

Testimony on H.812
For the Senate Health and Welfare Committee
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The All Payer Model (APM) has the potential for improving care for Vermonters and controlling increases in health care expenditures. Benefits of the APM include: greater flexibility in spending to enable health care provider to better address the social determinants of health; developing more consistency in payment and requirements across payers; reduction of unnecessary rules and administrative burdens; reduction of overall cost growth in the health care system and improved health outcomes.

We Strongly support H.812 which addresses many of these principles and the role of community mental health and other community-based services.

VCP and our network agencies have representation and/or leadership roles on every Vermont Health Care Innovation Project Workgroup, representation on the boards of two accountable care organizations (OneCare and CHAC), and are active in the local Community Collaboratives and Community Health Teams, in addition to our ongoing work with the State on policy development and implementation impact the health and well-being of Vermonters.

In the State's quest for a fully integrated health care delivery system, we promote bi-directional care, care coordination and case management through successful models our Network has utilized for decades, highly functioning health information exchange, and a focus on outcomes that truly demonstrate the improvement of an individual's and population's functioning and health. When we talk about health, we mean the entire health and well-being of a person and/or community including the social determinants. Health includes mental health, functioning within a community, healthy relationships, appropriate housing, food security, employment and more.

VCP is currently working with the Agency of Human Services and the Agency of Administration on a Medicaid Pathway to enable our Network to improve the way we deliver care through a value based payment methodology. The goal is that the Medicaid Pathway will align with the All Payer Model and other health reform initiatives.

The most critical language in H.812 is in the principles listed in "**Section 9551 All Payer Model:**

We request only one minor change in 6)

"(6) adheres to federal and State laws on parity of mental health and substance abuse treatment, integrates mental health and substance abuse treatment systems into the overall health care system, **and does not manage mental health or substance abuse care separately from other health care;**" *We recommend excluding this last clause, as we see important roles*

for the Departments of Health and Mental Health in setting policy and ensuring that individuals with complex needs get the full array of services they need, which often extends the boundaries of health care. If only DVHA is involved in managing these Medicaid funded services we are afraid that more decisions like the ones made in relation to Applied Behavioral Analysis and Group Therapy which are causing significant harm to the Vermonters with complex needs will emerge and hurt the health of Vermonters.

We are particularly supportive of the following language.

(7) includes a process for integration of community-based providers, including home health agencies, mental health agencies, development disability service providers, emergency medical service providers, and area agencies on aging, and their funding streams, into a transformed, fully integrated health care system;

(8) continues to prioritize the use, where appropriate, of existing local and regional collaboratives of community health providers that develop integrated health care initiatives to address regional needs and evaluate best practices for replication and return on investment;

(9) pursues an integrated approach to data collection, analysis, exchange, and reporting to simplify communication across providers and drive quality improvement and access to care;

(11) evaluates access to care, quality of care, patient outcomes, and social determinants of health;”