluate health care costs, quality and access and support policy-making and quality improvement.

Other important related efforts outside of state government will be necessary to achieve our goals, including development of statewide health information technology through Vermont Information Technology Leaders (VITL) and efforts by health care providers to improve the efficiency and effectiveness of their operations. In addition, adherence to federal policy, and permission from the federal government to deviate from their policy in specific instances, will be central to our success.

The remainder of this document is organized into four sections. Section II restates our health reform goals for the next three years and identifies the specific strategies we will employ to achieve our core goals. Section III assigns primary responsibility for each of those strategies to a specific agency or department, identifies tasks to be completed, and attaches a deadline for completion, where appropriate. Section IV defines the measures we will employ to gauge our success in advancing this plan. The final section of the plan provides a department-by-department list of assigned responsibilities under the plan.

III. Specific Strategies to Achieve Our Goals

We have identified 16 key strategies for best achieving our four goals, given our timeline and current state and federal resources and constraints. These are summarized below. A later section of this plan identifies the specific agency or department responsible for pursuing each of these strategies, and tasks involved in their completion.

To reduce health care costs and cost growth:

1. Develop and operationalize (through hospital budget, certificate of need and insurer rate review processes) a health care budget for Vermont that reflects the principles embodied in Act 48 and is economically sustainable over time
2. Implement simplifications that reduce administrative costs
3. Implement innovations in payment and benefit design that will encourage individuals and health care providers to reduce costs of care
4. Implement specific efforts to better manage care for Vermonters with one or more chronic conditions
5. Maximize federal funding to support coverage and health care services in Vermont

To assure that all Vermonters have access to and coverage for high-quality health care:

6. Cover uninsured Vermonters
7. Increase enrollment and retention in coverage for insured Vermonters
8. Assess the adequacy of Vermont's health care workforce and service availability and recommend specific steps to enhance and improve it as needed
9. Define a minimum standard of benefits for all Vermonters that includes coverage of services with proven cost effectiveness in preventing illness and enhancing health status, provides incentives for individuals and their health care practitioners to attain and maintain good health and manage disease appropriately, and coordinates with public health services
10. Promote initiatives to integrate public health, health and mental health

To improve the health of Vermont's population:

11. Assure that all Vermonters have access to high quality, well-coordinated preventive health services by building on and continuously improving the Blueprint integrated health services model and expanding the scope of services coordinated through the Blueprint
12. Evaluate and continuously improve health care delivery by expanding the "learning health system" encompassed by the Blueprint for Health

13. Assure access for all working Vermonters to safe and healthy worksites, Employee Assistance Programs, and other community supports that can serve as a gateway to health management
14. Improve the health of school aged children by promoting and implementing the Coordinated School Health Model recommended by the Centers for Disease Control
15. Support Vermont communities to respond to specific public health challenges

To assure greater fairness and equity in how we pay for health care:

16. Gain passage of legislation and approval of a federal ACA waiver for public financing that supports the separation of health coverage from employment; is sensitive to the ability of individuals and businesses to pay for coverage; and is more sustainable
17. Reduce cost shifting between public and private sectors and between segments of the private sector

IV. Primary Responsibility for Pursuit of the Strategies, Specific Tasks and Deadlines

This section identifies the agencies or departments that have primary responsibility for the strategies described in the previous section. Specific tasks and deadlines associated with the strategies also are identified, as well as necessary inter-agency coordination.

Key to Agency and Department Abbreviations:

AHS = Agency of Human Services
AOA = Agency of Administration
DAIL = Department of Disabilities, Aging, and Independent Living
DCF = Department for Children and Families
DFR = Department of Financial Regulation
DOE = Department of Education
DOL = Department of Labor
DMH = Department of Mental Health
DVHA = Department of Vermont Health Access
GMCB = Green Mountain Care Board
TAX = Tax Department
VDH = Department of Health

1. *Develop and operationalize (through regulatory, planning and budgeting processes) a health care budget for Vermont that reflects the principles embodied in Act 48 and is economically sustainable over time*

Primary Responsibility:

GMCB

Specific Tasks:

- Work with DFR, DVHA and the federal government (through CMS) to complete development of

the VHCURES all-payer data set

- Develop enhanced analytic capacity to use the all-payer data set to support system planning and evaluation and target cost reduction efforts
- Refine modeling of baseline health care costs, necessary investments and potential/actual savings from reforms
- Translate overall modeling into specific growth targets and metrics to be applied in the hospital budget, insurer rate and certificate of need processes

Deadline:

Ongoing – 2012 for VHCURES completion

Other Involved Agencies/Departments:

DVHA, DFR

2. *Implement simplifications that reduce administrative costs*

Primary Responsibility: DVHA/AOA

Specific Tasks:

- Plan for and operate a health benefit exchange as authorized by the federal Affordable Care Act

- Maximize administrative simplification within the exchange
- Develop/update eligibility, enrollment and other information systems within AHS and DVHA to maximize their efficiency and effectiveness
- Update and accelerate implementation of the state's health information technology plan
- Develop and implement new payment methodologies for providers that result in administrative simplification and reduced transaction costs
- Develop unified prior authorization forms that result in administrative simplification and reduced transaction costs

Deadline:

2014

Other Involved Agencies/Departments:

DFR/AHS/GMCCB

3. *Implement innovations in payment and benefit design that will encourage individuals and health care providers to reduce costs of care*

Primary Responsibility:

GMCCB

Specific Tasks:

- Approve all-payer payment reform pilots that test alternatives to fee-for-service payment on a broad scale
- Evaluate payment reform pilots and implement all-payer payment policies consistent with pilots that successfully improve quality and reduce cost growth
- Implement payment reform through other processes such as hospital budgets, payer and provider policy
- Approve benefits for the health benefit exchange that include coverage of services with proven cost effectiveness in preventing illness and enhancing health status and provide incentives for individuals and their health care practitioners to attain and maintain good health and manage disease appropriately

- Approve benefits for Green Mountain Care that include coverage of services with proven cost effectiveness in preventing illness and enhancing health status and provide incentives for individuals and their health care practitioners to attain and maintain good health and manage disease appropriately

Deadline:

Ongoing – 2012 for initial payment reform pilots and benefits approvals

Other Involved Agencies/Departments:

DVHA and DFR (payment reform)

AHS, AOA, DVHA, DMH and VDH (benefits)

4. *Implement specific efforts to better manage care for Vermonters with one or more chronic conditions*

Primary Responsibility:

DVHA/GMCCB/AHS/DAIL

Specific Tasks:

- Expand payment reform pilots to include specialists who care for individuals with chronic conditions
- Develop and implement state-level management of payments and care models for individuals who are dually-eligible for Medicare and Medicaid (see also strategy #5 below)
- Fully implement “hub and spoke” model for substance abuse treatment

Deadline:

- Payment reform pilots – implement in 2012
- Duals proposal – 2014 (implementation to follow if approved by federal government)

Other Involved Agencies/Departments: AOA

5. *Maximize federal funding to support coverage and health care services in Vermont*

Primary Responsibility:

AHS/DVHA

Specific Tasks:

- Maximize tax credits available under the Affordable Care Act
- Renew the state’s Global Commitment Waiver on favorable terms (AHS)

- Pursue state-level management of care for individuals who are dually-eligible for Medicare and Medicaid
- Include Medicare and Medicaid in payment reform pilots and demonstrations

Deadline:

- ACA tax credits – 2014
- Renew Global Commitment Waiver – 2014
- Duals proposal – 2014 (implementation to follow if approved by federal government)
- Payment reform pilots and demos – ongoing

Other Involved Agencies/Departments: GMCB, AOA, TAX

6. *Cover uninsured Vermonters*

Primary Responsibility:

DVHA

Specific Tasks:

- Design and operate a health benefits exchange
- Maximize tax credits for small businesses and individuals
- Maximize coverage through Medicaid, VHAP and CHIP of individuals who are eligible for but not enrolled in those programs
- Maximize ease of enrollment for all types of insurance through a common eligibility portal
- Identify any remaining coverage gaps and costs associated with filling those gaps (AOA)

Deadline:

2014

Other Involved Agencies/Departments:

AOA, TAX, DCF

7. *Increase enrollment and retention in coverage for insured Vermonters*

Primary Responsibility:

DVHA

Specific Tasks:

- Implement new eligibility and enrollment systems

- Coordinate eligibility and enrollment with private sector to minimize complexity and gaps in coverage
- Develop recommendations for other interventions to reduce or eliminate gaps in coverage

Deadline:

Ongoing

Other Involved Agencies/Departments:

AHS, DCF

8. *Assess the adequacy of Vermont’s health care workforce and recommend specific steps to enhance and improve it as needed*

Primary Responsibility:

AOA

Specific Tasks:

- Monitor workforce plan through coordinating the various public and private workforce initiatives underway
- Develop data to support improvements to workforce

Deadline:

2014

Other Involved Agencies/Departments:

DOL, GMCB (responsible for approval of workforce plan)

9. *Define a minimum standard of benefits for all Vermonters that includes coverage of services with proven cost effectiveness in preventing illness and enhancing health status, provides incentives for individuals and their health care practitioners to attain and maintain good health and manage disease appropriately, and coordinates with public health services*

Primary Responsibility:

DVHA/GMCB (coordinated through AOA)

Specific Tasks:

- Develop draft benefits for Exchange (DVHA)
- Develop draft benefits for Green Mountain Care (DVHA)
- Approve both benefit packages and plan designs (GMCB)
- Refine standard plan designs for the Exchange yearly (DVHA)

Deadline:

Ongoing

Other Involved Agencies/Departments:

DMH, VDH, DFR

10. Develop initiatives to integrate public health, health and mental health

Primary Responsibility:

DMH/AOA

Specific Tasks:

- Create a cross-agency work group to develop initiatives
- Develop performance indicators to evaluate insurer compliance with mental health parity laws
- Develop quality indicators to evaluate health care professionals and facilities
- Establish guidelines for distinguishing primary and specialty mental health services to ensure equity in cost-sharing

Deadline:

2013

Other Involved Agencies/Departments:

DFR, DVHA, VDH, GMCB

11. Assure that all Vermonters have access to high quality, well-coordinated preventive health services by building on and continuously improving the Blueprint integrated health services model and expanding the scope of services coordinated through the Blueprint

Primary Responsibility:

DVHA

Specific Tasks:

- Expand Blueprint model to statewide availability, including patient-centered medical homes, multi-disciplinary community health teams, supportive all-payer payments and information technology infrastructure
- Support regional planning and implementation groups, as necessary, to establish Blueprint availability in unserved areas of the state
- Expand services encompassed by the Blueprint to assure access to and coordination of the full spectrum of primary and preventive care, including mental health

Deadline:

All willing providers by October 2013

Other Involved Agencies/Departments:

GMCB, VDH, DMH

12. Evaluate and continuously improve our efforts by expanding the “learning health system” encompassed by the Blueprint for Health

Primary Responsibility:

DVHA

Specific Tasks:

- Expand the learning health system to serve all Blueprint practices statewide with: practice facilitators; shared learning collaboratives; data analysis and feedback, and; evaluation
- Expand the number of practice facilitators available to Blueprint practices
- Expand data analysis to include Medicaid and Medicare data
- Begin collection of patient experience (survey) data from Blueprint patients
- Enhance reporting to Blueprint practices
- Expand evaluation to include additional services integrated in Blueprint

Deadline:

Ongoing

Other Involved Agencies/Departments:

GMCB/DFR (for expansion of data analysis and coordination of evaluation criteria/methodologies)

13. Assure access for all working Vermonters to safe and healthy worksites, Employee Assistance Programs, and other community supports that can serve as a gateway to health management

Primary Responsibility:

VDH

Specific Tasks:

- Develop and promote best practice guidelines for healthy worksites

Deadline: 2013

Other Involved Agencies/Departments:

DOL, GMCB, DMH

13. *Improve the health of school aged children by promoting and implementing the Coordinated School Health Model recommended by the Centers for Disease Control*

Primary Responsibility:

VDH

Specific Tasks:

- Monitor and evaluate critical health-related behaviors among young people, and assess the effectiveness of school health policies and programs in promoting healthy behaviors and reducing risky ones
- Build partnerships among state-level government agencies and nongovernmental organizations with authority to coordinate efforts and maximize use of resources (Vermont Coordinating Council)
- Establish policies (nutrition, physical activity, health education) to help schools implement and coordinate their school health efforts

Deadline:

2013

Other Involved Agencies/Departments:

DOE

14. *Support Vermont communities to respond to prevent obesity, tobacco use and alcohol and other drug abuse.*

Primary Responsibility:

VDH

Specific Tasks:

- Provide technical support and resources to community organizations to complete community health assessments
- Work with communities to develop and implement community health improvement plans
- Strengthen the role of public health in Blueprint Community Health Teams to reduce risk factors and encourage primary prevention
- Develop capacity for easily-accessible and understandable reports for communities on health indicators and challenges

Deadline:

2012

Other Involved Agencies/Departments:

AHS, DVHA

15. Gain passage of legislation and approval of a federal waiver for public financing that is divorced from employment and sensitive to the ability of individuals and businesses to pay for coverage and is more sustainable

Primary Responsibility:

AOA

Specific Tasks:

- Develop financing plans required by Act 48 and report to legislature
- Assess impact on individuals and businesses within Vermont
- Seek federal waiver from Affordable Care Act

Deadline:

2013 (for financing plan), waivers as soon as is permissible under federal law

Other Involved Agencies/Departments:

DVHA, TAX, GMCB (for benefits)

16. Reduce cost shifting between public and private sectors and between segments of the private sector

Primary Responsibility:

GMCB and DVHA

Specific Tasks:

- Develop enhanced methodology for quantifying and making more transparent cost shift
- Develop recommendations for reducing cost shifting through payment reforms and state budgeting process
- Incorporate consideration of effect on cost shifting in insurer rate review and hospital budget processes, state budgeting and provider rate-setting

Deadline:

Ongoing

Other Involved Agencies/Departments:

DFR

V. Measures of Our Success

To demonstrate success in implementing this plan, we must measure our progress toward our goals using specific metrics and available data sources. Measurement of our progress should be transparent and readily accessible to the public and decision-makers, and should compare Vermont to other state, national and international benchmarks wherever possible. We recommend the following specific measures. **These are measures on which we might reasonably expect to evaluate our impact within the next three years, and do not necessarily represent the ideal data set for evaluation of health reforms over a longer time horizon.** Further work is planned to develop a regular reporting format for these measures and corresponding benchmark data, and to develop measures that reform should affect long-term.

Goal 1 (control costs):	Data source
Reduce the rate of growth in Vermont health care expenditures relative to predicted or national rates from 2010 rates by 2014	GMCB: expenditure analysis
Reduce the rate of growth in per capita expenditures relative to economic growth (predicted or national rates) from 2010 rates by 2014	GMCB: expenditure analysis and dashboard
Savings relative to predicted spending	AOA/DFR/GMCB forecast/expenditure model
Goal 2 (assure access to services and coverage):	
Increase the percentage of Vermonters covered/insured from 2009 levels by 2015 (full year and point-in-time)	DFR: 2013 Household survey
Reduce the percentage of Vermonters who are underinsured from 2009 levels by 2015	DFR: 2013 Household survey
Increase the percentage of Vermonters with a medical home by 2014	DVHA: Blueprint data
Increase the percentage of adults (18+) using the dental system annually	VDH: BRFSS data
Provider supply relative to benchmarks of adequate supply	Vermont AHEC and Department of Health surveys
Goal 3 (improve health):	
Increase Blueprint enrollment annually	DVHA: Blueprint data
Reduce obesity Decrease % of adults and adolescents who smoke Decrease the % of fall related deaths among older adults Decrease the number of Vermont resident	DVHA: Blueprint data

suicides annually	
Decrease the percentage of obese adults	VDH: BRFSS data
Decrease the percentage of adults who smoke	VDH: BRFSS data
Decrease the percentage of adolescents who smoke	VDH: YRBS data
Goal 4 (greater fairness and equity in financing of care):	
Reduce the percentage of income spent on health care and out of pocket costs by Vermonters on average, range of variation from 2009 levels by 2015	DFR: 2013 Household survey
Rate of increase in costs by payer type	GMCB: expenditure analysis
Magnitude of cost shifting	GMCB: cost shift analysis
Passage of legislation authorizing more equitable financing prior to implementation of Green Mountain Care	Director of Health Care Reform
Receipt of a waiver from the federal government authorizing more equitable financing prior to implementation of Green Mountain Care	Director of Health Care Reform

VI. Responsibilities Organized by Lead Agency/Department

AGENCY OF ADMINISTRATION/DIRECTOR OF HEALTH CARE REFORM

1. Gain passage of legislation and approval of a federal waiver for public financing that is divorced from employment and sensitive to the ability of individuals and businesses to pay for coverage and is more sustainable
2. Assess the adequacy of Vermont's health care workforce and recommend specific steps to enhance and improve it as needed (working with DOL)

DEPARTMENT OF VERMONT HEALTH ACCESS

1. Implement simplifications that reduce administrative costs
2. Implement specific efforts to better manage care for Vermonters with one or more chronic conditions (shared with AHS, DAIL, DMH, and GMCB)
3. Maximize federal funding to support coverage and health care services in Vermont (shared with AHS)
4. Cover uninsured Vermonters
5. Define minimum standard of benefits (shared with GMCB)
6. Increase enrollment and retention in coverage for insured Vermonters
7. Assure that all Vermonters have access to high quality, well-coordinated preventive health services by building on and continuously improving the Blueprint integrated health services model and expanding the scope of services coordinated through the Blueprint
8. Evaluate and continuously improve health care delivery by further developing a "learning health system" as embodied in the Blueprint for Health
9. Reduce cost shifting between public and private sectors and between segments of the private sector (shared with GMCB)
10. Implement specific efforts to enhance community-based mental health services for Vermonters (with DMH).
11. Develop initiatives to integrate public health, health and mental health (with AOA, DFR, VDH, and DVHA)

GREEN MOUNTAIN CARE BOARD

1. Develop and operationalize (through hospital budget, certificate of need and insurer rate review processes) a health care budget for Vermont that reflects the principles embodied in Act 48 and is economically sustainable over time
2. Implement innovations in payment and benefit design that will encourage individuals and health care providers to reduce costs of care
3. Implement specific efforts to better manage care for Vermonters with one or more chronic conditions (shared with AHS and DVHA)

4. Define a minimum standard of benefits for all Vermonters (shared with DVHA and AHS)
5. Reduce cost shifting between public and private sectors and between segments of the private sector (shared with DVHA)

AGENCY OF HUMAN SERVICES

1. Maximize federal funding to support coverage and health care services in Vermont (shared with DVHA)
2. Implement specific efforts to better manage care for Vermonters with one or more chronic conditions (shared with DVHA and GMCB)

DEPARTMENT OF HEALTH

1. Support Vermont communities to address specific public health challenges
2. Improve the health of school aged children by promoting and implementing the Coordinated School Health Model recommended by the Centers for Disease Control
3. Assure access for all working Vermonters to healthy worksites, Employee Assistance Programs, and other community supports that can serve as a gateway to health management
4. Develop initiatives to integrate public health, health and mental health (with AOA, DFR, VDH, and DVHA)

DEPARTMENT OF LABOR

1. Assess the adequacy of Vermont's health care workforce and recommend specific steps to enhance and improve it as needed (with AOA)

DEPARTMENT OF MENTAL HEALTH

1. Implement specific efforts to enhance community-based mental health services for Vermonters (with DVHA).
2. Finalize plans to replace the Vermont State Hospital with a state-of-the-art facility and additional community supports by October 2012
3. Develop initiatives to integrate public health, health and mental health (with AOA, DFR, VDH, and DVHA)

DEPARTMENT OF DISABILITIES, AGING, AND INDEPENDENT LIVING

1. Implement specific efforts to better manage care for Vermonters with one or more chronic conditions (with AHS, DVHA, DMH, and GMCB)