FROM VAHHS CEO JEFF TIEMAN

It is a privilege to represent Vermont’s nonprofit hospitals. Every day, thousands of devoted people in our state work hard to care for and improve the health of Vermon ters. Hospitals also contribute to their communities in countless ways—as providers, employers, educators, and as guardians of public health and promoters of wellness.

I encourage every legislator to visit your local hospital, learn about its contributions and challenges, meet the leaders and clinicians. And please call on us at VAHHS any time. We stand ready to answer questions, tell the hospitals’ important stories and work with all of you to make sure our state’s top-ranked health care system stays strong and innovative.

24/7/365 ACCESS TO CARE FOR ALL VERMONTERS: Vermont’s hospitals are open 24 hours a day, seven days a week, delivering care to patients regardless of ability to pay.

100% NONPROFIT SYSTEM: Vermont is the only state in the nation where all hospitals are nonprofit.

EMPLOYING VERMONTERS: Vermont’s hospitals employ approximately 17,000 employees and pay $1.5 billion in salaries and benefits. In many communities, they are the largest employer.

LEADER IN HEALTH CARE REFORM: Hospitals are leading a bold reform effort that invests in prevention and wellness to improve health and lower costs over time.

DISASTER PREPAREDNESS AND RESPONSE: Vermont’s hospitals must constantly prepare to care for those harmed in large-scale accidents, natural disasters, epidemics and terrorist actions.

* Kaiser Family Foundation, State Facts, Hospitals by Ownership Type (2016).
WE ARE COMMUNITY MEMBERS, PARTNERS AND BUILDERS.

ALL OF VERMONT’S NONPROFIT HOSPITALS SERVE THEIR COMMUNITIES WITH CARE CLOSE TO HOME.

VERMONT’S 15 COMMUNITY HOSPITALS WORK IN MANY WAYS—AND COLLABORATIVELY—TO PROVIDE ACCESS, OPTIMIZE QUALITY AND DELIVER SPECIALIZED CARE.

CRITICAL ACCESS
Eight of Vermont’s hospitals are designated as Critical Access, which means they have fewer than 25 beds and the federal government considers them essential to the rural communities they serve.

ACADEMIC
One of Vermont’s hospitals is an academic medical center and children’s hospital. This hospital provides complex care to patients and training for health care providers. It has trained 32% of Vermont’s physicians, including 40% of Vermont’s primary care physicians.

DESIGNATED
Seven of Vermont’s hospitals are designated by the State of Vermont to provide psychiatric inpatient care. Not shown on map: White River Junction VA Medical Center and Vermont Psychiatric Care Hospital.

FQHC
Two of Vermont’s hospitals are designated as Federally Qualified Health Centers (FQHCs), creating a strong primary care partnership.
HEALTH CARE DELIVERY SYSTEM REFORM

Vermont has one of the best health care systems in the nation and is currently embarking on a bold reform initiative—the All Payer Model—to help health care providers focus on wellness and prevention as much as illness and treatment. This patient-centered model also involves hospitals building new partnerships with community providers, such as primary care, home health and designated agencies. We are already starting to reduce costs while improving quality.*

COMMUNITY BENEFIT PROGRAMS AND SERVICES

Our hospitals are a vital part of Vermont’s communities, continually investing in direct support for local organizations and initiatives. Hospitals spearhead downtown revitalization projects, coordinate summer meal plans, establish housing partnerships, address the social determinants of health—and much more. Hospitals are also getting more involved in their communities through collaboratives such as RiseVT and NEK Prosper!

WE COLLABORATE TO MAKE VERMONT A HEALTHIER AND STRONGER PLACE.

* Department of Vermont Health Access, Vermont Medicaid Next Generation Pilot Program 2017 Performance (September 20, 2018).

“RISEVT HAS BEEN A PASSION FOR OUR PROVIDERS AND REPRESENTS THE BEST OF WHAT WE CAN ACHIEVE WHEN WE WORK TOGETHER ON HELPING PEOPLE BE HEALTHY.”

- JILL BERRY BOWEN, RISEVT FOUNDER AND VAHHS CHAIR
WORKFORCE STRENGTH AND CHALLENGES

With approximately 17,000 employees, hospitals are often the largest employers in their communities, but they are facing workforce challenges. There will be over 3,900 job vacancies in Vermont’s nursing careers over the next two years.* Despite paying competitive wages, hospitals continue to struggle with hiring, and our community provider partners at all levels are faced with the same challenge.

Our hospitals are working hard to implement innovative programs to encourage more people to enter health care fields. We partner with colleges and universities and provide generous career advancement opportunities.

FOCUSING ON MENTAL HEALTH AND SUBSTANCE USE

Mental health and substance use care must be improved to meet the needs and challenges we are facing. Hospitals are addressing these issues head on. Critical investments in inpatient, outpatient and community resources are essential to enhance care and available programs for our patients. Specifically, our hospitals are:

- INVESTING IN INCREASING MENTAL HEALTH CAPACITY AT UNIVERSITY OF VERMONT HEALTH NETWORK CENTRAL VERMONT MEDICAL CENTER
- EXPANDING BED CAPACITY AT THE BRATTLEBORO RETREAT
- PARTICIPATING IN COMMUNITY HEALTH TEAMS
- EMBEDDING MENTAL HEALTH PROFESSIONALS IN PRIMARY CARE OFFICES
- USING TELEMEDICINE TO EXPAND ACCESS
- PARTICIPATING ON THE GOVERNOR’S OPIOID COORDINATION COUNCIL
- EMBEDDING SOCIAL SERVICE COORDINATORS IN EMERGENCY DEPARTMENTS TO HELP VERMONTERS GET INTO OUTPATIENT SUBSTANCE USE TREATMENT

VERMONT’S UNIQUE REGULATORY FRAMEWORK

THE GREEN MOUNTAIN CARE BOARD (GMCB)

The GMCB is the only regulatory board of its kind in the nation. It oversees hospitals and health insurers to help improve health care quality and moderate costs for Vermonters via the following mechanisms:

- Budget review: The GMCB oversees hospital budgets. Vermont’s hospitals have proposed historically low budgets, slowing the growth of health care costs for the past four years and saving Vermont’s health care system $600 million.
- Certificate of Need: Hospitals must get an approval called a Certificate of Need from the GMCB before building, renovating, or buying medical equipment to ensure that Vermont’s health care system does not expand too quickly or unnecessarily, driving up costs for all Vermonters.
- Health Resources Allocation Plan: This plan addresses access, quality, and cost containment by identifying and prioritizing the needs in health care services, programs and facilities, as well as the resources available to meet those needs.

OTHER VERMONT REGULATORY REQUIREMENTS

- Licensing: Hospital licensing provides standards for the construction, maintenance, and operation of hospitals to promote safe, clean, and adequate treatment.
- Community Health Needs Assessment: Every three years, hospitals conduct a survey to determine their unique community health needs. Hospitals must post the results, along with strategic initiatives developed to address the identified needs, annual progress on the implementation of the initiatives, and opportunities for public participation.
- Report Cards: This allows for a direct comparison between hospitals on measures of quality, patient safety, health care-associated infections, staffing and financial health.
- Provider Tax: Hospitals contribute nearly $150 million to Vermont’s Medicaid program through the Vermont provider tax. Hospitals’ provider tax payments, together with the federal match money they produce, cover the cost of providing hospital-based Medicaid services while contributing an additional $50 million to Medicaid.

* Vermont Talent Pipeline Management, Presentation to the Green Mountain Care Board, October 10, 2018.
FEDERAL REGULATORY REQUIREMENTS

In addition to complying with state requirements, Vermont's hospitals must also meet extensive federal regulations, quality standards and reporting overseen by a variety of federal agencies. Hospitals must comply with 629 discrete regulatory requirements across nine domains, including the Centers for Medicare and Medicaid Services, Office of Inspector General, Office of Civil Rights and the National Health IT Coordinator.

Medicare and Medicaid Conditions of Participation (CoPs): Health and safety standards that health care organizations must meet to be Medicare- and Medicaid-certified.

IRS Requirements: To be tax-exempt under IRS regulations, a hospital's margin must be reinvested in its mission to provide high-quality care, not paid out to any private shareholders.

OUR IMPACT

In 2019, Vermont hospitals will

- provide emergency care 235,000 times
- deliver 5,600 babies
- perform 106,000 surgeries
- provide care to children 127,000 times