

Summary of 2013 HCOC report recommendations

Jennifer Carbee, Legislative Counsel

June 10, 2014

Exchange Recommendations

- Standing committees should continue to monitor rollout of VHC, including the ability of Vermonters to enroll in and pay for health benefit plans offered through VHC and contingency plans to ensure Vermonters do not experience gaps in coverage
- Standing committees should encourage DVHA to enforce available financial penalties against CGI for its failure to meet contractual benchmarks and deadlines
- Standing committees should identify State and federal dollars needed and anticipated for VHC, timeline for transition to full State responsibility, and sustainable long-term financing mechanisms

Payment Reform Recommendations

Committees of jurisdiction should:

- Identify role of General Assembly in payment reform, particularly re SIM grant and ACO development and governance
- Request information regarding sustainability of pilot programs and initiatives developed with federal funds from the SIM grant
- Determine methods for measuring outcomes of payment reform and how to attribute success to individual programs or initiatives
- Consider where payment reform efforts may conflict or overlap, including SIM grant, ACO attribution issues, Dual Eligibles project, impact on providers, and the role of Blueprint for Health
- Ensure financial assumptions underlying payment reform efforts are current and accurate
- Ensure sufficient input on payment reform initiatives from consumers, providers, and other stakeholders

Choices for Care Recommendations

The Committee recommends that the committees of jurisdiction:

1. Move quickly to address the problem of the Moderate Needs Group waiting lists.
2. Review the formula for Moderate Needs Group allocations to determine whether changes should be made for greater flexibility in distribution and rapid deployment of savings.
3. Review the covered services for the Moderate Needs Group and consider whether additional services, such as transportation, should be added.
4. Review the eligibility criteria for the Moderate Needs Group and consider whether they are appropriate or should be revised.

5. Clarify (and codify):
 - a. what is meant by “savings”—need to revisit 2013 definition;
 - b. how to determine the amount to be reinvested and when reinvestment should occur;
 - c. what are permissible uses of savings, and whether those permissible uses of savings differ from permissible uses of unspent appropriations; and
 - d. the process for determining how to reinvest the savings and unspent appropriations, including whether it should be in the Administration’s sole discretion or whether there should be a role for the General Assembly.
6. Request access to monthly data from DAIL to allow for legislative oversight of balances, expenditure, and trends in the Choices for Care program.

Adult Protective Services Recommendations

- Committees of jurisdiction should review DAIL’s quarterly reports on APS and request comparison data to evaluate improvements over time

Health Information Technology Recommendations

The Committee recommends that the standing committees of jurisdiction continue to monitor HIT implementation, including:

1. Requesting an inventory of HIT initiatives in Vermont, including recognizing current and future HIT goals, where there are gaps in serving HIT needs, and identifying which entities use information from each available database.
2. Understanding and expanding, as appropriate, the role of the Department of Information and Innovation in HIT in Vermont.
3. Identifying and addressing HIT interface and patient consent issues;
4. Requesting from VITL a timeline of the rollout of the Health Information Exchange Network over the next 24 months.
5. Accessing VITL’s monthly online newsletter.
6. Monitoring VITL’s fiscal sustainability.

Public Health – Prevention Recommendations

The Committee recommends that the standing committees of jurisdiction:

1. Identify methods for coordinating prevention with or into health care programs and payments to improve health outcomes.
2. Consider a requirement that proposed legislation be evaluated for its impact on public health and prevention, similar to the way that legislation is currently evaluated for its fiscal impact or that proposed rules are evaluated for their impact on small businesses, because public health and prevention have broad implications that transcend all committees.
3. Look at existing standards for expertise and measurement of success for co-occurring mental health and substance abuse conditions.

4. Evaluate school health education, including whether expectations are being tracked, what outcome measures exist, and what connections exist between the Blueprint for Health and school nurses.
5. Ensure that the grant funds the Department of Health receives supplement but do not supplant its core mission. The Committee believes that federal grant opportunities should complement, advance, and/or build on the Department's prior work, and recommends that the committees of jurisdiction examine whether the parameters of the federal grants create disjunctions in the Department.

Substance Abuse Recommendations

- Standing committees should continue to monitor substance abuse treatment, prevention, and intervention programs in Vermont, including the Care Alliance for Opioid Addiction
- Standing committees should consider how substance abuse programs and initiatives can be sustained and operationalized when the grants that create them are time-limited

3SquaresVT Recommendations

- Standing committees of jurisdiction should monitor DCF's 3SquaresVT error rate and ensure that DCF is as aggressive as possible in its negotiations with the federal government
- DCF should explore all possible options with respect to resolving the overpayment penalties and look at its internal systems, such as training programs and information technology, to prevent more such errors.

Tobacco Trust Fund Recommendations

- Committees of jurisdiction and interested stakeholders should work together to conduct a comprehensive evaluation of the current uses of the MSA funds and the Tobacco Trust Fund.
- Reevaluate use of settlement money and methods for approaching tobacco cessation and prevention
- Standing committees should request information from the AHS regarding tobacco cessation and prevention programs and initiatives across the Agency, including those in the Department of Health, DVHA, and the Blueprint for Health

Legislative Oversight Recommendations

Standing committees of jurisdiction should consider:

1. Whether the Health Care Oversight Committee's prior recommendations have been considered and what the results have been.
2. Whether the standing committees of jurisdiction should meet a few times over the summer and fall instead of having one or more oversight committees.

3. How to address any identified misalignment between the subject matter addressed by the House Committee on Human Services, the House Committee on Health Care, the Senate Committee on Health and Welfare, and the Senate Committee on Finance to determine whether restructuring is appropriate.

Systemic Evaluation and Coordination Recommendations

Standing committees of jurisdiction should look at:

1. How the General Assembly and the State measure which initiatives are working and which are not.
2. Where efforts may overlap, leading to unnecessary duplication.
3. How to sustain programs and initiatives that are established using time-limited grant funds, and how to ensure that grant funds help the State to build on existing efforts without diverting focus. The standing committees may want to consider making this a criterion for the Joint Fiscal Committee to evaluate when approving acceptance of grant funds.
4. How to strengthen oversight and responsibility in State government.

The Committee also recommends that the General Assembly consider the specific roles and responsibilities over current and emerging health care initiatives for the General Assembly, the Green Mountain Care Board, the Department of Vermont Health Access, and the Department of Financial Regulation, as well as the role of the Blueprint for Health.

Joint MHOC and HCOC Recommendations

- The General Assembly should fully fund the 25-bed Vermont Psychiatric Care Hospital
- The Department of Mental Health should prepare and present a plan to the committees of jurisdiction regarding the opening of the Vermont Psychiatric Care Hospital prior to the budget adjustment process
- The Vermont Psychiatric Care Hospital should be completely operational with all 25 beds by July 1, 2014 or as soon as possible
- The Department of Mental Health should develop contingency plans in case the need for overflow beds in the level 1 system arises
- The Department of Mental Health should develop specific plans and timelines for the hiring and training of Vermont Psychiatric Care Hospital employees, which should commence immediately to ensure staff are ready for patients when construction of the new facility is complete
- Any revisions to its original staffing proposal should be presented by the Department of Mental Health to the committees of jurisdiction once it has conducted a review of national standards and protocols