Proposed Principles for Health Reform – a working document
Vermont Care Partners
February 17, 2016
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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; and reduction of overall cost growth in the health care system.

The Green Mountain Care Board and Administration shall utilize the following principles for the development and implementation of the APM.

Principles

1. The social determinants of health and community-based support services that address them are of critical importance to health reform. As such, they are integral components of health care reform which have the potential to reduce the utilization of higher cost medical interventions.
2. The Green Mountain Care Board's hospital budget review process shall analyze and prevent duplication of services offered by existing community-based service providers.
3. The Green Mountain Care Board and the Administration shall develop a three-year timeline that establishes concrete milestones for gradual, but steady integration of community-based providers, and their funding streams, into a transformed, fully integrated health care system.
4. Community-based support services such as home health, mental health, developmental disabilities, substance abuse and social services shall have adequate resources, including upfront investment, to address workforce challenges and fully meet consumer demand without arbitrary funding caps.
5. The existing designated home health, mental health, developmental disability and Area Agencies on Aging shall be the foundation for community-based support services, including screening, assessment, outreach, and care management services.
6. Primary care and community hospitals are integral to community-based health systems and shall be essential component shall be essential components of resource allocation planning at the state and local levels.
7. Primary care shall be strengthened, including strategies for recruiting more primary care physicians and providing resources to expand capacity in exiting practices.
8. Local and regional collaboratives consisting of various community health providers will develop integrated health care initiatives to address regional needs, with evaluation of best practice for replication and return on investment.
9. The State shall develop an integrated approach to data collection, analysis, exchange and reporting to simplify communication across providers and to drive quality improvement. Reporting and data collection shall be streamlined to enable physicians and other providers to maximize quality and improve access to care.

10. The State shall direct funding to health promotion and prevention, while maintaining access to and quality of more intensive services.
11. Home health services that result in lower hospital and nursing home costs shall be maximized and receive funding sufficient to achieve the following:
    a. Doubling of hospice participation within three years.
    b. Development of longitudinal care to keep patients stable after an acute episode.
    c. Expansion of the Choices for Care program.
    d. Expanding services to at-risk mothers and children.

10. The State shall invest resources into Designated and Specialized Service Agencies to enhance integration with health care providers and to address the social determinants of health, including housing and transportation services. Resources will be directed to address workforce challenges and address unmet demand for services. Examples of specific initiatives include:

    a. Alignment of the APM with DA/SSA payment reform so that "attributed lives" do not have different reporting requirements and funding mechanisms than "non-attributed lives"
    b. Implementation of a value based reimbursement methodology that enables flexibility to meet need and dismantles the current siloes that prevent the most effective and efficient care from being provided
    c. Development of streamlined reporting measures that demonstrate improved health outcomes and outcomes that focus on quality of life
    d. Commit to addressing the barrier of 42CFRPart 2 so that mental health agencies can participate in health information exchange thus enhancing true coordinated and integrated care.
    e. Analysis of the public funding levels for designated agencies and specialized service agencies and how it affects compensation levels for staff relative to private and public sector employees providing similar services. The report will include recommendation to address the discrepancies in compensation levels.

11. Expand and integrate social services such as the Area Agencies on Aging to provide in-home support in collaboration with other community support services and primary care practices, including adult day programs.

12. Consumer rights are essential and shall be protected and supported through:

    - ACO Governance - Patients must be included in the governance of the organization, and there will be structural avenues for their input and feedback.
    - Accountability for Access to Care, Quality of Care, and Health Outcomes - ACOs must measure and report progress toward goals for access to care, quality of care, patient outcomes and social determinants of health.
    - Appeals/Grievances - The ACOs must create appeals and grievance processes.

- Provider Choice - Patients have the right to choose their providers, and cannot be penalized for choosing providers outside of the ACO.
- No Additional Costs to Patient
- Best Practices, Patient Education and Transparency -
    - ACO providers shall not be penalized for sharing information with a patient about the practices and protocols of the ACO, or discussing all treatment options with a patient, regardless of the ACO's position regarding those options.
    - The ACO shall assure that providers engage all patients in shared decision making to ensure that they are aware of and understand their treatment options and the related risks and benefits of each option.
    - ACOs must educate patients about what the ACO is, its benefits of care, the financial incentives for ACO providers, what under-service is and how the ACO will monitor it.
    - ACOs must collaborate with providers not included in the ACO financial model, including mental health, substance abuse, home and community based services and oral health.

13. The Blueprint for health shall partner with the Accountable Care Organization to implement a highly integrated model for population health management as a public-private balanced approach. Together they shall:

- Develop key clinical measures of quality
- Support physician practices in improving quality of care
- Support the development of Unified Community Collaboratives

14. To maximize the flexibility afforded by the All-Payer Waiver, the Green Mountain Care Board shall negotiate additional waivers with CMS, as necessary, to permit Medicare and Medicaid dollars to be spent on interventions that give primary emphasis to upstream, preventative, primary and community-based approaches to health care.