

**House Health Care Committee Testimony
on Payment Reform Pilots**

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If Triple Aim is the goal, then what are the strategies to achieve it?

Early Strategies:

- Craft a Blueprint – Act 48
- Put an entity in charge of executing Act 48 - GMCB
- Maximize federal funding – SIM Grant
- Bring Medicare, along with everyone else, “to the table”
- Build on our foundation – Blueprint

Current Strategies:

- Honor the partnership
 - Determine who’s doing what (role clarity)
 - Hold each participant accountable
 - Have constant dialogue about goals, barriers, ideas
 - Recognize the tension about change
 - Who’s in charge
 - Who’s taking care of the patient
- Engage clinicians
- Begin testing

What are the pilots/workgroups engaged in now?

- Getting providers prepared and engaged – both administratively and clinically
- Figuring out how the data should flow
- Contracting with VITL to get the data flowing
- Figuring out next steps to the workplan (both with ACO pilots and the VHCIP workgroups)
- Synchronizing the decision-making flow from the pilots through the VHCIP organization structure

What improvements are anticipated at the patient/provider level?

- New ideas for how to “touch” the patient and coordinate care between providers – eliminate both the gaps and the redundancies
- Better information for providers and patients to make decisions
- Support for clinicians to continue to think creatively about how to improve patient care

How can all the moving parts of this payment reform effort (SIM, workgroups, public effort, private effort) be evaluated in an ongoing, non-disruptive and retrospective manner?