



**Vermont Association of  
Hospitals and Health Systems**

April 27, 2017

Senate Committee on Health and Welfare  
State of Vermont  
115 State Street  
Montpelier, VT 05633-5301

Sent via email to: [CGilhuly@leg.state.vt.us](mailto:CGilhuly@leg.state.vt.us)

Dear Committee Members:

Thank you for taking a comprehensive look at the mental health crisis this session. Vermont's not-for-profit hospitals are on the front lines of this issue, and we appreciate your efforts.

In addition to your efforts, Vermont's hospitals have been working to be a part of the solution to the mental health crisis. We are actively involved with the Agency of Human Services Patient Flow Workgroup and Emergency Department Wait Times Work Group. One conclusion that came out of this work was that the Department of Mental Health does not have adequate voluntary data. Consequently, we shifted our efforts to collecting data and formed a data workgroup with representatives from the DAs, Vermont Psychiatric Survivors Network, and NAMI. The hospitals are working on the following projects to improve data collection and analysis:

- VAHHS is looking at its claims data in relation to the Department of Mental Health's previously published inpatient book to set up a system for long term analysis that will help determine the success of specific policy interventions
- UVM Medical Center is doing an extensive retrospective review of 170 patient records
- Daily data transmission pilot project by Rutland Regional Medical Center and Central Vermont Medical Center

Vermont's hospitals realize the value of collecting and analyzing data to craft effective public policy; however, the House Committee on Health Care has added an extensive data requirement for Vermont's Emergency Department's to its version of S. 133. The language is found at page 11, section 3, subsection (b). This section requires emergency departments to collect the following data:

- Use of restraints
- Criminal charges
- Homelessness
- Need for interhospital transfer
- Transportation arrangements
- Health insurance status

- Age
- Comorbid conditions
- Prior health history
- Rates at which persons brought to the ED for emergency examinations are found not to need inpatient treatment

The bulk of this data is complicated to collect and the burden is falling on our Emergency Departments where every minute matters. It is also unclear if the Department of Mental Health has the capacity to fully analyze this data. Please consider removing this subsection from the bill.

Sincerely,

Devon Green, Vice President of Government Relations  
Vermont Association of Hospitals and Health Systems