

Testimony to the VT House Health Care Committee: February 10, 2015

Presenters: Patrick Flood, Exec Director, Northern Counties Health Care, Inc.; Lisa Viles, Executive Direct, Northeastern Vermont Area Agency on Aging; Douglas Bouchard, Executive Direct, Northeast Kingdom Human Services; and Paul Bengtson, CEO, Northeastern Vermont Regional Hospital

In Caledonia County and southern Essex County many of the providers of health and human services have come together to integrate our services and to address community health needs in collaborative ways. Involved partners include NVRH, NEKHS, NCHC, NEVAAA, Caledonia Home Health, NEK Community Action, VT Health Department, Rural Edge (public housing), and the Vermont Foodbank. We meet monthly to discuss issues, and progress, but more importantly we are actually engaged in real change efforts. They include the following:

Accountable Health Community – We believe that real health reform will happen at the local level, with integration of services and focus on prevention, early intervention and addressing the “non-medical determinants of health”. We have submitted a grant proposal to HRSA for funding to help us formalize such an integrated system of care, called an Accountable Health Community.

Dual eligible grant project – Dually eligible persons are the most challenging to care for and most expensive in health care. We receive funding from VHCIP to develop a system to better serve them and reduce expenditures. We are 6 months into the grant. Partners include NVRH, NEKHS, NCHC and Caledonia Home Health, and the AAA.

Care management collaborative – VCHIP has identified three areas of the state to develop care management collaboratives. Caledonia County is one area. Building on the Duals partnership, we are working to develop a seamless, integrated system of care management for all providers, including other primary care sites besides the partners noted above.

Integration of mental health and FQHC services – Integration of mental health with primary care has long been a system goal. NEKHS and NCHC are completing a pilot agreement for NEKHS to place mental health counselors in a NCHC primary care site and a nurse practitioner in an NEKHS site. This arrangement currently exists in other FQHC areas.

DART 2.0 – A group of health and services providers – including the above named organizations - has been meeting regularly to develop a response to the opiate addiction epidemic in Caledonia County. It is a fully integrated group including BAART (the hub), primary medical home practitioners (spokes), the hospital, housing providers, the Dept of Corrections, Vermont Cares, the municipal police, the Kingdom Recovery Center, Bess O’Brien (Hungry Heart producer), a NAMI representative, people in treatment, people from the faith community, and others. It is led by the Restorative Justice Center. Successes so far has included reducing the waiting list for opiate addiction treatment from about 150 to 32 in Caledonia County. We expect that waiting list to go to zero by July.

Opiate prescribing. The hospital and all primary care practices met recently to develop a unified response to pain treatment and opiate addiction. The group will develop standard practices to ensure the best opiate prescribing practices and pain management.

Self neglect – So called “self-neglect” cases are those involving an individual with a cognitive impairment in declining health, with many needs, but refusing care and services (*this definition excludes people who make a conscious and voluntary choice not to provide for certain basic needs as a matter of life style, personal preference or religious belief and who understand the consequences of their decision.*). They require a complex, unified response of several agencies. NCHC , Caledonia Home Health, NVRH, NEKHS and the AAA are working to develop such a unified approach with defined roles to ensure these challenging situations are resolved carefully and successfully, with respect for the individual’s self-determination.

Strategic Planning – Agencies in the county have shared their strategic plans to, as much as possible, ensure they are in sync.

Participation on each other’s boards – Agencies share members on each other’s boards as a way to enhance communication and strategic planning.

We have been working with the Vermont Food Bank to develop a plan for the county that will **eliminate hunger.**

Our main goal is to find synergy among all the separate efforts to address chronic socio-economic challenges that affect the health of our communities.